Restraint incidents reported 01/01/2024 to 31/12/2024

Listing report with actions taken and lessons learned

Ref	Date incident reported	Date of incident	L9 Team	Location (ward/building)	Category	Sub category	RI: Reason for Restrictive Intervention	RI: Planned or unplanned intervention?	RI: Type of restrictive intervention used?	RI: Type of position used? (most restrictive)	RI: Describe non-standard hold	Description of incident	Action taken at time of incident	Action taken as a result of review	Lessons learned	Overall severity	Approval status
GHC63554	01/01/2024	01/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		-Restrictive practice was used for the patient for facilitating NG feeds.	- Patient was guided to forearm holds on both hands and was assisted to seated pod position for facilitating Feeds. - Patient was not resistive at the time of the feeds.	care plan followed debrief and 1:1 given	N/A	None (no harm caused by the incident)	Closed
GHC63570	01/01/2024	01/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		-Restrictive practice was used for patient for facilitating Ng	-Weighted blanket was used for patient for facilitating Ng feeds. -Patient was used forearm holds in both arms and was guided to seated Pod position for facilitating NG feeds. -Patient was resistive hence weighted blanket was used on the legs. -Patient was resistive and was crying through out the feeding.	care plan followed debrief and 1:1 given	N/A	None (no harm caused by the incident)	Closed
GHC63577	02/01/2024	02/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	POD and leg cushion used due to resistance.	care plan followed debrief and 1:1 given	N.A	None (no harm caused by the incident)	Closed
GHC63586	02/01/2024	02/01/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical hold on a patient, in their best interest, as a last resort, in proportion to the risk of harm should clinical care not be provided in respect of having a blood test.	It was discussed with NOK and nursing staff how the procedure would take place and what safeguards would be used in order to monitor the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC63600	02/01/2024	02/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed.	The patient was put on PMVA holds to facilitate their nasogastric feed.	Care plan followed 1:1	N/A	None (no harm caused by the incident)	Closed
GHC63625	03/01/2024	03/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient assisted in holds to both arms to sit on the pod. Patient supported in holds to both arms, weighted blanket over legs in situ. NG feed administered.	NG feed administration Patient assisted in holds to both arms to sit on pod. Patient supported in holds to both arms, weighted blanket in situ over legs.	care plan followed 1:1	N/A	None (no harm caused by the incident)	Closed
GHC63642	03/01/2024	03/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	POD and leg cushion used due to resistance.	Care plan 1:1	N.A	None (no harm caused by the incident)	Closed
GHC63678	04/01/2024	04/01/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical hold on a patient, in their best interest, in proportion to the risk of harm should they not receive a blood test to identify potential causation of deteriorating physical health.		None required	None required	None (no harm caused by the incident)	Closed
GHC63696	04/01/2024	04/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient assisted to in holds to both arms to sit on the pod. Patient supported in holds to both arms and cushion placed over legs. NG feed administered.	NG feed administration. Patient assisted in holds to both arms to sit on the pod. Patient supported in holds to both arm and cushion placed over legs.	Care plan followed 1:1	N/A	None (no harm caused by the incident)	Closed
GHC63704	05/01/2024	05/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was brought back by Police and refused to get out of the van, staff went to speak to her and she was brought back to the ward. On return patient extremely unsettled, kicking doors, threatening staff and disturbing other patients. This continued for several hours and patient seen by Duty Dr and detained on 5(2).	Staff tried to de-escalate patient but they continued with behaviour and refused oral meds. PMVA team called and RT IM administered. Obs and debrief completed.	Patient known to engage in risk behaviours as method of self harm. Nursing staff placed restrictions to safeguard patients wellbeing.	Risks acknowledged and risk assessments followed to protect patient. Patient came to minimal physical harm.	None (no harm caused by the incident)	Closed
GHC63706	05/01/2024	04/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Standing		The patient was refusing to be administered with his regular depot injection. Prompting was tried several times but he was adamant.	PMVA team was called and depot was administered whilst the patient was on holds.	Incidents like this are difficult to avoid when a patient is lacking insight into their current mental state and therefore will not accept that they require medication.	None identified.	None (no harm caused by the incident)	Closed
GHC63707	05/01/2024	05/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in restraint in pod and cushion to facilitate NG feed.		Care plan followed 1:1	N/A	None (no harm caused by the incident)	Closed
GHC63715	05/01/2024	05/01/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		the patient was non compliant for taking bloods so as discussed with the MDT team nurse in charge and ward consultant the use of PBM to hold for the safe taking of the bloods . PBM team utilized PBM implemented seated restraint clinical hold for bloods for the safety of the patient and staff.	PBM implemented seated restraint clinical hold for bloods . ward doctor was present nurse in charge informed ward manager informed .	The correct actions were taken at the time of incident. It had been fully discussed with the Consultant and the correct PBM team was put together prior to the action taking place. No other actions could have been used.	None required.	None (no harm caused by the incident)	Closed
GHC63721	05/01/2024	04/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service users nasogastric feed was administered, four members of staff utilised PMVA holds as service user was resistive.	Staff offered verbal reassurance and support which appeared to work to good effect. Service user utilised walk with staff following the administration of the nasogastric feed as per care plan.	Care plan followed 1:1	N/A	None (no harm caused by the incident)	Closed
GHC63727	05/01/2024	05/01/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated Clinical hold on the sofa in order to safely administer Depot injection in patients best interest		Service user lacks capacity and understanding, all efforts are made to provide person centred communication and reasonable adjustments, in order that the individual understands what is expected of them and what invasive technique may be used. Service user may physically struggle or refuse and would therefore put self at risk if the physical examination, procedure or blood test is not implemented. Procedure is implemented under best	Service user lacks capacity and understanding, all efforts are made to provide person centred communication and reasonable adjustments, in order that the individual understands what is expected of them and what invasive technique may be used. Service user may physically struggle or refuse and would therefore put self at risk if the physical examination, procedure or blood test is not implemented. Procedure is implemented under best	None (no harm caused by the incident)	Closed
GHC63728	05/01/2024	05/01/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM seated clinical hold on a patient in proportion to the risk of harm should a blood test not take place and identify an undiagnosed condition that requires treatment.	It was explained to carers how the procedure would take place and what safeguards would be used to monitor the patient. MCA 2005 discussions prior to intervention.	None required	None required	None (no harm caused by the incident)	Closed
GHC63729	05/01/2024	05/01/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Seated (POD used)		Planed phlebotomy and clinical hold carried out in patients best interest. Mental capacity assessment and Best interest decision reached prior to appointment. Patient encouraged to sit on Pod by her own staff, When settled on pod IHOT staff implemented clinical hold on Pod. Staff only used proportionate force in order to keep the Procedure safe once completed IHOT staff broke from hold at earliest opportunity.		None required	None required	None (no harm caused by the incident)	Closed
GHC63731	05/01/2024	05/01/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		phlebotomy procedure PBM clinical seated hold on patient in his best interest in proportion to the risk of serious harm if undetected medical condition was not treated	MCA and best interest paper work was reviewed	None required	None required	None (no harm caused by the incident)	Closed
GHC63732	05/01/2024	05/01/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Seated (POD used)		Planned Phlebotomy test carried out Mental capacity assessment and Best interest decision carried out prior to intervention. Staff known to patient accompanied him into a sensory room IHOT staff then implemented a standing removal using Linked arm technique. IHOT staff then used the seated hold on a POD. Phlebotomist successfully took patients blood. IHOT staff used least restrictive hold for the least amount of time and released the patient from the		None required	None required	None (no harm caused by the incident)	Closed
GHC63733	05/01/2024	05/01/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order to safely take bloods in patients best interest.		Service user lacks capacity and understanding, all efforts are made to provide person centred communication and reasonable adjustments, in order that the individual understands what is expected of them and what invasive technique may be used. Service user may physically struggle or refuse and would therefore put self at risk if the physical examination, procedure or blood test is not implemented. Procedure is implemented under best	Service user lacks capacity and understanding, all efforts are made to provide person centred communication and reasonable adjustments, in order that the individual understands what is expected of them and what invasive technique may be used. Service user may physically struggle or refuse and would therefore put self at risk if the physical examination, procedure or blood test is not implemented. Procedure is implemented under best	None (no harm caused by the incident)	Closed
GHC63747	05/01/2024	05/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG feed.	Patient was resistive to their feed. Seated restraint with the weighted blanket.	Care plan followed 1:1 and debrief during walk	N/A	None (no harm caused by the incident)	Closed
GHC63752	06/01/2024	05/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-other outside	AWOL, absconding and missing patients	Patient attempted to abscond	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient left the ward, and walked towards the courtyard. Patient climbed the courtyard fence and was between a wooden fence and a metal fence. Patient climbed a wooden fence and sat on it for just over an hour.	Patient encouraged to come down from the fence and did so. Escorted onto the ward	none	none	None (no harm caused by the incident)	Closed
GHC63755	06/01/2024	06/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient A requested for his vape, battery and tank. When he was facilitated this he took almost 4 to 5 minutes to select the vape. He then moved away from the nursing office to the area with more light to inspect the vape. Followed by that he went to the garden with three tanks where he supposed to have only three. When staff asked him to hand it back, he started verbally abusing and threatening staff. He pushed the staff who was with him in the garden and was held in PMVA holds. He handed back the vape with continues reassurance and encouragement.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC63761	06/01/2024	06/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.	Provided feeds on holds ,used pods and weighted blanket . During the entire procedure staff initiated and engaged in communication with the patient and after the procedure provided 1:1 and given regular medication. Followed actions as per care plan given debrief.Offered PRN which she refused.	care plan followed debrief during 1:1	N/A	None (no harm caused by the incident)	Closed
GHC63767	06/01/2024	06/01/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical hold on patient in hospital bed, in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC63775	06/01/2024	06/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and weighted blanked used.	Care plan followed 1:1	N/A	None (no harm caused by the incident)	Closed
GHC63785	07/01/2024	06/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient was agitated, distressed, and had been kicking property. Patient was offered PRN but believed it was poisoned, so threw it across the room.	Patient was PMVA to their room, and IM RT was administered.	none	none	None (no harm caused by the incident)	Closed
GHC63786	07/01/2024	06/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient was agitated and kept walking towards the fire exit doors at either end of the male and female corridors in an attempt to kick the glass panels to break them. The patient required PMVA precautionary holds to remove them from the corridors and brought back to the communal area. Staff used precautionary holds approximately six times during the course of 45 minutes.	Precautionary holds used six times over the course of 45 minutes. Each hold did not last longer than two minutes	none	none	None (no harm caused by the incident)	Closed
GHC63791	07/01/2024	07/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (POD used)		Patient returned from police escort after having gone AWOL in the acute hospital. Patient began to escalate in mental state. Patient began to kick the fire doors stating they wanted to leave the hospital.	Patient was put into PMVA holds and IM RT was administered.	Patient has known risk of property damage, done this as a method of leaving the hospital to self harm. Both risks acknowledged.	Care plans and risk assessment in place to support patient. Patient came to no physical harm.	None (no harm caused by the incident)	Closed
GHC63799	07/01/2024	07/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	POD and weighted blanket used.	Care plan followed 1:1 after incident	N/A	None (no harm caused by the incident)	Closed
GHC63810	07/01/2024	07/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		-Restrictive Practice was used for providing Ng feeds	-restrictive Practice was used for facilitating Ng feeds for the patient - Patient was not resistive at the time of the feeds. -Weighted blanket was used on the patient legs	Care plan followed 1:1	N/A	None (no harm caused by the incident)	Closed
GHC63826	07/01/2024	06/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient A locked themselves in the kitchen with patient B. Patient B was shouting asking to be let out. Staff unlocked the door from the outside and let patient B out. Patient A remained in the kitchen appeared suspicious. Staff asked Patient A if they have anything they'd like to hand over. Patient A ran out of the kitchen into communal areas, demanding to be let into their bedroom. Patient A ran of the ward demanding to be let out Once Patient A was bought back onto the ward, Patient was later observed with a blade. Reluctant to hand it over to staff. Went into the garden and began self harming with blade. Patient A reported to staff to have swallowed screws, refused to report how many.	Staff spent time with Patient attempting to verbally deescalate and negotiate. Removed one screw from the Patient. PMVA team called when patient attempted to abscond of the ward. Bought back to the ward in holds Staff attempted to remove blade from patient but stopped as became dangerous. PMVA team called. Patient in seated holds, still concealing blade. Professional police line called for support as advised by on call manager. Police arrived and removed 2x razor blades from Patient. Patient attempted again to abscond of the ward bought back by police in holds and taken to their bedroom. Staff offered 1:1 and PRN Patient declined Duty doctor called and informed about Patient report	none	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC63828	07/01/2024	07/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Escort		Time approximate. Patient was using a butter knife from the kitchen to engage in self-injurious behaviours. They attempted to do this multiple times.	Verbal de-escalation was tried with no effect, patient appeared to not hear us. PMVA holds was used to remove the knife from the patient and to move patient from the kitchen and to their bed space.	NIL further actions at this time.	NIL leasons learnt at this time.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC63831	08/01/2024	08/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	18 - Undertake a search of the patient's clothing or property to ensure the safety of others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient was seen using his vape in male corridor, staff went to his room and asked to hand in his vape and tanks which they refused. Staff member asked for help and they too asked for said item's to be handed back, patient refused staff then used precautionary holds to search patient and take hold of the vape plus tanks		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC63838	08/01/2024	01/01/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Clinical hold (seated)		Staff requested patient to have a shower at 10:30 am patient accepted to have shower later, however there was no initiation from patient side until 11:00am. At 11:30, two members of staff went into patient room and requested to have shower. patient was not happy about it and tried to hit staff. patient slammed the door and barricaded the door. patient was racially abusive towards the staff and asked staff to go away. PMVA team was called and again requested patient to have a shower as it was the management plan for the patient. patient replied that patient has no clean clothes and staff agreed to offer her clothes. patient get off from her bed and tried to attack staff members. Staff tried to put patient on hold and she was resistive. patient put herself on the floor. patient punched HCA on the chest and kicked staff nurse on the abdomen. patient was then re-directed to her bedroom. Patient then came out to the communal area and tried to attack HCA , staff put patient on hold and RT lorazepam 2mg administered. While on hold, patient keeps on fighting and informed that patient prefers men. Psychiatric emergency called and team swapped	Verbal de-escalation PMVA techniques RT Lorazepam Swapped the female staff with male staff as it was a triggering factor	Patient became agitated during necessary nursing intervention Restrictive practice used proportionate to maintain safety of staff Patients mental state, risks and treatment plan reviewed	n/a	None (no harm caused by the incident)	Closed
GHC63842	08/01/2024	08/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	POD and weighted blanket used.	Care plan followed 1:1	N/A	None (no harm caused by the incident)	Closed
GHC63843	08/01/2024	08/01/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	Other form of physical intervention	Escort		Patient due to be discharged this morning, ERS transport booked and attended. Patient verbally hostile and refusing to go. ERS ambulance crew supported patient to stand and walk using restricted holds.	Patient asked to walk with staff to the ambulance. When patient refused, ERS staff put hands on to escort patient off the premises.	Incident managed appropriately to enable discharge from hospital.	No lessons identified	None (no harm caused by the incident)	Closed
GHC63865	08/01/2024	08/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (other)		Patient had NG feed and weighted blanket placed on the patient legs	Verbal de escalation	Care plan followed 1:1	N/A	None (no harm caused by the incident)	Closed
GHC63866	08/01/2024	08/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for IM depot and patient was uncooperative. Verbally and physically abusive towards staff members.	Verbally de-escalated but futile and still uncooperative . PMVA holds done to protect staff members and patient.	none	none	None (no harm caused by the incident)	Closed
GHC63872	08/01/2024	08/01/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient becoming increasingly agitated, grabbing on to staff and patients (appeared to be hallucinating).	Staff utilised PBM to escort to Ladies Lounge. They sat with her and waited for some IM RT, this appears to be working well.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC63874	08/01/2024	07/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was guided to the ECA by staff and police following an incident of violence on the ward as Patient remained aggressive and continued to make threats towards staff. Whilst in the ECA Patient remained hostile and abusive towards staff. Patient refused oral medication so was placed in seated holds on the sofa to administer medication via IM. Whilst in holds Patient was also searched due to the presence of weapons in the incident prior. Holds maintained for a period after administration due to threats made		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC63876	08/01/2024	08/01/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient heard headbanging in room Staff attempted to de-escalate, patient continued headbanging Team called Placed on holds and sat on the bed Cushion used	Staff continued to de-escalate RT Oral offered, patient refused RT IM administered Holds removed Staff continued to give support and de-escalation	Mental state and associated risks reviewed Risk of self injury long term, management plan in place Patient CRD, awaiting accommodation Restrictive interventions to be utilised when proportionate to risk posed	Management plan followed by staff	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC63881	09/01/2024	08/01/2024	Wotton Lawn-Abbey Ward	Gloucestershire Royal Hospital	AWOL, absconding and missing patients	Patient ran from an escort whilst on leave	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Precautionary hold		RMN from the late shift rang the ward to inform a RMN night shift that they had seen a patient walking down the main road next to the acute hospital. The patient was in the acute hospital needing an x-ray after swallowing four screws and two batteries. RMN from the night shift rang the HCA who was acting as escort who was with the patient and they confirmed that the patient had absconded.	The HCA and the security staff from the acute hospital did a local search and was unable to find the patient. The ward rang the police, who did a wider local search. Patient was escorted back by the police at 22:30 on the same day, staff from the ward used PMVA precautionary holds to escort the patient back to the ward.	NIL further actions at this time	NIL lessons learnt at this time	None (no harm caused by the incident)	Closed
GHC63888	09/01/2024	09/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and weighted blanket used.	Care plan followed debrief during 1:1 on escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC63891	09/01/2024	09/01/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Personal care (standing)		IHOT contacted by LD liaison nurse in order to support Surgical team and patient to administer general antistatic to patients Right deltoid using a planned clinical hold. IHOT had the secondary test of performing a second planned Clinical hold in order to allow for Cannulation of her left hand. IHOT carried out both procedures smoothly using the elements of speed, surprise and their trained technique. Which allowed for both procedures to be carried out by Gloucester royal hospital surgical team. The IHOT team only performed the holds using the		None required	None required	None (no harm caused by the incident)	Closed
GHC63904	09/01/2024	09/01/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Personal care (bed)		IHOT asked to support District nurse at clients home address, District Nurse and care staff felt appropriate to use clinical hold in order to use a Bladder scan to ascertain how much urine the patient was retaining and if his Catheter needed adjusting. IHOT staff implemented assisted support to Bed from chair so scan could be carried out. Clinical hold on bed carried out for the least amount of time possible and only using proportionate force. District nurse found that Patient was not retaining much urine and that any adjustments to Catheter was not necessary at this time.		None required	None required	None (no harm caused by the incident)	Closed
GHC63907	09/01/2024	09/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient resistive to NG feed	patient in a seated restraint on the pod to be NG fed	Care plan followed debrief during 1:1 on escorted walk	n/a	None (no harm caused by the incident)	Closed
GHC63908	09/01/2024	09/01/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		A PBM clinical hold was carried out on a patient in their best interest to obtain a blood sample. This was proportionate to the risk of ill health should an underlying medical condition remain undetected or untreated.	At the time it was explained to the family how the procedure would take place and what would be put in place to ensure the clinical hold was as least distressing as possible	None required	None required	None (no harm caused by the incident)	Closed
GHC63928	10/01/2024	09/01/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient heard headbanging Staff attempted de-escalation, patient continued Team called	Utilised PMVA holds Patient continued resisting staff and attempted to punch staff members Patient pinched a member of staff several times RT IM administered Holds removed Staff gave continued support Physical observations completed Duty Doctor informed	Mental state and risks reviewed Long term risk of self injury, management plan in place Restrictive practice to be utilised to reduce risk of harm to patient	Staff followed management plan	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC63930	10/01/2024	10/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed called planned PMVA	Provided light holds seated on pod,weighted blanket was used on legs, care plan followed, given regular medication after the procedure, 1:1 after the incident, debrief while walking, used active communication	care plan followed 1:1 during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC63940	10/01/2024	09/01/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Precautionary hold		Service user was due for his depot. However, during MDT meeting the service user threatened staff members with acts of violence and aggression (stabbing staff with injection needle) if ever anyone attempts to administer the depot. As a precautionary measure, planned PMVA team was activated. At the start of the procedure, staff engaged with service user and explained the reasons and requested for his consent which he declined to offer. Servicer user was unwilling to comply, and staff team had to put service user in precautionary holds and guide them to their bedroom. On arrival to their room, they were no longer resisting and in precautionary holds as they eventually and willingly agreed to have the depot administered. Depot was administered in the thigh muscle of the right legs	Staff explained the importance of the prescribed and asked for his consent -Planned PMVA team was activated and came to support with depot administration -Flupentixol decanoate 20mg depot was administered in the muscle of the right thigh, whilst sitting on his bed and not in holds -PRN 1 mg Lorazepam was offered and accepted soon after the depot was given	Patient acutely unwell, required depot medication but had made threats towards staff should this go ahead. Precautionary PMVA team arranged, patient was held in precautionary safe-holds whilst standing so as to allow depot to be administered safely.	Staff followed care-plan and risk assessment, sought to reassure and de-escalate patient. Patient remained unwilling therefore cautionary safe-holds implemented to maintain safety whilst administration proceeded.	None (no harm caused by the incident)	Closed
GHC63941	10/01/2024	10/01/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM seated clinical hold on a patient in their best interest, in proportion to the risk of harm should the patient have an undiagnosed condition that is not treated, should they not receive a blood test.	It was explained to the carers how the procedure would take place and what safeguards would be used to monitor the patient. MCA discussions prior to procedure.	None required	None required	None (no harm caused by the incident)	Closed
GHC63949	10/01/2024	10/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for NG feed.	pod and weighted blanket used.	Care plan followed debrief during 1:1 on escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC63960	10/01/2024	10/01/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Unplanned	PBM (physical intervention)	Personal care (bed)		PBM clinical hold on patient in their best interest, in proportion to the risk of potential harm should they not receive a blood test.		None required	None required	None (no harm caused by the incident)	Closed
GHC63970	11/01/2024	11/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient returned from her unescorted leave just after 12 midnight. She presented as being unsettled in her demeanour. Patient left the ward without communicating with the nurses at around 1am and went to the main entrance doors where she started kicking the glass doors. Staff on the ward attended to the incident and attempted to de-escalate the patient. Patient was also offered PRN Lorazepam to help her to settle but she declined. She was brought back to the ward using a wheelchair as she was uncooperative. Patient's behaviour continued to escalate. She kicked the fire exit doors in the men's corridor and also the female corridor fire exit. This behaviour went on for more than an hour. Patient	Patent was put on PMVA holds for her own safety and to prevent further property damage. The duty doctor was also contacted to prescribe IM medication to help the patient to settle down. Patient was placed on Section 5(4).	Patient known to engage in risk behaviours of property damage and self harm. Staff put appropriate restrictions in place to safeguard patient from harm.	Risks acknowledged, patient came to no physical harm. Care plans in place to support patient.	None (no harm caused by the incident)	Closed
GHC63971	11/01/2024	11/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		1mg Lorazepam administered IM into left thigh.	Post RT physical observations carried out. RiO entries completed following RT template. Debrief taken place with patient. Senior team contacted requesting review following RT incident.	none	none	None (no harm caused by the incident)	Closed
GHC63974	11/01/2024	11/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	POD and weighted blanket used.	Care plan followed debrief during 1:1 on escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC63981	11/01/2024	11/01/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient for blood test in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safeguard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC63983	11/01/2024	11/01/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		PBM was utilised to support a patient with personal care.	Patient had declined personal care on multiple occasions. Patient has also not been observed going to the toilet independently so far this shift. PBM safe holds were utilised to provide personal care and check skin integrity.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC63994	11/01/2024	11/01/2024	CRHT Liaison s135 s136	Robert Maxwell s136 suite	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Pateint head banging in maxwell suite. CRHTT Staff attempted verbal de-escalation with patient however not working, patient would not engage and head banging continued for approx 10 minutes.	PMVA team called. Further attempts at de-escalation unsuccessful. PMVA holds required to stop headbanging.	No action taken, staff members managed difficult situation well at the time of the incident and were supported well by staff at WLH.	None, situation managed well at time of incident and correct protocols were followed to good effect	None (no harm caused by the incident)	Closed
GHC63996	11/01/2024	11/01/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM seated clinical hold in the patient's best interest, in proportion to the risk of harm should they not receive a blood test or influenza and covid 19 vaccinations.	It was explained to the NOK how the procedure would take place and what safeguards would be used to monitor the patient. MCA discussion prior to intervention.	None required	None required	None (no harm caused by the incident)	Closed
GHC63998	11/01/2024	11/01/2024	CRHT Liaison s135 s136	Robert Maxwell s136 suite	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Prone (face down)		Further PMVA hold to administer IM Lorazepam as patient continued to head bang and did not appear to be settling/slowing down.	Duty Dr on site and precribed lorazepam. Offered oral in first instance however declined. IM Lorazepam given in L Buttock with clinical hold.	No action taken as a result of the incident, unfortunate situation managed well at the time of the incident. Discussion with colleagues involved in the restraint, due to patients orientation on pod during restraint (on their right side), right arm was not indicated for administration of depot.	Difficult situation to manage in the suite by staff involved however reacted swiftly and promptly to situation and got patient most appropriate treatment.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC64001	11/01/2024	11/01/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PMVA (physical intervention)	Seated (other)		Staff asked patient to have a shower as patient does not attend to their ADLs and requires staff intervention for patient's dignity and health Patient refused and raised her fists at staff. Patient ran to the ward door and attempted to leave the ward Patient ran into their room and slammed the door Team called	Team called Team went in, patient placed on holds and sat on the bed Patient settled quickly and requested tablets instead of injection RT Oral administered Holds removed Patient agreed to have a shower and did so willingly by themselves	Patient assessed as risk of neglect, personal care management plan in place to minimise risk Staff required to attend to personal care daily currently Restrictive practice required to implement management plan	Least restrictive practice utilised to achieve nursing interaction Staff followed care plans	None (no harm caused by the incident)	Closed
GHC64004	11/01/2024	11/01/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Precautionary hold		She was in her bedroom and laying on her bed covering herself and at around 19:25 hrs she was observed to have tied a ligature.	She was still breathing and her face was turning pink. Care plan initiated and staff intervened and asked her remove the ligature of which she did not and staff intervened and cut the ligature.	Mental state and risks reviewed Long term risk of self injury identified Management plan in place Patient CRD	Care plans followed	None (no harm caused by the incident)	Closed
GHC64009	11/01/2024	11/01/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Standing		Patient reported she was using her unescorted leave to the courtyard Patient went down the corridor and pulled the fire alarms Patient left the building and went out to the visitors car park	Staff responded as fire alarm was pulled Patient did not respond to staff when asked where she was going Patient placed on holds in the car park and was bought back to the hospital Holds were removed once fire door closed After a couple of minutes, patient attempted to leave through the fire door Patient placed on arms holds Holds removed after a few minutes Patient sat herself on the floor and refused to return Staff continued de-escalation and went to the courtyard with staff willingly After 5 minutes in the courtyard, patient willingly returned to the ward	Trigger for incident identified Risks, and management plan reviewed Patient is CRD and does require an inpatient bed, awaiting accommodation	Staff intervened to ensure safety of patient	None (no harm caused by the incident)	Closed
GHC64010	12/01/2024	11/01/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (standing)		Patient had used his commode and got faeces on their hands and legs.	Attempted to clean but patient at first didn't want it. After attempts to persuade patient to allow staff to clean the faeces from his hands and feet had failed a decision was made to use light holds to enable support with personal hygiene, allowing staff to clean their hands and feet.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	No lessons learnt, this is a well-known behaviour and interventions are identified in his PBS Plan and Care Plans and all staff are aware of these.	None (no harm caused by the incident)	Closed
GHC64019	12/01/2024	10/01/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM seated clinical hold on the POD in the patient's best interest, in proportion to the risk of harm should they not receive blood screening.	Discussion surrounding safeguards that would be used to monitor the patient. MCA discussion had prior to procedure.	None required	None required	None (no harm caused by the incident)	Closed
GHC64020	12/01/2024	12/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient resistive to NG feed	Staff had to restrain patient in a seated restraint in the pod	Care plan followed debrief during 1:1 on escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64043	12/01/2024	12/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient resistive to NG feed	patient was restrained in the pod in a seated restraint	Care plan followed debrief during 1:1 on escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64058	13/01/2024	11/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	18 - Undertake a search of the patient's clothing or property to ensure the safety of others	Planned	PMVA (physical intervention)	Clinical hold (seated)		Activation of PMVA in regards to Patient being hostile towards staff when patient refused to be searched after coming to the ward AWOL from the Hospital and attempted assault	-Police contacted the ward and advised the staff that it was staffs fault Patient got the car keys in the first place so the staff needs to come and collect Patient from the car which he in. the car was parked near the Victoria street. 2 staff went in the parking lot. The police was there at the time of engagement where Patient was seen to be sitting in front of the car and was not willing to engage with the staff or the police. The police advised the staff that 135 warrant needs to be initiated with the wards manager or they can't force the way in to the car. Patient was verbalising that "it was the staffs incompetence that lead him to driving the car all the way to Birmingham and back. - Apparently one of his friend who is known to the ward due to the safe guarding concerns was contacted by Patient who came to the site and upon arrival Muaaz came out of the car. staff sat over the site out of his car for about almost 2 hour. - patient came out of the car and throwed the Car key out to streets. The police finally escorted Patient along with his friend to the ward. -Later up on arrival Patient was seen to be Paranoid started making racist remarks and called called one of the staff a black Bastard. -PMVA was activated due to Patient being non compliant towards search -Patient was calling his aunty at the time of this	managed well by staff WM to follow up welfare check on staff that patient radial towards leave reviewed keys now lost	n/a	None (no harm caused by the incident)	Closed
GHC64067	13/01/2024	13/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due her prescribed NG tube feeds.	She was put in holds to facilitate this. Minimal resistance during the feeds.Weighted blanket used Engaged in conversation throughout. Escorted for a walk afterwards.	Care plan followed debrief during 1:1 on escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64076	13/01/2024	13/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PMVA (physical intervention)	Seated (POD used)		patient had to have NG tube fitted due to having the old one removed as it was faulty	staff had to hold patient in a seated restraint to have the NG tube fitted.	Care plan followed debrief during 1:1 on escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64077	13/01/2024	13/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was in the communal area asking for leave, however staff told him that his leave has been cancelled because he went AWOL last day. Patient then became rude and argumentative to staffs. Gradually he retired to his bedroom. After 10 minutes he came in to the communal area shouting and screaming towards staff saying that ''I am gonna kill you / I am gonna punch you''. Staff had to call psychiatric emergency and patient was on holds. Patient was taken to his bedroom on holds. Patient continued escalate and was being resistive to the holds. Patient was given RT orally which he accepted. Patient was then released from holds and asked to	Patient was given RT medication on holds. Patient was then gradually released from holds and left to calm down in his bedroom.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC64078	13/01/2024	13/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to their NG feed	Seated restraint in the pod,	Care plan followed debrief during 1:1 on escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64088	14/01/2024	13/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Escort		PMVA used to stop SIB in patient bath room. Staff from Greyfriars wards x1 was securing the Right arm (more as precautionary holds rather than strict PMVA). Staff from Kingsholm x1 were securing the Left arm. (Again, more in precautionary holds rather than strict PMVA holds) Patient was restricted from pulling at wound and further injuring themselves.	Moved to clinic on the ward in guiding holds rather than strict PMVA holds.	none	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed

GHC64093	14/01/2024	13/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		19:15 staff nurse informed shift coordinator that patient had spent and extended period of time in their bathroom, Staff nurse went to check on patient where they discovered patient re opening wound with their finger nails	HCA and staff nurse attempted to stop bleeding by putting pressure on the wound - Patient was very combative throughout this persistently trying to prise staff's hands off of them. Due to the persistent resisting from patient a PMVA team was called - Patient continued to request for staff to let go and they want to re open their wound so shift coordinator decided to put patient on a section 5/4 and then when the doctor came down for 19:45 and extended this to a section 5/2 and recommended IM be administered to contribute to helping the patient settle - IM 50mg Promethazine and 2mg Lorazepam administered by nurse and patient slowly began to settle down and IM physical observations were	none	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC64096	14/01/2024	14/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient took his vape in to his bedroom although he is not allowed to. According to his care plan staff went to his bedroom and asked him to give the vape back. Patient refused to give the vape back and started verbally escalating. Patient then stand in between his bedroom door and was not letting staff to go in to bedroom to retrieve his vape. Patient was then put on precautionary holds and was moved in to a seated position in his bedroom. Patient was given RT medication orally which he accepted.	Precautionary holds were applied and was given RT medication orally.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC64099	14/01/2024	14/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient placed in holds to allow physical health team to provide NG feed	Patient placed in holds, Ng feed given, holds removed and 1:1 given post feed	Care plan followed debrief	n.a	None (no harm caused by the incident)	Closed
GHC64114	14/01/2024	14/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due her prescribed feeds	She was put in holds to facilitate this. Minimal resistance during the feeds.Weighted blanket used Engaged in conversation throughout.	Care plan followed debrief during 1:1 on escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64118	14/01/2024	14/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient observed on 30/30 visual obs to be re-opening a wound (cut) which is relatively deep and requires stitches on R inner elbow with force in her bathroom whilst sat on the floor, digging fingers into the wound, stating wanting to get to the artery. Blood visible on bathroom floor.	Staff spent time with the patient trying to de-escalate her and distract her from the urges. Validated her emotions and distress. PMVA holds used to maintain safety(see separate Datix) PRN medication offered and declined PMVA team assembled - oral RT medication offered and declined - IM RT medication administered in agreement with DMO (see separate Datix) Ice pack used, fan in situ MERT assessor present Following the incident, debrief offered to patient and staff DMO has reviewed the patient and wound Wound has been steri-stripped and dressed twice by nurses, but removed by patient - staff continuing to dress and monitor Advice is for patient to attend ED in liaison with DMO however patient currently stating she will continue to open the wound including stitches - continue to	none	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC64122	15/01/2024	14/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	AWOL, absconding and missing patients	Patient attempted to abscond	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was absconded off of the ward and made it to the Courtyard where they proceeded to climbed the fence and perched there between the Courtyard and the garden of Kingsholm ward. Patient sat there for at least 1 hour, refusing to get down. After same amount of time of staff trying to reason with them, it was decided to call the police, half way through the call she came down of her own volition and was brought back in holds (PMVA to the ward- separate PMVA Datix will be completed for this). Once patient was in their room they continued to be a management issues and further PMVA was required. IM RT was give as oral RT was declined. 1mg of Lorazepam was given. So far this has been to good effect as patient is currently settled on the ward, not in her bedroom	Actions taken were: PMVA used - pt was not restrained for 40mins in one go - the first 30mins include several incidents of restrictive escort and release due to persistent attempts to abscond De-escalation used verbally. Reasoning used. Police were called but as stated patient came down of her own volition so the police were told to stand down. (Incident Number:389).	none	none	None (no harm caused by the incident)	Closed
GHC64129	15/01/2024	15/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.	Provided feeds on holds ,used pods and weighted blanket . During the entire procedure staff initiated and engaged in communication with the patient and after the procedure provided 1:1 and given regular medication. Followed actions as per care plan given debrief.Offered PRN which she refused.	Care plan followed debrief during 1:1 on escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64131	15/01/2024	15/01/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive medical examination by healthcare professionals in GRH - in proportion to the risk of serious harm if any undetected medical condition is not treated		None required	None required	None (no harm caused by the incident)	Closed
GHC64148	15/01/2024	15/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient found in ensuite during checks, patient engaging in re-opening wound to right inner elbow using blade.	Staff attempted to support patient and distract to little effect. Staff used precautionary holds on hands to prevent further harm to self. Patient resistive initially, PMVA team called and then dismissed. Patient given time on own for 5mins and then 1 staff returned and assisted her.	none	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC64149	15/01/2024	15/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user's nasogastric feed was administered this afternoon, PMVA holds were utilised as service user was resistant to the administration of the nasogastric feed.	Staff utilised PMVA holds whilst offering verbal reassurance as the nasogastric feed was administered. Staff supported service user with a 1:1 following the administration of the nasogastric feed and continued with 1:1 observation three hours post nasogastric feed as per care plan	Care plan followed debrief during 1:1 on escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64151	15/01/2024	15/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was extremely hostile and aggressive, strangled their visitor, picked the table up and threw it towards staff and invaded personal space then barricaded the visitors room upon the visitor leaving. Police were called due to escalating presentation. Refused oral medication, placed in holds by staff and IM was administered.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC64156	16/01/2024	15/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient refused to return Vape in concordance with his Vaping Care Plan. Patient was verbally abusive towards all staff members present. Patient then advanced towards a member of staff (HCA) and attempted to assault a member the staff (HCA) with clenched fists. Patient was grabbing and pulling on staff (HCA) clothing.	Staff members, a RMN and HCA placed patient in precautionary holds in order to retrieve the vape, in line with current care plan. The vape was retrieved, and patient was taken to his room in precautionary holds.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC64157	16/01/2024	16/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PMVA (physical intervention)	Standing		Patient had been observed to be vaping on the CCTV, this was known not to be his vape. Another patient reported their vape missing. Staff went into the garden to speak with patient. They were hostile and verbally abusive, keeping fists clenched in pockets. Staff requested the vape several times and it was not returned. Staff were required to place in precautionary holds in order to remove vape and return to rightful owner. Once vape had been retrieved, staff (HCA's) removed precautionary holds.	Two HCA's placed patient in precautionary holds in order to retrieve item. Patient was released from precautionary holds when item had been retrieved.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC64163	16/01/2024	16/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient restrained to administer NG feed	10 mins	Care plan followed debrief during 1:1 on escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64177	16/01/2024	16/01/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Intensive Health Outreach Team contacted in order to support the doctor to lance the patients left thumb. Using a planned clinical hold doctor felt it was in patients best interest to perform a clinical hold in order to allow the treatment to take place. Intensive Health Outreach Team staff performed a seated clinical hold. They completed the hold for the least amount of time necessary and only used		none required	none required	None (no harm caused by the incident)	Closed
GHC64182	16/01/2024	16/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user on holds for planned NG feeding.	Service user on PMVA holds. Weighted blanket used for legs. Administered NG feeding with some resistance.	Care plan followed debrief during 1:1 on escorted walk	n/a	None (no harm caused by the incident)	Closed
GHC64190	16/01/2024	15/01/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was seen in bedroom with a towel in their room that was covered in blood. staff went in and patient had covered wound with a dressing, when staff asked in patient wanted to talk they declined and asked to be left alone. as the wound had been covered with a dressing, staff gave patient some time on their own, after 10 minutes staff went back and patient had continued to cut their arm. staff tried to de-escalate patient however patient asked to be left alone and said they didnt want staff to see what was going to happen next. after time, the patient did not de-escalate so a team was called, duty doctor also in the room, patient got themselves up and moved into the bathroom, staff used holds to take patient back to the bed, oral meds offered however declined so RT		Mental state, risks and management reviewed Long term risk of self injury identified Care plans in place to minimise harm to patient Patient now engaged in Self Harm Pathway Room search completed Patient CRD-awaiting accommodation	Staff followed care plans to minimise harm to patient	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC64228	17/01/2024	17/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	POD and weighted blanket used.	Care plan followed 1:1 during walk	N/A	None (no harm caused by the incident)	Closed
GHC64244	18/01/2024	17/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		Patients behaviour was escalating and patients was using his vape as a weapon towards staff, threating to kill staff, walking toward staff in a threating manor with fists up and continued to barricade himself in his bedroom when offered medication.	Staff attempted to verbally de-escalate patient, offered some PRN and patients declined and escalated, staff called Psych emergency and administered RT.	Vape removed from patient. Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC64245	18/01/2024	17/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		Patient is on a vape care plan Due to setting off fire alarms and patient was refusing to give back his vape and was threating to hurt staff with the vape and verbally abusing staff	Patient was put in Holds and Vape as removed.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC64247	18/01/2024	17/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Escort		Patient 1 was found to have been in patient 2's bedroom while they were naked having just got out the shower. Patient 1 attempted to barricade the door to prevent staff from getting in to support patient 2 who was in a distressed state. Staff asked patient 1 to leave however they attempted to block staff from talking to patient 2, unable to accept redirection and was becoming highly agitated. Patient 1 placed in holds and removed from patients bedroom. holds were released by the male corridor	Patient given debrief post incident however was unable to retain or understand information given.	No further actions required at this time	NIL further considerations at this time	None (no harm caused by the incident)	Closed
GHC64255	18/01/2024	18/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed. patient very resistive. required RT.	pod and leg cushion used. RT given. physical observations commenced 1-1 as per care plan	Care plan followed debrief during 1:1 on escorted walk RT obs completed	N/A	None (no harm caused by the incident)	Closed
GHC64257	18/01/2024	18/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		patient was requesting to be left alone following PMVA for NG feed and RT, ensured that they would be safe. Therefore as least restrictive option PMVA holds reduced. Staff stayed outside of the room. patient sat on the POD for a couple of minutes before jumping up, slamming the bedroom door, and running towards the wall, resulting in them hitting their head against it. PMVA holds were re-initiated immediately, patient was then headbanging against their knee a few times whilst staff were getting the	De-escalation used until patient was more settled. 1-1 started as per care plan	Care plan followed debrief during 1:1 on escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64271	18/01/2024	18/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient threw coffee at a member of staff. Then attempted to kick and punch another member of staff. Patient then banged on the office window; when staff attempted to deesdate, patient attempted to barge their way in to the office.	Staff restrictively escorted patient to their bedroom. Attempts of de-escalation, consideration given to the hierarchy of response.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future.	Incident recorded in clinical documentation. Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC64281	18/01/2024	18/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to their NG feed and their NG tube insertion.	Seated restraint in the pod	Care plan followed 1:1/Debrief	N.A	None (no harm caused by the incident)	Closed
GHC64290	18/01/2024	18/01/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Precautionary hold		Banging was heard from a patients bedroom - on entering patients bedroom , patient was observed head banging.	Staff tried to redirect patient by using verbal distraction techniques. Due to this being unsuccessful, patient put in precautionary holds to remove patient from the wall. Patient then sat on her bed with staff.	Mental state and risks reviewed Trigger for incident identified Risk of self harm identified as long term Care plans in plans to manage risk	Care plans followed Least restrictive practice utilised to maintain safety of patient	None (no harm caused by the incident)	Closed
GHC64304	19/01/2024	18/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Supine (face up)		Planned PMVA organised due to phone call causing concerns surrounding patient having access to mobile phone. Decision made to remove mobile to protect patients dignity. In addition to administer RT due to being unsettled throughout the shift. Plan involved encouraging patient to ECA to have conversation surrounding phone and to utilise the pod for RT administration. However, when staff approached this topic patient became irritable, verbally abusive, threatening and attempting assaults on staff. He also got into close proximity to staff members faces with intent to intimidate. Due to level of risk patient was presenting presenting staff withheld from putting on holds as they were retreating to their room. Police contacted at this time. Patient came back out to communal areas where he was presenting with same level of risk attempting to assault staff. He then went to the garden where he continued to attempt assaults and charged to towards staff. At this point he put a staff member in a headlock scratching their eye, at this point staff put patient in holds in supine position. Patient was very resistive in holds and made numerous threats towards staff as well as personal threats towards particular staff members. Following this police intervened and applied a spit hood due to spitting and put them in handcuffs and leg restraints. Following this the police carried them to the ECA where they stayed with him for some time.	Police called. Mobile Removed. RT Administered. On call manager and consultant contacted. Increases staffing numbers.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC64306	19/01/2024	19/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and leg cushion used 1-1 after for walk	Care plan followed debrief/1:1	N.A	None (no harm caused by the incident)	Closed
GHC64309	19/01/2024	18/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		During an incident with another patient, Patient A became verbally aggressive towards staff during this which staff attempted to de-escalated. When this had no effect and Patient A began to escalate further, shouting that staff are assaulting patient and was attempting to kick and spit at them.	Staff repeatedly told Patient A to go to their bedroom to regulate as their behaviour was not appropriate. When the patient would not do so and continued to verbally assault staff and attempting to physically assault them, staff put them in precautionary holds with intend to administer RT. RT was administered at 09:43	none	none	None (no harm caused by the incident)	Closed
GHC64313	19/01/2024	18/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PMVA (physical intervention)	Escort		Patient exposed themselves in the communal area, was reminded that it was not appropriate and they needed to cover up. Patient continued to do so.	Patient was put in holds and escorted back to their bed space.	No further actions required at this time	No further considerations at this time.	None (no harm caused by the incident)	Closed
GHC64315	19/01/2024	19/01/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold in order to allow Community Learning disability nurse to administer Depot to patients Left thigh IM. Patient was relatively settled throughout she sat and did not move while depot was administered. Following Depot some verbal complaint but easily redirected. Clinical seated hold was completed in patients best interest all MCA and BI decisions documented on clinical system prior to hold. Hold implemented for the least amount of time possible only using proportionate force.		None required	None required	None (no harm caused by the incident)	Closed
GHC64325	19/01/2024	19/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Planned PMVA organised to administer proactive prn due to demonstration of early warning signs and high levels of irritability. Patient was already in ECA having 1-1. Offered oral medication but declined on several prompts. PMVA restraint initiated and the patient was very combative (including spitting). They were moved to the pod where he remained in holds and given IM RT. Patient settled after intervention.	RT Administration. 1-1 provided.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC64329	19/01/2024	19/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient was place in precautionary holds due to aggressive behaviour towards staff.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC64352	19/01/2024	19/01/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient heard to be headbanging, staff attended and attempted to de-escalate with known techniques such as ice packs, eucalyptus oil, grounding techniques and sensory objects, however this was unsuccessful and patient continued to headbanging. Staff used PMVA holds to move patient away from the wall and remained in a standing position. Patient was unresponsive to staff communication and remained standing with a fixated stare. Staff continued to try de-escalation techniques listed above with no success. Oral medication was offered with no response from patient. Staff required further assistance from other wards to administer RT. Patient was sat on bed to administer medication. This had no effect on patient. Further RT was administered approx. 20 minutes after to good effect. Staff disengaged after 5 minutes of second RT.	Staff attempted de-escalation techniques which are listed above PMVA holds required to remove from wall and administer medication Duty Doctor contacted to requested further RT be prescribed Duty Doctor contacted to review head banging.	Mental state, risks and treatment plan reviewed Risk of self injury long term Management plan in place to minimise risk to patient	Management plan followed	None (no harm caused by the incident)	Closed
GHC64353	19/01/2024	19/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient in communal areas overstepping boundaries and putting hands on other patients, swinging furniture around the room and dropped themselves to the floor and continuously screamed, non receptive to verbal redirection and declined oral PRN	de-escalation techniques utilised to no effect, Oral PRN offered but patient declined, nonreceptive to redirection. RT IM Lorazepam 1mg administered	none	none	None (no harm caused by the incident)	Closed
GHC64358	19/01/2024	19/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient resistive to NG tube being fitted and to the NG feed	patient had to be restrained in a seated position on the pod.	Care plan followed debrief during 1:1 on escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64362	20/01/2024	20/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	POD and weighted blanket used. 1-1 after following care plan	Care plan followed 1:1 during walk for debrief	N/A	None (no harm caused by the incident)	Closed
GHC64366	20/01/2024	20/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient became increasingly hostile towards staff, throwing milk at them and attempting to kick and punch staff.	Staff attempted to redirect patient to his bedroom however hostility continued. PMVA holds utilised to take patient to bedroom. PRN Lorazepam given in at attempt to aid de-escalation.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC64369	20/01/2024	20/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (POD used)		The patient was in communal area screaming and shouting and causing distress towards others. They were over involved with another peer and being accusatory and confrontational. This continued for a period of time and PRN was offered and refused and then decision was taken to RT	RT oral refused several times and team decision taken to RT IM. Taken to pod to RT IM 1mg lorazepam.	none	none	None (no harm caused by the incident)	Closed
GHC64370	20/01/2024	20/01/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient was held in a clinical seated hold to enable bloods to be taken safely.	Reassurance given throughout.	This was a clinically indicated and agreed intervention done in the best interests of the patient.	Staff acted appropriately and proportionately to complete this clinically indicated and necessary intervention.	None (no harm caused by the incident)	Closed
GHC64394	21/01/2024	20/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was intrusive and confrontational towards peer in the communal areas. Patient was making inappropriate comment to peer stating "that is good for you" when peer was hit on their face by another patient on the ward. Patient behaviour causes peer more distress and make them escalate more on the ward.	Staff tried to redirect patient away from peer but they became verbally and physically aggressive. Patient was not responding to verbal de-escalation and they refused oral medication offered. As a last resort, patient was placed in PMVA holds and prescribed RT administered.	none	none	None (no harm caused by the incident)	Closed
GHC64404	21/01/2024	19/01/2024	LD IHOT	Pullman Place LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC64406	21/01/2024	21/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Supine (face up)		Patient had declined his oral regular medication. Robust plan in place that if patient refuses oral medication, PMVA holds to be utilised and IM medication to be administered. Patient became hostile during the PMVA, attempting to spit and hit out at staff. Decision to give IM Lorazepam alongside regular		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future.	Incident recorded in clinical documentation. Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC64408	21/01/2024	21/01/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Escort		Patient was sat in the communal area and a member of staff moved a ward folder and placed in the office. Patient stood up and chased the HCA down the corridor with his stick thinking she had taken his house keys.	Patient was redirected to his bedroom using PBM techniques to reduce risk of harm to others.	Managed well	n/a	None (no harm caused by the incident)	Closed
GHC64411	21/01/2024	21/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient put into holds due to disruptive and assaultive behaviour. Regular medication given.	Regular medication given.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future.	Incident recorded in clinical documentation. Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC64413	21/01/2024	21/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user's nasogastric feed was administered this afternoon, PMVA holds were utilised as service user was resistant to the administration of the nasogastric feed.	Staff utilised PMVA holds whilst offering verbal reassurance as the nasogastric feed was administered. Staff supported service user with a 1:1 following the administration of the nasogastric feed and continued with a 1:1 observation three hours post nasogastric feed as per care plan	Care plan followed 1:1 debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64416	21/01/2024	21/01/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	Other form of physical intervention	Non-standard hold	one member of staff put their arms around patients torso from behind and directed them to sofa	Patient had kicked staff and had attempted to bite them . He then ran at staff trying to slap kick and bite Them.	staff member put his arms around the patients torso from behind and directed him back to the sofa	Checked in with staff members to review situation and ensure they are okay.	Whilst this was an unconventional hold it was appropriate at the time and minimised the risk of harm to the patient or to others.	None (no harm caused by the incident)	Closed
GHC64418	21/01/2024	21/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feeding, NG tube need to be inserted prior to feeding. Called planned PMVA	Provided light holds seated on the pod Care plan followed 1:1 during escorted walk as per care plan, debrief while walking Used active communication	Care plan followed 1:1 debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64423	21/01/2024	20/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (other)		The patient was in communal areas being very vocal and disruptive. She was overinvolved with another patient and being demonstrative. They tried to break several things on the ward and set off the fire alarms many times and made their bedroom inhabitable.	Staff tried to deescalate offering firstly oral PRN which was thrown across the room and then the team took the decision to prepare for PMVA. RT oral offered and refused twice and then team assemble and RT IM administered.	none	none	None (no harm caused by the incident)	Closed
GHC64437	22/01/2024	22/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient attacked a member of staff pouring milk over them. They were subsequently restrained and removed to their bedroom to de-escalate.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC64445	22/01/2024	22/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed. PMVA 1- 0835-0840: GRH nurses attempted to place NG tube, but were unsuccessful. Holds reduced to arm holds only. PMVA 2 - 08:55-09:05: GRH nurses ready to	POD and weighted blanket used.	care plan followed 1:1 with debrief on escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64477	22/01/2024	21/01/2024	MH Liaison Acute Hospitals	GP Surgery	Medication incidents	Medication incident not involving controlled drug(s)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	Other form of physical intervention	Non-standard hold	Unsure. not witnessed by me.	suspected sertraline induce manic symptoms.	999 called and bought into hospital Yellow card alert on MHRA webside	Appropriate review and potential issue identified, yellow carded and reported. Apporirate F/u arranged	It is important to remain mindful of the impact of new medication on a presentation and for this to be assessed routinely, as in this case as part of the presenation	None (no harm caused by the incident)	Closed
GHC64481	22/01/2024	22/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG tube being fitted and feed given	patient was in a seated restraint in the pod.	Care plan followed 1:1/debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC64499	23/01/2024	23/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive to NG tube being inserted and being fed through it.	patient placed in seated restraint in the pod	Care plan followed 1:1 during escorted walk with debrief	N/A	None (no harm caused by the incident)	Closed
GHC64507	23/01/2024	23/01/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		Planned PBM for administration of Influenza and covid vaccines, blood sample collection and fingernail and toenail management.	Patient escorted standing and then he took himself to the floor and was help in a supine position using PBM techniques.	Service user lacks capacity and understanding, all efforts are made to provide person centred communication and reasonable adjustments, in order that the individual understands what is expected of them and what invasive technique may be used. Service user may physically struggle or refuse and would therefore put self at risk if the physical examination, procedure or blood test is not implemented. Procedure is implemented under best	Service user lacks capacity and understanding, all efforts are made to provide person centred communication and reasonable adjustments, in order that the individual understands what is expected of them and what invasive technique may be used. Service user may physically struggle or refuse and would therefore put self at risk if the physical examination, procedure or blood test is not implemented. Procedure is implemented under best	None (no harm caused by the incident)	Closed
GHC64510	23/01/2024	23/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient in communal areas, chaotic and hostile towards staff, making statements about staff raping them, given boundaries regarding presentation and how they have been distressing peers on the ward. Patient struggled to maintain an appropriate presentation and continued to make statements on the ward.	Tried to deescalate verbally and offered PRN, which declined. Decision made to redirect to bedroom, holds required. Called for PMVA to direct her to the room and Given RT on holds.	none	none	None (no harm caused by the incident)	Closed
GHC64516	23/01/2024	23/01/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Clinical hold (seated)		A female patient was agitated and attempted to assault staff as well as patients.	Patient was reassured and escorted to a lower stimulus environment. Patient was attempted to give lorazepam both overtly or covertly however she declined and spit it out. She remains agitated and anxious. She was given 0.5 lorazepam IM on left thigh.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC64519	23/01/2024	23/01/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		none required	none required	None (no harm caused by the incident)	Closed
GHC64536	23/01/2024	23/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service users nasogastric feed was administered this afternoon, as the service user was resistive to the administration of the nasogastric feed 5x members of staff used PMVA holds as the nasogastric feed was administered.	5x members of staff utilised PMVA holds as the nasogastric feed was administered whilst offering verbal reassurance and support. Service user was then nursed on a 1:1 observation three hours after the nasogastric feeds administration and escorted on a walk as per care plan.	Care plan followed 1:1/debrief during walk	N/A	None (no harm caused by the incident)	Closed
GHC64540	23/01/2024	20/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		-RESTRICTIVE PRACTICE WAS USED FOR FACILITATING NG FEEDS	-Patient was guided to seated POD position in forearm holds on both arms . -Patient was resistive at the time of the NG Tube insertion. -Patient pulled the tube at the time of the feeds. -Weighted Blanket was used on the Patients legs	Care plan followed 1:1/debrief given during 1:1	N/A	None (no harm caused by the incident)	Closed
GHC64549	24/01/2024	24/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Pt agitated, throwing furniture towards staff, declined oral medication, deliberately spilling drink in the communal area to make staff fall, verbally aggressive towards staff, pacing up and down	Verbal de-escalation utilised, PMVA team called, rt 1mg administered,	none	none	None (no harm caused by the incident)	Closed
GHC64551	24/01/2024	23/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		PT highly involved in other people's affairs, telling others to refuse medication, stating its poison. Blocking staff who wanted to carry out an intervention to someone Interrupting the treatment of another patient	Redirection was given Patient removed to her room	none	none	None (no harm caused by the incident)	Closed
GHC64557	24/01/2024	24/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feeding, NG tube need to be inserted prior to feeding. Called planned PMVA	Provided light holds seated on the pod Care plan followed, 1:1 debrief during escorted walk, Used active communication	Care plan followed 1:1 debrief during walk	N.A	None (no harm caused by the incident)	Closed
GHC64563	24/01/2024	23/01/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		Patient presenting as agitated and hostile, patient verbally threatening towards staff, as well as kicking out, patient also pushed over peer unintentionally but causing harm. RT IM given to help manage presentation on the ward.	Patient offered opportunity to engage in debrief, patient hostile and abusive throughout, offered PRN prior to incident declined. Decision made to give RT	none	none	None (no harm caused by the incident)	Closed
GHC64594	24/01/2024	24/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feeding, NG tube need to be inserted prior to feeding. Called planned PMVA	Care plan followed 1:1 debrief during walk	care plan followed 1:1/debrief during escorted walk	n.a	None (no harm caused by the incident)	Closed
GHC64602	25/01/2024	25/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was requesting to smoke a cigarette however staff explained that it was not possible at this time due to PICU rules patient became verbally aggressive towards staff and when redirection attempts were made patient attempted to assault staff, patient placed in precautionary holds and threw himself to the ground	staff placed in holds and as patient threw himself to the ground staff disengaged	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC64607	25/01/2024	25/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive to their NG tube being inserted and feed being administered	Patient held in seated holds in the pod	care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64622	25/01/2024	25/01/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Seated clinical hold on the pod in order to safely take bloods in patients best interest		none required	none required	None (no harm caused by the incident)	Closed
GHC64623	25/01/2024	25/01/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		none required	none required	None (no harm caused by the incident)	Closed
GHC64624	25/01/2024	25/01/2024	LD IHOT	Colliers Court LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold on a patient for blood test in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the (N.O.K), how the procedure will take place and what monitoring would be used to safe guard the patient. MCa paper work was reviewed and copies given to carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC64625	25/01/2024	25/01/2024	Wotton Lawn-Dean Ward	Wotton Lawn-other outside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient left the ward as per informal status and observed by nursing staff to be loitering in the reception area by the main doors. Patient was then observed to leave the hospital and would not engage in communication with ward staff regarding where she was going. She was walking in a determined manner towards the main road and she appeared visibly upset. Ward staff followed from a distance, she was observed to be sat on a wall on Horton Road. When nursing staff approached to ask what was going on, she stated that she was going to put herself in front of a car and immediately attempted to do this. Putting both herself and nursing staff in danger. Therefore, ward staff placed patient in seated PMVA restraint under common law. Wotton Lawn hospital staff assisted and patient was returned to the hospital via vehicle whilst in restraint	Patient brought back to the ward. Patient placed on Section 5(4) IM RT administered.	Patient was discharged following professionals meeting and MDT review Patient referred to the FERN team and CEN team, also has C/C and community team to support	Felt by all professionals that admission would escalate risk further	None (no harm caused by the incident)	Closed
GHC64628	25/01/2024	25/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in holds 5x members of staff to facilitate insertion of NG tube and NG feed		care plan followed 1:1 during debrief on escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64630	25/01/2024	19/01/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	Other form of physical intervention	Non-standard hold	Support of right arm	Support to right arm during phlebotomy appointment	Clinical hold to right arm	None required	None required	None (no harm caused by the incident)	Closed
GHC64646	25/01/2024	25/01/2024	LDISS	Public Place / Offsite / Staff working from home (WFH)	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PBM (physical intervention)	Escort		Patient became highly anxious following being startled by a dog in the community. Patient attempted to abscond 'fleeing' immediate environment, appearing highly anxious. Patient ran near road with flow of traffic, lacks road safety awareness. Attempted verbal reassurance and redirection to no good effect.	Alice Millward (Trainee Clinical Associate Psyh) took hold of left arm and Lillianne Kanjau (RNLD) took hold of patients right arm, using a two person removal. This was to support patient away from road due to no road safety awareness and risk to self.	review of risk assessment and care plan	change of approach in accessing the community	None (no harm caused by the incident)	Closed
GHC64649	26/01/2024	26/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient assaulted staff before and during holds. Place in further holds and escorted back to room	Patient taken to room	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed

GHC64659	26/01/2024	26/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and leg cushion used.	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64670	26/01/2024	26/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		patient came into communal areas around 11:50. patient was speaking with staff before they then rushed through the ward doors, and got to the top of the stairwell between Priory Ward and Abbey Ward. patient was insistent on getting through staff which required the use of PMVA holds. patient began screaming and repetitively shouting "let me out". patient then started to scratch at face, causing injury. De-escalation attempted, although unsuccessful. Due to area we were in and the level of distress patient was experiencing decision made to use PMVA holds to escort patient back to the ward. Staff needed to stop outside of the doors of Priory Ward due to holds becoming unsuitable. Re-attempted to de-escalate, unsuccessful. PMVA re-initiated and escorted in holds to bedroom. patient continued to present in the same manner, went into bathroom and hid in the corner of the	De-escalation attempted and appeared to have a desired effect. patient was offered some medication to which they declined stating that "it does not work". Staff offered to clean patient face due to the injury caused by scratching, patient replied that they would do it by themselves. Staff continued to offer support, and disengaged once patient presented at baseline.	Staff followed process	N/A	None (no harm caused by the incident)	Closed
GHC64677	26/01/2024	26/01/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical hold on patient in hospital-style bed, in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC64678	26/01/2024	26/01/2024	Montpellier Low Secure Unit	Montpellier Low Secure Unit	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient wanted to go out on zone 1 leave but appeared to be unsettled and agitated and staff told him to be calm for at least 30 minute. Patient started to punch himself with a fist on the head	Staff held his hand to stop him from punching himself, patient then pushed the staff and was subsequently placed in seated holds.	No further action required.	None.	None (no harm caused by the incident)	Closed
GHC64701	26/01/2024	26/01/2024	Montpellier Low Secure Unit	Montpellier Low Secure Unit	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient began forcefully punching himself repeatedly in the head with a closed fist. EAP staff asked him to stop then when patient didn't he took hold of his arms. At this point patient pushed towards EAP which appeared as if patient was attempting to assault him. EAP staff took hold of patient as patient came into personal space and patient and staff fell into the armchair behind them and second staff member took the other one of patient's arms to make the situation safe. Seated holds applied.	Patient was offered PRN medication but again he declined. Discussion between staff and patient. He asked to calm in his bedroom holds released and he returned to his room. EAP staff confirmed patient was trying to push him away rather than assault him.	No further action required.	Good practice observed. Staff using principles of least restriction.	None (no harm caused by the incident)	Closed
GHC64710	27/01/2024	26/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (other)		NG Tube inserted and feed given through NG as per care plan.	n/a	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64711	27/01/2024	27/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG tube.	POD and leg cushion used.	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64712	27/01/2024	23/01/2024	LD Inpatients - Berkeley House	Berkeley House	Clinical care, treatments and procedures	Unsafe / inappropriate clinical environment	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	Other form of physical intervention	Non-standard hold	Use of seclusion, no physical intervention	Patient causing environmental damage, repeatedly kicking radiator and attempting to pull cover from wall and attempting to attack staff when they tried to redirect him. patient eventually accepted redirection to bedroom and decision made to place PBM pod in his doorway to restrict his access to rest of flat whilst emergency repairs were undertaken.	Seclusion policy followed Patients family informed Environment made safe	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	None (no harm caused by the incident)	Closed
GHC64730	27/01/2024	27/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient restive to NG tube being fitted and their feed being administered.	Patient had to be placed in a seated restraint on the pod with the pillow over their legs	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC64732	27/01/2024	26/01/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Escort		patient was trying to pull white rock off the wall, staff escorted patient to his bedroom using PBM escort	staff tried to verbally redirect him but to no avail ,staff escorted patient to bedroom utilising PBM	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	None (no harm caused by the incident)	Closed
GHC64740	28/01/2024	27/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Standing		The patient sat in the communal area and kept on talking about his delusional beliefs in loud voice. It was causing distress to other patients in the ward.	Staff made several attempts to verbally guide the patient back to his bedroom, which was futile. Finally a team was called and escorted the patient back to his bedroom on two people PMVA holds.	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC64744	28/01/2024	28/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	18 - Undertake a search of the patient's clothing or property to ensure the safety of others	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient vaping in room bedroom, verbally asked to stop this but continued to do so. In the past this has set off the fire alarm and caused the ward to be unsafe. After lots of verbal de-escalation patient still refused to give staff his vape.	Decision made to implement forearm holds and remove the vape. As staff began to approach patient he picked up a chair and attempted to ram staff with this. Two staff held onto chair and the patient let go and then forearm holds were implemented. Patient resistive and was holding onto vape in his pocket. Holds moved to seated on the bed. Patient would still not hand over vape so staff removed this from his possession. During this patient made attempts to spit on staff and stamp on there feet/legs. Patient has since made threats to assault staff via 'stabbing them with an implement' or 'sneak up behind and snap their necks'	Patient's care plan around vaping was reviewed and discussed amongst the team to weigh up the benefit vs the risk. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC64747	28/01/2024	28/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		RESTRICTIVE PRACTICE WAS USED FOR FACILITATION OF NG FEEDS	-Patient was guided in forearm holds in both arms to seated Pod position. -Patient was a bit resistive at the time of NG tube insertion. -Weighted blanket was used on the legs	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64752	28/01/2024	28/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		In relation to racial and verbal abuse ++ Patient declined PRN medication on several occasions during the morning. Patient declined RT oral medication X2 Patient administered RIM medication Patient supported in holds to both arms while sat on the sofa Cushion placed over legs	Patient supported in holds to both arms while sat on the sofa. Cushion placed over legs. RT IM medication administered.	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC64767	28/01/2024	28/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		patient escalating whilst in communal areas, shouting and being abusive towards staff and fellow patients. patient was observed to having delusional speech content, about being a member of the SAS and killing of mass people in Gazza. Staff tried intervened and asked Dean to go to his room, due to the content of the conversation was upsetting fellow patients	patient attempted to stamp on staffs leg, staff the put Patient in forearm holds, to walk back to their room, staff attempted to disengage and the patient attempted to stamp on staff members legs. Staff then put the patient back in forearm holds in a seated restraint, the patient the started to get staff off the bed, so staff hold on to patients legs. patient then managed to get himself to the floor and bit staff member on the leg. Staff held on to patients arms until he had settled. Staff then disengaged.	washed area advised to seek medical attention no broken skin	patient acutely unwell	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC64768	28/01/2024	28/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG tube being Administered and NG feed been given.	Patient was sat in seated holds in the pod NG Feed given under restraint	Care plan followed debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64781	28/01/2024	28/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Supine (face up)		patient left the ward and was followed by staff to the court yard. staff supported the patient who was fast walking the width of the court yard shouting "i need to tell her im sorry" whilst scratching at her face. Staff tried to intervene but the patient was resistive. A psychiatric emergency was called. Female staff went to speak to the patient.	Female staff members restrained the patient in a standing hold, patient dropped to the floor and was still scratching their face. very resistive still and started screaming. staff reassured the patient and some on got an ice pack as this helps the patient at time of crisis. The patient was held by their arms and head, staff were also holding their legs as they were kicking staff members. This continued for 10 minutes staff reassuring the patient at all times. Once the patient calmed staff assisted them to get in the wheel chair , then wheeled the patient back to the ward.	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC64791	29/01/2024	29/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was taken in PMVA holds to his room as he was kicking and punching staff.		Review of medication.	Risk and observation level reviewed.	None (no harm caused by the incident)	Closed
GHC64793	29/01/2024	29/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and leg cushion used.	care plan followed 1:1/debrief during walk with staff	n/a	None (no harm caused by the incident)	Closed
GHC64803	29/01/2024	26/01/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient required PBM as was being physically aggressive towards staff, putting them at risk	PBM hold to bedroom (where patient wanted to go) De-escalated in bedroom by himself	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC64808	29/01/2024	29/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user on Planned PMVA holds for regular NG feeding.	Service user on holds with five staff members seated on pods and cushion to support leg . Administered NG feeding. Continued reassurance through out the procedure to distract her mind.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC64815	29/01/2024	29/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient was restrained and administered IM RT.	verbal de-escalation. PRN. PMVA. RT.	Debrief with patients and staff.	Review of risk and observation level. Review of medication.	None (no harm caused by the incident)	Closed
GHC64826	29/01/2024	29/01/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was heard to be headbanging in their room staff went to support	staff provided support with reassurance, ice pack and essential oil. Staff did visualisation techniques 2 members of staff put Hands on to lightly guide patient back from wall and to a seated position on the bed PRN lorazepam given reassurance and support given wound care and prn pain relief given when patient was emotionally regulated they were encourage to participate in colouring in activites and a hot drink . physical obs and neuro observations taken	Mental state risks and treatment plan reviewed Long term risk of self harm identified Care plans in place to minimise harm to patient Patient CRD	Least restrictive practice utilised to manage self injury as per care plan	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC64829	30/01/2024	28/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Clinical hold (seated)		-RESTRICTIVE INTERVENTION WAS USED WHEN PATIENT ASSUALTED STAFF.	Patient was seen to be chaotic in presentation in the communal area in which other peers where seen to be escalating by his behaviour. he was seen to be presenting himself with delusional content of speech in which he believed that he was an SAS Military officer and he was participated in mass killing over GAZA . Staff intervened and advised Dean to stop this kind of conversation in the communal area at that time Patient stamped the staff . -14:00- Forearm holds was used on the patient and guided back to his bedroom. -14:03 -up on disengagement of the holds he stamped the staff. -14:05 - forearm holds was used again at that time Dean tried to get off from the bed and staff had to hold his legs. -14:07- Patient got himself on the floor and bitten staff on his legs . -14:08- holds was reinstated on both arms. -14:10- since Patient was seen to be much more settled holds was disengaged.	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC64834	30/01/2024	30/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG tube being inserted and NG feed being administered	patient restrained in the pod in a seated position	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64862	30/01/2024	30/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other outside	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Obtained information from CCTV images: 16:08: patient left the hospital doors with a fellow patient. patient sat outside the front of the hospital with peer for a couple of minutes, when staff noticed they was out there approx. 16:10, they went downstairs by the time they got to the front patient had already walked off. Staff located patient on Horton Road. Walking towards the graveyard and crossing the road. patient was being hostile towards staff, threatening them and refusing to come back to the ward. Staff attempted to de-escalate patient, and was unsuccessful. PMVA team called. When the team arrived patient presentation continued and was not settling. patient then threw a drink over a staff member and began spitting in staff's faces.	Once back on the ward holds were released, patient continued to behave chaotically and threatening towards staff. PRN offered and accepted. patient then was left to de-escalate and self-soothe as staff input appeared unhelpful.	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC64867	30/01/2024	30/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and leg cushion used 1-1 after	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64874	31/01/2024	31/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient assisted to sit on the pod in holds to both arms. Patient supported in holds to both arms and cushion situated over legs. Patient head supported to enable NG tube insertion NG feed administered.	NG feed administered Patient assisted to sit on the pod in holds to both arms. Patient supported in holds to both arms and cushion situated over legs Patient head supported to enable NG tube insertion	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64893	31/01/2024	31/01/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC64894	31/01/2024	31/01/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold for Phlebotomy treatment Patient was anxious about having her bloods taken initially however sat on the sofa with IHOT staff while watching IPAD bloods successfully taken from right elbow crease. IHOT staff held patient for the least amount of time		None required	None required	None (no harm caused by the incident)	Closed
GHC64899	31/01/2024	31/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed	pod and leg cushion used. 1-1 following.	care plan followed 1:1 during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64901	31/01/2024	31/01/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		A PBM clinical hold was performed on a patient in their best interest to obtain a blood sample. This was proportionate to the risk of harm should an underlying health condition remain undetected.	It was explained to care staff how the procedure would take place and what monitoring would be used to safeguard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC64902	31/01/2024	31/01/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold in order to take Patients bloods. The patient was nervous at the start of the phlebotomy procedure. IHOT staff implemented seated clinical hold which had previously been agreed with Family and GP. IHOT staff implanted the hold for the least amount of time possible and only used proportionate force.		None required	None required	None (no harm caused by the incident)	Closed
GHC64903	31/01/2024	31/01/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seared hold on patient in her best interast in proportion to the risk of serious harm if undetected medical condition is not treated (PHLEBOTOMY PROCIDURE)	MCA and best interest paper work was reviewed	None required	None required	None (no harm caused by the incident)	Closed
GHC64928	31/01/2024	31/01/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was in being invasive of other patients personal space and would not accept verbal redirection from staff, staff put holds and took patient to her bedroom.		Review of medication. Review of risk and observation level.	Discussion during handover.	None (no harm caused by the incident)	Closed
GHC64932	01/02/2024	31/01/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		attempted to de-escalate and utilise ice pack and other distraction techniques Patient was resistive and continued to headbang. Team was called Staff attempted to sit patient on the bed, patient continued to be resistive towards staff. Patient sat herself on the floor and leant against the bed. Holds were released. Patient stopped resisting. She then walked towards the door, shouting to be let out. Staff intervened and directed patient to sit on the bed. Staff continued verbal de-escalation which appeared to have good effect. Patient was talking to staff and accepted RT Oral medication As staff left to obtain dressings for head wound, patient started headbanging again. Staff attempted to verbally de-escalate, however patient was resistive and continued Team was called. Arms holds were placed. Patient was resistive and attempting to bite staff. She was sat on the bed but kept lifting her body off the bed and she sat herself on the floor, continuing to attempt to hit staff or bite them Patient screamed for staff to get out. Staff retreated and stayed outside her room. Patient appeared to settle and she sat on the bed, de-escalating herself	Staff went in after a couple of minutes and had 1:1 and debrief. Patient appeared calmer, talking to staff, having general conversations Physical observations completed, wound and room cleaned, duty dr informed. Duty dr said to call back if patient becomes disorientated or deteriorates and to continue monitoring	Mental state and risks reviewed Long term risk of self injury identified Trigger for incident identified Care plans in place to minimise harm to patient	Management plan followed by staff to minimise harm to patient	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC64934	01/02/2024	31/01/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		20:00- patient walked off ward and went to Kingsholm garden. Not wanting to come back, talking about calling the police. De-escalation unsuccessful, PMVA 1 back to the ward. 20:25- Whilst in PMVA holds patient then stopped outside Kingsholm, dropping to the floor. patient led on the floor and continued to talk about being a God. Re-attempted de-escalation although unsuccessful. Due to patient being in the main corridor by the sliding door and blocking access, decision made to use PMVA holds back to the ward. 20:30- PMVA 2 patient was escorted up the stairs, before dropping to the floor again outside of Dean Ward. patient stayed lying on the floor, in front of the stairwell doors. patient remained pressured in speech, spitting at staff during interactions. Consistent attempts to encourage patient back to the ward. Whilst SN was talking with patient, patient raised fist and punched SN in the face. Decision made for PMVA holds to be used to take patient back to the ward due to the continued presentation, de-escalation being ineffective and risk of harm to others. 20:45- patient was resistive to holds and was not moving/standing up in the corridor. Eventually a wheelchair was needed to take back to ward as a last resort.	Handed over to Night Shift re review and post RT observations. PLAN: -Refer to PICU -Continue with Hourly Nursing Observations (increased levels may increase agitation and violence) -Leave to be considered on patient's presentation and nursing judgement -Discuss with MDT tomorrow re plan going forward -Added to risk history	Non touch obs completed Added to risk history consideration of observations debrief	N/A patient acutely unwell. ** THIS DATIX/INCIDENT TOOK PLACE 31.01.24 AT 20:50 **	None (no harm caused by the incident)	Closed
GHC64941	01/02/2024	01/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva needed for administration of NG feed.	pod and leg cushion used. 1-1 following.	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC64950	01/02/2024	01/02/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers how the procedure will take place and what monitoring would be used to safe guard the patient. The MCA paper work was reviewed and copies given to the carers.	none required	none required	None (no harm caused by the incident)	Closed
GHC64952	01/02/2024	01/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM CLINICAL SEATED HOLD ON PATIENT IN HIS BEST INTEREST	MCA and best interest paper work was left with carers	none required	none required	None (no harm caused by the incident)	Closed
GHC64953	01/02/2024	01/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		A PBM clinical hold was used on a patient to obtain a blood sample in their best interest. This was proportionate to the risk of ill harm should an underlying medical condition remain undetected	It was explained to the staff how the procedure would take place and what safeguarding measures would be in place to protect the patient. Copies of the MCA and BI were reviewed and given to carers	none required	none required	None (no harm caused by the incident)	Closed
GHC64959	01/02/2024	01/02/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in her best interest in proportion to the risk of serious harm if medical condition is not treated.	It was explained to the paid carers how the procedure would take place and what monitoring would be used to safeguard the patient. The MCA paperwork was reviewed and copies given to the carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC64977	01/02/2024	01/02/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient burst into handover to nightshift threatening to kill member of nightstaff. Patient removed selves from handover room with verbal prompts to move away however patient continued to argue with staff member as they left. PMVA standing holds utilised to escort patient to bedspace where they entered voluntarily and holds released. Patient offered and accepted PRN medication. Boundaries put in place regarding actions and patient encouraged to utilise	Patient offered and accepted PRN medication. Boundaries put in place regarding actions and patient encouraged to utilise low stimulus environment whilst in agitated state. Debrief taken place with peers effected by patients outburst.	No further actions at this time	No further considerations at this time	None (no harm caused by the incident)	Closed
GHC64984	02/02/2024	02/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva needed for administration of NG feed.	pod and leg cushion used. 1-1 following as per care plan.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC64985	02/02/2024	01/02/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM PERSONAL CARE IN HER BEST INTERST IN PROPORTION TO THE RISK OF SERIOUS HARM IF MEDICAL CONDITION IS NOT TREATED (CTHETER AND BLOODS)	MCA paper work has been reviewed	None required	None required	None (no harm caused by the incident)	Closed
GHC64991	02/02/2024	01/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		NEW NG tube fitted and Bridled. NG Feed given as per care / treatment plan	PMVA team planned and Safe holds implemented to administer feed.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC64992	02/02/2024	01/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Supine (face up)		Service user had NG and Bridle fitted which resulted in the service user attempted to self harm via head banging. Initially the service user was sat on her bed after feed and began to knee her self in the head. The service user then put her self to the floor and head butted	PMVA team called, safe holds implemented in supine position as service user was already on the floor already headbanging.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC65006	02/02/2024	02/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was resistive to NG feed	patient had to be restrained in a seated position on the pod	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65023	03/02/2024	03/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Standing		Patient A was asked to give his phone to keep in the safe keeping of the hospital as the ward was informed by a member of the community that the patient has been making threats and has been sending explicit images through social media. A team was called in to support because of the history of the patient. Patient was asked to hand in the phone but he did not take up on this board. Staff attempted for verbal de-escalation which was not successful. He made threats that he would assault the staff and made statements like call the police I don't care. I want to go to prison. Patient then jumped on to one of the staffs punching him on the chest. Even though the team was here as the patient was extremely combative and resistive it was hard for the team to have him in holds. With a lot of resistance, he was held in PMVA holds on the floor. Whilst in holds he spat on different staff and attempted to assault staff members and made verbal threats that he will assault the staff members and his ex girl friend.He was given RT. Eventually he settled		Risk assessment reviewed. Debrief for staff involved. Debrief for patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. MDT review. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC65029	03/02/2024	03/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in holds to have naso-gastric feed	Patient placed in clinical holds on pod and use of cushion with 4 x Wotton lawn staff and 2 physical health nurses for feed in situ.	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC65035	03/02/2024	02/02/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient became verbally hostile, abusive and threatening towards staff in the male corridor. Patient did not respond positively to boundaries placed and behaviour challenged and became even more elevated. Patient was also racially abusive towards agency staff member as they tried to engage and deescalate. Patient then proceeded to throw a 3/4 full large bottle of cola at staff and went slammed bedroom door numerous times causing damage to the frame. Patient was not cooperating and becoming more and more hostile, squaring up to staff with fists and asking staff for a fight.	Patient placed in arm holds and escorted into bedroom and placed on the bed until RT medication was drawn. Patient immediately deescalated and became playful and jovial with responding team, accepting oral medication. Patient was released from holds with immediate effect after oral medication as they did not appear to pose any further threat. Patient retreated to garden to smoke.	Patients risk of violence acknowledged, interventions completed by nursing team to safeguard patient and others.	Risks acknowledged, patient and staff came to no physical harm.	None (no harm caused by the incident)	Closed
GHC65040	03/02/2024	03/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Section 3 female patient was restrained to administer nasal feed	PMVA Team called MERT Assessor was present Administered Nasal feed Patient was nursed 1:1 for 2hr post feed	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65043	03/02/2024	03/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PBM (physical intervention)	Escort		Section 2 male patient was was brought back to the ward under PMVA when he attempt to AWOL	Patient was brought back to the ward Offered prn medication	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC65044	03/02/2024	03/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Supine (face up)		Patient is aware that if oral medication is not taken, RT IM will be administered, patient was offered oral medication 5 times, and refused. Patient became combative, resistant, verbally and racially abusive. patient threatened staff, and stated 'one of you will get seriously hurt'.	patient was placed in standing holds, then due to combative nature, was placed in supine position on the floor. Patient remained combative, verbally abusive, spitting out at staff members. Spit visors were provided to staff members. IM RT was administered while patient was in supine position.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future.	Incident recorded in clinical documentation. Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC65051	04/02/2024	03/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Seated (other)		Service user presented with symptoms of acute psychosis, for example, he accused staff of attempting to kill him and he stated: "you can try and kill me but I am already dead", the service users speech content was also very thought disordered and he appeared very frightened. Service user then asked to leave the ward and go home, staff provided verbal reassurance and explained that this was not possible at this moment in time. Service user then threw a cup of coffee on the floor and accused staff of attempting to kill him. Service user then went to the ward kitchen and threw two cartons of milk and a trolley containing fruit and other foods into an area where other patients and staff members were. PRN medication was then offered, however, the service user then pushed the medication pot (containing the PRN medication) out of the staff members hand. Service user then again demanded to be allowed to leave the ward to go home and he then attempted to leave the ward via the main entrance/exit door,	Service user placed himself in the supine position, staff utilised precautionary PMVA holds and the medication was administered into the lateral thigh.	Staff followed policy and procedure	N/A PT VERY UNWELL	None (no harm caused by the incident)	Closed
GHC65055	04/02/2024	04/02/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		PMVA used by the door to the office as patient was hitting staff, then redirected back to her bedroom.	PMVA used and moved patient back to bedroom. PRN also given to good effect.	Staff followed appropriate policies and procedures to maintain safety for all	Clinical documentation reviewed	None (no harm caused by the incident)	Closed
GHC65058	04/02/2024	04/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed.	The patient was held on PMVA holds to facilitate their nasogastric feed.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65065	04/02/2024	04/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Precautionary hold		Patient A is prescribed medication in the morning which is to be administered as IM if refused. Patient A became agitated and flipping between wanting the medication orally or IM. Patient became verbally abusive towards staff wanting the IM in the his deltoid. Staff tried to explain this medication is not able to be administered in the deltoid, and would need to be administered in the glute or thigh muscle. Patient A dropped his trousers and stood in front of staff asking for the IM to be administered in the glute. Staff asked to place hands on which they did on, right and left arms. Patient accepted oral medication and was verbally		Debrief offered for patient and spoken with around accepting oral medication to avoid the use of restrictive interventions. PBS plan review.	None identified.	None (no harm caused by the incident)	Closed
GHC65069	04/02/2024	04/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was restive to their NG feed.	Staff restrained the patient in a seated position on the pod so the patient could have their NG feed administered.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65071	04/02/2024	04/02/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient symptomatic of ill health and required blood test as a form of investigation. Patient does not have the capacity to consent to blood test.	PBM seated clinical hold utilised as the least restrictive option, used in proportion to the risk of undetected serious ill health, agreed by all relevant parties.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed	Care planned for patient when needed	None (no harm caused by the incident)	Closed
GHC65078	04/02/2024	04/02/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was observed head banging in the bedroom at 17:30.	Staff entered the room used verbal de escalation and grounding techniques to de escalate the patient with a little effect. Patient stopped the head banging and sat in the bed. Staff tried to interact but patient didn't interact. Offered oral PRN Lorazepam, which patient declined. Staff continued de-escalation with no effect. Staff offered a walk to the courtyard which patient refuses. Patient spends the time in the bedroom. Staff done the dressing for the patient. Thereafter at 18:30 patient head banged again. Staff tried to de-escalate with no effect. PMVA team was called, RT IM lorazepam 2mg administered under PMVA hold. Patient then observed relaxed. Staff released the hold. Staff offered courtyard leave with patient replied will come out when the patient is ready Patient declined physical observation. Non-touch observation has been completed. Staff provided 1:1 with the patient	Mental state and risks reviewed Trigger for incident identified Long term risk of self injury identified Care plans in place to minimise harm Patient CRD	Care plans followed	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC65081	04/02/2024	04/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		1/ Patient is NOT allowed in the Clinic but he managed to follow a HCP in to the clinic. Prior to this he was supposed to have an IMI as he was very agitated and had assaulted a HCP but had refused this. Once in the clinic patient sat in the chair and told staff to give him the injection in his thigh but he kept wiggling his legs and then stood up and headbutted the HCP in the face and also spat in his face and kicked him. Staff then used PMVA to stop this aggression escalating and then he said to give him the injection so this was administered in his buttock. He was due to have x2 IMI but refused the second. PMVA holds were used to bring him to the communal areas where he sat in the chair still in holds. Holds were released. 2/ Patient was due to have the second IMI, at this point x3 Policemen were already in attendance, PMVA and Police accompanied the patient to his bedroom where he sat in his chair with his hands on his thighs. When the HCP approached him he tried to	Verbal de-escalation.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. MDT review. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC65082	04/02/2024	04/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		patient was sat in communal areas with fellow patients and staff. the patient started to become verbally abusive towards staff and fellow patients. Was asked to stop but wouldn't. Other patients became distressed by their actions. patient led on the floor blocking the doors. patient was asked to move and refused. then jumped up in front of staff shouting	patient was put in holds and taken to their bedroom, where they were in a seated holds on the bed with the cushion on their legs and offered oral medication which they refused several times . IM promethazine 50mg was given .	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC65087	05/02/2024	05/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva needed for administration of NG feed.	pod and leg cushion used. 1-1 following as per care plan.	Care plan followed 1:1/debrief during escorted walk	N.A	None (no harm caused by the incident)	Closed

GHC65101	05/02/2024	05/02/2024	LD IHOT	Selwyn Care (Edward House), Matson Lane, Gloucester GL4 6ED	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold utilised for annual health check in order to reduce risk of patient coming to accidental harm by struggling as practice nurse attempted to take bloods. IHOT staff took rapid control of patient while implementing the clinical hold as advised by supporting team and Historic Physical interventions documented in clinical notes IHOT staff implemented seated clinical hold on patients bed. Hold implemented for the shortest amount of time using least restrictive holds possible. Patient did become anxious however relaxed once butterfly needle was in arm. Patient calmed and		None required	None required	None (no harm caused by the incident)	Closed
GHC65103	05/02/2024	05/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC65104	05/02/2024	05/02/2024	LD IHOT	Selwyn Care (Edward House), Matson Lane, Gloucester GL4 6ED	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold used with patient in order to prevent him form coming to accidental harm by jerking his arm whilst nurse was performing a phlebotomy Procedure. Clinical hold implemented by IHOT staff after conversation with nurse and staff around proportionality of holding. Hold implemented for the shortest amount of time and proportionate force was		None required	None required	None (no harm caused by the incident)	Closed
GHC65105	05/02/2024	05/02/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated Clinical hold in order for bloods to be taken safely in patients best interest		None required	None required	None (no harm caused by the incident)	Closed
GHC65106	05/02/2024	05/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC65107	05/02/2024	05/02/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated Clinical hold in order for bloods to be taken safely in patients best interest		None required	None required	None (no harm caused by the incident)	Closed
GHC65108	05/02/2024	05/02/2024	LD IHOT	Selwyn Care (Edward House), Matson Lane, Gloucester GL4 6ED	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold carried out in Patients best interest decided prior to hold by Practice nurse and Staff in order to reduce risk of Patient accidently injuring himself during Phlebotomy treatment. IHOT staff implemented seated clinical hold for the least amount of time using only proportionate force.		None required	None required	None (no harm caused by the incident)	Closed
GHC65111	05/02/2024	05/02/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated Clinical hold in order to safely take bloods in patients best		None required	None required	None (no harm caused by the incident)	Closed
GHC65119	05/02/2024	29/01/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Non-standard hold	Standing	Patient becoming aggressive to people trying to support her with mobility (she was unsteady and needed Ao1 to reduce very high falls risk) Patient approached one female staff member and grabbed on to her shoulder and pushed her, requiring PBM on this arm to reduce harm to staff. She then did a similar thing to another female staff member,	2x PBM holds used	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC65122	05/02/2024	05/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and leg cushion used. 1-1 following as per care plan.	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC65124	05/02/2024	05/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		patient was due for his depot medication today. When staff approached patient about this they became very confrontational, getting close to staff and repeatedly saying "no". PMVA assistance called. Staff again approached patient and used google translate to convey the message for needing the medication, patient continued to say "no", and would not allow staff to administer the depot. patient was then placed in seated holds, they kept trying to stand up and wriggle out of the holds, therefore leg cushion was used. Depot administered under restraint. PMVA hold lasted approximately 2 minutes or less. patient then came out into communal areas, requested for a	No concerns at present. Duty Dr aware of PMVA.	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC65131	05/02/2024	05/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other outside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		patient sat in communal areas, appeared to settle slightly. patient asked to go to the courtyard on the basis that they would "go to the garden and come back", this was agreed. At 17:26 patient tried to leave the hospital, when stopped by staff patient dropped to the floor outside the front doors. PMVA used to bring them back into the ward at 17:28. Once back on the ward patient was taken to bedroom, in which they threw his tobacco packet and lighter at WM . patient was left to de-escalate in bedroom. patient later come into communal areas and	prn requested and given	brought back to ward and accepted PRN at his request	N/A	None (no harm caused by the incident)	Closed
GHC65143	06/02/2024	06/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva needed for administration of NG feed.	pod and leg cushion used. 1-1 following as per care plan.	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC65170	06/02/2024	06/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.	Patient was due for NG feed.Provided feeds on holds ,used pods and cushion. During the entire procedure staff engaged with the patient and after the procedure provided 1:1 ,given regular medication. Followed actions as per care plan, given debrief.	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC65178	06/02/2024	06/02/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		the patient was uncooperative and resistive with taking bloods. as discussed with the MDT team ward consultant nurse in charge and the ward manager the use of PBM for the safe taking of the bloods.	PBM implemented for the safety of the patient and staff the use of PBM clinical seated hold for bloods . bloods taken datix completed ward manager in formed nurse in charge informed ward consultant informed . a doctor was present at the time and they	No actions the correct actions were taken as per policy.	None	None (no harm caused by the incident)	Closed
GHC65187	06/02/2024	06/02/2024	LD Inpatients - Berkeley House	Public Place / Offsite / Staff working from home (WFH)	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Seated (other)		Patient was out in the community and was using a public restroom when he became agitated, the patient was supported out of the restroom using PBM hold and escorted back to the vehicle which was parked about 5mins walk. Once at the vehicle, the patient was released to get into the vehicle, the patient started kicking staff, spitting and damaging the vehicle. Staff had to continue with the restraint holding both his arms and allowed the middle seat to be put back up in its upright position to manage his	As part of the care for the patient it was important to get back to the unit as soon as possible, therefore two members of staff continued to hold his arms and released them after he was asked whether he had calmed down and he responded saying "Yeah". On arrival at the unit the patient banged the doors in the unit a few times and then settled down.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	None (no harm caused by the incident)	Closed
GHC65192	06/02/2024	06/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient attacked staff and assaulted 3 x members of staff was placed in holds and escorted to bedroom	Patient placed in holds escorted to bedroom RT medication given	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. MDT review. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC65193	06/02/2024	06/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was escalating verbally aggressive picked up a chair and started to bang chair against window.	patient placed in holds and was escorted to bedroom.	Risk assessment reviewed. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC65207	07/02/2024	07/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service users nasogastric feed was administered, 4x members of staff utilised PMVA holds and provided verbal reassurance as the nasogastric feed was administered.	PMVA holds were utilised by 4x members of staff as the nasogastric feed was administered, verbal reassurance was provided and service user has been nursed on a 1:1 observation and escorted for a walk	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65213	07/02/2024	03/02/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	Other form of physical intervention	Assisted support		Patient was very distressed and declined her medication. She then continually talked about not having her medication but continued to decline. She became distressed and her speech was repetitive.	She took prn PRN medication at 2am from a member of staff on another ward. She is a risk of falls so we needed to support her to bed. She was supported to her bedroom.	The correct actions were taken at the time of incident.	None.	None (no harm caused by the incident)	Closed
GHC65229	07/02/2024	07/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feeding, NG tube need to be inserted prior to feeding. Called planned PMVA	care plan followed, 1:1 after feed, debrief during walk, regular medications given	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65237	07/02/2024	07/02/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Standing		Pt became verbally and physically hostile and aggressive, he pushed staff very hard (into another patient) and was posturing in a very aggressive manner. Screaming and shouting at staff. Refusing to go into his bed room to calm down.	PMVA used and RT Lorazepam 2mg given. Doctor called to review but declined to engage.	Risk of violence acknowledged. Nursing staff supported patient to prevent harm to themselves or staff.	Risk acknowledged, care plans in place to support patient.	None (no harm caused by the incident)	Closed
GHC65255	08/02/2024	08/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her naso gastric tube feeding.	She was held on holds with the help of 4 . Pod and cushion was used. She was not much resistive during the feed. 1-1 was continued for 2 hours after the feed. Escorted for a walk after wards. Administered	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65258	08/02/2024	08/02/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	Other form of physical intervention	Assisted support		Patient distressed trying the front door started to hit the door with her walking frame.	Staff asked her to stop doing that several times, however it did not work. Staff stopped her from hitting the door by holding their arm. Staff utilised distraction techniques and patient was redirected to the ladies lounge to give them the	No actions required as the policy was followed.	none required.	None (no harm caused by the incident)	Closed
GHC65263	08/02/2024	08/02/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to NOK, how the procedure would take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC65266	08/02/2024	08/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient A was in the communal area and he was verbally abusive to Patient B. Patient A called Patient B a "rapist" and "pervert". Staff intervened and and asked him to stop talking like. Patient A then threw a bowl of cereals into the face of an HCA. Therefore he was escorted to bedroom in PMVA holds.		Risk assessment reviewed. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC65272	08/02/2024	08/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Supine (face up)		Patient A was escalating in the communal area and started making threats. Continues to be high profile and pushing boundaries and threatening the team in the ward and a decision was made by the medical team to administer - Acuphase because of extremity of the violence. Patient was not co-operating with the administration of medication so a team was called to support the PMVA. Patient was put in PMVA holds - supine positive as he was resistive and combative.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. MDT review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC65280	08/02/2024	08/02/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient was showing escalating behaviours throughout the morning shift. Threw clothes and bags out of the room and shouting and showing aggressive behaviours. Tried to redirect him but, not engaging and refusing nursing interventions. Called planned PMVA twice around 10:00 and 12:00, but observed as naked and went to shower and turned the shower on. Offered Oral medication lorazepam and promethazine which he declined so RT IM was given @ 14:14. The PMVA team were called again for this at around	Called planned PMVA around 14:10 and given lorazepam 2 mg IM.	Risk of violence acknowledged, staff supported patient accordingly.	Care plans in place to support patient, risks acknowledged.	None (no harm caused by the incident)	Closed
GHC65293	08/02/2024	08/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed.	The patient was held on nasogastric feed to facilitate their nasogastric feed.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65306	09/02/2024	09/02/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PBM (physical intervention)	Assisted support		patient was attempting to damage the environment.	Staff carried out an assisted support to their bedroom when other interventions had not succeeded.	Checked in with staff, all okay. All incidents are reviewed on a weekly basis in MDT. Changes to care plans are made via the MDT and in responses to changes in behaviour.	No lessons learnt, these behaviours are well-documented for this patient and staff acted appropriately and proportionately using correct techniques.	None (no harm caused by the incident)	Closed
GHC65308	09/02/2024	09/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.	Patient was due for NG feed. Provided feeds on holds ,used pods and cushion. During the entire procedure staff engaged with the patient and after the procedure provided 1:1 ,given regular medication. Followed actions as per care plan, given debrief while on walk.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65315	09/02/2024	09/02/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Staff attempted to deescalate and negotiate with patient to no effect Planned PMVA team organised Other RMN offered patient oral RT declined Staff entered bedspace to place in holds Patient attempted to attack staff. PMVA team placed patient in holds on pod RT IM Promethazine 50mg @ 03:40 and RT IM lorazepam 2mg @ 03:50 administered Staff attempted to transfer and release holds, Patient remained agitated and attempted to attack staff again. Holds reinstated	Debrief PMVA team Patient declined physical obs Non touch observations completed RT template uploaded to RiO	Staff used nursing interventions to safeguard patient and staff from harm.	Care plans in place to support patient, risk acknowledged.	None (no harm caused by the incident)	Closed
GHC65320	09/02/2024	09/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC65335	09/02/2024	09/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		none required	none required	None (no harm caused by the incident)	Closed
GHC65337	09/02/2024	09/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.	Patient was due for NG feed. Provided feeds on holds ,used pods and cushion. During the entire procedure staff engaged with the patient and after the procedure provided 1:1 ,given regular medication. Followed actions as per care plan, given debrief while on walk.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65338	09/02/2024	09/02/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order to clean and redress ulcerated legs		none required	none required	None (no harm caused by the incident)	Closed
GHC65345	09/02/2024	08/02/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was heard headbanging Staff went to respond Staff utilised coping strategies and grounding techniques Patient appeared to stop whilst staff were utilising grounding Then patient continued headbanging with more intensity and became resistive to staff	Patient placed on holds and sat on the bed Staff continued verbal de-escalation Offered RT Oral, patient did not engage and moved their face away Staff offered Oral again, patient declined RT IM administered Holds were released Staff had 1:1 and debrief with patient	Restrictive practice required to maintain safety of patient Mental state, risks and management plan reviewed Long term risk of self injury identified Patient CRD awaiting accommodation	Care plans followed to maintain patient safety using least restrictive interventions	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC65351	09/02/2024	09/02/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PMVA (physical intervention)	Seated (POD used)		Patient came into the communal areas and started shouting and threatening to kill someone. He was half naked and when staff attempted to redirect him back to his room, he lowered down his jogger inappropriately exposed himself in front of other service users and staff who where in the communal areas	Staff immediately cleared the communal areas Verbal de- escalation was attempted with little effect Oral prn was offered and patient declined Patient continued to escalate and was throwing game pieces across the communal area PMVA team was called and oral RT offered several times, however, patient continued to decline As a last resort patient was put in PMVA holds, Lorazepam 2mg IM rapid tranquilisation (RT) was administered Post RT observations were commenced soon after	Patient not yet started treatment, staff used interventions to keep patient and staff safe.	Risk of violence acknowledged, care plans in place to support patient.	None (no harm caused by the incident)	Closed
GHC65362	10/02/2024	10/02/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Prone (face down)		The patient had locked himself in the bathroom for several hours, on coming out he was naked and was displaying overtly sexual behaviours towards staff and other patients and started to become more	Duty Doctor called for clarification of meds, PMVA team assembled and Police called for additional support in light of previous events and safety. Patient restrained on POD in male corridor outside his	Patient not yet started treatment, staff made necessary interventions to protect patient and staff.	Risk of violence acknowledged, care plans in place to support patient.	None (no harm caused by the incident)	Closed
GHC65370	10/02/2024	10/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was due for naso gastric tube feeding.	Patient was held on light holds with the use of pod and cushion. She was not resistive during the feed. Escorted for a walk after wards by a member of staff. administered prescribed medication.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65374	10/02/2024	09/02/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PBM (physical intervention)	Escort		the patient was responding to unseen stimuli and demanding the phone to ring the police the patient entered the ward office and was attempting to grab the cordless phone and the ward radios the patient became agitated and attempted to hit out at staff .	the staff implemented PBM 2 person removal the patient was removed to her bedroom to calm .	No actions required as the correct procedure was completed.	none	None (no harm caused by the incident)	Closed
GHC65376	10/02/2024	10/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		The patient was an informal patient who was trying to leave from the hospital grounds to hurt herself. Even after several attempts of verbal de-escalation the patient kept on trying to leave.	Then the staff put them on a section 5(4). The patient had to be stopped from walking off several times and was put on holds. However, after several attempts the patient agreed to come back to the ward on the	Staff followed policy and procedure	N.A	None (no harm caused by the incident)	Closed
GHC65379	10/02/2024	10/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her Naso Gastric tube feeding.	Patient was held on light holds. requested to use weighted blanket. Staff held her on pod and used weighted blanket as per request. 2 held her arms and 2 staff stood near her with weighted blanket on. Administered regular medication after the feed. Escorted for a walk and returned with out any issues. She remained on 1-1 after the feed for 2 hours.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65395	11/02/2024	11/02/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Prone (face down)		Patient came out of his room and walked to communal areas carrying a jug of fluid and threw the contents aiming at staff. The fluid landed over the office door, surrounding floors and some of the furniture. The contents smelt like urine. Whilst throwing this he was verbally abusive to staff claiming he would kill them. Staff retreated to the office. He then continued to get more things from his room and launch food and objects at the office. he then saw an asleep patient on sofa and proceeded to through food over him. he then grabbed more objects from communal, games and such like and threw at office. He then went back to his room to get bigger	Staff retreated to the office, decision made to call PMVA and psych emergency with a view to administering RT IM meds. Duty Doctor called to confirm which medication to use.	Review of incident, de-brief with staff.	Review of police use within hospital, reflection on incident.	None (no harm caused by the incident)	Closed
GHC65397	11/02/2024	10/02/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (POD used)		Patient remained aggressive, swearing and pushing boundaries towards staff members and other patient. Patient grabbed the staff member and lunge several times despite verbal de-escalation.	Verbally de-escalated. Called PMVA team . RT pharmaceutical intervention given with good effect. Baseline physical observations taken followed by non-physical observations taken as patient was already asleep.	none	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC65402	11/02/2024	11/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and weighted blanked used. Due to resistance leg cushion was added.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65403	11/02/2024	10/02/2024	Wotton Lawn-Priory Ward	Public Place / Offsite / Staff working from home (WFH)	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		The service user (informal patient, who was also mobilising in a wheelchair) left the ward at approximately 12:00 , staff asked the service user if they felt safe, they initially declined to answer and then after a period of time they said: "No". Staff asked the service user if they could elaborate on this, also asking where the service user was planning on going. The service user said: "the garage" (Horton Road). They then stated that they were planning on buying: "bleach, rat poison, and ice coolant". The service user also made multiple remarks that alluded to suicide and they then said that they were planning on completing suicide. Staff then accompanied the service user to the front of the hospital where they smoked a cigarette and they again then stated that they were going to the garage to buy: "bleach, rat poison, and ice coolant". Another period of de-escalation and reassurance was attempted, however, the service user again stated that they were leaving and told staff not to come with them. Staff again asked the service user to remain on the ward for a short period and offered PRN medication and explained that these thoughts, feelings and urges may reduce in intensity over time. Staff also asked the service user to return to the ward and explained that they would like a doctor to come and assess them. Service user declined again and as the service user began mobilising toward Horton Road they were detained under section 5(4) of the MHA outside the hotel services department outside Wotton Lawn Hospital. The service user then continued to mobilise	De-escalation attempted, accompanied leave offered, service user detained under section 5(4) and PMVA forearm holds utilised for a short period. Service user offered 1:1 on return to the ward and Duty Doctor attended to assess service user under the Mental Health Act.	Staff followed policy and procedure	n/a	None (no harm caused by the incident)	Closed
GHC65406	11/02/2024	09/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient.	none required	none required	None (no harm caused by the incident)	Closed
GHC65419	11/02/2024	11/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was restive to NG feed	Had to restrained into a seated restraint on the pod using the pillow on their legs.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65420	11/02/2024	11/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (other)		The patient was disoriented, confused and was wandering around the ward. The patient was also trying to get into other patient's personal spaces.	The staff put the patient on PMVA holds and administered RT Loraz IM 1ml on the thigh using cusion. The staff tried to provide a debrief to the patient but he was still disoriented and was not able to understand the staff.	none	none	None (no harm caused by the incident)	Closed
GHC65426	12/02/2024	12/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her Naso gastric tube feeding.	She was held on hold using pod and weighted blanket. She requested to use weighted blanket rather that cushion. Patient was escorted for a walk after the feed. Remained on 1-1 for 2 hours.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65429	12/02/2024	12/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Patient had taken two room access fobs from other patients and refused to give them back. Verbally aggressive to other patients and staff.	Staff asked for the fobs to be returned repeatedly, patient refused and was verbally aggressive to staff and patients. Patient had placed the fobs in his anus. Restrictive escort to ECA. PMVA hold on pod and rapid traquilation - 5mg haloperidol 2mg lorazepam	Patient was offered a debrief following the incident. Staff were offered a debrief. Patients medication was reviewed. PBS plan reviewed. Nursing observations reviewed within the nursing team.	None identified.	None (no harm caused by the incident)	Closed
GHC65447	12/02/2024	12/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient supported in holds to both arms to sit on the pod. Patient assisted in holds to both arms and weighted blanket situated over legs. NG feed administered	NG feed administration Patient supported in holds to both arms to sit on the pod. Patient assisted in holds to both arms and weighted blanket situated over legs	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65456	12/02/2024	12/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Planned PMVA to administer prescribed depot medication. Patient non concordant with this plan and was administered medication with female PMVA team. Was resistive in holds.	Depot medication administered.	Patient was offered a debrief following the incident however declined. Staff to continue to have discussions with patient around oral medication.	None identified.	None (no harm caused by the incident)	Closed
GHC65465	13/02/2024	13/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.	Patient was due for NG feed. Provided feeds on holds ,used pods and cushion. During the entire procedure staff engaged with the patient and after the procedure provided 1:1 ,given regular medication. Followed actions as per care plan, given debrief while on walk.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65470	13/02/2024	13/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers, how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC65482	13/02/2024	13/02/2024	LD IHOT	Pullman Place LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the N.O.K, how the procedure will take place and what monitoring would be used to safe guard the patient. The mca paperwork was reviewed and copies given to the carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC65484	13/02/2024	13/02/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		Was restrained by staff so that the physical health paramedic could glue the laceration on his head.		Staff have been trained to carry out a clinical hold in order to safely support individuals that may lack capacity or understanding of the support required and the consequences of not having the technique completed. This is done as a last resort and under best interest, all other least restrictive options were tried prior to using this technique	Service user lacks capacity and understanding, all efforts are made to provide person centred communication and reasonable adjustments, in order that the individual understands what is expected of them and what invasive technique may be used. Service user may physically struggle or refuse and would therefore put self at risk if the procedure is not implemented. Procedure is implemented under	None (no harm caused by the incident)	Closed
GHC65491	13/02/2024	13/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva needed for administration of NG feed.	POD and weighted blanket used.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65492	13/02/2024	13/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was heard to be headbanging in room. Upon entering patient was sat with their back against the window and legs crossed leaning on bed. patient was hitting the back of head against the window grate. De-escalation attempted but unsuccessful, ear phones removed and PMVA holds used to move patient away from the wall. Attempted to engage in conversation and offered patient to go from bedroom to another area, as this has previously worked well in these situations. patient sat on her bed, looking at the floor and would not engage with staff. Staff decided to dis-engage and left the room - but waited outside. Within approx. 2 minutes patient started headbanging against the wall with the back of head. Staff entered room, removed ear phones, and moved patient away from the wall using PMVA holds. patient sat in holds for a short period of time before then stopped resisting and holds could be removed. patient was then asked if they would like to move to the	prn requested and facilitated, escorted outside duty dr informed of need to review.	Care plan followed PRN 1:1	n.a	None (no harm caused by the incident)	Closed
GHC65494	13/02/2024	13/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Supine (face up)		Patient has been observed using communal sink to urinate and appeared distressed when consistently responding to unseen stimuli. Due to infection risk and to free up the space for other service users decision was made to use PMVA holds to escort patient to their room. RT was administered and blood test completed in holds due to concerns surrounding dehydration. It was decided as part of MDT that the blood test was in his best interests due to health concerns and refusing to have them completed.	RT administered. Blood test completed. Post RT observations completed.	Debrief for patient. Debrief for staff. Staff ensured patients comfort in their bedroom. Discussion during handover.	MDT discussion. Review of treatment. Review of risk assessment and care plans.	None (no harm caused by the incident)	Closed
GHC65506	14/02/2024	14/02/2024	CRHT Cots & Vale	Robert Maxwell s136 suite	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Precautionary hold		Patient elevated in mood, labile, chaotic, prescribed Lorazepam IM - had spat requested water at staff earlier.	Handcuffed, still in police care. Duty Doctor prescribed Lorazepam 2mg given IM to Left thigh through clothing with three staff present and having hands on. No struggle / actual restraint as once informed it was Lorazepam and not Morphine (she is known to have an allergy to Morphine) she agreed to it being given. Respiratory rate monitored and observed randomly face to face and or via CCTV. Duty doctor paged to review, no current concerns for physical health, awaiting reply.	Risk assessment review Debrief for staff	None	None (no harm caused by the incident)	Closed
GHC65511	14/02/2024	14/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Pt sexually disinhibited/responding and masturbating in communal areas	Verbal intervention attempted, removed from communal areas to eca	Patient advised around inappropriate behaviour on the ward. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC65512	14/02/2024	14/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user's nasogastric feed was administered at approximately 08:30 this morning. As the service user was resistive to the administration of the nasogastric feed 4x members of staff utilised PMVA holds as the nasogastric feed was administered. The service user presented as upset and distressed before and during the administration of the nasogastric feed, however, they did respond well to verbal reassurance and	4x members of staff utilised PMVA holds as the nasogastric feed was administered, verbal reassurance and de-escalation also appeared to work to good effect. Service user's 1:1 observation was continued post-nasogastric feed as per care plan and service user also utilised a walk with staff to the local area.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65520	14/02/2024	14/02/2024	CRHT Liaison s135 s136	Robert Maxwell s136 suite	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Clinical hold (seated)		pt restrain to administer rapid tranquilization.	Offered oral medication - declined. PMVA team called. IM RT administered.	No action taken. Situation handled well at the time of the incident in line with Maxwell Suite protocols.	No lessons learnt, situation managed well and proportionate. From review of notes patient received appropriate treatment at time of incident.	None (no harm caused by the incident)	Closed
GHC65536	14/02/2024	14/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed. But the patient came out of the bedroom and was trying to leave the ward to avoid the feed.	The staff had to escort the patient back to their bedroom on PMVA holds, later utilised the POD and cushion to facilitate the NG feed.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65539	14/02/2024	14/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was offered his prescribed oral medication which he refused, became aggressive and PMVA holds used and taken to the unit ECA to have 100mg Zuclopenthixol acetate injection,200mg Zuclopenthixol deaconate and 2mg lorazepam.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC65543	14/02/2024	14/02/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was heard banging in her bedroom ,on entering the room the patient was found to be banging their head against the wall ,staff attempted to distract the patient using verbal techniques ,ice ,smell Fidget toys ,cold air ,everything we had used before .None of them worked ,so the decision was taken to use RT . As the patient was resistive and at risk of injuring themselves or others a PMVA team	As the patient was resistive and at risk of injuring themselves or others a PMVA team was called and RT was given ,whilst in restraint.	Mental state, risks and management plan reviewed Self injury assessed as long term risk Care plans in place to minimise harm to patient Patient CRD awaiting accommodation	Care plans followed to minimise harm	None (no harm caused by the incident)	Closed
GHC65556	15/02/2024	15/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was attempting to destroy the phone in the visitors room; redirected out of the visitors room. Became hostile and abusive to staff. Prior to this he was high profile on the ward, shouting and swearing at members of staff.	- De-escalation attempted by members of the team who have a good rapport with patient. - PMVA team called and it was deemed reasonable and necessary to implement holds to patients bedroom. - Patient remained in seated restraint whilst further de-escalation attempts were made. - Oral RT Lorazepam administered to good effect.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC65558	15/02/2024	15/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		NG Feed administered via restraint as per care plan.	PMVA Team planned Safe holds implemented for feed to be given.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65560	15/02/2024	15/02/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		RNA used clinical hold on one side to hold service user's left arm and leg in order for nurse to administer depot injection.		None required	None required	None (no harm caused by the incident)	Closed
GHC65563	15/02/2024	15/02/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		IHOT staff implemented a planned seated clinical hold to deliver MMR injection. Patient was sitting on the side of the bed staff sat to the side of the patient and performed a linked arm technique and wrapped the patients legs. This is due to the fact the patient historically has lashed out at staff. Patient was distracted by the fact his dinner was late. Patient did not focus on the injection. Injection administered to right deltoid by nurse. Staff		None required	None required	None (no harm caused by the incident)	Closed
GHC65569	15/02/2024	15/02/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold used on patient to administer injection.		None required	None required	None (no harm caused by the incident)	Closed
GHC65581	15/02/2024	15/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and weighted blanket used, had to bring in leg cushion due to resistance.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65585	15/02/2024	15/02/2024	LD Inpatients - Berkeley House	Public Place / Offsite / Staff working from home (WFH)	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		The patient was settled all day and requested to have sausage and chips for tea. Staff escorted him to the local takeaway shop. On arrival patient ordered with no problem and waited for his order whilst standing outside. One of the staff asked whether he was OK and patient attempted to attack staff outside the shop. The patient was supported by two of the staff with a PBM hold whilst standing. Patient was given some time to calm down but his presentation	Staff decided to return with him to the unit under two man escort. On arrival the patient began smearing the unit, banged the radiator and TV cabinet then settled after about 20mins of arrival.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	None (no harm caused by the incident)	Closed

GHC65589	16/02/2024	16/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and weighted blanket used.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65599	16/02/2024	16/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		Patient requiring support with personal care, had not had a bath since he was admitted three days prior. Patient very driven, and not accepting support for a wash.	Patient given some PRN, offered plenty of direction but kept leaving the bathroom, very disorientated. Patient placed into PBM holds and supported to bath chair. Holds released when in chair. When in bath, patient was not able to follow instruction and required full support. When out the bath, patient required holds again so they could dry and dress him, as he was trying to leave the bathroom. PBM required 2 staff for holds, and 2x for support and reassurance. Patient now clean and dressed in communal areas.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC65611	16/02/2024	16/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		Patient began to display his early warning signs - growling loudly, hit a cap off a staff member's head and started to shadow box towards staff. Decision to offer Proactive use of PRN	Patient threw the tablets and requested IMI instead. This requires use of precautionary holds so became RT administration.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review- discussion had around PRN IM medication, as per the patients request.	None identified.	None (no harm caused by the incident)	Closed
GHC65626	17/02/2024	17/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her Naso gastric tube feeding . Called planned PMVA, seated on pod and weighted blanket was used.	She was held on holds. Care plan followed after the feed, 1:1 and escorted for a walk, debrief. Due medications given	Care Plan followed 1:1 debrief during escorted walk as per care plan	n/a	None (no harm caused by the incident)	Closed
GHC65627	17/02/2024	17/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Precautionary hold		Patient A been prescribed a does of Acuphase which was planned to be administered this morning. Staff called a team to assist with this, staff was able to talk with patient A in they mother tongue explaining the process which they were expecting of. IM was administered in the thigh - left side, with two staff on precautionary holds on the left and right arms, no resistance from patient A. Reassurance and support given following. Physical observations to be completed going forward as per policy.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC65641	17/02/2024	17/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service users nasogastric feed was administered, 4x members of staff utilised PMVA holds as the service user was resistive to the administration of the nasogastric feed. Service user was also visibly upset and tearful during the administration of the nasogastric feed.	4x members of staff utilised PMVA holds as the nasogastric feed was administered. Staff provided reassurance and support as the nasogastric feed was administered and service user then utilised a walk with staff following the nasogastric feeds administration.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65642	17/02/2024	17/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Personal care (standing)		Patient was incontinent, reassurance given, redirected to toilet but became increasingly distressed	Staff utilised PBM holds to assist to support with personal care	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC65646	18/02/2024	18/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other outside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient escorted down to courtyard for smoking. Appeared unsteady on his feet/dizzy. Put himself on the ground on his knees.	Staff utilised PMVA low level holds to assist to stand up and supported walking back to the ward. Physical obs completed. News score 2 for raised Pulse- 113	reviewed by doctor and physio no further concerns	N/A	None (no harm caused by the incident)	Closed
GHC65650	18/02/2024	18/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient was incontinent, declined to change himself or staff support. Attempted several time but declined due to high confusion.	PRN given, patient was disorientated and so spat this out Planned PBM utilised to complete basic personal care	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC65651	18/02/2024	18/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient had been incontinent. Extremely disorientated and could not accept support or follow instructions, putting himself at risk of developing skin concerns	Planned PBM safe hold applied to complete patient's personal care	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC65656	18/02/2024	18/02/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		the patient became agitated and aggressive towards staff attempting to hit staff in the face with a large squash bottle staff USED A pbm block . the patient continued to be aggressive staff then implemented PBM removal techniques patient was removed to his room to calm	PBM techniques implemented removal from the front nurse in charge informed datix completed entered on rio .	The corrects actions were taken at time of incident. He has been talked to by the team and he says he will not do it again.	Staff to monitor his behaviour and use alternative techniques to establish if the situations can be prevented.	None (no harm caused by the incident)	Closed
GHC65657	18/02/2024	18/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient escalating in communal areas because the internet was down and could not accept this, he was also seen attempting to write "kill" on the wall. Patient became verbally abusive and threatening and invading personal space, he was even threatening to kill staff. Patient re-directed to his room where he was offered prn. And continued to escalate, getting into staff members faces, spitting, attempting to push past staff. Declined prn despite several prompts. PMVA team called and was restrained in seated position on the bed. Sajad was combative, attempted to headbutt and was spitting at staff. Sajad was also targeting particular staff members. Sajad was given RT medication where he remained in PMVA holds until his behaviour de-escalated. Sajad was informed to remain in his room to reflect for 30 mins in his room before returning to communal areas. Immediately Sajad left his room and came to the office where he continued to target particular staff member and spat at them in the face. Sajad was once again put in PMVA holds and escorted to his bedroom where he remained in holds until he settled. After prompts and use of de-escalation techniques he	RT administration Psychiatric emergency PMVA holds De-escalation techniques.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. MDT review. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC65661	18/02/2024	18/02/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PBM (physical intervention)	Escort		Patient was in the bathroom having shower, became unsettled throwing faeces at staff, slamming doors, was escorted out of bathroom to make situation safer.		This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	None (no harm caused by the incident)	Closed
GHC65662	18/02/2024	18/02/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Non-standard hold	left leg hold	Clinical hold to support phlebotomy	left leg held	none required	none required	None (no harm caused by the incident)	Closed
GHC65668	18/02/2024	18/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Safe holds implemented to administer NG Feed as per care plan.	NG FEED Administered.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65670	18/02/2024	18/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was on PMVA holds for planned NG feeding.	Service user on PMVA holds, seated on pods with cushion supported on legs. Reassurance continued through out the procedure.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65699	19/02/2024	19/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Clinical hold (seated)		Safe holds implemented for administration of NG FEED	NG feed administered.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65727	19/02/2024	19/02/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient was aggressive requiring PBM to remove to her bedroom to deescalate	Taken to her room to deescalate and given Lorazepam	All actions were correct. The patient remains unwell and this may occur again but all staff on shift aware of her behaviours and different techniques may have to be used again.	none	None (no harm caused by the incident)	Closed
GHC65731	19/02/2024	19/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was resistive to having their NG feed	Patient was restrained in a seated position on the pod with the pillow over their knees.	Care Plan followed 1:1 debrief during escorted walk as per care plan Non touch obs completed	N/A	None (no harm caused by the incident)	Closed
GHC65734	19/02/2024	19/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient needed admission bloods	Doctor and NIC organised PBM for clinical need. Bloods taken. Patient checked No concerns	PBM team have reviewed patient 23/02/24 and advised a plan for personal care Cons. Dementia Nurse aware and will be reviewing For case discussion also	NA	None (no harm caused by the incident)	Closed
GHC65737	19/02/2024	19/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Male patient came down to the communal lounge around 22:50 half undressed, he was upset but not able to say why and began shouting at staff. He then squared up to HCA, who tried to walk away but then the patient attempted to hit staff	Assisted back to his room using PBM Appeared to de-escalate afterwards	Datix completed incorrectly, staff will be given support Now corrected by management	NA	None (no harm caused by the incident)	Closed
GHC65756	20/02/2024	20/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was on PMVA holds for planned NG feeding.	Service user on PMVA holds. Seated on pods with cushion supported on legs. Reassurance provided through out the procedure.	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65762	20/02/2024	20/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold for phlebotomy and to administer Depot to patient. Patient accepted Depot to left deltoid without incident however became distressed while Phlebotomy procedure was being carried out. Procedure stopped at earliest opportunity, Hold broken and staff attempted to move away. Patient escalated she attempted to assault care staff by kicking out at them while holding their clothing. IHOT staff implemented clothing grab breakaway to allow staff member to retreat to kitchen, Patient then attempted to grab IHOT staff who also retreated towards kitchen. Two staff members were caught in corridor outside of kitchen attempted to leave property via front door which was locked. Implemented Clothing grab breakaway x2 then a standing removal in order to access kitchen. IHOT staff then left kitchen at earliest opportunity as	IHOT staff left provider as soon as possible to help patient de-escalate. Phone call to provider when returned to office Patient had now calmed Blood which had been bleeding from Phlebotomy site was reported as having stopped at this time 12:40	None required	None required	None (no harm caused by the incident)	Closed
GHC65768	20/02/2024	20/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was resistive to NG feed	patient was restrained in a seated restraint in the pod	Care Plan followed 1:1 debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC65775	20/02/2024	20/02/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient heard headbanging Staff went to de-escalate and utilising coping strategies Patient stopped headbanging Staff continued to prompt to walk towards bed and continued verbal de-escalation Patient sat on bed and arm holds utilised Patient shouted and swore at times Patient refused RT Oral	Patient de-escalated Holds released Staff gave 1:1 support Physical observations completed Duty Dr informed	Risks, observations an management plan reviewed Long term risk of self injury identified Care plans in place to minimise harm to patient Patient CRD and awaiting accommodation	Care plans and RT protocol followed by staff	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC65781	20/02/2024	20/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		PBM hold due to assisting with personal care. Patient was doubly incontinent.	PBM techniques used in order to do personal care.	PBM team have reviewed patient 23/02/24 and advised a plan for personal care Cons. Dementia Nurse aware and will be reviewing For case discussion also	NA	None (no harm caused by the incident)	Closed
GHC65784	21/02/2024	20/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (bed)		Patient was noticed to be incontinent of faeces, so assisted to his bedroom to facilitate change.	Due to physical strength of patient, he was assisted onto his bed in order to change/clean him, 3 staff holding, 1 washing.	PBM team have reviewed patient 23/02/24 and advised a plan for personal care Cons. Dementia Nurse aware and will be reviewing For case discussion also	NA	None (no harm caused by the incident)	Closed
GHC65785	21/02/2024	21/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient restive to NG feed	patient had to be restrained in a seated restraint in a pod with the pillow on the patients legs	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC65800	21/02/2024	21/02/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Unplanned	PBM (physical intervention)	Seated (POD used)		clinical hold performed on patient for bloods, 2 staff on arms and 2 on legs, pod used.		None required	None required	None (no harm caused by the incident)	Closed
GHC65801	21/02/2024	21/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient. The mac paper work was reviewed and copies given to carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC65802	21/02/2024	21/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Pod used and clinical hold to obtain bloods from patient.		None required	None required	None (no harm caused by the incident)	Closed
GHC65803	21/02/2024	21/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold used to obtain bloods from a patient		None required	None required	None (no harm caused by the incident)	Closed
GHC65804	21/02/2024	21/02/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated Clinical hold in order for bloods to be taken safely, in patients best interest.		None required	None required	None (no harm caused by the incident)	Closed
GHC65805	21/02/2024	21/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Seated (POD used)		Planned clinical hold utilised with Patient on Pod patient became distressed when staff attempted to take bloods from his right arm but calmed when they took bloods from his left. Staff held patient for least amount of time possible and used least restrictive hold possible.		none required	none required	None (no harm caused by the incident)	Closed
GHC65806	21/02/2024	21/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		clinical hold used to obtain blood from service user.		None required	None required	None (no harm caused by the incident)	Closed
GHC65807	21/02/2024	21/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Patient placed into precautionary holds to administer prescribed medication. Patient offered depot however declined. Patient was held in a seated hold on the ECA sofa and legs were held as a precaution. Patient accepted medication and was not resistive in holds.	Depot medication administered.	Information provided to the patient around oral medication to avoid further incidents of IM being administered.	None identified.	None (no harm caused by the incident)	Closed
GHC65811	21/02/2024	21/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their NG feed.	The patient was held on PMVA holds to facilitate their NG feed.	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC65822	21/02/2024	21/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Approx. 1600 patient came up to the ward doors and began throwing plates to the ground. patient then pushed past staff to get out the doors. patient was apprehended outside wards doors by staff, pmva holds were used to stop them running down the corridors. patient then placed themselves on the floor, de-escalation was attempted and holds released. patient then got back up and attempted to run down the corridor, pmva holds used to bring them		staff followed process	N/A	None (no harm caused by the incident)	Closed
GHC65826	21/02/2024	21/02/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Clinical hold (seated)		Patient escalated quickly thinking that a visitor had killed their husband. Patient was shouting at visitor and stood up walking towards the visitor very distressed.	Staff tried to reassured the patient with no effect. Staff had to implement PMB techniques to stop patient from approaching visitor.	The actions taken were all correct at the time no further actions.	None required.	None (no harm caused by the incident)	Closed
GHC65827	21/02/2024	21/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		The patient became agitated and started to run off from the ward. When the staff tried to verbally de-escalate the patient, he started screaming and put himself on the floor.	PMVA team called. Escorted the patient back to their bedroom on holds.	staff followed process	N/A	None (no harm caused by the incident)	Closed
GHC65828	21/02/2024	21/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		The patient was grabbing the front of his trousers and looked as though he needed the toilet. Ward staff encouraged him into a communal toilet and tried to encourage him to sit on the toilet. Staff attempted to tell him that they would like to check is pad, but despite speaking slowly and telling him what they wanted to do and when they wanted to do it, he dis not understand and started trying to remove	Ward staff decided that it was in his best interests to use PBM holds to investigate whether the patient had been incontinent. He was resistive during this process. He was found not to have a pad on but his trousers were clean and dry. The patient was assisted to put on a fresh pad and holds were released, and the patient walked out of the toilet as soon as the process was complete.	PBM team have reviewed patient 23/02/24 and advised a plan for personal care Cons. Dementia Nurse aware and will be reviewing For case discussion also	NA	None (no harm caused by the incident)	Closed
GHC65836	22/02/2024	21/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated .	It was explained to the paid carers, how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paper was reviewed and copies given to carer.	None required	None required	None (no harm caused by the incident)	Closed
GHC65838	22/02/2024	22/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user on PMVA holds for the planned NG feeding.	Service user put on PMVA holds. Weighted blanket used to support legs as per service users request. Reassurance provided through out the feeding. Administered NG feeding successfully with very minimal resistance.	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC65847	22/02/2024	22/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Assisted support		The patient was appeared to be quite agitated and confused during personal care. He did not understand staffs instruction. He was trying to leave the bathroom several times.	The patient was assisted for his personal care needs using PBM safe holds. Holds released after finishing the care(5 mins). patient is now clean and seemed to be settled.	PBM team have reviewed patient 23/02/24 and advised a plan for personal care Cons. Dementia Nurse aware and will be reviewing For case discussion also	NA	None (no harm caused by the incident)	Closed
GHC65850	22/02/2024	22/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PBM (physical intervention)	Assisted support		Patient was escalating, being abusive towards staff and disrupting the ward environment.	Staff felt they needed to go to their room to calm down, patient refused so holds were used.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC65851	22/02/2024	22/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient X came out of his MDT frustrated at the outcome and began to throw large tub chairs around communal areas. PMVA holds utilised and patient taken to their bedroom, patient was resistive throughout, holds initially used on the bed however situation unmanageable so the pod was used, 5mg haloperidol and 2mg lorazepam administered IM RT. Holds continued until patient was able to somewhat calm in order to get fresh air in the ward garden.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC65852	22/02/2024	22/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient throwing chair in the visitors room with force. Narrowly missed an HCA.	he was placed into precautionary holds and removed to the ECA. He was placed on the POD in a seated restraint. He further went on to kick a cup of water from HCP hand so leg cushion used.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC65853	22/02/2024	22/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Standing		Patient had been choosing to sleep in the ECA instead of their bedroom however the ECA was needed to be used for purpose and therefore patient asked to leave the ECA. Patient accepted but wanted to return to collect his bag and would not accept that he couldn't enter due to an emergency with another patient. PMVA holds required to redirect patient from entering the ECA.		Patient was directed to their bedroom so the ECA could be used.	To keep the ECA locked when not in use.	None (no harm caused by the incident)	Closed
GHC65863	22/02/2024	22/02/2024	LD IHOT	Pullman Place LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold utilised in order for patient to safely have bloods taken. Patient in wheelchair, chairs put either side for hold.	Planned procedure	None required Staff debriefed with each other and manager when arrived back	None	None (no harm caused by the incident)	Closed
GHC65872	22/02/2024	22/02/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Assisted support		Patient was highly agitated and started shouting "I want to take a knife and kill him" Patient was trying to get into the kitchen and was shaking the door handle. Staff tried to distract her. She would not let go off the door handle Staff untangled her finger from the door handle	PbM tecknique was used to take her to her bedroom Patient then laid down on her bed staff spent time talking to her	None required as all actions taken were correct.	None required.	None (no harm caused by the incident)	Closed
GHC65877	22/02/2024	22/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Non-standard hold	Patient is very strong and moving around a lot, so staff were trying to hold him when they could - for the most part, there was a staff member either side holding arms (kept moving so was not able to use standard hold) 2 other staff had to physically support legs whilst standing to lift them up for pad/trousers Staff often had to hold patient's waist and back Patient was not in constant hold as it is clear with him that the best thing to do to minimise distress is release holds when possible (e.g. when pad was on, release holds whilst staff get trousers, release holds when patient wanted to sit on toilet etc.).	Patient was holding trousers, so staff asked if he needed the toilet, to which he responded yes. When in the toilet, urinated on the floor and became very visibly frightened when staff tried to assist.	Staff called for extra support - 4 members of staff involved in total. Patient was agitated and scared throughout, despite staff trying different methods of calming him down (e.g. one person in front explaining clearly and calmly, this did work briefly but only for a few seconds, then he would become agitated again). Patient was in non-standard holds, he was able to break free from standard personal care holds due to his strength. Staff were able to put on a wraparound pad, which the patient ripped off. Staff then supported him whilst standing to lift up his legs in turn for a pull up pad and trousers, patient remained extremely anxious and agitated throughout, grabbing at staff. Wife arrived on ward during this, and so was informed afterwards. Patient was calm immediately after, as is usual for him. PBM Team have been emailed and they are getting back to us with a plan for someone to come and assess/make a plan.	PBM team have reviewed patient 23/02/24 and advised a plan for personal care Cons. Dementia Nurse aware and will be reviewing For case discussion also	NA	None (no harm caused by the incident)	Closed
GHC65883	22/02/2024	22/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Due for NG feeding, called planned PMVA.	Patient was seated on pod, and weighted blanket was used, light holds applied. Care plan was followed following feeds, 1:1, and debrief while walking.	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC65899	23/02/2024	22/02/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Escort		Patient was in the shower room, half way through personal care, banging and slamming door, throwing faecal matter at staff and smearing faecal matter all over the shower room wall and floor.	patient was safely removed from the shower room using PBM.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	None (no harm caused by the incident)	Closed
GHC65912	23/02/2024	23/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva needed for administration of NG feed.	pod and weighted blanket used.	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC65929	23/02/2024	23/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her Naso gastric tube feeding . Called planned PMVA, seated on pod and weighted blanket was used.	Patient was held on holds. Care plan followed after the feed, 1:1 and escorted for a walk, debrief. Due medications given	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC65930	23/02/2024	23/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Seated (other)		First incident - Patient was interfering with electricians working in the ward and was not accepting redirection from staff Second incident - Patient was incontinent of faeces and urine and will not accept support of staff for	First incident - PBM arm hold was used to support patient to a much safer location, for their safety and that of the workmen Second - PBM hold was used to support patient to sit on the bed and personal care needs attended to.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC65935	23/02/2024	23/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (POD used)		Patient A has been prescribed stat dose of depot, discussion held with patient regarding this. Patient refused depot medication. Escorted to the ECA where patient began to become distressed, patient crying whilst talking with staff then he began to raise his voice when discussing prescribed medication, and became verbally hostile and aggressive towards staff. PMVA called to administer depot medication. Patient A was placed in holds on the pod in the ECA. Patient was initially resistive when being placed onto the pod. verbal de-escalation and reassurance was offered to the patient throughout. Patient again became upset and began to cry whilst depot medication was administered into the left thigh, PMVA staff removed themselves and two staff		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC65941	23/02/2024	23/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient A attempted to attack another patient physically. Staff intervened and prevented the incident, the patient A was restrained to prevent further external aggression.		Discussion during handover.	Review of patient interactions to assess risk.	None (no harm caused by the incident)	Closed
GHC65945	24/02/2024	24/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		Patient had been escalating during early hours of the morning. Patient was driven, invading personal space of staff and patients, stole a hat of a patient, attempted to punch staff member but this was blocked. Not accepting of any verbal redirection or boundaries, declined offer of oral prn.	Decision made to place patient into holds on the sofa and administer RT medication into thigh.	Debrief of the patient and staff. T/C to doctor for post PMVA. Physical observations attempted. Discussion during handover.	Review of treatment plan. Discussion of risk and observation level.	None (no harm caused by the incident)	Closed
GHC65949	24/02/2024	24/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due her prescribed NG feeds	Weighted blanket used. Engaged in conversation throughout	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC65950	24/02/2024	24/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		Ward Staff suspected that the patient had been incontinent of faeces. He did not understand staff's requests to see if he required a fresh pad and continue to mobilise around his room. It was decided it was in the patients best interests (to prevent skin breakdown and infection) for staff to use PBM holds to see if the patient had been incontinent.	Ward HCA's utilised PBM arm holds, while another HCA removed the pad. It was found to contain smeary faeces. The third HCA also provided the patient with verbal reassurance. He was also given a strip was and fresh clothes were put on. The patient was resistive and trying to escape the holds throughout the process. He calmed rapidly after holds were released and he choose to mobilise up and down the male corridor.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC65952	24/02/2024	24/02/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient made 3 X attempts to run from the hospital, running at speed off the ward, past staff as they tried to intervene. He stated he wanted to go home and would 'take himself' when advised we could not take him currently. Hostile, threatening and abusive towards staff redirecting/following.	Staff followed on each occasion, where he had made it to the hospital courtyard, brought back with guided escort, remaining hostile throughout. Referral made to PICU, observations and risks increased and staffing numbers raised to manage presentation.	Patient escorted back to ward, referred to PICU and further staffing to try and manage behaviours.	Staff followed care-plan and risk assessment.	None (no harm caused by the incident)	Closed
GHC65957	24/02/2024	24/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Clinical hold (seated)		Ward Staff suspected that Patient had been incontinent of faeces. He did not understand staff's requests to see if he required a fresh pad and continue to mobilise around the room. It was decided it was in the patients best interests (to prevent skin breakdown and infection) for staff to use PBM holds to see if Patient had been incontinent.	2 Ward HCAs utilised PBM arm holds, while another HCA removed patients old pad. It was found to contain smeary faeces. The forth HCA prepared the new pad and ready for wash. One of the HCA provided Patient with verbal reassurance. Patient was also given a strip wash and fresh pad and trousers were put on. Patient was resistive and trying to escape the holds throughout the process. He calmed rapidly after holds were released. He later	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC65959	24/02/2024	24/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was on PMVA holds for the planned NG Feeding.	Service user on PMVA holds seated on pod supported with blankets on legs. Reassurance given through out the procedure. Successfully administered NG feed.	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC65972	24/02/2024	24/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		At approx 18:15, ward Staff suspected that Patient had been incontinent of faeces. He did not understand staff's requests to see if he required a fresh pad and continue to mobilise around the ward. It was decided it was in the patients best interests (to prevent skin breakdown and infection) for staff to use PBM holds to see if Patient had been incontinent.	Ward HCAs directed Patient back to the room. Staffs utilised PBM arm holds, while another HCA removed Patient's old pad. It was found to contain smeary faeces. The forth HCA prepared the new pad and ready for wash. One of the HCA provided Patient with verbal reassurance. Patient SB was also given a strip wash and fresh pad and trousers were put on. Patient was resistive and trying to escape the holds throughout the process.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC65974	24/02/2024	24/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		At approx 19:10, ward Staff suspected that Patient had been incontinent of faeces. He did not understand staff's requests to see if he required a fresh pad and continue to mobilise around the ward. It was decided it was in the patients best interests (to prevent skin breakdown and infection) for staff to use PBM holds to see if Patient had been incontinent.	Ward HCAs directed Patient back to the room. Staffs utilised PBM arm holds, while another HCA removed Patient's old pad and trousers. It was found to contain smeary faeces. The forth HCA prepared the new pad and ready for wash. Nurse provided Patient with verbal reassurance and prepared cleaning materials. Patient was also given a strip wash and fresh pad and new trousers were put on. Patient was resistive and trying to escape the holds throughout the process.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC65987	25/02/2024	25/02/2024	CRHT Cots & Vale	Robert Maxwell s136 suite	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (community)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient had a non fixed ligature tied around their neck.	Ligature removed after a struggle. Patient was fighting with staff initially before it was removed.	Risk assessment review Supervision with staff	N/A	None (no harm caused by the incident)	Closed
GHC65993	25/02/2024	25/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Seated (other)		Patient had been doubly incontinent & needed personal care, he was not able to follow instructions given by staff with multiple approaches/people tried (1 at a time).	PBM holds utilised to facilitate personal care	Managed appropriately Case discussion to be held 01/03/24 with Asst. Psychologist to formulate care plans	NA	None (no harm caused by the incident)	Closed
GHC65995	25/02/2024	25/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Seated (other)		Patient required support to facilitate personal care & became resistive, staff attempted 1:1 but he tried to punch HCA & was verbally aggressive & threatening in his behaviour	PBM holds utilised to facilitate personal care to avoid breakdown to patient's skin	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC65997	25/02/2024	25/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient assisted in holds to both arms to sit on the pod. Patient supported in holds to both arms, weighted blanket placed over legs. NG feed administered.	NG feed administration Patient supported in holds to both arms to sit on the pod. Patient assisted in holds to both arms, weighted blanket in situ over legs.	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC65999	25/02/2024	25/02/2024	CRHT Cots & Vale	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Pt observed to be attempting to insert jewellery into plug socket in room between Maxwell Suite toilet and office. With prompts, pt left the room and then began to repeat this with the plug socket near the floor in the communal area of the Suite. Pt did not respond to verbal de-escalation and PMVA called. Brief use of 'safe holds' required. Pt did not offer any resistance and quickly calmed when engaging with	- Discussed with Duty Doctor. - PRN offered (pt declined and has since de-escalated). - Room with damaged socket secured and closed until repairs made by Estates. - On-Call Clinical Manager and Estates made aware. - Awaiting update from Bed Manager regarding bed availability.	Risk assessment review Supervision with staff involved	N/A	None (no harm caused by the incident)	Closed
GHC66009	25/02/2024	25/02/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient demand for her wallet and keys, and staff explain to them that their property need to be checked, and patient kicked the nursing office door opened and gain access to the office, she was escorted by staff safe holding out of office and patient ran into the kitchen and grab a table knife and staff quickly intervene and restrained patient and safely get the knife, was safe-hold back to her bedroom. Patient had a little object in her hand and quickly slot it to her mouth, patient was persuaded to split it out but refused, they eventually says its a little metal gold and they will keep it in their mouth.	Patient was restrained to get the weapon off them. and was restrained back to their bedroom.	Mental state reviewed Trigger for incident identified Patient known to be aggressive when emotionally dysregulated Positive behaviour support plan to be implemented Criminal damage to be reported to police Restrictive interventions to be utilised to minimise harm to patient and others	N/A	None (no harm caused by the incident)	Closed
GHC66014	25/02/2024	25/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		NG Feed given as per Care Plan	NG FEED Administered as per plan	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC66020	25/02/2024	25/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM holds were used to do personal care when he became resistant. This was because he was doubly incontinent. 13:40 - PBM due to incontinence, as patient cannot follow instructions 15:50- PBM due to incontinence, as patient can not follow instructions 16:10- PBM due to incontinence 16:50- PBM due to incontinence due to patient un able to follow instructions.	PBM holds to complete personal care following loose stools	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66024	25/02/2024	25/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		At approx 18:30, ward Staff suspected that a male patient had been incontinent of faeces. He pulled his trousers and pad down and appeared the need to use the toilet. Staff assisted him to get into the toilet and asked him to sit on the loop but he did not understand the request. It was decided it was in the patients best interests (to prevent skin breakdown and infection) for staff to use PBM holds to see if Patient SB had been incontinent.	Staffs utilised PBM arm holds, while another HCA removed patient's trousers and old pad. It was found to contain smeary faeces. The forth HCA prepared the new pad and ready for wash. One of the HCA provided patient with verbal reassurance. Patient was also given a strip wash and fresh pad and trousers were put on. Patient was resistive and trying to escape the holds throughout the process. He was calm after the personal care and after the hold. He went back to communal area and choose to	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66026	25/02/2024	25/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (standing)		Patient started to pull down his pants in the communal area in front of other patients. Staff noticed he had open his bowels.	Staff utilised a cover to retain his dignity, items of clothing removed from his feet as a trip hazard. Patient moved to the communal bathroom when safe to do so. Once in the bathroom, patient became more distressed - PBM holds were utilised to provide care, and redress. Once re-dressed, patient was released from holds and staff offered reassurance for distress. Patient did not	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66038	26/02/2024	26/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user is on PMVA holds for planned NG Feeding.	Service user on PMVA holds seated on pods with weighted blanket to support legs. Reassurance provided through out the procedure. Administered NG feeding successfully.	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC66052	26/02/2024	26/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and weighted blanket used.	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed

GHC66071	27/02/2024	26/02/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient attempted to leave the ward Staff stopped patient Patient went to the communal lounge and appeared to stand there, not engaging with staff Staff utilised coping tools such as ice pack Patient started headbanging Staff attempted to verbally de-escalate Patient stopped briefly then continued to headbang harder Team was called Placed on arm holds Staff continued verbal de-escalation Staff offered Oral RT, patient opened mouth, then spit the tablets out	Staff released holds Staff continued with verbal de-escalation and 1:1 support Physical observations taken Duty Dr informed	Mental state, risks and management plan reviewed Long term risk of self injury identified Care plans in place to minimise risk to patient Patient engaged in Self Harm Pathway on ward Patient CRD-awaiting accommodation	All necessary interventions implemented by staff	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC66075	27/02/2024	27/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient A engaged in a verbal altercation with patient B initiated by patient A (patient B did not retaliate), continuously asking patient B "do you have a problem with me" and attempting to invade personal space, redirection attempted multiple times and boundaries implemented however patient continued. PMVA holds used to redirect patient A away from patient B due to his vulnerability.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC66077	27/02/2024	27/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.	Provided feeds on holds ,used pods and weighted blanket. During the entire procedure staff engaged with the patient and after the procedure provided 1:1 ,given regular medication. Followed actions as per care plan, given debrief while on walk.	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC66088	27/02/2024	27/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Escort		Patient was escalating in presentation and required PMVA holds to redirect to bedroom.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC66097	27/02/2024	27/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	POD and weighted blanketed used.	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC66116	28/02/2024	28/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PMVA needed for administration of NG tube. NG tube needed to be cited, this caused the patient a lot of distress.	pod and leg cushion used.	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC66118	28/02/2024	27/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (standing)		Patient became distressed during personal care.	Reassurance was unsuccessful and PBM was implemented to accomplish task.	Managed appropriately Staff reminded of care plan and to try to complete personal care in his bedroom where possible	NA	None (no harm caused by the incident)	Closed
GHC66126	28/02/2024	28/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		11:15- patient then went to the dining room and began to head bang on the table. I approached patient and moved her wheelchair backwards to stop the headbanging. reassurance given. 11:40- headbanging in room. PMVA holds to intervene. 12:00- headbanging in room. NO PMVA needed	see notes for full report. duty dr informed awaiting to complete NEWS2 and neuro obs	1:1 and care plan followed nero obs and physical obs taken- within range reviewed by doctor	N/A	None (no harm caused by the incident)	Closed
GHC66127	28/02/2024	28/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Standing		Patient was invading other patient and staff's personal space and aggressive manor and would not accept verbal de-escalation, staff attempted to ask patient to move away, patient became verbally aggressive toward staff and would not settle despite multiple attempts	staff put patient in light holds, following the patients care plan and taken to bedroom. PRN offered	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC66135	28/02/2024	28/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient required personal care & was unable to consent to this &/or follow instructions	PBM holds utilised to facilitate personal care	Managed appropriately Case discussion to be held 01/03/24 with Asst. Psychologist to formulate care plans	NA	None (no harm caused by the incident)	Closed
GHC66136	28/02/2024	28/02/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Supine (face up)		whilst the patient was accessing the vehicle for his activity of a takeaway and he escalated during whilst he was trying to put on the harness staff noticed that it was stuck staff tried to assist with the harness and he began swinging the harness around punching out at staff causing harm to staff. breakaway techniques used on several occasions. After the event the patient was escorted with x2 staff back to he unit.	PBM supine restraint utilised and Constant reassurance that he is safe and he should remain calm given.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	environment including fixtures and fittings are made as robust as possible, however the individual still manages to damage property. This individual has Learning Disabilities, Autism and presents with behaviours that may present as challenging, they lack capacity in this instance. Staff will only physically intervene as a last resort, as this may exacerbate the situation increasing the risk of harm to the patient or the staff. Where staff have become the target of an individual they will attempt verbal redirection, utilise proxemics, breakaway techniques or PBM and withdraw from the area at the first possible safe opportunity.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC66139	28/02/2024	27/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient A was in the communal area and she appeared restless throughout the shift. She was verbally aggressive, rude and invading the personal space of staff. She was not responding to verbal de-escalation or firm boundaries. Therefore she was taken to her bedroom in PMVA holds.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC66144	28/02/2024	28/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was restrained 5x member of staff to facilitate NG feed		Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC66149	28/02/2024	28/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient phlebotomy in her best interest in proportion to the risk of serious harm if condition is not treated	MCA and best interest paper work was discussed and copies left with carers	None required	None required	None (no harm caused by the incident)	Closed
GHC66156	28/02/2024	28/02/2024	Montpellier Low Secure Unit	Montpellier Low Secure Unit	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was approached to informed him that staff wants to go to his bedroom to do a routine bedroom cues check. Patient got irritated, abusive and aggressively threw a plastic fork at staff and pushed the staff to get away from him		Staff spent time with patient to understand the patient reservations.	'Putting yourselves in the patients shoes'.	None (no harm caused by the incident)	Closed
GHC66159	28/02/2024	28/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM CLINICAL SEATED HOLD IN HER BEST INTEREST IN PROPORTION TO THE RISK OF SERIOUS HARM IF UNDETECTED MEDICAL CONDITION IS NOT TREATED PHLEBOTOMY PROCEDURE	MCA AND BEST INTEREST PAPER WORK WAS LEFT WITH CARERS	None required	None required	None (no harm caused by the incident)	Closed
GHC66160	28/02/2024	28/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Escort		A male patient was refusing personal care and was sitting in a chair for a long time. He was disengaged and ignoring staff.	Patient was verbally reassured with minimal effect . Patient was disengaging and was ignoring staff .Staff were concerned regarding pressure areas and incontinence. Therefore patient was escorted to toilet using safe PBM holds. Once he was in toilet he was settled	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66165	28/02/2024	28/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient required personal care due to incontinence at 15:00 & 20:30	15:00 - we had supported patient to the bathroom, tried to get him to sit on the toilet but was unable & patient urinated all over the floor, wife requested assistance so staff took over, PBM holds utilised to facilitate personal care as patient became highly agitated. 20:30 - PBM holds utilised to facilitate personal care	Managed appropriately Case discussion to be held 01/03/24 with Asst. Psychologist to formulate care plans	NA	None (no harm caused by the incident)	Closed
GHC66166	28/02/2024	28/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Clinical hold (seated)		Patient was found to have been heavily incontinent of faeces, he had it all over his hands as well as clothing. Patient was resistive to personal care & became very aggressive	PBM holds utilised to facilitate personal care	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66170	29/02/2024	28/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer , how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC66171	29/02/2024	28/02/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Escort		Patient handed laptop to staff and then started charging towards staff to scratch and punch.	Staff removed him to his bed space using PBM. Staff then withdrew as patient kept charging towards staff.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66172	29/02/2024	28/02/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PBM (physical intervention)	Escort		Patient was throwing faecal matter at staff during personal care. patient started smearing faecal matter all over the shower room walls, banging and slamming door.	Patient was safely removed from the shower room to his bedroom using PBM.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66179	29/02/2024	29/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service users nasogastric tube was inserted, followed by the administration of the nasogastric feed. 5x members of staff utilised PMVA holds as the nasogastric feed was administered due to multiple previous occasions where the service user has been very resistive to the administration of the nasogastric feed. On this occasion the service user did initially appear upset and distressed, however, they responded well to verbal reassurance and resistance to the administration of the nasogastric feed was less	5x members of staff utilised PMVA holds as the nasogastric feed was administered and verbal reassurance and support was offered throughout.	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC66186	29/02/2024	29/02/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was in the visitors room using the telephone when he suddenly started to throw chairs.	Staff entered visitors room and placed patient into precautionary holds and moved to the ECA. Was placed into the POD in seated restraint. Appeared to settle consistently so holds released. Patient remained in ECA with staff however he moved into the bedroom area and proceeded to damage the window. Placed back into holds and moved to the POD. Once settled was able to leave however began to re-escalate in the garden so was moved to bedroom in precautionary holds and seated on the bed until settled. Administered 5mg Haloperidol RT and 2mg Lorazepam during the incident.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. MDT review. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of aggression. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC66190	29/02/2024	29/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		At approx 10:30, ward staff found patient incontinent of faeces He did not understand staff's requests remove the dirty pad and take off the trousers and put the fresh one on It was decided it was in the patients best interests (to prevent skin breakdown and infection) for staff to use PBM holds to assist the patient with personal care	Staff utilised PBM arm holds, while another HCA removed the patient's trousers and dirty pad HCAs used arm holds for strip wash and later sat him down on the bed to put on the new pad and clean clothes During the personal care the patient was being agitated so the HCAs provided the patient with verbal reassurance The patient was resistive and frightened throughout	Managed appropriately Case discussion to be held 01/03/24 with Asst. Psychologist to formulate care plans	NA	None (no harm caused by the incident)	Closed
GHC66208	29/02/2024	29/02/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold in her best interest in proportion to the risk of serious harm if medication not administered.	It was explained how the procedure will take place what monitoring would be used to safeguard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC66209	29/02/2024	29/02/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient handed laptop to staff. Staff prompted patient for shower. Patient attacked staff.	Patient was safe hold to his bedroom using PBM	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66211	29/02/2024	29/02/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed.	The patient was held on PMVA holds to facilitate their NG feed by inserting the NG tube and administering the feed.	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC66217	29/02/2024	29/02/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		At approximately 17:30, The patient try to pee in the communal area. Redirected to toilet and he passed urine on the toilet floor. Assisted to change the wet clothes but he was confused and resistive.	PBM safe holds utilized to change the dirty clothes. verbal Reassurance given. Patient was released from holds after changing clothes.	Managed appropriately Case discussion to be held 01/03/24 with Asst. Psychologist to formulate care plans	NA	None (no harm caused by the incident)	Closed
GHC66229	01/03/2024	01/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed	POD and leg cushion used	Care plan followed 1:1/debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC66240	01/03/2024	01/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient was walking around with naked lower half and so was encouraged to his bedroom for personal care Patient became distressed and was not able to follow	PBM holds employed (sitting/standing at bed) to clean bottom half and put fresh pad and trousers on Patient returned to baseline once PBM completed	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66241	01/03/2024	01/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient had been incontinent of urine and was not able to understand instructions for personal care He became increasingly agitated/distressed with staff who were offering necessary support	PBM holds (sitting/standing at bed) used to complete lower half strip wash and change of pad/clean clothes	Managed appropriately Have updated personal care care plan	NA	None (no harm caused by the incident)	Closed
GHC66264	01/03/2024	01/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Escort		Patient handed laptop over to staff 1 and then attack staff 2. No apparent triggers.	patient was safely removed to his bedroom using PBM. Staff then withdrew.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66265	01/03/2024	01/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service users nasogastric tube was inserted, followed by the administration of the nasogastric feed. 5x members of staff utilised PMVA holds as the nasogastric feed was administered, service user presented as very upset and distressed and the service user was very resistive to the insertion of the nasogastric tube and then subsequent administration of the nasogastric feed. For example, the service user pulled out the nasogastric tube as it was initially being inserted and they continued to move their head from side to side as the tube was re-inserted. During the administration of the nasogastric feed the service user cried throughout and continued to present as very distressed, saying: "I just can't do it anymore". Staff provided verbal reassurance throughout	5x members of staff utilised PMVA holds as the nasogastric feed was administered and verbal reassurance and support was offered throughout.	Care plan followed 1:1/debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC66267	01/03/2024	01/03/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient engaged in S.I.B at around 17:00 where patient managed to significantly harm themselves on their Left inner arm at Elbow level. Emergency PMVA and MERT were called, as well as an ambulance were called to the ward. Rapid Tranquilisation of 0.5mg Lorazepam given once it was prescribed by the doctors. Administered in her	Patient moved to A and E via paramedics and escort of x1 WLH staff.	none	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC66268	01/03/2024	01/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Clinical hold (seated)		A male patient had his bowels open in the male corridor, staff tried to assist him to change, after several attempts and the patient was given clear instructions but was unsettled and nervous of staff	Staff had to use PBM techniques to sit at on bed and was supported with a wash Staff able to safely release holds after personal care was completed	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66277	02/03/2024	02/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to having NG tube inserted and having their NG Feed.	patient was restrained in the pod	Care plan followed 1:1/debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC66279	02/03/2024	02/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Seated (other)		Patient had been led in same spot on sofa for approx. 24hrs (had been mobilising to get drinks etc.) - dirty clothes, dry skin over sofa Patient not responding to staff who were prompting him to get up for a wash.	PBM holds used to stand him from sofa, and patient attempted to punch staff. PBM holds released and patient walked with staff to his bathroom for a shower. Patient co-operative in shower but tried to punch staff on one occasion, which staff were able to block	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66284	02/03/2024	02/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		A male patient was incontinent of urine and faeces. He was refusing personal care after several attempts.	Patient was verbally reassured and prompted for personal care with minimal effect. Therefore ,Safe PBM hand holds were utilized for him to facilitate personal care.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66290	02/03/2024	02/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for Nasogastric tube feeding, needs to insert the tube prior to feeding. Called planned PMVA, seated on pod and cushion was used.	Patient was on holds. Care plan followed after the feed, 1:1 and escorted for a walk, debrief. Due medications given	Care plan followed 1:1/debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC66293	02/03/2024	02/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient overheard shouting in bedroom. Slapping herself in the face. Staff knocked on the door where she began to kick open her bathroom door multiple times with force. Staff entered where she ran out of bathroom and started to slap staff around the face. Placed into supine restraint where she managed to kick another staff member in the forehead which caused her to fall into another staff member who hit the wall.	Patient placed into supine restraint on floor. Oral RT offered multiple times however declined. RT IMI 2mg Lorazepam administered.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. MDT review. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC66294	02/03/2024	02/03/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient found with a ligature tied around their neck and back and a hoodie over their head (backwards) covering over their face. This happened on 3 consecutive occasions.	Hood taken down and ligature removed with ligature cutters. Physical observations given Time spent with patient. Oral medication offered but patient declined. IM RT medication given following 3rd incident under PMVA restraint. Pain relief and heat pack provided.	Risks and observations reviewed Long term risk of self injury identified Care plans to be reviewed Patient engaging in Self Harm Pathway on Ward	Staff intervened to minimise harm to patient, self harm care plan to be formulated with patient	None (no harm caused by the incident)	Closed
GHC66298	02/03/2024	02/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		16:00 - A male patient was incontinent of faeces and was refusing personal care after several verbal prompting. 17:25 - A male patient was incontinent of faeces and urine and he picked faeces in his hand . He spread it all over his body and pasted it on the floor 20:15 - A male patient urinated on the floor of the	He was verbally reassured and prompted for personal care with minimal effect. Therefore, safe PBM hand holds were utilized for him to facilitate personal care. PRN utilized proactively.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66299	02/03/2024	02/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (POD used)		Newly admitted patient presenting as extremely distressed, highly anxious, paranoid and emotionally dysregulated.	Patient refusing all oral medication so decision made to administer IM RT. Patient taken to the ECA via restrictive escort and seated on the POD. Leg cushion used as patient trying to kick out but due to fear not violence. IMI administered.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC66302	03/03/2024	02/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was escalating and was invading the personal space of staff members with clenched fists and intimidating the staff members. He presented with paranoia and was suspicious about the staff members. He was blocking the way of staff members when they were going into garden. Verbal de-escalation was attempted with no effect. Oral PRN was offered which he refused. He was paranoid around the meds as well. As he was escalating, a planned PMVA was called in to administer meds. He was given 2mg lorazepam and 50 mg promethazine.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC66309	03/03/2024	02/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient was approached by other patient in a non-confrontational manner however this proceeded into both patients half-heartedly kicking each other. Second patient was moved away however the first patient stood guarding the female area door refusing to move. He became rigid and clenched his fists. Patient placed into holds and removed from the area. He was mildly resistive however relaxed with reassurance. Holds released and he sat himself down.	Patient placed into holds and removed from the area.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC66311	03/03/2024	03/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient assisted in holds to both arms to sit on the pod. Patient supported in holds to both arms and cushion placed over legs. Staff required to hold patient head. NG feed administered.	NG feed administration. Patient supported in holds to both arms to sit on the pod. Patient assisted in holds to both arms and cushion placed over legs. Staff required to hold patient head.	Care plan followed 1:1/debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC66313	03/03/2024	03/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		Patient had been incontinent of urine and was not able to accept direction or support with personal care	PBM carried out in his bedroom in patient's best interests to avoid any skin integrity issues Safe holds, verbal and non verbal reassurance given during holds to help patient feel calm and understand what was going on as he was distressed	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66314	03/03/2024	03/03/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		patient B verbally aggressive, threw a book at patient A, staff intervened and used an escorted hold to remove patient B from the situation to prevent further harm being caused.	patient b escorted hold to room patient b given oral RT	none	none	None (no harm caused by the incident)	Closed
GHC66325	03/03/2024	03/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		The patient had been on his laptop and at handing it in, he was asked whether he would like to use the toilet and who was to support him. The patient ran towards staff and attempted to attack.	PBM escort was used to support him and take him back to his bedroom. At which he settled and fell asleep	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66329	03/03/2024	03/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for Nasogastric tube feeding, needs to insert the tube prior to feeding. Called planned PMVA, seated on pod and cushion was used. Needs to hold head as the patient was resistant, kept on moving head around	Patient was on holds. Care plan followed after the feed, 1:1 and escorted for a walk, debrief. Due medications given	Care plan followed 1:1/debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC66342	04/03/2024	04/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient restraint for NG feeding.	Patient feed administered, reassurance and support given	Care plan followed 1:1/debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC66350	04/03/2024	04/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Patient becoming increasingly agitated and going towards staff to grab hold of them	verbal escalation attempted and oral medication declined by patient. Patient escorted to extra care area in holds and sat on Pod. RT lorazepam 2mg given IM	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC66352	04/03/2024	04/03/2024	CRHT Liaison s135 s136	Robert Maxwell s136 suite	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	Other form of physical intervention	Non-standard hold	Sedusion	With consent I have had to lock a patient in a room in the Maxwell suite for their safety due to another detainee being so high profile	Patient's kept separated and door to one room locked with 77 year old patient inside. This room is next to the office so CRHT staff are able to keep an eye on him	Unfortunate incident but appeared necessary to manage the risks at the time. Patient was in agreement with room being locked as feared for his safety. Patient had access to staff in the suite at all times during incident and was regularly reviewed/checked to see if he needed anything.	Although staff handled situation well at time of incident, these types of situations can be difficult to manage at the Maxwell Centre. Patient had also spent longer than 24 hours in the suite (evidenced in second datix) due to bed unavailability however once a bed was identified the patient was transferred.	None (no harm caused by the incident)	Closed
GHC66365	04/03/2024	04/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and leg cushion.	Care plan followed 1:1/debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC66368	04/03/2024	04/03/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Patient was due their depot injection. Patient was approached by different staff to assess whether they would accept it without intervention. Patient declined. PBM techniques utilised for a seated restraint on the patients bed. Restraint pod utilised behind patient when sat on edge of the bed. Patient did not require a staff member on each limb. One staff member on right arm and one on left. Injection administered.	PBM techniques utilised for a seated restraint. 2 staff members - one on each arm. One staff member administered injection. Patient declined physical observations. Will reattempt throughout the afternoon.	None required the incident was CORRECTLY HANDLED	none needed	None (no harm caused by the incident)	Closed
GHC66379	05/03/2024	05/03/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient was heard head banging in bedroom . Staff went in tried verbal de escalation , however doesn't got any effect . Patient slapped the room door and repeat banging . At times screaming and crying . talking to unseen stimuli observed	Staff went in , verbal de escalation tried , no effect team called , put on holds. Offered Oral PRN However declined . Administered IM Lorazepam with good effect .	Mental state and risks reviewed Trigger for incident identified Self harm risk identified as long term, management plan in place to minimise risk of harm to patient	N/A	None (no harm caused by the incident)	Closed
GHC66380	05/03/2024	05/03/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was found trying to open the fire exit door . Staff tried verbally to move from the door . However Patient keep on kicking the door , came to communal area later agitated and aggressive . Tried to enter the office , banged the office door .Went back to bedroom .soon Observed taking something and trying to swallow it .Staff tried to offer oral Prn however no effect .	Team called , tried verbal de escalation and offered Oral PRN , declined IM lorazepam administered .	Mental state and risks reviewed Trigger for incident identified Patient known to exhibit external aggression during admissions Patient aware violence and aggression are not tolerated Further incidents may lead to discharge from hospital and will be reported to the police Hospital Security Managers informed of incident	N/A	None (no harm caused by the incident)	Closed
GHC66385	05/03/2024	05/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Seated (other)		patient had barricaded themselves in their room. when staff entered the patient had urinated all over the floor, they were unsteady on their feet so we sat in a seated hold on the bed	staff cleaned up the urine whilst staff sat with patient in holds on the bed. patient refused oral medication. the duty doctor came to clerk the patient in. Oral medication was offered several times but the patient would not engage,it was decided by the staff and duty doctor to give IM lorazepam.	Ward manager sent email to staff bank manager to communicate with the agency to inform that as a trust we do not administer IM into arm we give in either buttock or thigh.	Agency staff now familiar with GHC Policy, procedure and process	None (no harm caused by the incident)	Closed
GHC66389	05/03/2024	04/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient handed laptop to staff. Patient was prompted for personal care. Patient attacked staff. No apparent triggers.	Removed to his bedroom using PBM.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66390	05/03/2024	05/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed	pod and leg cushion used.	Care plan followed 1:1/debrief during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC66391	05/03/2024	04/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Escort		Patient requested to use the toilet. Staff went in to facilitate. Patient displayed behaviour of concern by attacking staff.	Removed to his bedroom using PBM and staff withdrew.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66392	05/03/2024	04/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Escort		Patient requested to use the toilet again after about 10 minutes from the last request. Staff went in to facilitate. Patient displayed behaviour of concern and attacked staff.	Safely removed to his bedroom using PBM and then staff withdrew	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66393	05/03/2024	04/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PBM (physical intervention)	Escort		Patient was prompted to have his personal care and he accepted. Patient went into the shower room and started displaying behaviour of concern. He refused to take off his clothes and started making attempts to attack staff.	Patient was safely removed from the shower room using PBM.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66430	05/03/2024	05/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient A restraint to facilitate NG feed	Reassurance and de-escalation given	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC66434	05/03/2024	05/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient threw water over member of staff due to mental distress and expressing that they thought the staff member was dying. Patient was escorted to their room in PMVA holds to reduce the level of stimulus to the patient, from other patients on the ward.	Around 10 minutes later, patient was in bedroom and offered PRN medication. This was not RT because it wasn't given reactively as a result of the incident but rather a way of supporting patient to calm as they were presenting as quite anxious. Patient agreed that medication would help and accepted PRN 1mg Lorazepam.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC66437	06/03/2024	06/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and leg cushion used.	Care plan followed 1:1/debrief completed during escorted leave	N.A	None (no harm caused by the incident)	Closed
GHC66448	06/03/2024	06/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC66450	06/03/2024	06/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers, how the procedure will take place and what monitoring would be used to safe guard the patient. The mca paperwork was reviewed and copies given to carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC66451	06/03/2024	06/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers, how the procedure will take place and what monitoring would be used to safe guard the patient. The mca paper work was reviewed and copies given to carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC66452	06/03/2024	06/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated phlebotomy procidure	MCA and best interest paper work was completed	None required	None required	None (no harm caused by the incident)	Closed
GHC66453	06/03/2024	06/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		The patient had handed in his laptop, staff suggested to him to have 15mins in his bedroom, instead the patient came charging at staff and attempted to attack and smear, .	The patient was escorted with a PBM hold to his bedroom, allowing staff to withdraw	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66456	06/03/2024	06/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PBM (physical intervention)	Escort		The patient pulled the POD closer to the kitchen door and climbed on top of it and began banging the ceiling and the light casing by the door. The ceiling bolts are beginning to show and the patient has been observed removing the plaster around the bolts.	Staff tried to redirect without effect, then they had to go into the unit to remove the POD and applied PBM escort.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66457	06/03/2024	06/03/2024	CRHT Liaison s135 s136	Robert Maxwell s136 suite	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	Other form of physical intervention	Non-standard hold	Police handcuffs	Patient came into 136 suite wearing handcuffs	Requested police remove handcuffs	No action taken. Situation appeared to be handled well by staff at time of incident. As part of police procedures, they make the decision on utilising handcuffs however appears good intervention from GHC staff to request this be removed and to manage the situation effectively	No lessons learnt, incident handled well by staff at time of incident	None (no harm caused by the incident)	Closed
GHC66459	06/03/2024	06/03/2024	LD IHOT	Weavers Croft LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Seated clinical hold on the POD in order to safely administer Flu vaccine in patients best interest to ensure safety.		None required - progress note on RiO	Not applicable	None (no harm caused by the incident)	Closed
GHC66463	06/03/2024	06/03/2024	LD IHOT	Weavers Croft LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Seated clinical hold on the POD in order to safely administer Flu vaccine in patients best interest	Reassurance offered	Standard procedure, implemented appropriately in patients best interests with GP approval	N/A	None (no harm caused by the incident)	Closed
GHC66468	06/03/2024	06/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.	Used PMVA hold , patient was resistive during the administration of feed. Verbally deescalated the patient Utilised cushion and pod. Engaged well with the patient . 1:1 Walk after the feed. Provided regular medications. Debrief done.	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC66478	06/03/2024	06/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient packed all his belongings and tried to leave the hospital building and became agitated when staff explained about his leave status, He kicked the chair and threw cleaning sign board.	Tried verbal deescalation with no effect. Tried distraction. Used PMVA holds with cushion and administered RT medication. Facilitated escorted leave to courtyard when he became settled. Debrief done.	Staff followed policy and procedure physical obs taken and non touch after	N/A	None (no harm caused by the incident)	Closed

GHC66483	07/03/2024	07/03/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PMVA (physical intervention)	Seated (other)		Patient presented as being agitated throughout the evening. She was confrontational and hostile towards staff. Patient was offered her regular medications and she agreed to come into the clinic at around 2230hrs. Whilst in the clinic, she attempted to touch some clinic items that were on the work surface. Patient was advised to use a clinic chair and she proceeded to divide her meds into three tots. She then drank 3 cups of water and left the clinic without taking her meds. She used her unescorted leave to the courtyard. on her return from the courtyard, patient started taking off her trousers exposing herself outside of the ward. Staff intervened to protect the patient's dignity but she was hostile. A PMVA team was called as patient was refusing to come back into the ward. She later voluntarily walked back into the ward. Patient was offered her regular meds but she declined. She was loud and argumentative. She stood up and passed	Patient was advised to go to her bedroom for a less stimuli environment but she declined. Patient was placed into PMVA holds to enable safe administration of RT.	Mental state and associated risks reviewed Treatment plan reviewed Patient acutely unwell, experiencing paranoid thoughts Least restrictive interventions to be utilised as clinically indicated to minimise harm to patient and others Positive behaviour support plan to be implemented	N/A	None (no harm caused by the incident)	Closed
GHC66485	07/03/2024	06/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		patient had become unsettled and ripped off the bathroom door, then attempted to leave the ward	Staff escorted the patient back to their room. PRN given with good effect	patient unwell and angry spent time with staff 1:1	patient unwell N/A	None (no harm caused by the incident)	Closed
GHC66489	07/03/2024	07/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in holds with 5x members of staff using pod, cushion, and head support to facilitate NG feed as per care plan		Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC66496	07/03/2024	07/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (bed)		Patient had been doubly incontinent and was not able to follow direction to be supported with this	PBM on the bed was used to prevent any skin integrity concerns and support patient to be cleaned	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66510	07/03/2024	07/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM seated clinical seated hold on patient in his best interest in proportion to the risk of serious harm if undetected condition is not treated bloods taken	MCA and best interest paper work was reviewed and left with carers	none required	none required	None (no harm caused by the incident)	Closed
GHC66524	07/03/2024	07/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Escort		Patient became physically aggressive towards staff	PBM holds utilised to support patient to bedroom	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66527	07/03/2024	07/03/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PBM (physical intervention)	Escort		Patient attended a tribunal hearing in the conference room 1 @ Charlton lane Hospital. After the hearing he wouldn't want to go back to the ward. He said he just wanted to sit there. Verbal attempts were made to encourage him to go back to the ward to no avail. He was supported back to the ward in low level	Verbal attempts to get patient back to the ward. Low level holds implemented to support patient to ward. Patient and staff arrived at ward safely. Attempted debrief with patient after but he had no recollection of the incident.	Incident managed appropriately Attempted to offer debrief to patient but due to significant cognitive impairment unable to engage.	None identified	None (no harm caused by the incident)	Closed
GHC66531	07/03/2024	07/03/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order to safely take bloods in patients best interest		None required	None required	None (no harm caused by the incident)	Closed
GHC66538	07/03/2024	07/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service users nasogastric tube was inserted and then the nasogastric feed was administered at approximately 15:20, 5x members of staff utilised PMVA holds as the nasogastric feed was administered. Service user presented as upset and tearful as the nasogastric feed was administered. Despite this evident distress, the service user was not very resistive to the insertion of the nasogastric tube	5x members of staff utilised PMVA holds as the nasogastric feed was administered, verbal reassurance and support was provided throughout which appeared to work to good effect, service user was then escorted for a walk following the administration of the nasogastric feed.	Care plan followed 1:1/debrief completed during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC66539	07/03/2024	07/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Nurse was offering patient their medication when they started to hit and kick out	Blocks, deflections, proximity control and then left the unit	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	Where staff have become the target of an individual they will attempt verbal redirection, utilise proxemics, breakaway techniques or PBM and withdraw from the area at the first possible safe opportunity.	None (no harm caused by the incident)	Closed
GHC66542	07/03/2024	07/03/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Clinical hold (seated)		patient was heard head banging and staff members went in a pillow was paced between head and wall, was escorted by two staff to her bed and was placed on seated holds. PMVA called as she was actively responding to voices and needed injection. Injection given appeared settled and HOLDS WERE LET GO. AFTER ABOUT 5 MINS SHE RESUMED AND PMVA WAS CALLED AND WAS ON SEATED HOLD FOR ANOTHER 20 MINS continued responding and after a	Had RT injection, was spoken to and ice pack placed on neck	Risks, mental state and management plan reviewed Long term risk of self injury identified Management plan in place Patient engaging with Self Harm Pathway	n/a	None (no harm caused by the incident)	Closed
GHC66552	08/03/2024	08/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was chaotic in the communal area , verbally abusive and was being very loud in the communal area requiring the need for staff to use precautionary holds on her to escort her to her room. She was unable to settle down and needed redirection back to her room multiple times.		Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC66554	08/03/2024	08/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (standing)		Patient required personal care but was evidently frightened by support. He was not able to follow direction or accept staff support.	PBM used to facilitate personal care	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66556	08/03/2024	08/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in holds on pod to facilitate NG feed as per care plan, 5x members of staff used.	N/A	Care plan followed 1:1/debrief during escorted leave	N/A	None (no harm caused by the incident)	Closed
GHC66558	08/03/2024	07/03/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold on patient, using POD, in best interest in proportion to the risk of serious harm if an undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC66560	08/03/2024	07/03/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold, on POD, used to support patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		ANDANGO, Frankie (ASPEN MEDICAL PRACTICE) <frankie.andango1@nhs.net>	ANDANGO, Frankie (ASPEN MEDICAL PRACTICE) <frankie.andango1@nhs.net>	None (no harm caused by the incident)	Closed
GHC66561	08/03/2024	08/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (standing)		Patient incontinent of faeces. He was walking around with faeces on his hands and touching different things on the ward	Staff directed patient to bedroom with a lot of prompting and reassurance for personal care	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66575	08/03/2024	08/03/2024	LD IHOT	Cheltenham General Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold used to support and present the patients arm to enable the Therapies Team to measure and fit a splint - to aid healing in the correct position following surgery.	Patient offered consistent reassurance from the right people.	None required	None required	None (no harm caused by the incident)	Closed
GHC66579	08/03/2024	08/03/2024	Nursing Profession Leadership	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Clinical Hold for phlebotomy	reassurance	none required	none required	None (no harm caused by the incident)	Closed
GHC66586	08/03/2024	07/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		The patient handed in his laptop at 11:20 and staff attempted not to prompt him for his next activity of personal care as this has been making him unsettled resulting in him attacking staff. Today staff decided not to prompt him and not put any demand but remain in the unit after laptop time. The patient still went ahead and began attacking staff and targeting one member of staff.	Staff intervened and applied PBM escort to his bedroom. The patient was given time to settle down and reassurance was given with positive effect.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66587	08/03/2024	08/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		The patient accepted redirection from property damage by supporting them into their garden. He was observed picking up a large rock and attempting to threw it to the car park.	Staff intervened, applied PBM and escorted him back into his unit	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66589	08/03/2024	08/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (bed)		Patient incontinent of faeces. No insight or cooperation by patient	PBM techniques for personal care implemented	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66596	09/03/2024	09/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and weighted blanket used.	Care plan followed debrief/ 1:1 provided during escorted walk.	N/A	None (no harm caused by the incident)	Closed
GHC66606	09/03/2024	09/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her naso gastric tube feeding. She was held on holds. She was not resistive during the feed .	She was held on holds 5:1 . She had the tube inserted and taken off. Feed was given. . Not resistive. medications as prescribed. She was escorted for a walk.	Care plan followed debrief/ 1:1 provided during escorted walk.	N/A	None (no harm caused by the incident)	Closed
GHC66617	10/03/2024	09/03/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Seated (other)		At 18:30 patient wrote on the board that they were going to the garage. As they had not returned by 19:25, staff rang patient to check how they were. Patient stated that they were "fine" and was sat in the graveyard on Horton Road. Staff asked patient if they had been to the garage and what they had bought, which patient did not disclose buying any items of concern. Patient said how they did not want to come back to the ward and was struggling with urges to engage in self-injurious behaviours. Patient explained that they had a piece of glass (later revealed to be from a bottle of alcohol they had bought) and wanted to remove the stitches from their wound and make it deeper to bleed out. Staff asked if patient could keep themselves safe until staff got there, which she agreed. Staff got to the graveyard and found patient who was subdued in mood but was not in an obvious distressed state. patient was engaging appropriately in conversation but was reluctant to come back to the ward and needed a lot of encouragement from staff On the walk back, patient kept requesting to be left alone and that they would be fine. Both staff members could smell alcohol on patients breath, which patient disputed saying they had not had a drink (throughout the evening, patient went back and forth between agreeing they had a drink and	patient returned to the ward at 20:35. De-escalation techniques and reassurances given	none	none	None (no harm caused by the incident)	Closed
GHC66622	10/03/2024	09/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Escort		Patient requested to use the toilet and chose a staff to facilitate. Staff opened the toilet door. Rather than go in to use the toilet, patient attacked staff.	Patient was safe-hold to his bedroom using PBM.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66623	10/03/2024	10/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for naso gastric tube feeding.	Patient was held on light holds with 5 :1. Used pod and weighted blanket. She was not resistive during the feed, Escorted for walk after feed. 1-1 continued for 3 hours post feed.	Care plan followed debrief/ 1:1 provided during escorted walk.	N/A	None (no harm caused by the incident)	Closed
GHC66628	10/03/2024	10/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		The patient was found to have smeary faeces on his hands. It was decided that he required assistance with personal care to check for any further faecal incontinence. The patient did not respond to encouragement/requests made by staff, so it was decided that it would be in the patient's best interests to utilise PBM holds to carry out assistance with personal care.	The patient was supported using PBM arm holds and encouraged to stand and sit with staff, on his bed, while two further staff completed personal care and assisted the patient into a fresh pad, top and trousers. He was resistive throughout the process and staff found it difficult to maintain holds. The patient did not appear to be able to process what was going on and became highly anxious, until holds were released. He calmed down quickly and resumed mobilising in his	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66636	10/03/2024	10/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.	Provided feeds on holds ,used pods and weighted blanket. Used verbal de-escalation . Engaged with the patient , tried to distract. Provided regular medications. 1:1 Walk after the feed. Debrief done.	Care plan followed debrief/ 1:1 provided during escorted walk.	N/A	None (no harm caused by the incident)	Closed
GHC66644	10/03/2024	10/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Escort		Patient was unsettled after waking up. Staff allowed him to calm and then prompted him for his personal care. Patient accepted. Patient went in the shower room and started banging or walls and doors. Staff redirected to no avail. Patient then started smearing and throwing faecal matter at staff.	Patient was safe-hold out of the shower room using PBM	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66654	11/03/2024	11/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to having NG tube inserted and having their NG feed.	patient was held in a seated restraint	Care plan followed 1:1/debrief to staff but also to patient during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC66668	11/03/2024	11/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		Patient had been doubly incontinent and required support with personal care. Appeared distressed and frightened throughout, requiring verbal reassurance	PBM used to complete personal care - 2x staff held arms and 2x staff supported with the care/changing clothes	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66680	11/03/2024	11/03/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in his best interest in proportion to the risk of serious harm if undetected medical treatment is not detected.		None required	None required	None (no harm caused by the incident)	Closed
GHC66689	11/03/2024	11/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.	Provided feeds on holds ,used pods and cushion. Used verbal de-escalation . Engaged with the patient , tried to distract. Provided regular medications. 1:1 Walk after the feed. Debrief done. Followed actions as per care plan	Care plan followed 1:1/debrief to staff but also to patient during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC66699	11/03/2024	11/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		A male patient came to communal area with his trousers past his knees. Another patient B asked him to pull it up. Male patient A stacked his fingers up towards other patient B and took patient B's frame lift it over his head to hit him with it	Both patients were redirected and reassured. Male patient A was escorted to his bedroom using safe PBM holds.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66706	12/03/2024	12/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Seated (other)		At approximately 00:05, the service user kicked the entrance/exit door to Priory Ward open and left the ward. Staff followed the service user out of the ward and observed him heading in the direction of Dean Ward before descending the stairs that lead to the bottom floor of the Hospital. The service user then attempted to leave the Hospital and he was observed kicking the locked sliding door that leads to Reception, staff provided reassurance and attempted to re-direct the service user to the courtyard, however, the service user, who was presenting as very agitated and distressed, took a pen from his pocket and began to stab one of the sofas outside of Kingsholm ward, thus, a psychiatric emergency was called. Staff utilised PMVA forearm holds to transfer the service user to the sofa outside of Kingsholm Ward, due to the evident levels of distress, agitation and resistance, two other members of staff utilised the PMVA cushion to restrain the service users legs whilst he was sat on the sofa. At this point I asked the service user what had happened and he said: "You need to let me go, someone"s trying to kill my family". I then asked the service user why and who he thought was trying to kill his family and he stated: "I can hear them, it is real, you need to let me go, I need to protect them". I provided reassurance to the service user that his family was safe and I explained that I would attempt to contact his Grandmother upon return to the ward if he was happy for me to do so. I also explained to the service user that medication could help alleviate some of the symptoms	Staff utilised PMVA forearm holds and transferred the service user to a sat-down position on the sofa outside Kingsholm Ward, from here, two members of staff utilised the PMVA cushion to restrain the service users legs. Staff provided verbal reassurance and support and RT Lorazepam 1mg was administered orally. The service user then agreed to return to the ward with staff and staff continued to provide verbal reassurance and support in the service users bedroom.	1:1 RT Non touch observations completed due to being asleep.	N/A	None (no harm caused by the incident)	Closed
GHC66711	12/03/2024	12/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was restive to NG being inserted and NG feed been given	patient put in a seated holds with the weighted blanket	Care plan followed 1:1/debrief to staff but also to patient during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC66721	12/03/2024	12/03/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		PBM clinical hold on patient in his best interest in proportion to the risk if catheter not changed.	It was explained how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC66723	12/03/2024	12/03/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Seated (other)		SERVICE USER BECAME DISTRESSED DURING THE WARD ROUND AND WAS RECORDING WHILST IN THERE .STAFF TRIED TO STOP HIM FROM RECORDING WHERE USER MORE DISTRESSED AND ATTEMPTED TO PUNCH STAFF .PMVA TEAM WAS CALLED FOR SUPPORT AND USER WAS PUT IN HOLDS.RT 2 MG OF LORAZEPAM WAS ADMINISTERED.	Staff implemented boundaries. Staff sought to de-escalate situation. Decision reached to call PMVA team. Safe-holds implemented and RT medication administered.	Staff sought to deescalate the situation. Implemented safe-holds when patient became aggressive / violent. RT medication administered as means of helping patient calm. Care-plan and risk management plans followed.	Patient acutely unwell and becoming violent, staff followed care-plan and risk management plans.	None (no harm caused by the incident)	Closed
GHC66741	12/03/2024	12/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user placed on PMVA holds for planned NG feeding.	Service user on PMVA holds, seated on pods with cushion to support legs. Reassurance provided through out the procedure. Administered NG feeding successfully.	Care plan followed 1:1/debrief to staff but also to patient during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC66742	12/03/2024	12/03/2024	LD IHOT	GP Surgery	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC66752	12/03/2024	12/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (standing)		A male patient was incontinent of faeces all over his body.	Patient was reassured and attempted for personal care. He declined after several attempts. Safe PBM holds utilized to complete personal care.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66755	13/03/2024	13/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Supine (face up)		At approximately 22:00,The patient was found to be incontinent of faeces. He was appeared to be quite agitated during personal care. At approximately 05:20, he was found incontinent of faeces in bed. He declined personal care.	PBM hold utilized to complete personal care. Reassurance given to the patient.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66759	13/03/2024	13/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her naso gastric tube feeding .	Patinet was held on holds with the use of Pod and weighted blanket . %:1 was sued for the feed as the tube needs to be inserted and taken off. 1-1 after the feed for 3 hours were continued . Escorted by staff for a walk after the feed. Administered the prescribed medication after the feed	Care plan followed 1:1/debrief to staff but also to patient during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC66762	13/03/2024	13/03/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Standing		Patient came to communal lounge area just after handover, they went to the kitchen and then back to lounge area. They began to antagonise some of her peers and was threatened by another patient, this was defused by staff and other patient moved to de-compress to the garden. They continued in this manner with other peers and began throwing cups of	Staff continued to try and calm/re-direct however they refused therefore PRN 1mg lorazepam given and patient was guided to her room.	Patient unable to accept redirection due to unsettled mental state. Appropriate safeguards and interventions put in place by staff, patient came to no physical harm.	Care plans in place to support patients, patients redirected to good affect.	None (no harm caused by the incident)	Closed
GHC66778	13/03/2024	13/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		1 - 09.00am - Patient had been supported with personal care using his favourite music to help keep him calm, which worked well. However, when being supported to get dressed, he became frightened and was pushing staff away. 2 - 13.45pm - Patient had been doubly incontinent and was not able to accept reassurance or tend to personal care independently	1 - PBM holds used whilst staff supported patient to get dressed. Patient not able to process instructions or directions. 2 - PBM holds used to complete personal care	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66788	13/03/2024	13/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		A male patients blood was required for diagnostic purposes. He refused it after several attempts.	Patient was verbally reassured with minimal effect .He was not processing the information. Therefore, safe PBM holds utilized for him.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66793	13/03/2024	13/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient had NG tube inserted and bridle fitted, then NG feed was administered	patient had to be restrained in a seated restraint on the pod	Care plan followed 1:1/debrief to staff but also to patient during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC66804	13/03/2024	13/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Clinical hold (seated)		A male patient was incontinent of urine all over the floor.	He refused personal care after several prompting. Safe PBM holds utilised to complete personal care.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66809	14/03/2024	14/03/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PMVA (physical intervention)	Seated (other)		PT in his room screaming, shouting very loudly and playing loud music. Staff requested PT to reduce volume down couple of time,PT continue to state "NO", "NO". PT was offered his regular medication /PRN ,PT continue to refuse his medication and continue presenting as before. PMVA team was called and PT was placed on Low level holds.	* Staff sought to de-escalate verbally. * Patient acutely unwell and unable to respond to staff requests. * Decision reached to administer medications to aide patient to calm. * PMVA team assembled, staff implemented safe holds in seated position so as to administer medications.	* Staff identified that patient was acutely unwell and needed medication. * patient distressed and agitated, therefore, due to risk history staff assembled a PMVA team to approach patient with medications to aide him to calm.	Staff followed care-plan and risk management plan, attempted to verbally de-escalate, medications administered when patient unable to calm, with PMVA holds lightly applied so as to maintain safety of patient and staff.	None (no harm caused by the incident)	Closed
GHC66813	14/03/2024	14/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		Assisting patient with personal care as he was incontinent and resisting staff intervention.	PBM initiated safely.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66820	14/03/2024	13/03/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient was removed to the sofa in order for a seated clininal hold to be utilised, in order for bloods to be taken and flu vaccine given in patients best interest.		None required	None required	None (no harm caused by the incident)	Closed
GHC66821	14/03/2024	13/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PBM (physical intervention)	Escort		Patient was having his personal care. Towards the end of personal care, patient started banging on the shower room walls and was attempting to destroy the shower.	Patient was safe-hold out of the shower room to his bedroom.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66823	14/03/2024	13/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in her best interest in proportion to the risk of serious harm if medical condition is not treated phlebotomy procidure	MCA and best interest paper work was reviewed	None required	None required	None (no harm caused by the incident)	Closed
GHC66824	14/03/2024	13/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient was prompted for personal care. Shower room door was opened or him. Rather than go in to have his personal care, patient attacked staff.	Patient was safe-hold to his bedroom using PBM	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66825	14/03/2024	13/03/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order to safely administer vaccines and attempt bloods.		None required	N/A	None (no harm caused by the incident)	Closed
GHC66828	14/03/2024	13/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold in best interest in proportion to the risk of serious harm if undetected medical condition is not treated	MCA and best interest paper work was reviewed and copies given to the carers	Care provider was contacted and welfare check made yesterday	N/A	None (no harm caused by the incident)	Closed
GHC66829	14/03/2024	13/03/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order to safely take bloods	Reassurance throughout	None required	N/A	None (no harm caused by the incident)	Closed
GHC66831	14/03/2024	13/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated	MCA and best interest reviewed and paper work was left with carers	None required	N/A	None (no harm caused by the incident)	Closed
GHC66832	14/03/2024	14/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Clinical hold (seated)		Staff attempted to connect with patient to provide personal care. We used non verbal gestures, talking loudly to no avail as patient was too confused to understand or comprehend our intentions.	His behaviour escalated requiring staff to request PBM techniques to provide safe holds allowing personal care to be carried out. W/M informed and assisted. W/M held right side seated hold Return to work trainee held left side, whilst 3 HCA's provided the care delivery	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66833	14/03/2024	13/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated		None required	None required	None (no harm caused by the incident)	Closed
GHC66841	14/03/2024	14/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feeding. Called planned PMVA	PMVA on holds, seated on pod and weighted blanket was used, care plan followed, 1:1 after feed, debrief during walk, regular medications given	Care plan followed 1:1 debrief given during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC66858	14/03/2024	14/03/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		patient held in a seated clinical hold to allow bloods to be taken safely x2 gold bottles and x1 purple bottle taken.	reassurance given through-out	None required	N/A	None (no harm caused by the incident)	Closed
GHC66859	14/03/2024	14/03/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		patient held in a clinical hold to safely administer medication	reassurance given through-out	None Required	N/A	None (no harm caused by the incident)	Closed
GHC66866	14/03/2024	14/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Patient has been high profile in the ward. She has been chaotic in her presentation and has been having difficulty to settle for any period of time. She has been verbally hostile to staff and has not responded to any verbal de-escalation. Staff had to escort her to her multiple times to her room. She was given 5mg haloperidol as oral RT but there was no improvement in her presentation and continued to escalate and was offered additional PRN. She did not accept this, so she was taken into ECA in holds and was given IM RT.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC66870	14/03/2024	14/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (other)		The patient was due for their nasogastric feed.	The patient was put on PMVA holds to facilitate their nasogastric feed.	Care plan followed 1:1 debrief given during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC66874	14/03/2024	14/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)		Planned	PBM (physical intervention)	Personal care (standing)		Patient was found by staff in his room during checks and noticed he had faeces in his hands.	PBM hold was used as patient was becoming distressed and not allowing staff assist him with personal care.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66883	15/03/2024	15/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (other)		The patient was due for their nasogastric feed.	The patient was put on PMVA holds to facilitate their nasogastric feed.	Care plan followed 1:1 debrief given during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC66890	15/03/2024	15/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Escort		Patient was becoming increasingly hostile towards staff. Staff attempted to verbally deescalate however this was unsuccessful. Patient then began to throw clothes at staff. PMVA holds utilised to remove patient to her bedroom. 50mg PRN Promethazine accepted orally.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC66893	15/03/2024	15/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Clinical hold (seated)		A male patient was incontinent of urine and faeces. He was not able to understand staff attempts to support him with personal care.	Patient was verbally reassured with minimal effect PRN utilised for prior to personal care Safe PBM holds utilised to complete personal care	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66894	15/03/2024	15/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Clinical hold (seated)		A male patient was incontinent of urine and faeces. He was not able to understand staff intentions trying to support him with personal care	Patient was verbally reassured with minimal effect PRN utilized prior to personal care Safe PBM holds utilized to complete personal care	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66905	15/03/2024	15/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feeding. Called planned PMVA	PMVA staff applied holds, seated on pod and weighted blanket was used. Care Plan followed, 1:1 debrief during escorted walk as per care plan and regular medications given	Care plan followed 1:1 debrief given during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC66908	15/03/2024	14/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Escort		Patient handed over laptop to staff. Patient charged towards staff to attack three times. Staff stayed in flat to protect property - the flooring.	Patient was safe-hold to his bedroom using PBM	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66913	15/03/2024	15/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Supine (face up)		Ward staff found that the patient had smeared faeces on his face. Ward staff were unable to encourage him to have assistance with personal care. It was decided that it was in his best interests (avoiding infection and skin breakdown) to use PBM holds to help him wash and put on fresh clothes.	Staff were unable to safely maintain holds and assist with personal care while the patient was standing as he was highly resistive due to disorientation and high levels of anxiety. It was decided to help him lie in a supine position on his bed to complete care it required three members of staff to hold him and one to assist with washing. Staff were able to use standing holds to help the patient put on fresh clothes. Holds were released when care was completed and the patient chose to lay down in his	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66916	15/03/2024	15/03/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		16:12- Patient left the ward and was kicking the sliding door near the reception. Staff encouraged her to return ward however she was refusing to return ward. Patient took herself to courtyard and was pacing in courtyard. 16:16- Patient was assaultive towards staff, high profile and trying to leave the ward. 16:43- patient remained high profile, being assaultive towards staff and trying to hit one staff member. Trying to leave the ward.	16:12- PMVA Team called, escorted her back to ward using restrictive holds. 16:16- Patient put on holds in sitting position and offered Lorazepam tablet and IM Lorazepam was given. 16:43- Patient was taken to bedroom using holds, and was given IM Promethazine. first set of physical observations were completed, patient refused to check the observations, therefore non contact observations were maintained. Duty doctor was informed. Patient was assaultive towards staff, making racial comments, trying to hit the staff. Patient was trying to leave the bedroom several times and needed re	Patient too unwell to engage in debrief or conversations regarding incident, duty of candour will be applied in due course Patient experiencing psychosis to such a degree she does not have insight and is responding to hallucinations	Staff to have conversations with patient regarding incident and any psychological harm when able to engage in the process	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC66920	16/03/2024	16/03/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (other)		Patients became very intrusive and disruptive on the ward. Absconded off the ward, intrusive of other patients and hostile towards staff. Prolonged agitation noted also.	PMVA teams called in 2 separate accessions. PMVA only used the second occasion- in hold in a sitting position on the sofa in the CA.	none	none	None (no harm caused by the incident)	Closed
GHC66921	16/03/2024	16/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Supine (face up)		At around 23:30 patient's presentation changed. Patient started demanding to let him out of the ward. He came to the communal area completely naked and was refusing to go back to his bedroom. Patient started to get in to staffs personal space and started verbally threatening staff. He was told that this kind of behaviour is not accepted. Patient replied that "" I don't give a f*** you P****"". Patient then went to the dinning area and pulled every cupboard out. Patient was also threatening that he will find a way to go from here. As shift progressed Patient started to get more and more elevated, Patient started to bang the office window with significant force. Staffs decided to call a PMVA and administer medication. PMVA team was called. In the presence of the PMVA Team oral promethazine 50 mg was offered which he took and throwed one tablet and put the other tablet in his pocket. Decision made to put Patient in holds and administer IM Promethazine 50mg. Staff restrained		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified as this was a new admission and unknown to services.	None (no harm caused by the incident)	Closed

GHC66933	16/03/2024	16/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		RESTRICTIVE PRACTICE WAS USED DUE TO PATIENT AGGRESSIVE AND TO PREVENT FURTHER ESCALATION.	-Patient was seen to be in her bedroom shower almost for 3 hours , when staff was doing her observation the bedroom was flooded. - Later staff tried to engage with patient to make her come out of her shower and the staff noticed that she was banging the bathroom door. - when staff was mopping the floor then patient became agitated and threw the towel and hit the bathroom door at S/N ED. - Staff tried to verbally De-escalate her however it was futile. - Patient became much more agitated and began exposing her private parts to staff. - PMVA was activated with planned female members of staff. forearm holds where used in both arms and supported her to bed. Patient was offered oral medication which she declined hence IM was administered.	non touch obs completed	n/a	None (no harm caused by the incident)	Closed
GHC66934	16/03/2024	16/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due her Prescribed NG tube feeds	Planned PMVA to facilitate feeds. Weighted blanket used. Less resistive. Engaged in conversation throughout. Escorted walk afterwards	Care Plan followed 1:1 debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC66939	16/03/2024	16/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG feed	patient was restrained and staff gave the NG feed	Care plan followed 1:1 debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC66945	16/03/2024	16/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		The patient had finished a late breakfast and began watching TV but he started pacing in the unit, switching the lights on and off. Staff suggested for him to access the garden, the patient agreed by saying "Yeah" but instead he attempted to attack staff and staff had to apply PBM hold and escort back to his bedroom	staff withdrew from the unit to give him time to process	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66946	16/03/2024	16/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		The patient asked to access the garden and the staff opened the door for him for the second time. The patient attempted to attack staff again instead of accessing the garden.	PBM then Staff withdrew	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC66952	16/03/2024	16/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Patient becoming violent, threatening staff with his fists whilst in communal areas.	Redirection, reassurance given with no effect. PBM safe techniques utilised to escort patient to low stimuli environment of his bedroom, where he was closely therapeutically observed for the following minutes until calmed down.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC66957	17/03/2024	16/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		Patient appeared very restless ,agitated and hostile, when staff tried to verbally deescalate her she tried to physical attack staff using curtain pole , threw sofa cushion and slammed the door at one of the staff.	Tried verbal de escalation with no effect. Offered PRN medication multiple times which she refused. Took decision to administered RT lorazepam IM in order to reduce over-activity and prevent patient being violent to others. RT non- touch observation started.She refused normal	Non touch obs completed due to refusal of physical obs	N/A unwell	None (no harm caused by the incident)	Closed
GHC66958	17/03/2024	16/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		Patient continue to be chaotic in presentation when staff tried to engage with her, she disengaged and barricade the office with book shelf.She moved furniture around the communal area and later pushed the book shelf leaving all the books spread on the floor. Throughout the incident she was respond to unseen stimuli and not able to hold conversation with staff. She was aggressive when staff tried to approach	Verbal de escalation was used which failed. Used clinical holds to escort her to her room. She continued to be aggressive and very resistive , therefore administered RT promethazine 25 mg IM in order to prevent over-activity and harm to others and to self (accidentally).	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC66961	17/03/2024	17/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Assisted support		patient off baseline to staff cleaning them. Staff implemented a assisted supported to aid cleaning faeces from patient.		This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	None (no harm caused by the incident)	Closed
GHC66962	17/03/2024	17/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Staff overheard patient head banging in her room .On staff arrival patient was seen to be sat on bed and was hitting the back of her head against the wall behind her, moderate intensity head banging for approximately 15 minutes.	verbally deescalate the patient but failed. Used sensory items to hold but patient refused to hold it. Suggested distraction techniques such as diamond art which she declined. Offered family room to relocate , ice pack , 1:1 with staff and PRN medications which she refused. Called PMVA team and was given RT Lorazepam IM. Started on RT physical observation and was taken neurological observation. Patient was reviewed by Duty Dr after the incident. Debrief to be done once the patient is more settled.	CARE PLAN FOLLOWED Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC66963	17/03/2024	17/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		00.03- brief period of low level head banging lasted for around 2 minutes. 01.00-Staff overheard patient head banging in her room .On staff arrival patient was seen to be sat on bed and was hitting the back of her head against the wall behind her, moderate intensity head banging for approximately 15 minutes.	verbally deescalate the patient but failed. Used sensory items to hold but patient refused to hold it. Suggested distraction techniques such as diamond art which she declined. Offered family room to relocate , ice pack , 1:1 with staff and PRN medications which she refused. Called PMVA team and was given RT Lorazepam IM. Started on RT physical observation and was taken neurological observation. Patient was reviewed by Duty Dr after the incident. Debrief to be done once the patient is more settled.	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC66964	17/03/2024	16/03/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Standing		PMVA was used to remove patients from restricted area (repeatedly trying to take herself into male rooms on the male side of the ward) PMVA was used to return patient to the ward from the main entrance @23:15. PMVA was used again for the same incident as above	PMVA was used. No teams were called as trained staff were close by anyway.	none	none	None (no harm caused by the incident)	Closed
GHC66971	17/03/2024	17/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feeding. Called planned PMVA	PMVA on holds, seated on pod and weighted blanket was used, care plan followed, 1:1 after feed, debrief during walk, regular medications given	Care plan followed 1:1 debrief given during escorted walk	N.A	None (no harm caused by the incident)	Closed
GHC66972	17/03/2024	17/03/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PMVA (physical intervention)	Seated (other)		Patient set off the hospital fire alarms and then went down the admin corridor. Nursing staff were able to verbally redirect her back to the ward. Upon returning to the ward, oral RT was offered 3 times but declined.	Following oral RT being offered and declined, a PMVA team were called, cautionary seated arm holds were used and RT IM Promethazine 50mg and 2mg Lorazepam were administered. RT physical observations commenced. De-escalation techniques used throughout with minimal effect.	Mental state and risks reviewed Patients behaviour is a direct response to psychotic features of illness Treatment and management plan reviewed Restrictive practice to be facilitated to promote safety Refer to PICU if clinically indicated	N/A	None (no harm caused by the incident)	Closed
GHC66998	17/03/2024	17/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Seated (other)		- RESTRICTIVE PRACTICE WAS USED TO PREVENT THE PATIENT FROM ABSCONDING.	-Patient was seen to be agitated and came running to the door and walked passed the ward door smashing the door. -staff used forearm holds on both arms and escorted the patient back to his room. - Patient began escalating at the time of the holds and tried to kick the staff. he also verbalised that the damage done to his room is on the NHS and is not going to affect him. -The patient was very resistive at the time of the holds and after some level of deescalation the patient was much more settled and holds where disengaged.	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC66999	17/03/2024	17/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		-Restrictive practice was used to facilitate NG tube feeding.	- Patient was supported to seated POD position for facilitating NG feeding - Patient was compliant at the time of the feeds. - weighted blanket was used for the patient	Care plan followed 1:1 debrief given during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC67001	17/03/2024	17/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		17:30 - Patient was incontinent of urine. Patient would not accept verbal reassurance or assistance. PBM safe holds were utilise to provide personal care. 18:00 - Following the first PBM, patient has removed his pad. He would not accept support without the use of another safe hold. PBM was utilised in order to maintain patients dignity.	PBM was organised. Patient was given reassurance throughout and an explanation was given to what staff were doing. PBM was utilised in the least restrictive way. Once safe to do so, staff disengaged and allowed patient space.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67007	18/03/2024	18/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (POD used)		Patient on night was so chaotic and was every where. He has taken the mattress off and was stalking against the bedroom door . He was reasoning as it is not fire proof and can cause fire as he breath fire.Mattress was removed from his bedroom . He turned his bed frame upside down. Smashed the sanitary bin in toilet . Took the waste and placed inside the bed frame. Pacing through the corridors and by knocking the bedroom doors he tried to make other peers awake. He was asked to be communal area . He spent some time in dinning area . During that time he was climbing the windows and banging on windows in order to escape from here to put the power on outside. He was offered PRN Promethazine . He drank some water. Spit that back to cup and told staff 'its my turn now' , turned to staff and threw the water to face .	Verbally deescalated several times but failed. Offered PRN oral medications but Refused . PMVA team was called . Held on light holds in a pod and used cushion . RT Promethazine was given . He was not resistive during the holds. RT physical observations were started . Debrief completed .	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC67008	18/03/2024	17/03/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Seated (other)		At around 2300hrs, patient was found head banging the wall in her bedroom. Staff attempted to engage verbally with the patient but she was not responding to them, instead, she continued head banging the wall. Patient was placed under PMVA holds to prevent further self harming.	Patient had RT IM Lorazepam on the left leg under PMVA holds. Post RT Observations were completed at 2330hrs	Mental state and risks reviewed Long term risk of self harm identified Patient offered engagement in Self Harm Pathway	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC67010	18/03/2024	18/03/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was restless and mentally unsettled. They were shouting and banging on other patients door, disturbing their sleep.	Staff tried to verbally redirect patient but they did not respond well to verbal redirection. They continue to shuffle between the male corridor and female corridor banging on doors. Oral PRN offered but patient declined. PMVA team was called as a last resort and patient was put in safe holds. Prescribed rapid tranquiliser was administered IM.	none	none	None (no harm caused by the incident)	Closed
GHC67015	18/03/2024	18/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient assisted in holds to both arms to sit on the pod. Patient supported in holds to both arms and weighted blanket placed over legs. NG feed administered	NG feed administered Patient assisted in holds to both arms to sit on the pod. Patient supported in holds to both arms and weighted blanket in situ over legs.	Care plan followed 1:1 debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC67019	18/03/2024	18/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient attempted to abscond	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Escort		Patient escorted to the courtyard Patient walked round to the back of Kingsholm/Montpellier and chose to climb the wall entering Kingsholm garden. Patient tried to leave Kingsholm, staff intervention required. PMVA called.	Staff intervention required. Patient escorted in holds to both arms back to Priory Ward. Staff explained to patient his section rights and having escorted leave.	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC67020	18/03/2024	18/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Escort		Patient trying to leave the hospital without prescribed leave. Patient supported in precautionary holds to both arms back to the ward.	Patient escorted in precautionary holds back to the ward after trying to leave the hospital.	Staff followed policy and procedure	n/a	None (no harm caused by the incident)	Closed
GHC67035	18/03/2024	18/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and blanket used.	care plan followed	n/a	None (no harm caused by the incident)	Closed
GHC67038	18/03/2024	18/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (bed)		The male patient was requiring personal care as he had open bowels.	Staff tried to explain and engage the male patient but as he couldn't understand staff intentions, staff utilised PBM holds to complete personal care.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67039	18/03/2024	18/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (bed)		A male patient was in incontinent of urine in his room	He refused to do personal care after several attempts of reassurance, staff utilise safe PBM holds for personal care.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67042	19/03/2024	13/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Restraining of TD when he to stop him damaging property. TD was observed by the staff in the CCTV room when he was trying to ripped the lining from the floor in the lounge area of the flat. After multiple attempts asking TD not to rip the flooring her continued with the behaviour of attempting to do what he was asked not to do. Staff tried to redirect him while giving him reassurance however all interventions failed which resulted in staff using PBM to escort him from the area of focus. GW was holding his left arm and TA was holding his right arm. He was escorted to his room to de-escalate the situation.	PBM RESTRAINT	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC67051	19/03/2024	18/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		I went down to patients room, and was able to see that their were multiple broken pieces of wood on the floor, and that patient was in a seated restraint. The staff stated that they were not injured and that they had been in restraint for around 2-3 minutes. patient was very resistive and kept shouting for staff to "get off". I asked patient that if holds were released would carry on threatening staff, to which patient stated "no" - holds were then released and	Staff disengaged and waited for the police to arrive.	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC67053	19/03/2024	19/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed	pod and blanket used 3x members of staff	care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC67063	19/03/2024	19/03/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM personal care hold on bed in his best interest in proportion to the risk of serious harm and pain if undetected medical condition is not identified and treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC67072	19/03/2024	19/03/2024	CRHT Liaison s135 s136	Wotton Lawn-other outside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was released from Maxwell Suite following MHAA. Patient was escorted with x3 members of placement support staff. Patient absconded from staff heading down Horton Road, reportedly to the live rail way crossing. Patient ran into the road directly into traffic. Holds were required to assist, standing position into seating. Returned to standing. Patient continued to attempt to be free from holds. Police attended incident, Section 136 utilised.	- Police called. - Holds used to preserve safety/life. - S136 utilised. - Returned to Maxwell Suite.	Risk assessment review Debrief for staff	N/A	None (no harm caused by the incident)	Closed
GHC67092	19/03/2024	19/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (other)		The patient was due for their nasogastric feeds.	The patient was held on light holds to facilitate their nasogastric feed.	care plan followed debrief during esc walk	N/A	None (no harm caused by the incident)	Closed
GHC67099	19/03/2024	19/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		A male patient was incontinent of urine and had bowels open as well, staff tried to tell the male patient that he needed to be changed but was unable to follow, so pbm technique had to be used	Patient had to be pbm for a wash	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67101	19/03/2024	19/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		A patient had bowels open at 08.15am and was incontinent of urine at 18.15pm Patient was unable to understand staff instructions on both occasions and was becoming distressed	Patient supported to his bedroom on both occasions where PBM technique was used	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67104	20/03/2024	20/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient had made attempts to leave the ward a, was pushing staff away from the doors to gain access	Escorted back to bedroom in arm holds	Staff followed policy and procedure	n/a	None (no harm caused by the incident)	Closed
GHC67106	20/03/2024	20/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		NG Feed Given under PMVA to administer Feed	Feed Administered under restraint	care plan followed debrief during esc walk	n/a	None (no harm caused by the incident)	Closed
GHC67123	20/03/2024	20/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM personal care hold on sofa in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated	MCA AND BEST INTERST PAPER WORK WAS REVIEWED	None required	N/A	None (no harm caused by the incident)	Closed
GHC67127	20/03/2024	20/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feeding. Called planned PMVA	PMVA on holds, seated on pod and weighted blanket was used, care plan followed, 1:1 after feed, debrief during walk, regular medications given	Care plan followed debrief to staff and patient	N/A	None (no harm caused by the incident)	Closed
GHC67131	20/03/2024	20/03/2024	CRHT Cots & Vale	Robert Maxwell s136 suite	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Standing		In an incident at the Maxwell Suite, a patient locked herself in the bathroom. Due to concerns of the patient potentially self harming, the PMVA team were called and the door was unlocked. She was found to be holding a bottle of Softcare sensitive foam which she had removed from the soap holder on the wall, and was coughing. The soap was removed from	Bottle was removed from the patient and the safety information was looked up online and scanned into Rio. No immediate medical intervention is suggested, but we will continue to monitor the patient.	Staff debrief 1:1 with patient Soap and other items of concern removed from bathroom	None	None (no harm caused by the incident)	Closed
GHC67137	20/03/2024	20/03/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient access the communal area and she used the kitchen staff asked patient to leave as care planned. Patient became very upset and very verbally aggressive. They lashed out at staff swearing at staff and attempting to push staff out of the way. Patient was placed in holds and staff sat with patient. Staff changed over and they remained sitting with patient . Patient expressed while staff was sitting with patient that she didn't understand why staff was holding them. Staff explained that they was showing sign of aggression and staff had to try and minimise and harm to themselves or to others. Patient again commented that they didn't brake any bones staff explained that this doesn't have to be the case as we do not tolerate abuse from patients and staff are there to keep everyone safe.	Patient was given oral medication and physical observations were taken.	Mental state and physical state reviewed Ward team reviewed the action of restricting use of kitchen Ward team will continue to restrict patient as clinically indicated due to diagnosis of Diabetes, over eating/drinking, and potential consequences Patient currently lacks insight As mental state improves restrictions will not be required PBSP to be implemented	Staff to be mindful that restriction will increase levels of frustration and potential for external aggression Restrictions to be reviewed daily and only imposed if clinically indicated	None (no harm caused by the incident)	Closed
GHC67150	21/03/2024	21/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient was assisted for his personal care due to incontinent, planned PBM safe hold due to high confusion and poor understanding	Planned PBM technique used successfully	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67166	21/03/2024	21/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG fee.	staff had to restrain the patient in a seated restraint in the pod and the pillow on their legs	care plan followed	n/a	None (no harm caused by the incident)	Closed
GHC67174	21/03/2024	21/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Personal care (standing)		Patient was incontinent, was directed to his bedroom, tried convince him need of personal but was unable to understand due to high confusion. Used PBM SAFE HOLD to assist the patient for his personal care needs	Patient was supported for his personal care needs successfully	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67182	22/03/2024	22/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and weighted blanket used. 3x members of staff.	care plan followed	n/a	None (no harm caused by the incident)	Closed
GHC67187	22/03/2024	22/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Seated (POD used)		Patient had pulled curtain rail down from Ladies Lounge and approached staff in the communal areas attempting to hit them with the object	Staff used PBM holds to take him to his bedroom, patient becoming increasingly agitated Patient sat on bed in holds with Brown cushion to support behind RT given, holds released and patient appeared to de-escalate over time Non-contact obs taken initially then full NEWS2 taken	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67203	22/03/2024	16/03/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient absconded off the ward. Tried to get onto other wards. Refusing to come back.	Make members of staff were available to escort pt back to the ward in holds walking in the corridor.	none	none	None (no harm caused by the incident)	Closed
GHC67206	22/03/2024	16/03/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Escort		pt absconded from the ward and the main corridor of the hospital and then tried to get onto Kingsholm ward and up the stairs. Members from Kingsholm assisted Abbey staff with getting the PT back to the ward.	PMVA used and PRN given.	Patient unable to accept verbal redirection due to mental state. Appropriate safeguards and interventions put in place by staff, patient came to no physical harm.	Patient support appropriately, patient came to no physical harm.	None (no harm caused by the incident)	Closed
GHC67210	22/03/2024	22/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG.	pod and leg blanket used. 2x members of staff	care plan followed debrief during esc walk	n/a	None (no harm caused by the incident)	Closed
GHC67211	22/03/2024	22/03/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		Clinical hold implemented for cannula	reassurance	None required	N/A	None (no harm caused by the incident)	Closed
GHC67218	23/03/2024	23/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient stood up from the chair he was dozing in. He started to get agitated and pulling at his trousers. Staff tried to encourage him to go to the bathroom. Patient started getting heightened in emotion and pulled open the right pane of glass in the patio doors. As staff approached to close/fix the door, Patient threw a red cup of milk at staff and then pushed a dining table over, which crashed to the floor.	PBM used to reduce risk of harm to others or himself and patient was able to de-escalate without use of medication	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67221	23/03/2024	23/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Escort		Patient was sitting in the dinning room. Patient stood up and attempted to lift the kitchen hatch by force but he let it go down aggressively. Earlier on, patient threw a cup of hot water in direction to another patient who was sitting across. He then walked over to the hot water tank with a cup in his hands and staff intervened as other 2 patients where nearby.	Patient was verbally de-escalated. However, patient was responding a lot and appeared confused and thought blocked at the same time. Patient was then escorted to his bedroom on holds and he was resistive from the dinning area to the nursing station. Holds were released and staff guided him to his bedroom.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC67224	23/03/2024	23/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed.	The patient was held on light holds to facilitate their nasogastric feed.	care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC67227	23/03/2024	22/03/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PMVA (physical intervention)	Seated (other)		As per the nursing team decision to hand Patient's Phone to the staff and use the phone under supervision following frequent threats and harassment to her girl friend. Staff explained the plan to patient which she doesn't accept to hand the phone to the staff.	Staff planned a PMVA to get phone from patient. When the team approached and ask the phone from patient, she refused to hand the phone and return to her bedroom and stated that she needs her phone to listen music and handed 4 phone that she is not using and kept the phone that she use in her pockets and returned to the communal area. Staff requested to give hand the phone that she use as well, however patient was reluctant to hand over the phone. Staff put her hold and took the phone from her pockets released the hold after taking the phone. Patient was verbally abusive towards the staff during the incident. Offered oral Lorazepam which she accepted. Later she stayed in the communal area verbally hostile and wanting her phone back staff explained this can be facilitated late under	Temporary removal of phone as patient lacking insight and capacity relating to her mental state and associated behaviours Patient has history of stalking and harassment, staff preventing further incidents Review mental state, and phone use daily	N/A	None (no harm caused by the incident)	Closed
GHC67234	23/03/2024	23/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and leg blanket used.	care plan followed debrief during esc walk	n/a	None (no harm caused by the incident)	Closed
GHC67238	23/03/2024	23/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Clinical hold (seated)		male patient was supported with personal care using PBM hold as patient was incontinent of faeces around 08:30 in the morning and once around 13:00 as he was incontinent to the urine and had to use PBM to support him with personal care	PBM was used twice during the early shift. patient did not sustain any injuries and was settled and mobilising around after his personal care.	Updated to reflect injury	None	None (no harm caused by the incident)	Closed
GHC67245	23/03/2024	23/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Standing		Patient X presenting as agitated, highly distressed and disrupting the ward environment and compromising their dignity. Patient X began to invade fellow patients personal space, increasing their risk of vulnerability. Verbal de-escalation attempted to no affect, PMVA holds utilised to redirect patient to their bedroom to allow for recent oral RT to take affect. Holds released as soon as patient was in their room and verbal de-escalation could continue.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC67256	24/03/2024	23/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was in her bedroom. Sound of head banging was over heard by staff from her bedroom.	Staff tried to engage wit her and disengage from head banging . she was not trying to engage at all with staff. Tried to provide Oral PRN medication . Which she was refusing to have. Her head phone s were removed from ears as per care plan. She remained to sit on the floor with closed eyes. PMVA team was called. As she was not engaging she was held on holds. Escorted on harm holds to her bed. Debrief completed. Explained why staff has done the PMVA holds and stopped her from head banging. She was held on holds in her bed with the use of cushion. RT promethazine was administered. RT Physical observations were started. Duty doctor was informed for RT review and head banging review. She was reviewed by duty doctor.	care plan followed Staff followed policy and procedure	n/a	None (no harm caused by the incident)	Closed
GHC67260	24/03/2024	24/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (other)		Patient had NG feed on light hold and weighted blanket placed on legs	verbal de escalation and Care plan followed 1:1	care plan followed	n/a	None (no harm caused by the incident)	Closed
GHC67264	24/03/2024	23/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Supine (face up)		The patient was found to be incontinent of urine. Several attempts and verbal reassurance, describing staff intentions and distractions was ineffective in trying to manoeuvre the patient in to a position that staff could effectively assist him	Ward Staff utilised PBM arm holds. The patient was very strong and resistive. Staff found it very difficult to safely maintain holds while in a standing position. The decided that in the best interests of the patient's safety the assistance with personal care should be undertaken while the patient is supine on his mattress. He was assisted to his feet and holds were released as soon as the process was completed. He calmed very quickly and mobilised from his room and was directed to the communal areas of the ward.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67266	24/03/2024	24/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Clinical hold (seated)		patient very confused, unable to follow instructions, moving staff hands away as unable to understand the intention of care delivery for personal care	Staff placed safe holds on to allow him to be washed and dress Patient was held on bed by male HCAs whilst female nurse washed and placed trousers on	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67271	24/03/2024	24/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Supine (face up)		Patient refused to hand in plastic bag and took himself to the visitors room. He became irritable and shoved a table with force at staff, causing one to stumble and catching the others hand between table and wall.	PMVA team called as patient refusing oral medications and escalating. Patient placed into standing restraint. He lifted himself up causing the team to fall to the floor. Patient fell onto staff member causing injury. Patient placed into supine restraint but quickly relocated to ECA on the POD. IMI administered.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of ensuring that patients do not have plastic bags on the ward. This is a hospital wide blanket ban and they should not, ever, have plastic bags on the ward.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC67282	24/03/2024	24/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient's presentation escalated following a visit from family. Threw wet floor sign and other items, including plates of food in the kitchen area threatening violence, PMVA holds attempted however patient became increasingly resistive and attempting to drop his weight. Psychiatric emergency called and he was taken to the ECA where the PMVA continued on the pod. IM RT administrated. Holds released as felt de-escalated enough. Patient then continued to threaten violence so placed back onto POD. 2nd IMI RT administered. Patient released from holds and he came into communal areas where he started to escalate again and threaten violence when staff attempted to redirect him to his bedroom. He then ran into the garden and attempted to run over the wall, he then began to attempt to assault staff, PMVA holds reimplemented and taken to his bedroom.	Patient placed into holds and removed to ECA and placed on POD First IMI given and holds released. Patient placed into holds for a second time due to re-escalating and given second IMI whilst seated on the POD Patient placed into holds a third time after a re-escalation when in communal areas. This time was taken to bedroom and seated on his bed.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC67284	24/03/2024	24/03/2024	CRHT Liaison s135 s136	Robert Maxwell s136 suite	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Standing		Patient was in the bathroom and made a ligature with the floor seal. Staff removed ligature, however patient still had hold on part of the floor seal and kept making attempt to rip off the flooring seal. Safe holds were placed in order to prevent more harm.	Safe holds were placed	Risk assessment review Debrief for staff	None	None (no harm caused by the incident)	Closed
GHC67290	24/03/2024	23/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient left the hospital by intentionally absconding	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Escort		-Patient left the ward and staff noticed patient purchasing razor from the store.	- At approximately 18:50, a medical emergency occurred in the female bathroom of the ward. While staff were attending to the emergency, Patient left the ward through the main door without authorisation. Staff noticed her absence and followed her, discovering that she was heading towards the nearby Morrison"s store. Patient was observed purchasing a packet of razor blades despite staff"s attempts to intervene. Timeline of Events: 18:55: staff alerted the ward staff about patients departure and situation. 2 staff went to support the staff on-site. 19:10: Patient was located near the Metz Way bridge. She exhibited escalating behaviour, attempting to jump off the bridge and run in to incoming traffic . Staff utilised forearm holds to prevent her from harming herself and is rationalised under common law. At that time patient took herself to the floor and pushed the staff in to the thorny bushes and staff got injured. After some level of de-escalation she was seen to be settled for a while. later other staff came with the car and staff tried to get Patient in to the car however she got her leg in to the traffic steel rail and refused to get in to the car. Holds where used and Patient was escorted to the car.	Staff followed policy and procedure	n/a	None (no harm caused by the incident)	Closed
GHC67291	24/03/2024	17/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Seated (other)		The patient allowed staff to assist him with washing up to when his legs and groin area needed cleaning. He was found to be incontinent of urine. Verbal reassurance and descriptions of ward staff intentions did not help gain his consent or de-escalate him, so it was decided it was in his best interests to utilise PBM holds to minimise the risk of infections and skin damage.	PBM Arm holds were utilised in sitting and standing positions while another member of staff completed the personal care. The holds were released as soon as the care was completed. The patient seem to calm soon afterwards and did not retain any memory of the incident. He took his medication covertly in his breakfast. The patient continues to respond to sounds and people only he can see. He remained room based throughout the shift.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67295	24/03/2024	24/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient ran off from staff whiles he was being escorted out to the front of the hospital for a smoke.	PMVA team called and escorted back to the ward in arm holds	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC67296	24/03/2024	24/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient X increasingly agitated and verbally abusive and hostile, PMVA holds implemented to redirect patient to their bedroom and oral RT medication given.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC67298	24/03/2024	24/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Escort		Patient ran off the ward.	Staff caught up with her at the front of the hospital. She was resistive and was escorted back in holds	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC67304	24/03/2024	24/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		Patient required personal care due to urinary incontinence, resistive & would not allow staff to complete.	PRN medication utilised, then required PBM holds to complete personal care	Managed appropriately	NA	None (no harm caused by the incident)	Closed

GHC67307	24/03/2024	24/03/2024	Accommodation Team	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (other)		The patient was unsettled in his bedroom and damaged the wooden furniture in his bedroom.	Staff intervened and put the patient on holds to stop more damage. Later the staff offered the patient oral Rt Haloperidol 5mg and 1 mg lorazepam which he accepted with good effects. Physical observations were completed. Post Rt non touch physical observations were started. Duty doctor informed.	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC67311	25/03/2024	24/03/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Supine (face up)		Patient refused to do blood glucose monitoring and medication. Patient is risk of hyperglycaemia and is on insulin.	Offered medication thrice as patient continues to refuse, PMVA team was called. Patient put on hold. RT lorazepam 2mg administered. Blood sugar monitored and insulin administered	Mental state and treatment plan reviewed Patient is unable to engage in aspects of her treatment plan due to mental ill health, currently at risk of physical health deterioration without staff intervention	Restrictive practice required to ensure treatment plan is implemented	None (no harm caused by the incident)	Closed
GHC67315	25/03/2024	25/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed	pod and blanket used	care plan followed debrief during esc walk	n.a	None (no harm caused by the incident)	Closed
GHC67319	25/03/2024	25/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PMVA (physical intervention)	Seated (other)		Patient became very unsettled and agitated. Pacing the ward, banging doors and grabbed another patient. Oral medication offered 3 times but patient refused.	Planed PMVA and IM RT medication given.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC67331	25/03/2024	25/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistible to NG feed	patient was paced in seated hold on the pod and their NG feed was administered	care plan followed debrief during esc walk	n.a	None (no harm caused by the incident)	Closed
GHC67336	25/03/2024	25/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient hitting staff member on head and face	Staff called over and used PBM to remove patient from staff	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67341	25/03/2024	25/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient became agitated and escalated behaviour by kicking doors and refusing to return to his room, unable to verbally de-escalate. Placed in holds and escorted to bedroom.	RT Administered, 2mg Lorazepam and 5 haloperidol.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC67343	25/03/2024	25/03/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Supine (face up)		Patient became physically and verbally aggressive towards staff when asked to finish his computer session because his computer had frozen downloading music resulting in a supine restraint immediately outside the family Room door	Verbal redirection attempted with no effect resulting in a supine restraint	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC67355	26/03/2024	26/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Clinical hold (seated)		A male patient was incontinent of faeces and he pasted it on his face. There was faeces on his mouth.	Patient was verbally reassured and prompted with minimal effect. Safe PBM holds utilised to complete personal care. Hold was on and off and not for the whole duration of 18 mins	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67361	26/03/2024	26/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed.	The patient was put on PMVA holds to facilitate their nasogastric feed. The patient was less resistive and used light forearm holds on the pod with weighted blanket on the foots.	care plan followed debrief during esc walk	n/a	None (no harm caused by the incident)	Closed
GHC67364	26/03/2024	26/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Clinical hold (seated)		A male patient was incontinent of urine. He was not able to understand offers of personal care after several verbal prompts and reassurance.	Male patient was reassured. PRN utilised Safe PBM holds utilised to complete personal care.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67372	26/03/2024	26/03/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC67383	26/03/2024	26/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG feed	patient was placed in holds on the pod	care plan followed debrief during esc walk	n.a	None (no harm caused by the incident)	Closed
GHC67384	26/03/2024	26/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (bed)		Patient was found to have been incontinent - redirected to his bedroom for personal care support , unfortunately he couldn't understand staff intentions and explanations	PBM utilised to successfully offer personal care and to prevent pressure sore and skin integrity.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67388	27/03/2024	23/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Clinical hold (seated)		male patient was incontinent of urine and was supported with personal care using PBM holds	PBM hold on both arms by one staff member each and one staff to support with personal care. no injuries were noticed after PBM incident. patient settled in the ward after the incident.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67400	27/03/2024	27/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.	Provided feeds on light holds. Used verbal de-escalation . Engaged with the patient , tried to distract. Provided regular medications. 1:1 Walk after the feed. Debrief done. Followed actions as per care plan.	care plan followed debrief during esc walk	n/a	None (no harm caused by the incident)	Closed
GHC67410	27/03/2024	27/03/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	Patient supported using physical intervention to obtain bloods	None required	N/A	None (no harm caused by the incident)	Closed
GHC67411	27/03/2024	27/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Falls (including slips & trips)	Fall on level	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		The patient was going to go into the female corridor with the nursing observations and skin bundle files. I asked If I could have the files back and he became verbally aggressive. I tried to take hold of the files saying I needed them for an essential check, but he lashed out at me, and in the process lost his balance. I was able to slow his descent as he slid down the corridor door and landed on his bottom, he did not hit his head. He had left his frame at one of the ward tables.	The patient tried to lash out, so I briefly (as gently as possible), held his forearms while he was sat up. He did not hit his head and he appeared to have usual movement in his limbs. There was no sign of over-rotation of ankles. The Razier chair was quickly sourced and used to help him stand. He was able to weight bear. He was assisted to his room where clinical observations were carried out. His NEWS2 score was 0. He has since mobilised at his baseline level (with his zimmer frame) with no overt sign of	Case discussion for staff completed with support from Asst. Psychologist to support in formulating a care plan to avoid incidents like this occurring again	NA	None (no harm caused by the incident)	Closed
GHC67417	27/03/2024	27/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in his bets interest in proportion to the risk of serious harm if undetected medical condition is not treated phlebotomy procidure	MCA and best interest paper work was reviewed and left with carers	None required	N/A	None (no harm caused by the incident)	Closed
GHC67423	27/03/2024	27/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (other)		Patient had NG feed administered and weighted blanket placed on legs	Verbal de-escalation	care plan followed debrief during esc walk	n.a	None (no harm caused by the incident)	Closed
GHC67425	27/03/2024	27/03/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Clinical hold used in his best interest to obtain a blood sample.	as above.	None required	None required	None (no harm caused by the incident)	Closed
GHC67431	27/03/2024	27/03/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PBM (physical intervention)	Escort		the patient arrived at Charlton lane by ambulance and refused to get out of the ambulance despite staff encouraging and reassuring the patient after half an hour the ambulance needed to go staff the reiterated this to the patient but he still refused to leave . the staff then implemented PBM removal the patient was removed from the ambulance to his room .	as discussed with the nursing team and nurse in charge the use of PBM utilised the patient was Safely removed to his room on the ward . datix completed and entry made on RIO	Deescalation done but failed. The PBM was done because that was required to bring the patient to the ward. It was safely manage as the staff who made the hold are all PBM trained.	Lesson to be learnt Staff who made the datix was informed that they should reflect the datix in the progress notes as this are significant event in the admission process. The qualified staff was informed that they need to contact to the Medics for a post PBM or Post incident review which never occurred as there was no	None (no harm caused by the incident)	Closed
GHC67432	27/03/2024	27/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Personal care (standing)		Patient was becoming distressed when incontinent and was not able to process instruction or understand staff support	Personal care was given successfully using PBM	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67433	27/03/2024	27/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Personal care (bed)		Patient was incontinent, due to confusion not accepted staff support, applied PBM safe hold to assist the patient	Personal care was given successfully with PBM	Managed appropriately in line with patient's care plan	NA	None (no harm caused by the incident)	Closed
GHC67435	28/03/2024	27/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		Patient was very incontinent of faeces. He needed personal care and is not able to do this independently or with verbal prompts. He was very distressed and was pushing staff away who were trying to support him	Reassurance given but no effect PBM utilised to complete personal care to avoid skin integrity concerns and to maintain patient's dignity	Managed appropriately in line with patient's care plan	NA	None (no harm caused by the incident)	Closed
GHC67446	28/03/2024	28/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her Naso - gastric tube feeding.	Feed was provided. With the use of pod and weighted balnket.2 staff held her arms. She was not resistive during the feed. Escorted to courtyard by staff. Remained on 1-1 after feed for 2 hours. had her prescribed medications.	care plan followed debrief during esc walk	n.a	None (no harm caused by the incident)	Closed
GHC67447	28/03/2024	28/03/2024	Montpellier Low Secure Unit	Montpellier Low Secure Unit	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was given access to the OT kitchen in order to get some food from the fridge for breakfast. He proceeded to grab other items from the fridge and cupboards and stash them in his pockets. When asked to stop he became verbally abusive and raised his fists toward a member of staff. Patient refused to leave the kitchen initially requiring staff to shepherd him out of the room. Patient continued to shout verbal abuse and derogatory comments at staff.	Patient reminded of care plans related to food consumption. Patient asked to remain in bedroom to calm down.	Care plan already in place. No further action required	None	None (no harm caused by the incident)	Closed
GHC67451	28/03/2024	27/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PHLEBOTOMY PROCEDURE PBM clinical seated hold on patient in her best interest if undetected medical condition is not treated	MCA AND BEST INTEREST PAPER WAS REVIEWED AND COPIES LEFT WITH CARERS	None required	None required	None (no harm caused by the incident)	Closed
GHC67453	28/03/2024	28/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		phlebotomy procidure PBM clinical seated hold on patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated		None required	None required	None (no harm caused by the incident)	Closed
GHC67458	28/03/2024	28/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC67460	28/03/2024	28/03/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers how the procedure will take place and what monitoring would be used to safeguard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC67464	28/03/2024	28/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Personal care (standing)		Patient had been incontinent and was becoming increasingly distressed when staff were trying to prompt him. Patient not able to understand that he had been incontinent and the risks associated with this	PBM was used to support with personal care successfully	Managed appropriately in line with patient's care plan	NA	None (no harm caused by the incident)	Closed
GHC67467	28/03/2024	28/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		Phlebotomy PBM clinical hold on patient in bed, in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC67469	28/03/2024	28/03/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order to safely administer a depot injection		None required	None	None (no harm caused by the incident)	Closed
GHC67471	28/03/2024	28/03/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient held with a PBM Clinical Hold in his best interest to obtain a blood sample as requested by GP		None required	None required	None (no harm caused by the incident)	Closed
GHC67472	28/03/2024	28/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC67473	28/03/2024	28/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC67474	28/03/2024	28/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC67475	28/03/2024	28/03/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM Clinical Hold used to obtain a blood sample in patient's best interest.		None required	None required	None (no harm caused by the incident)	Closed
GHC67477	28/03/2024	28/03/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC67485	28/03/2024	28/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her naso gastric tube feeding.	Patient was held on holds . She was given feed with 2 staff with the use of pod and weighted blanket. Had her prescribed medication. She was upset and was bit tearful after the feed. Escorted for a walk after the feed. 1-1 provided	care plan followed debrief during esc walk	N/A	None (no harm caused by the incident)	Closed
GHC67488	29/03/2024	28/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Escort		patient A was verbally hostile and accusatory towards patient B. Staff tried to intervene and separate the two patients. Patient A got hostile towards the staff and tried to hit them	Patient A was supported to his bedroom using PBM holds, patient remained agitated throughout	Managed appropriately, no harm caused	NA	None (no harm caused by the incident)	Closed
GHC67496	29/03/2024	29/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed.	The patient was held on light PMVA holds to facilitate their nasogastric feed.	care plan followed debrief during escorted walk	n/a	None (no harm caused by the incident)	Closed
GHC67500	29/03/2024	29/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Clinical hold (seated)		-Patient was chaotic in presentation. he was seen to be kicking and banging the door along with smashing the wardrobe. 10:30. he tried to leave the ward staff tried to verbally deescalate him however it was futile. Then he tried to throw the plastic cup towards the staff which was a near miss. he pushed the staff and tried to leave the ward, forearm holds was used. Patient was offered 2 mg lorazepam which he refused to take and verbalised that "it is not doing anything". 10:40- Patient was then seen to be kicking the wardrobe and the windows staff tried to verbally deescalate however it kept on going hence forearms holds was used and guided him back to the bedroom. 11:00- he again was banging the bedroom door and was smashing the bed room door and punching the bedroom wall. PMVA was activated but holds where not used ,he accepted 5mg Haloperidol orally.	-forearm holds was used on the patient -Rt was justified due to the current presentation	Staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC67522	29/03/2024	29/03/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Staff heard patient headbanging in bedroom around 17:50.	Staff tried to de-escalate. Offered ice pack and olbas oil. Patient continues to head bang. PMVA Team called. Patient put on hold. Offered oral lorazepam patient was not responding. Administered RT Lorazepam injection 2mg	Risks and observations reviewed Long term risk of self injury identified Management plan in place Restrictive interventions often required to minimise harm to patient Patient engaging with self Harm Pathway Patient CPD awaiting care provision	n/a	None (no harm caused by the incident)	Closed
GHC67523	29/03/2024	29/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Seated (other)		Patient had removed his lower half clothing & had been incontinent of urine, he was unable to tend to this independently, or understand that staff needed to support him with personal care	PBM holds utilised to facilitate necessary personal care	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67525	29/03/2024	29/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		Patient had been incontinent & required personal care, unable to consent to this & became agitated	PBM holds utilised to facilitate personal care	Patient supported with care as per care plan	NA	None (no harm caused by the incident)	Closed
GHC67527	29/03/2024	29/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient overheard head banging against the wall sitting in bed in the bedroom.	Tried to verbally de-escalate however with no effect concordant. PMVA bleep activated and patient put on holds. Offered PRN medication, although patient declined initially later accepted. Continued to offer one to one. -Care plan followed. -Debrief done	Staff followed policy and procedure	n/a	None (no harm caused by the incident)	Closed
GHC67529	30/03/2024	29/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient put on PMVA holds for planned NG feeding.	PMVA bleep activated. Patient on safe holds, seated on pod. Reassurance given. Administered NG feeding successfully.	care plan followed debrief during escorted walk	n/a	None (no harm caused by the incident)	Closed
GHC67538	30/03/2024	30/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user put on PMVA holds for planned NG feeding.	Service user seated on pod with weighted blanket to support legs. Reassurance given through out the procedure.	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC67543	30/03/2024	30/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Personal care (standing)		8;30 used PBM safe hold for personal care, due to disorientation and increased distress 11:00 used PBM to put back his clothes on due to stripping off in communal areas and patient not orientated to where he was	Planned PBM used to complete patient personal care	Managed appropriately in line with care plan	NA	None (no harm caused by the incident)	Closed
GHC67545	30/03/2024	30/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient was becoming increasingly distressed when being supported with personal care. He required personal care support due to incontinence, so it was necessary for staff to complete this.	Personal care completed with use of PBM holds	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC67547	30/03/2024	30/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed	-Patient was assisted to seated position for facilitating NG feeds. -forearms was used on patient on both arms. -Patient was not resisting	care plan followed debrief during escorted walk	n/a	None (no harm caused by the incident)	Closed
GHC67550	30/03/2024	30/03/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Seated (other)		Patient became extremely distressed following a visit. Patient was screaming and crying hysterically whilst making accusations against staff. Patient was taken to their bedroom and placed in seated holds.		Patient verbally de-escalated.	Review of treatment plan following discussion in MDT. Review of care plans.	None (no harm caused by the incident)	Closed
GHC67562	31/03/2024	31/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.	Provided feeds on light PMVA holds , used pod and as per requestweighted blanket . He was less resistive during the procedure. Staff engaged with her, provided 1:1 and given regular medication after the feed. Debrief done.Followed care plan.	care plan followed debrief during escorted walk	n/a	None (no harm caused by the incident)	Closed
GHC67571	31/03/2024	31/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient incontinent, staff tried to explain the need to wash to reduce the risk of infection. Patient not able to understand the necessity of a wash and was not accepting staff support	PBM used to support with personal care sat on bed Brown cushion used behind staff and patient	Patient supported in line with care plan Staff to refer to care plan and RAG plan to try to avoid PBM use where possible	NA	None (no harm caused by the incident)	Closed
GHC67579	31/03/2024	31/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service users nasogastric feed was administered, 2x members of staff utilised PMVA forearm holds and provided verbal reassurance and support as the nasogastric feed was administered. Service user offered little to no resistance as the nasogastric feed was administered	2x members of staff utilised PMVA forearm holds and provided verbal reassurance and support as the nasogastric feed was administered. Service user was then escorted on a walk to the local area and nursed on a 1:1 observation for one hour after the nasogastric feed was administered	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC67582	31/03/2024	31/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Section 3 female patient was head banging in her bed room causing wound on hr forehead.	Attempted De-escalation PMVA Team was called Patient accepted PRN Lorazepam Wound cleaned and dressed	Staff followed policy and procedure	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC67592	01/04/2024	31/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Seated (other)		Patient from the start of the shift was in bed room kicking and smashing the things. Patient was pacing through the corridors . Kicking the male fire exit door. Fire alarm went off because of the kicking. He kicked his bedroom door from outside, which jammed the door. was unable to open the door. He started to kick the other doors in corridors and male lounge . He kicked on the radiators, chair, doors, wardrobes, cupboards, windows. He continued to do the same for around 1.30 minutes.	Staff tried to verbally de-escalate him from the start . he was not listening to any and was not engaging. As he kicked his bedroom door and gets it jammed, he was not able to return to his bedroom. When he continued, team was called . Held on holds escorted and was hold on seated . RT Haloperidol 5mg Oral was given. He was holds for around 15 minutes. He continued to kick . team was called again. held him on holds by 22.20 , which extended for about 10 minutes. PMVA team stayed on the ward itself. But he continued to smash and kick . Police was called and was informed about the situation and property damage that he is making . Informed estates about the door. bed room Door was fixed , but informed that it needs replacement . Police came to the, assessed all the damages that he had made. stayed with him in his bedroom for around 15 minutes. He told to police members that he will became calm if he had his antipsychotics . Duty doctor was informed , physical observations were taken, as per doctors advise, his prescribed antipsychotics were given.	Staff followed policy and procedures	n/a	None (no harm caused by the incident)	Closed
GHC67600	01/04/2024	01/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (other)		Patient had NG feed and weighted blanket placed on legs	Verbal De escalation	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC67601	01/04/2024	01/04/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Seated (other)		Patient required personal care & was unable to consent to staff supporting with this, and became distressed	PBM holds utilised to facilitate necessary personal care	Patient assisted in line with care plan	NA	None (no harm caused by the incident)	Closed
GHC67607	01/04/2024	01/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient tried to leave the ward and became verbally threatening. Verbal deescalation was futile	PMVA Team called . Declined oral RT therefore IM RT Administered. Cushion used on legs	Staff followed policy and procedures	N/A	None (no harm caused by the incident)	Closed
GHC67615	01/04/2024	01/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered by 2 members of staff using PMVA holds.		care plan followed debrief during escorted walk	n.a	None (no harm caused by the incident)	Closed
GHC67622	02/04/2024	01/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other outside	AWOL, absconding and missing patients	Patient left the hospital by intentionally absconding	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Standing		Pt [name removed] absconded from the ward around 21:50, staff at the door informed Nurse in Charge. Nurse in Charge left the ward to try and reach patient. Pt [name removed] was not to be found on the hospital ground after thorough search. At 20:05 Nurse in charge return to the ward and tried to reach patient on her mobile phone. Nurse in charge was able to speak reach her on the phone at 22:18, patient reported that she has attended to the garage and bought some antifreeze. She disclosed that she has drunk about 100 ml with intention to end her life and she refused to state her location.	At 22:30 police were informed and misper was undertaken. At Around 23:00 patient was brought to the ward by the police. Debrief was conducted with patient. Dr informed, who spent 1:1 with patient Decision by the Dr was made to take patient to Emergency department due to her reporting drinking around 100ml of antifreeze. Ambulance was called by the Dr and arrived on the ward. Patient refused to voluntarily go with paramedics and a member of staff to the Emergency department after many attempts to persuade her. Patient was placed in safe holds and escorted to the Emergency department from the ward at around 00:20	Staff followed policy and procedures	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC67623	02/04/2024	01/04/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Unplanned	PMVA (physical intervention)	Precautionary hold		patient has being high profile ,hostile ,verbally aggressive throughout the shift. She was offered her regular medication so many times which she refused, tried verbal de escalation which become futile. Tried to leave the ward Attempted to assault staff - grabbing neck and another staff members arm	offered regular medications verbal de-escalation contact duty dr verbal order given as had maxed out PRN PMVA called - precautionary holds in seated RT Loraz 2mg IM administered	Restrictive practice required due to risk to others Patient psychotic, agitated and unable to engage in therapeutic manner with staff Risks and management plan reviewed Referred to PICU for 3rd time and accepted due to risk of violence and absconding risk	PICU environment required as unable to management risks in open setting	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC67628	02/04/2024	01/04/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Assisted support		Patient was found to have blister pack paracetamol in her pocket. Staff are not aware how long she has had this medication. Patient then attempted to enter the clinic as the medication nurse was shutting the door, patient began pushing at the door and attempting to enter the clinic. Staff attempted to prevent her so she threw a cup of water over staff. Patient required removal from clinic and communal areas.	Staff took this medication off patient and searched their room to see if the patient had anymore medication. Patient made aware of the reason she cannot have medications on her person within the hospital environment. PBM techniques used to remove patient from the clinic into the female corridor due to the availability of medications and risks associated . Staff disengaged then patient was able to take herself to her room. Nurse informed not to administer paracetamol for a further four hours	Staff handled the incident appropriately. Patient and Staff received debrief following incident, however patient appeared too unwell at the time to understand.	Staff to keep the clinic door closed during the medication round when the patient's presentation was elevated.	None (no harm caused by the incident)	Closed
GHC67632	02/04/2024	01/04/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PBM (physical intervention)	Seated (other)		Patient was destroying the white rock walling in his bedroom thereby exposing the electrical wires. Staff had to physically restrict patient using PBM to prevent him from getting to the electrical wires.	PBM used to restrict patient from getting to the wires.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC67636	02/04/2024	02/04/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Clinical hold (seated)		Male patient was cooperative when staff tried to offer personal care. However, during personal care, patient became resistive and was about to hit and kick staff	PBM used to complete necessary personal care and prevent harm to staff	Managed appropriately in line with care plan RAG plan utilised well	NA	None (no harm caused by the incident)	Closed
GHC67637	02/04/2024	15/01/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		JW came to the communal area with her walker, appeared upset and sat in the chair near the glass door which leads to the garden, after a while she was seen approaching the glass door and continuously hitting the glass door with her walker. Staff approach the scene and tried to deescalate the situation JW paused and then again started hitting the glass door with her walker mumbling about monsters and people trying to get to her.	PBM hold implemented and guided to her room to deescalate- RN VR on right arm RN SS on the left. On the way JW started to shift her weight backwards in front of the sofa she usually likes to sit and stated she wants to sit on the sofa. She sat there with one member of staff actively deescalating the situation and JW appeared to sit with chin resting on one arm visibly upset still taking about people trying to get to her, reassurance provided and other member of staff went to check on some PRN medication. JW was suggested and escorted to go to her bedroom she agreed to, went to her room with her frame with staff by her side. JW was tearful and talked about police coming to take her, reassurance provided to which JW reacted positively and agreed to take 0.5mg of lorazepam with prompting. JW was visibly shaking tearfully and a bit out of breath , staff tried to establish some deep breathing technique which JW could not follow through. JW appeared to be more	RAG charts in place actions taken at time of incident correct PBM datix completed.	None required.	None (no harm caused by the incident)	Closed
GHC67638	02/04/2024	02/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.	Given feeds on PMVA hold , used pod and as per patient's request weighted blanket was used. Used verbal de escaltion and guided the patient to the pod used light holds. Staff engaged with the patient throughout the procedure and distracted. Given regular medication after the feed. Taken out for a walk. 1:1 after feed. Followed care plan , debrief done	care plan followed debrief during escorted walk	n/a	None (no harm caused by the incident)	Closed
GHC67641	02/04/2024	02/04/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC67642	02/04/2024	02/04/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC67643	02/04/2024	02/04/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM Clinical seated hold on patient in his best interest in proportion t the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers how the procedure would take place and what monitoring would be used to safeguard the patient. The MCA paperwork was reviewed prior and copies given to the carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC67644	02/04/2024	02/04/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated Clinical hold in order for blood test to be completed in patients best interest.		None required	None	None (no harm caused by the incident)	Closed
GHC67645	02/04/2024	02/04/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient has become increasingly difficult to manage and has barricaded people in on the ward. Staff tried verbal de-escalation technique to hold patient but no effect. Staff offered oral prn on several occasion with different staff however patient declined. Staff used PBM holding technique to hold patient and taken to her room and given RT.	Provide low stimuli environment for patient. Offered one to one time with staff. Staff tried verbal de-escalation technique- no effect. Offered oral prn on several occasion with different staff however patient declined to take it. Completed non touch observation.	All appropriate actions taken at time of incident.	Always ensure staff have a debrief post incident as well as the patient. Patient was reviewed by medic and given debrief, however I cannot see documentation for a staff debrief.	None (no harm caused by the incident)	Closed
GHC67649	02/04/2024	02/04/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical hold supported on the bed, in the best interest of the patient, proportionate to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer how the procedure will take place and what monitoring would be used to safeguard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC67668	02/04/2024	02/04/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (standing)		Patient had been incontinent of faeces which was reported by staff member. She was unable to understand that she had been incontinent of faeces and we had to address this to maintain her skin integrity and dignity.	Staff had to use PBM techniques to assist her into the toilet and multiple attempts at guiding her there first. She was held by two staff whilst the third staff member cleaned and changed to maintain her dignity. Restraint was disengaged once she staff had attended to her personal care. Staff offered support following	Appropriate to use PBM techniques for the provision of personal care. Staff to ensure that patient is also offered a debrief post restraint. Staff to ensure that the patient is reviewed by a Dr within 48hours and offer again if patient declined.	Staff to ensure that patient is also offered a debrief post restraint. Staff to ensure that the patient is reviewed by a Dr within 48hours and offer again if patient declined. Segregation is not used on Mulberry Ward- Staff to be aware of this on completion of Datix.	None (no harm caused by the incident)	Closed
GHC67669	02/04/2024	02/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed.	The patient was put on light PMVA holds to facilitate their nasogastric feed.	care plan followed debrief during escorted walk	n/a	None (no harm caused by the incident)	Closed
GHC67670	02/04/2024	02/04/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC67671	02/04/2024	31/03/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Seated (POD used)		The service user was escorted onto the ward by two police officers and he appeared highly distressed, agitated and resistive. For example, the service user was screaming and shouting and he also kicked over a bin in the ward's communal area. When entering his bedroom the service user began ripping the sheets off his bed and he also threw a pillow and side table in the direction of staff. I attempted verbal communication with the service user on numerous occasions, however, upon interaction he presented as very disorientated and confused. The service user's speech content was also very thought disordered and disorganised, for example, whilst interacting the service user presented with symptoms such as knights move thinking and echolalia. The service user was also referring to a "woman downstairs" and he shouted at staff to "save her" on multiple occasions. Alongside this, the service user was also observed whispering to himself frequently, however, staff could not ascertain what he was saying. the service user then began kicking the wall within his bedroom and he attempted to tip over the cupboard in his bedroom as well. Due to the service users presentation the decision was made to administer medication to alleviate some of the service users distress and agitation. I offered the service user oral RT medication, however, he attempted to grab the medication (including an injection) and staff prevented him from doing so. I attempted to explain to the service user that this medication could help him to feel calmer and alleviate some of his distress,	Physical observations were taken: Blood pressure - 155/87 Pulse - 112 Oxygen saturations - 98% Temperature - 36.4 Respirations - 16 Following this non-touch observations were completed with no concerns and the Duty Dr was informed. A wellbeing check was also completed with the patient.	Staff followed policy and procedures	N/A	None (no harm caused by the incident)	Closed
GHC67683	03/04/2024	03/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Escort		Patient attempted to abscond, refused to go back into the ward and sat on the table tennis outside the ward.	Patient restrained back on ward x2 staff.	staff followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC67685	03/04/2024	03/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (POD used)		Patient restrained for RT IM medication.	RT 1mg Lorazepam and 50mg Promethazine administered	policy and procedure followed	n/a	None (no harm caused by the incident)	Closed
GHC67689	03/04/2024	03/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds.		Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC67702	03/04/2024	03/04/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.	Difficult clinical hold for the purpose of urgently required phlebotomy - using four staff clinical hold on POD.	None required	None required	None (no harm caused by the incident)	Closed
GHC67707	03/04/2024	03/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient X refusing regular medication, presenting as agitated, hitting doors with force, making sexually and inappropriate derogative statements. Patient X declined oral RT medication and therefore 2mg lorazepam IM administered in the left thigh in loose PMVA holds		Debrief offered to patient.	Discussion during handover. Continue with current treatment plan.	None (no harm caused by the incident)	Closed
GHC67709	03/04/2024	03/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was chaotic in presentation and was agitated throughout the shift. When the staff approached the patient with oral medication, the patient became more agitated and refused it.	Nursing team decided to administer prn IM olanzapine 10mg powder for solution for injection vial 10mg. A team was called and the patient was held on PMVA holds using a pod and cushion to administer the injection. Olanzapine 10mg IM injection was administered on right thigh. Then the patient was later escorted to his bedroom on forearm holds	policy and procedure followed	n/a	None (no harm caused by the incident)	Closed
GHC67711	03/04/2024	03/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient is due for feed, called planned PMVA	PMVA holds applied, patient was seated on pod and weighted blanket was utilised. Care plan followed after feed, 1:1 and debrief while walking.	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC67714	03/04/2024	03/04/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Suicide attempts	Attempted suicide - inpatient who is or is liable to be detained under MHA	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PBM (physical intervention)	Assisted support		Patient asked to go to garden to have a cigarette, staff member stood by at doorway observing patient's behaviour. Patient stood on the table and took a noose type ligature made of a cable charger and placed it over her head, intending to attach it to the wooden shelter, staff intervened immediately, at no point during the incident was any pressure placed on the patients neck, the cable hung loosely.	Patient was assisted to step down off the table, assisted support was given back to the doorway and then the patient was escorted without assisted holds back to her room. placed on 1 to1 observations, room change necessary so now in anti ligature room. News score 0	Appropriate action taken at time of incident. Patient observed to demonstrate her distress to staff and at no point was unattended. Appropriate use of de-escalation, 1:1 observations in the garden and PBM	As per NICE guidance assess the appropriateness of 1:1 for patients utilising maladaptive coping strategies to express distress. Offer patient alternatives to their chosen method including 1:1 conversation at specified times of day to reassure patients that they have access to staff members and that maladaptive techniques are not necessary to highlight their distress. Encourage use of appropriate coping strategies. Debrief to be given to staff during	None (no harm caused by the incident)	Closed

GHC67716	04/04/2024	03/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Seated (other)		Patient A escalated pacing in corridors, shouting, throwing things to staff, kicking and moving furniture responding +++ and unpredictable.	Patient restrained RT medication administered	policy and procedure followed	n/a	None (no harm caused by the incident)	Closed
GHC67724	04/04/2024	04/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her Naso gastric tube feeding .	She was held on light holds with two staff on fore arm holds. Pod was used and weighted blanket was aslo used. she was not resistive. Interacting with staff during the feed.	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC67730	04/04/2024	04/04/2024	LD IHOT	Ciren Hosp- OPD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM Clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC67733	04/04/2024	03/04/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		The patient had been offered support with personal care, which he declined. however he had changed his clothes and brought them to the staff and threw the bags at staff and began targeting one member of staff.	The other staff intervened and in the process of applying PBM to escort him to his bedroom, the patient managed to scratch one of the staff on his face causing injury	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC67755	04/04/2024	04/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient is due for Feed. Called planned PMVA	PMVA holds applied, patient was seated on pod and weighted blanket was used.	policy and procedure followed 1:1 debrief given on esc walk	n/a	None (no harm caused by the incident)	Closed
GHC67756	04/04/2024	04/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient started to head bang against the sharp edge of the wardrobe in her bedroom. She was banging hard and severely .	Staff approached her. Tried to verbally de escalate her. She has not shown any signs of slowing down or listening to what staff was communicating. Team was called. Moved her away from the wall . She was dragging the staff around and was resisting. She was held on arm holds , Seated her on fore arm holds with the help of cushion to hold the legs. Ice pack was wiped on the back and head. She was given Oral RT medications. Which she was declining continuously . At last RT IM Promethazine was administered. She remained on holds after the RT Injection for 10 minutes. Relived from holds when she was more settled. 1-1 given after. Debrief completed. Explained her why she was given IM injection and was put on holds. Physical observations were taken. She was given her Inhaler PRN as she was having a breathing difficulty . Physical observations were all on normal range.	policy and procedure followed	n/a	None (no harm caused by the incident)	Closed
GHC67764	05/04/2024	05/04/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient was very unsettled in the communal area, attempted to hit the staff who was sat and stood up to move the other way, talking continuously, pressured speech, tangential in nature.	Patient has refused all oral medication offered on several occasion with different staff members, no covert medication plan in place. Duty doctor informed who advised to administer Lorazepam 0.5mg IM. Using PBM holding technique, HCA on right arm , HCA on left arm and HCA holding the legs and lorazepam 0.5 IM given in her right thigh. PB has refused physical observations post RT. Non touch obs are normal airway-open and clear, talking Breathing regular 14b/mt circulation -normal pinkish tone, walking normally alert -drinking water, temp refused warm to touch	Incident managed appropriately by nursing team MDT aware and treatment plan reviewed Reporter reminded regarding not writing personable identifiable information in description and full names in PBM description	No further lessons identified	None (no harm caused by the incident)	Closed
GHC67772	05/04/2024	05/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her naso gastric tube feeding.	Patient was held on light holds with 2 people on fore arm holds. pod and weighted blanket was used. 1-1 after, escorted for a walk. prescribed medications	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC67777	05/04/2024	05/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient was agitated, intimidating others personal space, confrontational and refusing regular and PRN medication. She was unable to be verbally de-escalated, Therefore she was given RT in PMVA holds.		Continue with treatment plan.	Review of care plans.	None (no harm caused by the incident)	Closed
GHC67782	05/04/2024	05/04/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM Clinical seated hold on a patient in her best interest in proportion to the risk of serious harm if undetected medical condition is treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC67783	05/04/2024	05/04/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Escort		Patient had been sick in communal areas, and vomited over her shoes and trousers. Patient asked to go down to room to change however was refusing, shouting and swearing at staff. Patient escorted to bathroom in holds, and elbowed one staff member in the breast. Once patient in bathroom she appeared to settle and accepted support.	Restraint to bathroom. Given bath, accepting support.	Patient was very poorly and was not amenable for verbal prompt, physical intervention needed to be done in order to render personal care for a client who has vomited on his shoes and trouser. Situation was escalated appropriately and immediate review of physical well being of the client and post incident review was done by the medics. Staff who held the client are both trained for PBM	No lesson to be learnt as the incident was handled appropriately and escalated appropriately	None (no harm caused by the incident)	Closed
GHC67802	05/04/2024	05/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient A had just been administered prescribed IM clozapine, following this they came out of their room several times attempting to hit out at staff and present in a threatening demeanour. Patient A was guided back to their room on several occasions in light arm holds by staff, patient was not resistive and declined to have a discussion with staff about the		Patient declined debrief. Review care plans.	Continue with current treatment plan. Discussion during handover.	None (no harm caused by the incident)	Closed
GHC67804	05/04/2024	05/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Clinical hold (seated)		RT Lorazepam administration following a period distress and IM Clozapine, administered under restraint and in patients bedroom. Patient non-resistive, light seated holds. oral lorazepam offered however requested for IM		Physical observations completed. Continue with treatment plan.	Debrief with patient.	None (no harm caused by the incident)	Closed
GHC67805	05/04/2024	05/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient is due for NG feed, called plan PMVA.	PMVA applied holds, patient was seated on pod, a weighted blanket was used.	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC67809	05/04/2024	05/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Clinical care, treatments and procedures	Patient and/or carer non-concordant with care / treatment plan	10 - Prevent a patient being violent to others	Planned	Other form of physical intervention	Prone (face down)		IM Clozapine Nursing staff have been offering oral clozapine today with ongoing refusals. Discussion with the charge nurse and staff nurse—all in agreement to offer IM Clozapine now, as previously documented. Prescription updated for the weekend with STATS in line with plan. IM Clozapine now agreed with the Chair of DTC.	The patient was given the option of choosing oral clozapine, and she chose to have an IM injection. She was supported by the team in her bedroom. The patient was given 2 ml of Clozapine in the right upper outer quadrant of the gluteal and 2 ml of Clozapine in the left upper outer quadrant of the gluteal. Non-touch observations were commenced, with only respirations recorded due to patient non-compliance. However, the patient did consent to a set of observations at 18:00, Resps 18, BP 130/82, Pulse 96.	Continue with current treatment plan.	Continue with current treatment plan, continue to offer oral medication first as least restrictive practice.	None (no harm caused by the incident)	Closed
GHC67812	06/04/2024	05/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient attempted to abscond	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Escort		patient tried to abscond from the ward	patient managed to run to the top of the stairs outside dean ward when staff caught up with them and put them in holds and brought them back to the ward and to their bedroom.	policy and procedure followed	n/a	None (no harm caused by the incident)	Closed
GHC67813	06/04/2024	05/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Escort		patient was stood at the bottom fire doors at the female end, staff observed that they had pulled the box to open the fire doors off the wall	staff spoke to the patient who was non engaging and put them in holds and walked them back to their bedroom.	policy and procedure followed	n/a	None (no harm caused by the incident)	Closed
GHC67814	06/04/2024	05/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Standing		staff member opened the office door and patient attempted to barged their way through to gain access to the outside door to abscond	staff members attempted to block the door way and close the door, patient was moved away from the area.	Managed well by staff	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC67815	06/04/2024	05/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was sat in the female lounge with the light off. Staff heard banging, went into the room and found the patient headbanging on the metal grill with the top of their head.	Staff placed the patient in holds and moved them to a seated position and sat and attempted to comfort them, then let go.	policy and procedure followed	N/A	None (no harm caused by the incident)	Closed
GHC67819	06/04/2024	01/04/2024	LD Inpatients - Berkeley House	Berkeley House	Accidents and injuries (not falls or sharps)	Collision or contact with an object	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PBM (physical intervention)	Escort		Patient attacked staff at handover time. Patient then started slamming the toy cupboard door against the main door and attempting to destroy property. Staff redirected to no effect. Staff then went in to clear the toys and lock the toy cupboard. Patient charged towards staff. Staff safe hold him to his room. Patient was struggling in the process and attempting to scratch staff. In the process, patient had a cut to his lower lip and staff had scratches to his face.	First aid administered.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC67820	06/04/2024	06/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was due for her naso gastric tube feeding.	patient was held on light holds. Pod and weighted blanket was used. 1-1 after the feed. Had her prescribed medications post feed.	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC67833	06/04/2024	06/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		16:40 - The patient was seen to be headbanging with her forehead on to the window mesh in her bedroom. Staff intervened tried verbal de-escalation as it did not de-escalate the patient staff stopped them from headbanging using forearm holds made them sit in the bed. Once the patient appeared to be settled, staff left the bedroom. 17:00 - The patient was again seen to be headbanging on the bedroom window, as verbal de-escalation was futile, used the same technique as mentioned above. Provided ice pack. Completed a set of physical observations and neurological observations all within the normal range - patient alert and reactive. Duty doctor was informed about the head banging. 17:50 - As the patient started again using her back of the head to head banging on to the wall, PMVA team was called the patient was put on seated safe holds using a leg cushion. As they still tried to shuffle back to the wall to head bang. The patient accepted oral Rt Lorazepam 2mg - no holds in place. at 18:05. Patient accepted to 1 set of physical observations. Non - touch physical observations started. PMVA staff stayed with the patient for around 15 minutes till the patient appeared to be settling down reassurance given ++	The patient was given a de-brief about the incident. Member of staff provided 1:1 after the incident. The superficial wound on the forehead was dressed. Back of the head did not have any lacerations.	policy and procedure followed	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC67837	07/04/2024	07/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (other)		patient had been disruptive in the male corridor and had emptied their room and pulled lights off the ceiling. Staff requested that the patient return to their room where the patient then poured liquid over the floor and towards staff	staff put the patient in seated holds on the bed, the patient refused oral PRN and was given RT IM lorazepam 2mg in their right thigh. As soon as the injection was admistered staff let go. Staff sat and spoke to the patient afterwards, but they remained hostile so staff left the room.	policy and procedure followed	n..a	None (no harm caused by the incident)	Closed
GHC67838	07/04/2024	06/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Standing		Staff heard patient headbanging in her room.	Staff immediately went down to support the patient. Upon staff's arrival saw patient head banging (forehead) against window,low intensity banging,tried verbal de-escalation but failed therefore used PMVA hold for 1 minute and stopped the patient. -Provided 1:1 after the incident. Offered PRN which she refused. -Neuro observations taken. - Duty Dr reviewed the patient.	policy and procedure followed	n/a	None (no harm caused by the incident)	Closed
GHC67839	07/04/2024	06/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Pt returned from leave and appeared intoxicated. Around 20:45 pt began damaging property in his room, kicking wardrobe and his door. Verbal de-escalation was used multiple times however this had no effect. Pt continued to be aggressive on the ward. PMVA holds used from 20:50. Pt continued to be resistive and aggressive. Needed about 7 members of staff to assist hold due to the level of the aggression. RT promethazine 50mg IM was given. Pt continued in holds until less resistive. Staff attempted to release holds after sometime, however Pt attempted to headbutt staff, spat at staff and tried to bite staff. Due to the level of aggression Pt placed on holds once again. At 21:30 staff attempted on multiple occasions to release holds, when released he attempted to punch staff, spitting at staff and became aggressive towards staff. Once again holds were implemented, RT Haloperidol 5mg IM was administered at 21:45. Pt	When settled holds were released. Pt used the toilet and staff disengaged from him. Debrief with staff involve was conducted Debrief with patient was conducted Post RT observation completed Physical observation completed	policy and procedure followed discharged that week	n.a	None (no harm caused by the incident)	Closed
GHC67848	07/04/2024	07/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Physical intervention to facilitate nasogastric (NG) feeding. Patient supported to sit on the pod, light holds used on both arms. No resistance, humorous, smiling and engaging with treatment.		Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC67857	07/04/2024	07/04/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order to safely take bloods in patients best interest		None required	None required	None (no harm caused by the incident)	Closed
GHC67860	07/04/2024	07/04/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		patient held in a clinical hold to allow bloods to be taken safely.	reassurance given through-out	None required	None	None (no harm caused by the incident)	Closed
GHC67861	07/04/2024	07/04/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. NB: Patient has a contracture of the left arm and so full clinical hold was only applied to his right arm, whilst his left arm was lightly supported.		None required	None required	None (no harm caused by the incident)	Closed
GHC67869	07/04/2024	07/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed	pod and blanket used.	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC67873	07/04/2024	07/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient was observed headbanging which fluctuated between low level and high intensity. She remained mute and declined to engage despite various attempts by different staff. She did not respond when offered Oral PRN several times.	Decision made to administer RT Lorazepam due to prolonged headbanging and not engaging. Planned PMVA called. Put in arm hold as she was not resistive to facilitate RT administration. RT Lorazepam 2mg administered with good effect. Full set of Post RT observations started. Neuro observations started.	Risks and management plan reviewed Long term risk of self injury identified Care plans in place Patient engaging in Self Harm Pathway Patient CRD	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC67881	08/04/2024	08/04/2024	Montpellier Low Secure Unit	Montpellier Low Secure Unit	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Standing		patient became verbally aggressive calling all staff "dimwits and idiot, bitch." Patient was told this was inappropriate language however this continued and escalated. Patient asked to return to his room however refused. PMVA holds used to assist and direct back to room		No further action	None	None (no harm caused by the incident)	Closed
GHC67908	08/04/2024	08/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastricfeed administered using light PMVA holds by 2 member of staff.		Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC67909	08/04/2024	08/04/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Member of staff assaulted by patient when re-directed them from trying to leave the ward	Restrictive interventions used by other staff to remove patient from locality	Patient exhibiting aggression and violent behaviours due to unsettled mental state. Care plans followed to support patient.	Risk acknowledged, care plans in place to support patient.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC67912	08/04/2024	08/04/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. Clinician also checked inner left ear with otoscope at same time.		None required	None required	None (no harm caused by the incident)	Closed
GHC67917	08/04/2024	08/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Seated (other)		Patient became increasing agitated in the communal area, expressing a want to leave the ward and stopping others from re-entering the ward. staff guided patient away from the door, they walked towards their room and attempted to pick up a chair in the communal area. staff applied arm holds to the patient and escorted them to their room where staff and patient sat on the bed in a seat restraint position. Staff were able to verbally de-escalate patient.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC67919	08/04/2024	08/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient has been headbanging on the bedroom window.	Staff intervened, verbal-de-escalation to no effect. PMVA staff applied holds on both arms, patient was seated on bed. PRN Lorazepam 2mg tablet given.	policy and procedure followed	n/a	None (no harm caused by the incident)	Closed
GHC67922	08/04/2024	08/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient A was in the back garden screaming and smashing the back gate, staff tried to do verbal de-escalation but this was not helping patient A become verbally aggressive towards staff HCA ZS and HCA KB		Review risk and observation level Review of care plans	Debrief to staff and patient Discussion in MDT Discussion during handover	None (no harm caused by the incident)	Closed
GHC67927	09/04/2024	08/04/2024	CRHT Liaison s135 s136	Robert Maxwell s136 suite	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (community)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	Other form of physical intervention	Prone (face down)		S136 patient admitted to Maxwell Suite to await MHAA. Searched by officers however had secreted a razor in her bra and on producing it refused to give it up and threatened to cut staff with this. Noted on camera to then cut the crook of her left elbow, little blood, laying on her back refusing any assistance and continuing to threaten staff with injury. Ten minutes prior to this had reported to staff that she had broken the disposable vape she had requested and had swallowed the battery.	Ambulance called re battery swallowed. Police called on 999 re razor, self harm and threats to staff. Police attended and removed the razor whilst she was restrained and held in handcuffs. Police took her to A&E for treatment. Husband is aware she had an ambulance coming due to swallowing a battery. On call clinical manager informed of events.	Unfortunate incident that appears to have been managed well by staff at the time. Due to current powers of search, officers are unable to complete a full body search of detainees brought to the suite. It is currently being looked in to if a metal detecting wand is allowed to be used in the suite to hopefully try and avoid these situations in the future.	None however as stated above, looking in to whether the Maxwell Centre could be provided with a metal detecting wand to ensure more thorough search of detainees at the point of admission	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC67929	09/04/2024	09/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		-At 00:01 staff heard banging sound coming out from patient's room. Staff immediately went down to support the patient. Saw patient listening to music using air pod and headbanging against wall in her room , low intensity headbanging using right side of head. Staff removed air pod as per care plan. Tried verbal de-escalation but failed. Used Clinical hold and supported the patient to stop head banging which she did. Released the hold after one minute. Provided 1:1 and offered PRN medication which she accepted. Patient headbanged for approximately 04 minutes. Neuro observation taken at 00:17. Debrief done. -At 00:30 patient head banged, low intensity headbanging against wall using her right side of the head. Staff removed patient's air pod and de escalated the patient. Patient responded to verbal de-escalation and stopped headbanging. Patient head-banged for approximately 02 minutes. Provided 1:1 ,taken neuro observation at 00:40. -Approximately 01:00 patient again started head banging, low intensity headbanging against wall using forehead. -Tried verbal de-escalation but failed, therefore used clinical holds for 01 minutes.	Action taken at the time of incident is mention above kindly have a look.	managed well by staff following policy and procedure	n.a	None (no harm caused by the incident)	Closed
GHC67933	09/04/2024	09/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient supported in holds to both arms to sit on the the pod. Patient assisted in holds to both arms to sit on the pod, weighted blanket in situ over legs. NG feed administered.	NG feed administration. Patient supported in holds to arms to sit on the pod. Patient assisted in holds to both arms to sit on the pod, weighted blanket placed over legs.	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC67945	09/04/2024	09/04/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		IHOT staff team requested to take blood by GP. MHA assessment and Best interest decision completed. Staff sat either side of service user and Phlebotomist took bloods from patient. Least restrictive hold implemented by staff and utilised for the shortest period of time possible.		None required	None required	None (no harm caused by the incident)	Closed
GHC67947	09/04/2024	09/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient heard to be head banging in own room. Patient taken into seated holds on bed. Bed required to be moved to provide access. Verbal de-escalation techniques utilised to little effect.	Oral Diazepam 5 mg asrequired declined. RT Lorazepam 2mg IM administered left thigh as clinically indicated. NEWS 2 Observations completed. RT Non Touch Nursing Observations commenced. Neurological Observations commenced. T/C to Medic requesting for Medic Review and Medic Review completed. Debrief completed by CN/NiC.	staff managed well by following policy and procedure	n.a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC67948	09/04/2024	09/04/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient was sitting in a Wheel chair due to referral to the IHOT team requesting Bloods to be taken following a MHA assessment and a Best interest decision Bloods were taken by the team in her best interest. IHOT staff performed a planned seated restraint which was implemented for the least amount of time using the least restrictive hold possible.		None required	None required	None (no harm caused by the incident)	Closed
GHC67949	09/04/2024	09/04/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		continuously absconding off the ward attempts and has had to be redirected back by staff. Precautionary PMVA holds to redirect.	Multiple times through-out the shift this has had to happen and they have had to be redirected and manovered to their room, to the bathroom and back to the ward.	none	none	None (no harm caused by the incident)	Closed
GHC67951	09/04/2024	09/04/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (standing)		IHOT staff supported Patient to have a ultra Scan on his genitals. Due to the patients reduced understanding staff were requested to support patient with a clinical hold. Standing personal care hold implemented on Next of kin's advice hold was implemented for the shortest period of time possible and using the least restrictive hold possible.		None required	None	None (no harm caused by the incident)	Closed
GHC67964	09/04/2024	09/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 2 members of staff.		Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC67982	09/04/2024	09/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient has been assaultive throughout the shift, placed in pre-cautionary holds on multiple occasions.		Care plans reviewed.	Discussion during MDT.	None (no harm caused by the incident)	Closed
GHC67984	09/04/2024	09/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Service User AS was in a distressed state in the communal area and was shouting and screaming, saying 'I need to get out of here and be with my daughter'. She then went into garden and continued with this presentation until she escalated when staff attempted to intervene she screamed at staff and told them to stay away. Subsequently, AS was placed in loose holds through the communal area to her room were she was guided into her door and placed on the bed were staff	Placed in loose holds and directed to her room. Released at the point of sitting down on her bed.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC67988	10/04/2024	09/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient X continuously assaulting/attempting to assault staff and fellow patients, patient X taken to their room in PMVA holds and holds released, patient X immediately came back into communal areas attempting to hit staff, PMVA holds utilised again to take patient to their room where they dropped their weight onto the bed and supine holds utilised briefly whilst patient was verbally de-escalated due to resisting staff.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC67989	10/04/2024	08/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient became chaotic in presentation soon after the phone call	10:30- Patient asked staff to use her mobile phone. This was facilitated. Patient sat with staff and used her phone to call her father. Patient was then seen to be abusive over the phone sending various text messages . Staff tried to put boundaries by saying to the patient that she was not allowed to send abusive texts over the phone. Patient was reluctant to hand over her phone hence staff had to get the phone from her hands. 10:35- Soon after the conversation she began escalating and was seen to be fist punching her vagina and buttocks. Patient asked the staff that" is it want to you want to see". she began threatening the staff and saying to the staff that "YOU CALLED ME ABUSSIVE". she then was screaming in the communal area so staff had to use forearm holds and had to take her back to her bedroom. 10:40- Patient kept on screaming in her room toward the staff and was abusive towards the staff along with chaotic in presentation. 10:50-staff tried to verbally deescalate the situation however it was futile, Patient declined the PRN hence the following RT was rationalised, Patient took tablets of Lorazepam 2mg as RT and Promethazine 50 mg as an STAT dose. 11:05 - Later Patient was seen to be naked in her room and was seen to be fist punching on her vagina.	managed well by staff	phone is the trigger to escalation	None (no harm caused by the incident)	Closed
GHC67990	10/04/2024	09/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		21:30 - Staff heard a banging noise coming from the service users bedroom. Upon entry, staff observed the service user hitting the grill of her bedroom window with the back of her head. Staff also noticed that the service user had two large red abrasions on her forehead. Staff attempted communication with the service user, however, she did not respond. Staff also attempted to place a pillow behind the service users head to soften the impact with which her head hit the grill of her bedroom window, however, the service user was resistive to this and she removed the pillow from behind her head and continued to hit her head against the grill of the window. Due to the evident distress that the service user was experiencing as well as concerns that she may cause herself significant harm, the decision was made to call a psychiatric emergency. 21:35 - 21:45 - PMVA trained members of staff arrived on the ward and utilised forearm holds to prevent the service user from banging her head against the grill of her bedroom window. The service user was then transferred to a sitting position on the edge of her bed. Staff attempted verbal communication with the service user and asked her how she was feeling and if there was anything that staff could do to help alleviate the evident distress that she was experiencing. However, the service user did not respond to this and she shuffled herself up the bed and attempted to hit her head against her bedroom wall. Thus, forearm holds were re-implemented and	22:00 - The service user was then assessed by the Duty Doctor and physical and neurological observations were taken. At 22:00, the service users physical observations were: Blood pressure - 102/67 Oxygen saturations - 98% Pulse rate - 96 Respiration rate - 18 Temperature - 36.3 Right and left pupils were also reactive to light 22:00 - 23:00 - Staff then completed non-contact physical observations every 15 minutes up until 23:00 when another set of physical and neurological observations were taken, these were: Blood pressure - 115/65 Oxygen saturations - 100% Pulse rate - 74 Respiration rate - 18 Temperature - 36.4	Managed well by staff following policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC67998	10/04/2024	10/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient in communal areas with staff and another patient. Patient went towards the other patient and hit patient on the head	staff intervention, put into holds and escorted to bedroom	Review risk and observation level Review of care plans	Debrief to staff and patient Discussion in MDT Discussion during handover	None (no harm caused by the incident)	Closed
GHC68000	10/04/2024	09/04/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical seated hold on a patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC68001	10/04/2024	10/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		patient reached out and slapped another patient on the back		Debrief for staff. Firm boundaries implemented. Review of risk and observation level.	Discussion during handover. Discussion during ward review. Treatment plan and care plans reviewed.	None (no harm caused by the incident)	Closed
GHC68005	10/04/2024	10/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for NG feed.	pod and weighted blanket used 1-1 as per care plan	care plan followed 1:1 during esc walk per cp	n/a	None (no harm caused by the incident)	Closed
GHC68017	10/04/2024	10/04/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		phlebotomy procidure PBM clinical seated hold on patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated	MCA and best interest paper work was reviewed	None required	None required	None (no harm caused by the incident)	Closed
GHC68018	10/04/2024	10/04/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC68028	10/04/2024	10/04/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		patient held in a clinical hold to enable bloods to be taken safely.	re-assurance through-out	None required	none	None (no harm caused by the incident)	Closed
GHC68032	10/04/2024	10/04/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		Child needed an urgent blood test in relation to his serious health condition, but likely to be resistive to the procedure, so clinical hold provided by LDISS/IHOT staff. Ward Dr took the blood sample. Child's mother was in full agreement with the procedure and present throughout.		none planned intervention	none planned intervention	None (no harm caused by the incident)	Closed
GHC68037	10/04/2024	10/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was due for her Naso gastric tube feeding.	patient was held on light holds. Used pod and weighted blanket. She was interacting through out the feed . Pleasant and polite. Escorted for a walk after. 1-1 for one hour. Had the prescribed medication	Care plan followed 1:1 during esc walk	n/a	None (no harm caused by the incident)	Closed
GHC68044	10/04/2024	10/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was admitted to the ward, presented as extremely distressed and chaotic. Taken into the ECA by ambulance transport staff, holds taken over by staff on the ward. Placed in the POD until able to calm and medication administered.		Debrief offered to patient.	Ensure appropriate resources available on admission to manage acute disturbance.	None (no harm caused by the incident)	Closed
GHC68045	11/04/2024	11/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Supine (face up)		Sounds of banging heard from communal areas patient found in bathroom banging her head against bathroom mirror staff attempted to verbally de-escalate however to no avail. 2 x HCP placed patient in holds.	Patient redirected in holds to bed, staff called PMVA call, patient was combative so staff led down, cushion in situ. RT medication given, remained in holds until settled.	Review risk and observation level Review of care plans Complete high risk self harm care plan	Debrief to staff and patient Discussion in MDT Discussion during handover	None (no harm caused by the incident)	Closed
GHC68049	11/04/2024	10/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient assaulted staff and was racially abusive.	Places in precautionary holds and escorted to bedroom, staff discussed inappropriateness of abuse towards HCP's.	Debrief to patient.	Review treatment plan and care plans. Discussion during handover. Discussion during MDT.	None (no harm caused by the incident)	Closed
GHC68056	11/04/2024	11/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient X taken to their room in precautionary holds on three occasions within 20 minutes and holds released once in bedroom due to violence and aggression towards staff and patients in communal areas.		Review risk and observation level Review of care plans	Debrief to staff and patient Discussion in MDT Discussion during handover	None (no harm caused by the incident)	Closed
GHC68057	11/04/2024	11/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was being verbally aggressive towards staff, made physical assault to DWM by kneeing her in groin and kicking her.	Staff put patient in holds and escorted him away from situation into ECA	Support offered to staff.	Risk and observation level reviewed.	None (no harm caused by the incident)	Closed
GHC68059	11/04/2024	11/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her naso gastric tube feeding.	She was held on light holds. Pod and weighted blanket was used. She was interacting and was bright in mood during the feed. 1-1 continued for one hour. had her prescribed medications	Care plan followed 1;1 during escorted walk	n/a	None (no harm caused by the incident)	Closed
GHC68068	11/04/2024	11/04/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Patient attended CAMHS LD Phlebotomy clinic.	Patient offered to sit in pod which they did initially with gestural and gentle physical prompt. PBM practitioners supported arms in clinical hold, at this point patient became resistive to intervention sliding forward and partially off pod. Two supporting PBM practitioners attended with PBM leg cushion to immobilise legs. Phlebotomist achieved sample for analysis.	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC68071	11/04/2024	11/04/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Patient attended CAMHS LD Phlebotomy clinic.	Patient offered to sit in pod which they did with gestural and gentle physical prompt. PBM practitioners supported arms in clinical hold, Phlebotomist achieved sample for analysis.	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC68073	11/04/2024	11/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient located in ECA, made contact on 2 occasions with RMN face by slapping, continued to push, enter the personal space of 2 x RMNs as on a 2:1 while in ECA. Throughout the 1 hour period, patient attempted to hit out and kick out at staff on several occasions, which required precautionary holds on the arms in a seated position, which were held for approximately 2 minutes, then released. This occurred on 2 occasions.	Staff released holds after a approximately 2 minutes, patient appeared to settled. But shortly after would attempt to approach staff. Patient remains on a 2:1 in ECA.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68088	11/04/2024	11/04/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Patient attended CAMHS LD Phlebotomy clinic.	Patient offered to sit in pod which they did initially with gestural and gentle physical prompt. PBM practitioners supported arms in clinical hold. Phlebotomist achieved sample for analysis.	planned intervention	planned intervention	None (no harm caused by the incident)	Closed

GHC68091	11/04/2024	11/04/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC68092	11/04/2024	11/04/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		phlebotomy PBM clinical seated hold on patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated	MCA and best interest paper work was reviewed and left with carers	None required	None required	None (no harm caused by the incident)	Closed
GHC68095	11/04/2024	11/04/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC68098	11/04/2024	11/04/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		phlebotomy procedure PBM clinical seated hold on patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated	MCA and best interest paper work was reviewed and left with the carers	None required	None required	None (no harm caused by the incident)	Closed
GHC68104	11/04/2024	11/04/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient handed laptop to staff at 12:40. Staff then prompted patient for toilet and shower. Patient charged towards staff attempting to scratch. Staff tried to redirect and distract patient but patient kept charging towards staff and was attempting to go to the kitchen where there were visitors.	Patient was safe hold to his bedroom and staff withdrew.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC68113	11/04/2024	11/04/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient attended CAMHS LD Phlebotomy clinic.	Patient offered to sit in pod which they did initially with gestural and gentle physical prompt. PBM practitioners supported both arms and legs using clinical hold on POD. Left arm and both hands presented to phlebotomist. No sample obtained.	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC68115	11/04/2024	11/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Escort		Patient was headbanging on her bathroom wall.	Declined to engage. Required arm holds out of her bathroom. Verbal de-escalation was done. Settled and came out to communal areas. Neuro observations done	Staff followed policy and procedures	N/A	None (no harm caused by the incident)	Closed
GHC68118	11/04/2024	11/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in holds with 2x members of staff on pod to facilitate NG feed as per care plan.		Care plan followed debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC68120	11/04/2024	11/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		this could not be facilitated, he became abusive to staff and assaulted staff by hitting his ear. Redirected back to his bedroom and he accepted PRN Lorazepam 2mg administered orally which he accepted it and had little effect. He came out to communal areas again and became increasingly agitated, requesting to go out. He again targeted Staff and attempted to hit staff again.	PMVA team called and put in holds and escorted to his bedroom. IM Promethazine 50mg administered at 14:15 with good effect. Non-touch observations completed	managed well by staff following process ref to PICU and accepted	N/A	None (no harm caused by the incident)	Closed
GHC68124	11/04/2024	11/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other outside	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Seated (other)		Patient ran off the ward . Staff followed her, stopped her from the reception. But she was trying to ran off. Not listening to staff. She pushed the staff . Staff put her on holds. Pushed staff towards the rail at the front . PMVA team was called . While she was on holds. She put her self to a seated position. She was on holds while she was on floor. On holds she was given verbal de-escalation through out . She was asked to come to standing position ,which she came up half way through, but dragged back the staff. Staff brought her towards the wall to have a comfortable position. Started head banging towards the wall. Staff tried to stop the head banging. She stopped head banging . She had a cigarette while she sat besides the kitchen door. Staff gave her 1-1 through out . but she refuses to come back to ward . After a while she stood up and told staff that she need to go to garage . When asked the reason for going to garage . She told that as you all know the reason and there is no other reason. She was held on holds again. She was escorted on holds to courtyard as to make sure that she is inside the building . While she was in courtyard, she was not willing to return to ward. She tried to climb the wall . staff managed to bring her down. Called PMVA team again . Put her on holds. Staff were constantly talking and	During the whole incident one staff was with her. tried to verbally de escalate her. tried to make her back to the ward , as she was resistive so she was escorted to courtyard. Returned to ward and remined on 1-1 after. Informed duty doctor as she was complaining of swelling of the blood vessel on arm. Informed duty doctor. offered PRN medictaion, which she refused.	NOT MODERATE PHYSICAL HARM Staff followed policy and procedures	N/A	None (no harm caused by the incident)	Closed
GHC68127	12/04/2024	12/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Prone (face down)		Banging heard from bedroom, patient X head banging in bathroom with force. Patient X had also superficial scratches old cuts on forearm. Verbal de-escalation unsuccessful due to level of agitation, PMVA holds utilised and patient continued to become increasingly combative, oral RT offered however patient refused, attempted to move patient into supine on the bed however they placed themselves into prone on the bed. IM RT administered and holds released within 2 minutes.	Patient supported to clean wounds, pain relief offered but declined and NEWS2 completed.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC68131	12/04/2024	11/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		21:55 - Staff informed me that the service user walked out of the main entrance/exit of the ward and started walking down the corridor that leads to Dean Ward. I followed the service user and observed her walking towards the staircase that leads to the main entrance/exit to the Hospital and the Hospital courtyard. The service user then attempted to leave the Hospital via the door at the bottom of this staircase and I stopped her from doing so by blocking her exit route. I asked the service user what had happened and she responded by saying "nothing". I also asked the service user where she was planning on going and she said "out of here to kill myself". The service user then walked through the door which leads to the Hospital courtyard and she attempted to climb over the wall at the far left side of the courtyard. I prevented the service user from doing so by holding her legs as she began scaling the wall. I attempted to ascertain the cause of the service users distress through verbal communication and the service user said that she has "wanted to die" every since "waking up from the coma". After a period of verbal de-escalation and communication the service user did agree to return to the ward with me. 22:10 - 22:30 - When walking towards the entrance/exit to the courtyard the service user veered off and attempted to scale up the wall next to the window that looks into the dining room on Abbey Ward. I then held the service users legs and prevented her from scaling the wall, after around 5	22:45 - 23:45 - Non-touch RT observations were commenced when the service user returned to the ward and this continued every 15 minutes up until 23:45 without any concerns. The service user's physical observations were then taken at 23:45, these were: BP - 112/73 P - 92 S - 100 T - 36.3 R -17 23:45 - 02:45 - Non-touch observations were then completed hourly up until 02:45. The Duty Doctor has also been to review the service user (please see separate entries).	Staff followed policy and procedures	N/A	None (no harm caused by the incident)	Closed
GHC68133	12/04/2024	12/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		01:00 - 01:30 - The service user started banging her head lightly against the wall in the dining room at approximately 01:00. Staff entered and asked the service user how she was feeling and she responded "the same", the service user did, however, stop banging her head at this this point. During this conversation the service user said that she bangs her head because it "stops her" from using more lethal means to cause herself intentional harm. The service user expanded on this by saying that she had been considering "smashing glass or plastic" with the intention of using this to cut her throat. PRN medication was offered to the service user, however, she declined. Distraction techniques such as colouring were also suggested, however, The service user responded by saying "I"ve done that the past few nights" and "I still wake up feeling shit". Staff also offered to stay with the service user and provide 1:1 support for as long as needed, however, she again declined and said that she wanted to be left alone. 01:30 - 02:30 - When staff left the dining room the service user re-started banging her head lightly against the wall. Staff entered the dining room again and spoke with the service user for approximately 1 hour, during this time period the service user did engage in conversation and she did stop banging her head against the wall. the service user spoke about how she does not see a "future" at the moment. When asked if anything has happened that has led to this evident increase in distress the service user said	03:15 - 04:30 - Non-touch RT observations were completed every 15 minutes up until 04:30 with no concerns. A set of physical observations were also taken at 04:00, these were: BP - 107/63 P - 76 S - 98 T - 36.3 R - 17 04:30 onwards - the service user retired to bed at 04:45 and she has slept from approximately 05:00. Non-contact RT observations have continued without any concerns and are due to cease at approximately 07:30.	Staff followed policy and procedures- physical obs taken as per RT Policy	N/A	None (no harm caused by the incident)	Closed
GHC68134	12/04/2024	11/04/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Personal care (standing)		After supper, at 23:08hrs Young Person (YP) requested a diet Coke While being given the Coke he charged at staff, Staff 1 got scratched on his left wrist, and Staff 2 got scratches on his left hand between his elbow and wrist. Staff restrained (YP) and directed him to his bedroom then staff left his lounge area and locked the door. After finishing the coke (YP) came and banged heavily on the door. (YP) came back after a few minutes, The staff showed (YP) their injuries and (YP) said sorry to each staff injured although afterwards, he laughed. At 23:25hrs, (YP) was handed over his pyjamas and encouraged to go to his bed. He instead started smearing and banging constantly. The trigger seems to be taking away the laptop. He was chasing staff using faeces as a weapon. He also removed a cover of the electric	Verbal De-escalation continued but failed YP was restrained and directed to his bedroom Power switched off for the sockets Maintenance team contacted advised that they come in the morning. Staff prompted patient to have a shower but declined and asked for a towel to clean his hands. Then staff disengaged.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	Ensure patient finger nails are maintained as short as possible to avoid any harm	None (no harm caused by the incident)	Closed
GHC68135	12/04/2024	11/04/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient Repeatedly tried to attack staff and gain access to the kitchen.	Verbal redirection tried with little effect so Safe hold was done to remove patient to his bedroom to calm.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC68137	12/04/2024	12/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Standing		At 06:30 patient left the ward and was seen led on the courtyard for approximately 35 minutes, staff went down and requested him to come to the ward due to the weather outside. When staff approached him he became verbally aggressive and agitated, started swearing and shouting very loud, staffs were unable to redirect him back. Tried verbal de-escalation but futile , noted delusional contents upon interaction, he was unable to hold conversation. Therefore called PMVA team, requested to come up which he refused again , offered oral medication multiple times which he declined, decision made to give RT in order to prevent over-activity. Used screen in the courtyard to provide privacy and was give IM. Used clinical holds standing and he was brought back to the ward. Patient refused to have normal observation taken therefore started on non touch observation.	Kindly see the entry above.	non touch obs completed debrief given ref to PICU	N/A	None (no harm caused by the incident)	Closed
GHC68138	12/04/2024	12/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 2 members of staff.		Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC68172	12/04/2024	12/04/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Blood request from GP received IHOT completed MCA and best interest paperwork. Seated hold implemented using least restrictive hold possible for the least amount of time. The care team encouraged the patient to a sofa where the IHOT team implemented the planned seated restraint Bloods were taken successfully. Patient appeared calm following the hold and responded well to her own staff team. The IHOT team left at the earliest opportunity to reduce the amount of distress to the		None required	None required	None (no harm caused by the incident)	Closed
GHC68178	12/04/2024	12/04/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC68179	12/04/2024	12/04/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Referral to IHOT team received for Annual health check including bloods. Proportionality for holding agreed with those involved Prior to Phlebotomy appointment. Patients staff team encouraged patient to sit with IHOT staff. When phlebotomy equipment was prepared IHOT staff implemented as Clinical hold for the least amount of time possible using the least restrictive hold in order to reduce the risk of the patient accidently hurting himself while the		None required	None required	None (no harm caused by the incident)	Closed
GHC68181	12/04/2024	12/04/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC68185	12/04/2024	12/04/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		patient held in a clinical hold to enble medication to be given safely	reassurance through-out	None Required	None required	None (no harm caused by the incident)	Closed
GHC68186	12/04/2024	25/02/2024	Wotton Lawn-Dean Ward	Wotton Lawn-other outside	AWOL, absconding and missing patients	Patient attempted to abscond	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Standing		Patient left the ward appearing distressed, staff followed. Fire alarm went off, patient found trying to get out off the hospital via fire exit. Staff used fore-arm holds to prevent patient putting themselves at risk. Staff attempted to de-escalate patient, however patient screaming and shouting. Verbal de escalation continued and staff were able to release holds. Patient observed irritable however staff managed to guide patient back inside hospital. Requested time by own when back inside hospital. 1x staff remained with patient while others left. Patient refused to return to the ward, and staff spent time trying to verbally de-escalate however patient then set off fire alarm and left the hospital again. Staff arrived after hearing alarms go off and fore arm holds were used while team was called to support, and patient was escorted back to the ward in holds other than when on the stairs when staff were present in front of and behind patient.		Patient triggered by outcome of ward review Heightened anxiety regarding discharge planning Treatment plan reviewed at MDT Risks reviewed, short term risk of absconding while struggling to regulate feeling Patient CRD so discharge is imminent, patient involved in all aspects of treatment and discharge planning	n/a	None (no harm caused by the incident)	Closed
GHC68187	12/04/2024	03/04/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient left the ward without having leave . Staff followed . Found banging head in the courtyard , called team . Patient was put on holds , and escorted back to ward . 2*staff stayed with patient , verbally de escalated . Utilised olbus oil and ice packs as grounding techniques. However when staff left , After ten minutes patient found banging head in bedroom , team called , put on holds , tried verbal de escalation . However patient	RT IM lorazepam was administered .	Patient prevented from leaving as per care plan Interventions followed as per risk management plan Trigger for incident identified during debrief Risks and management plan reviewed in MDT Restrictive practice required when patient unable to regulate her emotions	n/a	None (no harm caused by the incident)	Closed
GHC68189	12/04/2024	12/04/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Standing		Around 17:36, the patient left the ward with the intention of leaving the hospital; staff followed her and attempted to stop her. Patient refused to came back to the ward.	Verbal de-escalation with no avail , The PMVA team called and the patient brought back to the ward.	none	none	None (no harm caused by the incident)	Closed
GHC68192	12/04/2024	12/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient approached HCA and slapped her around the face x 2 before pulling her hair, holding her around the neck and trying to move her face towards his genital area.	Emergency alarm activated and patient placed into seated restraint on the POD Patient is currently in long term segregation	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68193	12/04/2024	12/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient requiring redirection to his bedroom on multiple occasions due to verbal threats and disruptiveness on the ward. This has required hands on and verbal redirection.	Proactive PRN since arrival. Escorted to room (lower stimulus environment)	Review risk and observation level Review of care plans	Debrief to staff and patient Discussion in MDT Discussion during handover	None (no harm caused by the incident)	Closed
GHC68195	13/04/2024	12/04/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient was grabbing, pinching and scratching staff. A PBM two person removal was used as verbal redirection was unsuccessful.		This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	None (no harm caused by the incident)	Closed
GHC68201	13/04/2024	12/04/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient entered communal areas with spoon handle, appearance of spoon being removed leaving sharp metal exposed. Patient reported that they were being commanded to give 'blood for blood'. Staff attempted to engage in de-escalation in an effort to get patient to hand over the item. After a period patient approached staff and stabbed at abdomen, causing ARS 3. Staff then physically intervened, placed in standing holds and handle secured and removed from possession. During this further injury caused to staff hand. ARS 4	Standing holds used, arms secured, item removed. Staff disengaged when safe to do so.	none	none	None (no harm caused by the incident)	Closed
GHC68204	13/04/2024	12/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Escort		Patient was very distressed.. She entered the kitchen, broke the microwave plate in the kitchen with the intension to self harm with it. She was very resistive	Required escorted arm holds out of the kitchen.	microwave removed	patients now do not have a microwave	None (no harm caused by the incident)	Closed
GHC68206	13/04/2024	13/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient reported hearing voices instructing them to kill someone. Patient was physically aggressive to staff, they assaulted a member of staff with a broken spoon and also attempted to assault another staff with the same weapon. Patient presented as distressed and was head banging on the wall. patient was not responding to verbal de-escalation, declined oral medications and refused to engage with staff.	Patient was put in Seated arm holds on bed. Patient was very resistive with staff, Cushion used. RT Lorazepam 2mg was administered IM with good effect.	staff welfare checked patient now on PICU	n/a	None (no harm caused by the incident)	Closed
GHC68209	13/04/2024	13/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Description: Patient was due for NG feed. Action taken at time of incident: Provided feeds on light PMVA holds , used pod and as per her request weighted blanket . He was less resistive during the procedure. Staff engaged with her, provided 1:1 and given regular medication after the feed. Debrief done. followed care plan.		Care plan followed 1:1/debrief during escorted walk	N.A	None (no harm caused by the incident)	Closed
GHC68210	13/04/2024	12/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Approximately 12:00 staff heard banging sound coming out from patient's room, staff immediately went down to patient's room to check . Upon entering patient's room staff saw patient head banging in her bathroom while listening to music , banging back of her head against wall , low intensity headbanging. As per care plan staff removed her air pod and tried to verbally deescalate the patient but she completely disengaged, used cue card but no effect , used cold compress and requested to the patient to come out of her room which she refused. Enquired about the reason for headbanging to which she didn't answer. Service user continued to head bang . Used PMVA holds (2 members) at 12:07 and tried to guide the patient to bed, when staff used PMVA holds patient became very resistive ,therefore called PMVA team. Decision made to give RT, provided lorazepam oral tablet at 12:23. RT observation completed (normal physical observation) and neuro observation taken. Increased her observation level to 15/15. Duty Dr was informed. Provided 1:1 while on 1:1 staff tried to engage with the patient but she completely disengaged, and continued to head bang.		Staff followed policy and procedures	N/A	None (no harm caused by the incident)	Closed
GHC68211	13/04/2024	12/04/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient refused to come back to the ward from escorted leave outside hospital and he walked off to the Horton road. Staff tried to redirect him back to the ward, which was successful. On return to the ward, Patient again tried to leave the ward. Called for PMVA assistance, on holds he was taken to his bedroom. He said he don't want a female staff to touch him, so male staff hold him.	He was not listening to the staff;however,he accepted the offered oral RT Lorazepam. Later, PRN 25 mg promethazine was administered with good effect.	* Patient seeking to leave hospital whilst unauthorised to do so. * Staff sought to de-escalate patient with view to returning to ward. * PMVA team assembled as patient refusing to return. * Medication given to patient as a means of calming.	Staff executed duties professionally and with respect of patient wishes.	None (no harm caused by the incident)	Closed
GHC68213	13/04/2024	13/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		one of the patients pacing around the ward when another patient unprovoked walked up to them and punched them in the face catching the left side of the Jaw		Debrief with patients. Review of risk and observation level.	Care plans and treatment plans reviewed.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC68219	13/04/2024	13/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient is due for Feed. Called planned PMVA	PMVA holds applied, patient was seated on pod and weighted blanket was used.	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC68222	13/04/2024	13/04/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Seated (POD used)		The patient tried to abscond from the ward, but staff followed and stopped her from leaving. The patient was stopped from leaving and brought back to the ward. The patient continued to kick the exit doors of the ward in order to leave, and the patient kicked the staff on the leg as well. The staff verbalised with the patient and deescalated, but to no avail.	The PMVA team was called to stop the patient, the patient was put on clinical hold and returned to the bedroom. The patient was retrained to have IM Promethazine 50mg given. After the administration of IM, the patient continues to kick the exit doors. Continue to verbally escalation and the patients post	Patient has known risk of property damage when attempting to leave the ward due to risk of self harm. Appropriate safeguards and interventions put in place by staff, patient came to no physical harm.	Care plans in place to support patient, risks acknowledged.	None (no harm caused by the incident)	Closed
GHC68223	13/04/2024	12/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient is due for Feed. Called planned PMVA	PMVA holds applied, patient was seated on pod and weighted blanket was used.	Care plan followed 1:1/debrief during escorted walk	N.A	None (no harm caused by the incident)	Closed
GHC68225	13/04/2024	13/04/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient made an attempt to grab staffs upper arm and ended up in a clothes grab.	verbally redirected to let go but patient continued to hold onto clothing. Removal to chair and then patient let go	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	None (no harm caused by the incident)	Closed
GHC68231	13/04/2024	13/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient has required frequent physical intervention throughout the entirety of the late shift in order to stop staff from being physically assaulted. The most restrictive intervention has been a seated restraint. Staff have had to hold patients arms / hands in a standing position in order to avoid assaults.		Debrief to staff and patients. Risk and observation level reviewed. Review of treatment.	Information handed over. Discussion during MDT. Care plan review.	None (no harm caused by the incident)	Closed
GHC68233	13/04/2024	13/04/2024	CRHT Liaison s135 s136	Robert Maxwell s136 suite	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Seated (other)		Rapid onset and increasing agitation shown by detained patient in the Maxwell Suite kicking kitchen shutter, shouting, banging her head against windows, kicking doors and walls. Another detained patient present in the suite.	Psychiatric emergency called, multiple staff attended. Offered oral PRN refused clearly and verbally. Remained challenging. Decision made to give Rapid Tranq IM Promethazine 50mgs given whilst in seated restraint to right thigh - mistakenly given with blunt drawing up syringe - no resistance on application which was strange. De escalation and withdrawal of staff as safe to dso so. I handed over to day team and duty doctor called. For respiratory checks as per policy.	Staff offered supervision due to medication administered with blunt needle Risk assessment review Debrief for staff Separate Datix completed to reflect error with needle	None	None (no harm caused by the incident)	Closed
GHC68237	14/04/2024	13/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		-PATIENT WAS EXHIBITING SELF HARMING BEHAVIOUR DUE TO THE NATURE OF THE SITUATION PMVA WAS ACTIVATED ESCALATING FOR RAPID TRANQUILISATION.	Description of the Incidents At 22:30, patient was observed headbanging for approximately 20 minutes. Staff attempted verbal de-escalation with two staff members engaging , but patient did not respond positively or engage with the staff. By 22:50, PMVA was activated,forearm holds was used and guided to clinical seated position. Administration of Rapid Tranquilization (Lorazepam): To manage the situation, Patient was given 2mg of lorazepam orally. Subsequent Behaviour: Despite the initial intervention, Patient resumed headbanging, she was sitting on the floor and smashing the bathroom door towards her head at 23:10, staff tried to verbally deescalate her however it was futile. Once again, PMVA was activated, and the patient was guided back into clinical seated holds. Patient was guided to clinical seated position and leg cushions was used at the time of the PMVA. Use of Promethazine (IM): To further address the Patient"s behaviour, promethazine 50mg was	Staff followed policy and procedures	N/A	None (no harm caused by the incident)	Closed
GHC68239	14/04/2024	13/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient was chaotic in presentation leading to unsafe unsettling the ward along with threatening behaviour towards staff	Patient was very unsettled at the start of the shift. Fast pacing, He was verbally abusive, shouting and chaotic. Would not accept redirection. Other patients in communal areas appeared anxious due to his behaviour. Handover from previous shift reported him to have taken some "speed". 21:50, Planned PMVA and RT IM Lorazepam 2mg administered in seated holds. Non touch observations started due to current presentation. He still remained chaotic, half chewing food and throwing it around communal areas. He kept pacing, still verbally abusive, littered up the male lounge, threw a jug of squash all over the male corridor and in communal areas, invading personal space of staff, threatening to hit staff, Saying," I"m going to hit you, f""king b""ch" after leave to the courtyard for a smoke could not be facilitated after 00:00. He kept escalating in behaviour. 00:13, Planned PMVA and RT IM Promethazine 50mg administered in seated holds. Non touch observations started	managed by staff with RT due to presentation non touch obs completed	Patient took speed	None (no harm caused by the incident)	Closed
GHC68240	14/04/2024	14/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient has been escalating throughout shift, being verbally aggressive, racially abusive. PMVA utilised to take patient to their bedroom.		Review risk and observation level Review of care plans	Debrief to staff and patient Discussion in MDT Discussion during handover	None (no harm caused by the incident)	Closed
GHC68242	14/04/2024	14/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Escort		Patient continued to escalate in behaviour towards peers and staff members, patient became increasingly distressed and agitated and became racially abusive towards staff members. Observed to enter the personal space of peers and staff on several occasions and was unable to be redirected. It then became necessary for her own wellbeing to re-direct her to her bedroom. This was to reduce over stimulation that she was experiencing while in communal areas of	Staff utilized restrictive escort to help guide patient to her room. Utilised proactive PRN to no effect, and continued to utilise appropriate PRN. Patient was then supported in her room in order to help her get some sleep.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68245	14/04/2024	14/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed. Provided feeds on light PMVA holds , used pod and as per her request weighted blanket . He was less resistive during the procedure. Staff engaged with her, provided 1:1 and given regular medication after the feed. Debrief done. Followed care plan.		Care plan followed 1;1/debrief given during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC68251	14/04/2024	12/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		14:25, 1st head banging incident: Staff heard banging sounds coming from patient's bedroom. Staff immediately went to the room, patient was headbanging forehead against the glass window, low intensity . Patient was using ear pod. As per care plan staff removed ear pod and tried to verbally de escalate the patient but was not engaging, used cue card to no effect , cold compress applied. Enquired about the reason for headbanging replied that was having disturbed thoughts and headbanging will help. Reassurance and other divertional activities was offered but declined, not engaging with staff, continued to head bang. Used PMVA holds at 14:30 and put to sit on bed, cushion was used, was very resistive. Rapid Tranquilisation: RT was administered lorazepam 1mg administered IM at 14:40. post RT physical observations was taken twice as she reused, non -contact was done and neurological observation was check (please Continued on 1:1 observation. Informed doctor on duty. 15:30, 2nd head banging incident: again patient was headbanging inside toilet banging forehead against the wall, care plan was followed and verbal de-escalation to no effect, continued to head bang. Psychiatric emergency activated, PMVA holds applied		Staff followed policy and procedures	N/A	None (no harm caused by the incident)	Closed
GHC68254	14/04/2024	14/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Following an assault on another patient (GHC68252), patient was placed in standing holds however dropped her weight to the floor. Staff secured patient in a supine restraint for a period of time until it was felt safe to let go of holds. Patient was extremely combative throughout. RT 2mg Lorazepam was administered IM.	PMVA team called and duty doctor attended. RT administered. Non touch observations completed as patient refused physical observations.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68255	14/04/2024	13/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		At aroud 16:05, Patient was headbanging inside bedroom.Staff immediately went to room, was banging forehead against the wall. Verbal de-escalation given to good effect, patient stopped head banging but at 16:12 wanted to leave the ward. Staffs tried to stop her but was quiet resistive and was pushing staff. Psychiatric emergency was activated, PMVA light holds applied, was seated on pod and cushion was used.	administered at right thigh. Afterwards, patient was settled a bit requested to be escorted to front for smoking which was facilitated 1 hour after the incident. Duty doctor has been informed for review. Physical observation post headbanging was done only once as patient declined, Non-contact physical observations was completed. Debriefing was done. Reviewed by duty doctor.	Physical observation post headbanging was done only once as patient declined, Non-contact physical observations was completed. Debriefing was done. Reviewed by duty doctor.	N/A	None (no harm caused by the incident)	Closed
GHC68263	14/04/2024	14/04/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient left the ward in an attempt to leave the hospital. Staff followed patient to reception where they refused to return to the ward and was unable to engage in de-escalation techniques.	Patient placed in holds and returned to the ward, patient given opportunity for a debrief which they engaged with minimally.	none	none	None (no harm caused by the incident)	Closed
GHC68267	14/04/2024	14/04/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient made continual attempts to leave the ward via the main exit and kicking the fire exit. Staff attempted verbal de-escalation to no avail. Patient placed in holds and taken to their room where they were seated on the POD and RT IM Lorazepam 1mg was administered	Staff released holds and patient was debriefed. Non-touch RT physical observations completed.	Staff aware of risk of patients risk of self-harm. Appropriate safeguards and interventions put in place by staff, patient came to no physical harm.	Care plans in place to support patient, risks acknowledged.	None (no harm caused by the incident)	Closed

GHC68269	14/04/2024	08/04/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was making attempts to leave the ward and to hit out at staff.	Patient placed in safe holds and redirected to sit on the sofa away from the ward doors. Patient given boundaries around behaviour towards others	none	none	None (no harm caused by the incident)	Closed
GHC68270	14/04/2024	14/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Description: Patient was due for NG feed. Action taken at time of incident: Given feeds on PMVA hold , used pod and as per patient's request weighted blanket was used. Used verbal de escaltion and guided the patient to the pod used light holds. Staff engaged with the patient throughout the procedure and distracted. Given regular medication after the feed. Taken out for a walk. 1:1 after feed. Followed care plan , debrief done.		Care plan followed 1:1/debrief during escorted walk with staff	N.A	None (no harm caused by the incident)	Closed
GHC68272	14/04/2024	14/04/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PBM (physical intervention)	Escort		The patient had finished his late breakfast when he accessed the garden however on return he attempted to attack staff. Staff withdrew however the patient began banging the radiators and doors. The door frame towards the kitchen cracked and bits of plaster came off. The patient was not responding to redirection	Because the patient was not responding to redirection, staff had to apply PBM and try and escort him back to his bedroom, when he managed to scratch two members of staff on their hands and arms.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC68282	14/04/2024	14/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient saw police who came to deal with another situation on ward and became very elevated and unsettled. He became threatening and verbally abusive towards Staff 1. He then throw 3 punches towards staff 1, which did not made any contact as staff moved back. As more staffs were near them staff 1 and staff 2 restrained him on the floor in supine position. Patient was then taken to his bedroom on precautionary holds where he was given medication.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC68292	15/04/2024	15/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		patient entered communal areas brandishing half a broken CD clenched in each hand threatening to stab staff. Patient was unable to release items of concern, and continued to threaten staff with these items. Police were called and requested to attend as patient brandishing a weapon.	Patient was administered RT IM while in police restraint.	Risk assessment reviewed. Debrief for staff involved, including thorough debrief for member of staff who was threatened. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. MDT review. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. And in this particular case, this is particularly acknowledged. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC68295	15/04/2024	15/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient became distressed after seeing police office in the ward. Patient followed the police office as she believed she knew one of them. Patient started shouting at the police officers.	Staff intervened by escorted the patient to her bedroom. She was guided on safe holds to her room	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68296	15/04/2024	15/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was verbally aggressive towards staff members He also banged and kicked the the door Patient was escorted to his bedroom		Review risk and observation level Review of care plans	Debrief to staff and patient Discussion in MDT Discussion during handover	None (no harm caused by the incident)	Closed
GHC68303	15/04/2024	15/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		NG Feed Administered under PMVA Safe -holds with Weighted blanket on legs as per care plan	NG Feed given - Patient less resistive this occassion.	Care plan followed 1:1/debrief during escorted walk with staff	N/A	None (no harm caused by the incident)	Closed
GHC68304	15/04/2024	15/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient x became verbally aggressive towards staff and fellow patients in the communal area. Staff tried to verbally deescalate patient with no success.	PMVA holds placed and patient x was walked with staff to there room.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68306	15/04/2024	11/04/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Patient attended CAMHS LD Phlebotomy clinic.	Patient offered to sit in pod which they did initially with gestural and gentle physical prompt. PBM practitioners supported arms in clinical hold. a Two supporting PBM practitioners attended with PBM leg cushion to immobilise legs. Phlebotomist achieved sample for analysis.	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC68307	15/04/2024	15/04/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Clinical hold (seated)		At 1045hrs was in the communal area and was restless. When another patient who tried to make some hot drinks he suddenly stood up in front of that patient and shouted and raised his arm like he would attack, which frightened the other patient. Then staff tried to deescalate the restless patient but he was not receptive he was shouting at the staff and mumbling to self. We offered his PRN lorazepam in order to calm him down but he made a verbal threath that he will kick me if I will insist to offer the Lorazepam.	Discussed with the duty doctor and ward manager and all agreed to give rapid tranquilization either an oral or injection. A team was organized in order to safely render a PBM if needed and to safely administer the medication. When the team was organized patient was encouraged to go to the Activity room to provide him privacy during the administration but the client was non-compliant so PBM hold was done. one staff was holding the right arm and another staff was holding the left arm and they safely move the client to the activity room and there was no resistance from patient. He was then sat down in the PBM couch and then the other staff hold the legs. Patient was then offered if he will take the oral RT or RT injection. Patient opted to take the RT injection. Lorazepam 1 mg then safely administered deep IM on his right vastus lateralis Muscle. Patient was not resistive. It was explained to him that we will be monitoring his physical obs every	Incident managed appropriately by nursing team No further learning identified	None	None (no harm caused by the incident)	Closed
GHC68309	15/04/2024	15/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		patient attempted to run out the ward doors. SN and CN followed, and caught up with patient by the stairwell at the Elmbridge Suite.	PMVA holds used to escort patient back to the ward. patient kept on repeating "I need to go" at a high volume. 1-1 provided with CN. PRN offered and accepted thereafter.	1:1 and PRN	N/A	None (no harm caused by the incident)	Closed
GHC68310	15/04/2024	15/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient came out of their room after around 10 minutes after being previously been put in holds and walked to their room. Shouting at fellow peers and staff, went to hit HCA M.K but did not make contact ARS1.	precautional holds placed and patient walked back to there room with staff.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68311	15/04/2024	11/04/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient attended CAMHS LD Phlebotomy clinic.	Patient offered to sit in pod which they did initially with gestural and gentle physical prompt. PBM practitioners supported arms in clinical hold. Two supporting PBM practitioners attended with PBM leg cushion to immobilise legs.	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC68317	15/04/2024	11/04/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Patient attended CAMHS LD Phlebotomy clinic.	Patient offered to sit in pod which they did initially with gestural and gentle physical prompt. PBM practitioners supported arms in clinical hold. Two supporting PBM practitioners attended with PBM leg cushion to immobilise legs. Du to the patients small stature and length of limbs it was not possible	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC68318	15/04/2024	15/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient had been settled for majority of the morning. patient threw a drink at staff member and went to grab staff member around the neck which made contact to staff's right side of her face. Staff were able to place patient in arm holds and escort them back to their room where they were able to de-escalate.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68321	15/04/2024	15/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Following patient A attempting to assault patient B patient was escorted to her bedroom and PMVA holds were used. Patient A was initially in seated holds, which resulted in patient being restrained in the supine position on the floor. This was due to patients level of combativeness and naturally ending up on the floor from the bed. Staff initially used the leg cushion on the floor however removed this when advised that this cannot be used unless the patient is in the seated position. Due to staff becoming worried about the patient being in supine position for a period of time because of her weight and the pressure on her chest, it was decided to release holds and exit the room, with the POD outside the room in case the patient came out. It was felt the POD would be the safest position however the patient did not exit their room and therefore this position was not used.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. MDT review. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC68330	15/04/2024	15/04/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Standing		Patient attempted to abscond from the ward	Staff spoke with patient to persuade to the ward and after a period of time patient continued to refused and staff escorted patient to room using restrictive escort.	none	none	None (no harm caused by the incident)	Closed
GHC68337	15/04/2024	15/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed	POD and blanket used.	Care plan followed 1:1/debrief during escorted walk with staff	N/A	None (no harm caused by the incident)	Closed
GHC68344	15/04/2024	14/04/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient made continual attempts to leave the ward via the main exit and kicking the fire exit. Staff attempted verbal de-escalation to no avail. Patient placed in holds and taken to their room where they were seated on the POD and RT IM 50mg Promethazine was administered.	Staff released holds and patient was debriefed. Non-touch RT physical observations completed.	Patient has known risk of property damage when attempting to leave the ward due to risk of self harm. Appropriate safeguards and interventions put in place by staff, patient came to no physical harm.	Care plans in place to support patient, risk acknowledged.	None (no harm caused by the incident)	Closed
GHC68345	15/04/2024	15/04/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient made continual attempts to leave the ward via the main exit and kicking the fire exit. Staff attempted verbal de-escalation to no avail. Patient placed in holds and taken to their room where they were seated on the POD and RT IM Lorazepam 1mg was administered.	Staff released holds and patient was debriefed. Non-touch RT physical observations completed.	Patient has known risk of property damage when attempting to leave the ward due to risk of self harm. Appropriate safeguards and interventions put in place by staff, patient came to no physical harm.	Risks acknowledged, care plans in place to support patient.	None (no harm caused by the incident)	Closed
GHC68349	15/04/2024	15/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		17:50 (approx.) patient was heard to be low level headbanging in her room. I entered and saw NB hitting her forehead against the window grate, I slightly touched patient's shoulder and guided her away from the window (minimal effort). patient took out one of her headphones. I attempted engagement and followed care plans, however unsuccessful. I tried to create a plan with patient, and asked what we could do to support her at this time. patient would only answer my questions with "leave me alone". Offered PRN medication, patient did not respond. Due to ineffective interaction I informed patient that I would leave her room but wait close by, as she could not assure me she would keep herself safe/not re-engage with headbanging. 1805 (approx.) patient began headbanging again. I re-entered along with SN. I guided patient away from window with minimal effort. patient would not engage in conversation. I explained how we were trying to keep	Duty Dr informed of self harm at 1902. NEWS2 scored a 2 for blood pressure 91/60 - to be repeated. Wound being redressed.	Staff followed policy and procedures	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC68350	15/04/2024	15/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient in communal areas and tipped a bottle of squash over another patents belongings " As they were being an Idiot", refused to hand over the bottle and went to fill bottle with water from the hot water urn and it was thought that she was going to use this as a weapon and went towards staff. Patient put into holds and into a supine restraint. Patient moved to pod and then holds released.	Duty doctor has seen for post PMVA obs A staple has come out of an olds injury on Arm and has requested that she goes to A&E for it to be re-stapled.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. MDT review. Medication review. Patient escorted to A&e for review of stable which	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC68354	16/04/2024	15/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Seated (other)		21:40 - 22:20 - The service user untied a member of staff"s shoelace in communal areas and as the member of staff knelt down to re-tie their shoelace the service user absconded from the ward. One member of staff followed on foot and observed the service user descending the stairs next to Dean Ward which lead to the Hospital Courtyard and the main entrance/exit. When staff descended the stairs the service user was standing outside the locked sliding door waiting for the door to open. Staff spoke to the service user and asked her what had happened, however, she did not respond. The service user then attempted to go through the door that leads to the Hospital courtyard, however, as support arrived staff utilised PMVA forearm holds to prevent the service user from doing so. The reasoning behind the utilisation of these holds was due to concerns that the service user may attempt to abscond from the Hospital by climbing the wall in the courtyard. From here staff transferred the service user to one of the sofas outside Kingsholm Ward. Staff then engaged the service user in conversation in an attempt to ascertain the cause of her distress, for example, staff asked her how she was feeling and if there was anything that they could do to help, despite not responding verbally, the service user did shake her head. RT Promethazine 50mg was then offered to the service user, however, she declined and said "I will take Lorazepam though". Therefore, RT Lorazepam 2mg was offered and the service user accepted this.	22:30 - Upon return to the ward staff asked the service user if she would like to speak about anything, however, she responded by saying "it"s ok". The service user then went into her bedroom and at this point non-touch RT observations were commenced.	Staff followed policy and procedures	Patient now untying shoe laces which is dangerous and increasing risk	None (no harm caused by the incident)	Closed
GHC68357	16/04/2024	15/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		22:30 - 22:40 - Upon return to the ward (please see pervious notes) the service user went into her bedroom and after approximately 1 minute staff heard a banging sound coming from her bedroom. Staff entered and observed the service user banging the back of her head lightly against the grail of her bedroom window. Staff followed the service user's care plan in relation to incidents of headbanging, however, the service user did not initially respond verbally. After a short period the service user agreed to sit on her bed and speak to staff and she explained that banging her head "stops" her from harming herself in more serious ways. Staff suggested different distraction techniques such as colouring or breathing exercises, however, the service user said "they don"t work". After a further period of communication the service user said that she would like to spend some time in her bedroom by herself and at this point staff left the service user's bedroom. 22:40 - 23:00 - At approximately 22:40 staff heard a banging sound coming from the service user's bedroom. Staff entered the service user's bedroom and observed her banging the back of her head more intensely against the grail of her bedroom window. Staff followed the service user's care plan, however, she did not respond verbally and due to the intensity with which the service user was banging her head the decision was made to call a psychiatric emergency. Upon arrival of PMVA trained members of staff, a further period of communication and de-escalation	23:00 - 23:50 - As RT non-touch observations had already been commenced following the administration of oral RT Lorazepam 2mg earlier on in the shift these continued at intervals of every 15 minutes.	Managed well	N/A	None (no harm caused by the incident)	Closed
GHC68359	16/04/2024	15/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		At approximately 23:10 staff left the service user's bedroom after speaking to her following the aforementioned incident of self-harm (please see entry below). At approximately 23:15 staff heard a banging noise coming from the service user's bedroom and when staff entered her bedroom she was observed lightly banging the back of her head against her bedroom wall. Staff spoke with the service user for approximately 20 minutes and during this time period the service user did stop banging her head against the wall. Staff asked the service user if anything has happened today or over the past few weeks that has led to this evident rise in distress and agitation, in reply to this the service user said that there was nothing she could "pinpoint" and she went on to say that she "feels suicidal" and does not "want to be here anymore". Staff suggested different distraction techniques that the service user could utilise and staff also suggested coming up with a plan for the rest of the night which included regular 1:1s with staff, breathing exercises and distraction techniques such as colouring. The service user then asked to be left for a short period and she said that she would come into communal areas and begin colouring in "around 5 minutes". When staff left the service user's bedroom they heard a banging sound coming from the bedroom again and upon entry into her bedroom staff observed the service user banging the back of her head against the grail of her bedroom window with more force than previously. Thus, staff called for support and PMVA forearm holds were		Managed well by staff	N/A	None (no harm caused by the incident)	Closed
GHC68360	16/04/2024	16/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient A was in the ECA on extended segregation with 2 members of staff. He started escalating and came towards staff with a raised fist to punch. Staff attempted to de-escalate the patient but staff kept kicking and punching staff. He was held in standing to sitting restraints for about 10 mins. He was offered medication but he spit it twice at staff. He was given RT in his right thigh. He repeated the same behaviour later throughout the hour and was held in PMVA holds in seated restraints in two more occasions at 04:05 and 04:15.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68361	16/04/2024	15/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other outside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		23:50 - 00:30 - After sitting in communal areas for approximately 15-20 minutes the service user ran through the main entrance/exit to and from Priory Ward and descended the staircase that leads to Abbey Ward. Staff followed on foot and observed the service user heading in the direction of the Hospital courtyard. Thus, a psychiatric emergency was called and as staff entered the courtyard the service user was observed running in the direction of the wall at the far left side of the Hospital courtyard. The service user then sat down next to the wall and she did not make any attempts to climb over it. Staff attempted verbal communication and asked the service user how she was feeling, again she responded by saying she feels "shit" and when asked what she was planning on doing she said that she wants to leave the ward as it is not "safe". Staff explained to the service user that there are concerns that she may cause herself significant harm if she does leave the ward and the service user responded by saying "I don't care I want to die". Staff continued with verbal communication and de-escalation and after approximately 5 minutes the service user stood up and attempted to climb over the wall in the courtyard. Due to this staff utilised PMVA forearm holds and attempted to escort the service user to one of the benches in the courtyard to continue further verbal de-escalation, however, the service user repeatedly dropped herself to the floor. Following another period of verbal communication the service user greed to walk over to one of the benches in the courtyard and she used her		MANAGED WELL BY STAFF	N/A	None (no harm caused by the incident)	Closed
GHC68368	16/04/2024	16/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user on light PMVA holds for the planned NG feeding.	Service user placed on light holds. Seated on pod with weighted blanket to support legs. Reassurance provided through out the procedure. Administered NG feeding successfully.	Care plan followed 1:1/debrief during escorted walk with staff	N/A	None (no harm caused by the incident)	Closed
GHC68373	16/04/2024	11/04/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Patient attended CAMHS LD Phlebotomy clinic.	Patient offered to sit in pod which they did initially with gestural and gentle physical prompt. PBM practitioners supported arms in clinical hold, two further PBM practitioners attended with PBM leg cushion to immobilise legs.	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC68374	16/04/2024	11/04/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Unplanned	PBM (physical intervention)	Seated (POD used)		Patient attended CAMHS LD Phlebotomy clinic. PBM intervention in patient's best interests.	Patient offered to sit in pod, parent sat in pod with child sitting on lap, legs and arms wrapped by father. PBM practitioner supported arms in clinical hold, two supporting PBM practitioners attended with PBM leg cushion to immobilise legs.	none planned intervention	none planned intervention	None (no harm caused by the incident)	Closed
GHC68375	16/04/2024	11/04/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	Other form of physical intervention	Non-standard hold	Gentle reassuring hold in support of patient presenting left arm to phlebotomist	Patient attended CAMHS LD Phlebotomy clinic.	Patient sat on a chair, lots of encouragement and reassurance offered from named nurse and supporting PBM practitioners. Patient presented arm to phlebotomist with support of PBM practitioner (x1 practitioner supporting single arm.)	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC68378	16/04/2024	16/04/2024	LD IHOT	Pullman Place LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PbM clinical seated hold for Covid vax in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC68379	16/04/2024	16/04/2024	LD IHOT	Pullman Place LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold (using POD) on patient in best interest in order to receive Covid vaccination injections from nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated		None required	None required	None (no harm caused by the incident)	Closed
GHC68395	16/04/2024	16/04/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC68397	16/04/2024	16/04/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. PBM clinical seated hold (using POD) on patient in best interest in order to receive Covid vaccination injections from nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC68405	16/04/2024	16/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		NG FEED ADMINISTERED AS PER CARE PLAN	NG Feed given under PMVA safe holds.	Care plan followed 1:1/debrief during escorted walk with staff	N/A	None (no harm caused by the incident)	Closed
GHC68406	16/04/2024	16/04/2024	LD IHOT	GP Surgery	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Clinical Hold provided to support practice nurse to obtain a blood sample in his best interest.		None required	None required	None (no harm caused by the incident)	Closed
GHC68417	16/04/2024	16/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient A charged towards patient B and assaulted him. PMVA holds utilised and patient A dropped their weight to the floor, patient transferred to the pod at the soonest opportunity. Patient offered oral RT at this point however patient A declined, 50mg promethazine RT IM administered in left thigh. Holds released after 15 minutes.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. MDT review. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC68425	17/04/2024	16/04/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		22:45 Patient began to head bang in her room. Verbal de-escalation was given but this had no effect as patient refused to engage with staff. Staff continue to redirect her by offering her reassurance but patient continue to be distress and carried on head banging. Psychiatric emergency was called, when the team arrived patient was placed in seated holds to prevent her from harming herself further. Patient was offered prn diazepam and promethazine oral but she refused. Patient was given lorazepam 2 mg IM. Patient settled down soon after the IM admiration. Holds were released. Post RT observation completed.	Debrief and 1:1 was given to patient after holds were released to offer support and reassurance Debrief was given to staff involve Physical observation was offered to KM but she refused. Frequent non-contact conservation done instead Post RT observation completed Dr informed and attended to see KM KM accepted prn promazine to help her sleep afterwards	Risks and management plan reviewed Long term self harm risk identified Care plans in place Patient engaging in Self Harm Pathway Patient awaiting discharge	Care plan followed to minimise harm to patient	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC68442	17/04/2024	17/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed.	The patient sat on the pod. Weighted blanket was used on the legs. Used very minimum light holds on both sides to support the patent during the procedure.	Care plan followed 1:1 during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC68468	17/04/2024	17/04/2024	LD IHOT	Pullman Place LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC68470	17/04/2024	17/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in light holds 2x members of staff in pod using weighted blanket to facilitate NG feed.		Care plan followed 1:1 during escorted walk as per care plan	N.A	None (no harm caused by the incident)	Closed
GHC68472	17/04/2024	17/04/2024	Criminal Justice Liaison	Wotton Lawn-other inside	Clinical care, treatments and procedures	Clinical policy breached or inadequate to situation	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Today a patient on Greyfriars Ward was informed she was being discharged tomorrow. At 12.48 she assaulted a member of staff and RT was administered, the police were then called. The Police stated that on arrival the patient had been discharged from her section. She was then arrested at taken to Compass House. The police were not notified of the use of the RT and if known would not have accepted her into custody. There are discrepancies between the staff timelines and the police time lines (at the point of arrest) as to her legal status at the time of RT administration. In addition to this , the RT policy which includes 4 hours of monitoring for the patient was not applied.	I read rio and noticed firstly the discrepancies in the time line , and had to question the legality of the RT administration. I then informed the sergeant on duty of the RT administration and made him aware that GHC has a policy regarding administration and aftercare , which is not currently being applied. I contacted the modern matron with regard to the above , i was informed that as the person was no longer under section i would receive additional support from GHC in providing staff to care for the service user. The onus was clearly put on the one health care provider in police custody to provide a support the aftercare as determined in a GHC policy. To ensure that we could in some try and provide this i requested the RT policy to help aid and inform staff of the what to do symptoms to look out for in the 4 hour window as detailed in the policy. This was provided at 15.51.			None (no harm caused by the incident)	Being Reviewed
GHC68474	17/04/2024	16/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PMVA (physical intervention)	Escort		Action - 999 phoned and ambulance allocated. ambulance arrived on ward and patient was resistive to going with them. PMVA needed to escort patient to ambulance and subsequently whilst in ambulance over to resus at GRH		PMVA in to ambulance	N.A	None (no harm caused by the incident)	Closed
GHC68481	17/04/2024	17/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient attempted to punch staff member which was blocked. They then proceeded to target staff member in ECA and use his elbow with force to restrict airway onto staff members throat pushing them into the wall hitting their head and using their weight to do so. Due to having his elbow on their throat the patient was pulled by other staff member towards the floor landing on the cushion where they remained in holds until further support came.	PMVA holds utilised. Breakaway techniques. Patient already given prn.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. MDT review. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC68484	18/04/2024	16/04/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Assisted support		The patient grabbed hold of the NIC top while the NIC was giving the patient there medication.	The patient would not let go of the NIC top despite being asked to let go several times. A two person removal to the patients chair was implemented.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	None (no harm caused by the incident)	Closed
GHC68492	18/04/2024	18/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in light holds 2x members of staff to facilitate NG feed		Care plan followed 1:1 during escorted walk as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC68493	18/04/2024	17/04/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated	MCA and best interest paper work was reviewed	None required - routine intervention carried out in Best Interests	None	None (no harm caused by the incident)	Closed
GHC68513	18/04/2024	18/04/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC68531	18/04/2024	18/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.Provided feeds on light PMVA holds , used pod and as per request used weighted blanket . He was less resistive during the procedure. Staff engaged with her during the feeds , facilitated 1:1 and given regular medication after the feed. Debrief was given to staff and patient. Followed care plan.		care plan followed 1:1/debrief during escorted walk	n/a	None (no harm caused by the incident)	Closed
GHC68532	18/04/2024	18/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Seated (other)		The patient was trying to leave from the ward on admission itself. Member of staff tried to verbally de-escalate the patient. However, the patient continued to push the staff away and tried to leave. PMVA team was called. The patient had to be put on PMVA holds using seated holds and leg cushion to prevent them from leaving the ward. RT Lorazepam 2mg was administered on the right thigh.	Non touch physical physical observation was started due to the unstable mental state of the patient. Duty doctor reviewed the patient once she got settled. De-brief for the incident was given. A set of physical observations were done once the patient got settled.	managed well by staff RT Policy followed	N/A	None (no harm caused by the incident)	Closed
GHC68536	18/04/2024	18/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient was unsettled in ECA, may attempts to engage and remain settled taken however patient attempted to grab HCA breasts and was therefore placed in precautionary hold and escorted to pod.	Placed in precautionary holds, escorted to POD in ECA. Staff released holds and patient apologised.	Review risk and observation level Review of care plans	Debrief to staff and patient Discussion in MDT Discussion during handover	None (no harm caused by the incident)	Closed
GHC68542	19/04/2024	19/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Standing		During the checks patient was not in her bedroom. When called her name , she answered from her bathroom and said" I am fine in here and I am ok" . Staff went into her bedroom, as staff cannot see her. When checked she was standing with the shower curtain around her neck.	Staff pulled the alarm . Staffs tried to cut the curtain with ligature cutter but because of layers of clothes it took around 2 minutes to cut the ligature . She was trying to tight the ligature. As her face colour changed to blue. MERT was called in case of emergency . She was talking in between , while she turned blue as well. Physical observations were taken, which were of normal range . Duty doctor assessed her. No marks of ligature or marks of wound from strain. Redness present around neck. As per advise and due to risk , all the bed linens and curtains were removed from her room. Line of sight maintained in communal area. When in room, she remained on 15/15 observation with	review of risks and obs physical obs duty dr reviewed	n/a	None (no harm caused by the incident)	Closed
GHC68543	19/04/2024	19/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Standing		Precautionary holds was used on the patient	she wished to have her toiletries and a pair of dress to change . She selected a trousers with cords in it . Staff tried to explain to her that , as of the recent incident of ligaturing and to make sure that she is safe , we need to take the cord off. But she refuses to do so and was constantly telling that "its ok" . She was asked to give the trousers back, as she was refusing to do so and she tried to kept the trousers tight in her hands . Staff has put her on precautionary hold to get the trousers from her her hand. Staff managed to get the trousers and she was given another trousers from her belongings which does not have any cord .	1:1 all items of concern removed	N/A	None (no harm caused by the incident)	Closed
GHC68557	19/04/2024	19/04/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient handed over laptop to staff. Staff prompted patient for personal care. Patient attacked the staff and chased the staff into the kitchen.	Patient was safe hold into his bedroom using PBM.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed

GHC68562	19/04/2024	19/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		10:15 - The patient tried to run off from the ward. Used forearm holds to escort them back to her bedroom. 10:20 - The patient started trying to ligature herself using the bed sheet. The person on the 1:1 used the alarm, staff intervened. Ligature cutter could not be used because of the thickness of the bed sheet. Used forearm holds and untied the bed sheet from the patient's neck. 10:30 - The patient again continued to push the staff away to run off. Seated holds were used along with leg cushion. PMVA team was called. Administered RT lorazepam 2mg IM on the right outer thigh. 10:30 - The patient was transferred over to the pod. Continued the seated holds with the leg cushion. The patient was still trying to wiggle and push the staff away. The bedroom windows were kept open and a fan was used to maintain the ventilation of the room as it was a prolonged PMVA. 10:37 - When the patient started to settle down, staff slowly released the patient from the holds. Provided 1:1 after the incident. The patient was de-briefed about the incident. Completed a set of physical observations and the NEWS were within normal range.		RT policy followed physical obs taken 1:1	N/A pt unwell	None (no harm caused by the incident)	Closed
GHC68563	19/04/2024	19/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due her prescribed NG tube feeds	Placed in PMVA holds, Weighted blanket used and minimal resistance. Engaged in conversation throughout .Had escorted leave afterwards	care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC68577	19/04/2024	19/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 2 members of staff.		care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC68584	19/04/2024	19/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (POD used)		Patient escalating attempting to self-harm picking items on the ward.	RT IM administered	physical obs as per policy 1:1 observations for risk management	N/A pt acutely unwell	None (no harm caused by the incident)	Closed
GHC68589	19/04/2024	19/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was in the communal area kicking every doors and starting to escalate. Staffs requested patient to spend some time in his bedroom. Patient then started to invade staffs personal space. Patient was placed on PMVA holds in standing position. Patients was very resistive throughout while on holds. Staffs pulled there alarms, however due to staff shortage during the shift, there was no one in the communal area. After 10 minutes other staff members came and escorted back him to his bedroom on PMVA holds. Patient was then placed on a seated holds on the bed. Leg cushions were used while the patient was on seated PMVA holds. Patient was resistive throughout the PMVA holds. RT medication was given to the patient orally which he accepted. Gradually PMVA holds were released and staff 1 and staff 2 stayed with the patient. Patient then punched 03 times on his bedroom window door. Patient gradually became more settled. Staff left patient in his bedroom		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68596	20/04/2024	19/04/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PBM (physical intervention)	Personal care (standing)		The young person (YP) returned the laptop at 2230hrs and was given supper by the staff of his choice. After finishing the supper at 22:45hrs, suddenly, YP threw his tray, plate and spoon. No known triggers. All attempts made to ascertain the triggers failed as YP became increasingly aroused, pacing and banging the doors. He also made advances to staff as they tried to engage him. At this moment YP was getting faeces from his bottom and smearing. YP then pushed his chair into the toilet where the door had not been secured properly by the day staff. YP had started using the chair to hit the walls. Verbal de-escalation failed and staff had to go in to safeguard against damage to property, staff put him on hold while standing. This happened between 22:55hrs to 22:58hrs. Whilst on hold, Staff used this time to remove all potentially risky objects after which YP was redirected to his bedroom. During the encounter, YP managed to reach out and grabbed a staff t-shirt and tore it but no body injuries were caused. He	Verbal de-escalation continued throughout the intervention The young person was put on holds while standing At around 23:50hrs, YP agreed for staff to go in his room, handed over to him his pyjamas and made his bed. YP jumped to bed at midnight but came out shortly and started to ask for supper again. He managed to push the toilet door open and kept on going in and out getting water from the tap and opening the shower. Staff got assisted by a female Berkeley staff nurse who came and persuaded YP to stay on his bed as staff fixed the toilet door. The staff managed to fix the door. YP kept on asking for supper but eventually agreed to have his Diet Coke from the nurse and retired to bed at 00:38hrs.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	None (no harm caused by the incident)	Closed
GHC68598	20/04/2024	20/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient significantly assaulted member of staff which ended up in patient taking staff to the floor, PMVA holds utilised to take patient of staff member and then de-escalate the situation. Holds then released and patient given oral RT medication.		Debrief to staff. Support offered to staff following shift to establish whether staff needed first aid.	Patient risk and observation level reviewed. Treatment plan reviewed. Discussion during handover.	None (no harm caused by the incident)	Closed
GHC68603	20/04/2024	20/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient slightly resistive to as prescribed NG feed.	Patient supported into loose seated PMVA holds on PMVA pod x 2 staff. Patient administered as prescribewd NG feed (2 x GRH nursing staff). Patient facilitated 1:1 escorted leave for 1 hour with 1 x nursing staff.	Care plan followed 1:1/debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC68611	20/04/2024	20/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Following multiple incidents of harm to self with patient refusing to relinquish pieces of plastic pen casing from her mouth. Patient resistive, dragging and pulling at staff and entangling own legs in with those of staff.	Patient in escorting PMVA holds down female corridor to female TV lounge. Patient in seated PMVA holds on Pod with use of PMVA cushion due to kicking. Patient administered RT Lorazepam 2 mg and Haloperidol 5 mg IM to left leg. NEWS 2 observations commenced as patient accepting of NEWS 2. Non Touch RT Observations commenced. T/C to DMO to request medical review post RT. Nursing staff to attend to patient debrief.	NEWS 2 observations commenced as patient accepting of NEWS 2. Non Touch RT Observations commenced. T/C to DMO to request medical review post RT. Nursing staff to attend to patient debrief.	n/a pt unwell	None (no harm caused by the incident)	Closed
GHC68616	20/04/2024	20/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Escort		Patient removed wall clock from above dining room doors and removed batteries from clock with intent to swallow.	Patient taken into escorted PMVA holds and escorted to own bedroom. Clock and batteries removed by nursing staff.	Pt on 1:1 observation due to escalated behaviour and risk	N/A pt unwell	None (no harm caused by the incident)	Closed
GHC68619	20/04/2024	20/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient attempted to punch staff and threatening staff, patient had to be put in holds and led to his bedroom on 2 occasions.	patient had to be led to their bedroom in holds	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68625	20/04/2024	20/04/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Accidents and injuries (not falls or sharps)	Collision or contact with an object	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was witnessed taking himself to the floor on two occasions	verbal de-escalation used.	* Staff sought to de-escalate patient. * Precautionary PMVA techniques implemented as means of keeping patient and staff safe.	* Patient acutely psychotic currently, behaviour reflects his level of ill-health.	None (no harm caused by the incident)	Closed
GHC68626	20/04/2024	20/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 2 members of staff.		care plan followed debrief during esc walk	n.a	None (no harm caused by the incident)	Closed
GHC68627	20/04/2024	20/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Standing		patient picked up a DVD, opened the casing and took out the DVD out, attempting to break it into 2. PMVA arm holds used to stop patient doing this and DVD was removed by another member of staff.	1-1 had with patient	staff intervened managed well	n.a	None (no harm caused by the incident)	Closed
GHC68628	20/04/2024	20/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Escort		patient in garden area, knocking to enter the building, staff member then went to open the door and patient shouting racial abuse at HCP. A staff member then assisted at the door, patient then through coffee over 2nd HCP. And the patient then charged towards HCPs.	HCP then received support from further staff members and placed patient in precautionary holds and taken to bedroom. Staff spoke with patient and advised this language is unacceptable. Restrictive escourt utilised to take patient to bedroom.	Staff offered support for racial abuse including wellbeing line details. Boundaries implemented to patient.	Discussion during handover. Risk and observation level reviewed. Treatment plan reviewed.	None (no harm caused by the incident)	Closed
GHC68635	20/04/2024	20/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Standing		At 17:26 patient ligatured herself using inner wear (vest straps) around her neck. Staff intervened pulled panic alarm and cut the ligature immediately using ligature cutter. The service user was not willing to give the cloth back to staff, when staff tried to get it she became very resistive and kicked one of the staff member's leg therefore used PMVA forearm holds and confiscated the material. She appeared distressed and started punching the wall for approximately thirty seconds. Staff talked to the patient and verbally de-escalated. Offered PRN medications which she took orally. Provided Debrief. Tried to do a set of observation but refused. Duty Dr was informed		followed policy and procedure	n.a	None (no harm caused by the incident)	Closed
GHC68640	20/04/2024	20/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient 1 was reintroduced to communal areas from the ECA. Patient 1 became increasingly agitated and aggressive towards staff, ultimately Patient 1 hit multiple staff members resulting in Patient 1 requiring to go back to the ECA. Patient 1 resisted this so PMVA holds were required. Holds released once back in the ECA.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68644	21/04/2024	21/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient has tried to abscond from the ward, staff stopped the patient from leaving just in front of the door. Verbal de-escalation was done to no effect, continued to leave. Applied holds on both arms and escorted back to bedroom, light holds continued while seated on bed. Staff tried to verbally de-escalate again which patient responded well and settled.		managed by staff following policy and procedure	n.a	None (no harm caused by the incident)	Closed
GHC68648	21/04/2024	21/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in light holds 2x members of staff on pod to facilitate NG feed as per care plan		care plan followed debrief during esc walk	n.a	None (no harm caused by the incident)	Closed
GHC68656	21/04/2024	21/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient has presented as agitated throughout the shift and needed verbal re-direction to his bedroom on multiple occasions. This is following racial, sexist and inappropriate language in communal areas. Shouting in communal areas and disturbing other patients. One occasion where patient was escorted to his bedroom due to reluctance to engage and unable to be verbally de-escalated.	Staff utilised restrictive escort to bedroom on several instances.	Risk and observation level reviewed. Debrief to staff.	Treatment plan reviewed. Discussion during handover.	None (no harm caused by the incident)	Closed
GHC68658	21/04/2024	21/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Non-standard hold	Patient was sitting in corner of shower block in bedroom. Staff needing to lean over patient to secure arms and remove ligature from patients neck. Unable to get patient to stand or move out of shower as very resistive, decision made to remove ligature as a priority. Holds released after	Patient was sitting in the bedroom on 1:1 support, Patient requested a female member of staff so they could use the toilet. HCA requested a female member of staff who was coming towards the room. This had taken up to 10 seconds and patient went into the bathroom and attempted to ligature using a blue blanket that was left in the bathroom.	HCA immediately sounded the alarm for support and managed to hold onto the ligature to avoid the patient tightening the ligature. While HCA was holding ligature another member of staff SN attempted to cut ligature using clothes scissors but was unable to due to the thickness, decision made to place patient in holds and staff removed ligature from patient neck.	managed by staff	n.a	None (no harm caused by the incident)	Closed
GHC68663	21/04/2024	21/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient A was in the ECA on 2:1 observations and he pushed staff A to the wall and scratched Staff A in the right hand which lead to a bruise. He also threw the staff A's glasses to the floor and attempted to stomp and broke it. Staff B intervened and prevented further escalation of the situation. He was later held in PMVA holds for 5mins to prevent further assaults.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC68676	21/04/2024	21/04/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		The patient was being administered medication, he had just accepted the first lot of the tablets and when he was being administered the capsule, the patient attacked the NIC, removed her glasses and intended to break them.	The supporting staff restrained the patient allowing the NIC to move away and retrieve her glasses from the patient before he had damaged them. Once glasses had been retrieved the staff withdrew allowing the patient to process and settle	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	Where staff have become the target of an individual they will attempt verbal redirection, utilise proxemics, breakaway techniques or PBM and withdraw from the area at the first possible safe opportunity.	None (no harm caused by the incident)	Closed
GHC68677	21/04/2024	21/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient slightly resistive to as prescribed NG feed	Patient supported to sit in PMVA Pod with use of weighted blanket x 2 nursing staff. Patient administered NG feed (2 x GRH nursing staff). Patient administered usual as prescribed medication. Patient facilitated with 1:1 escorted leave for 1 hour post feed as per care plan.	care plan followed debrief during esc walk	n.a	None (no harm caused by the incident)	Closed
GHC68690	22/04/2024	22/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and blanket used	care plan followed debrief during esc walk	n.a	None (no harm caused by the incident)	Closed
GHC68695	22/04/2024	22/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient has been elevated and chaotic in behaviour throughout the shift. Patient has been invading the personal space of both staffs and other patients in the ward. Patient was also verbally and racially abusive towards staffs. Patient removed his trousers while in the communal area. Staff had to escort him to his bedroom on precautionary holds. Also on several occasions staff had to guide him to his bedroom		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68698	22/04/2024	22/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient has been chaotic through out the shift. He has been high profile multiple attempts to assault staff - kicking staff, throwing punches, spitting at the staff, throwing drinks and being sexually inappropriate - trying to flash his genitals and using sexually inhibited language. Patient was put on precautionary holds multiple times to prevent him assaulting others.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC68707	22/04/2024	22/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient attempted to abscond	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Supine (face up)		front doors and sprinting for passage where she was stopped by nursing staff at fire doors between lift and library office. Escorted PMVA holds utilised. Once on the ward, patient went to the floor, nursing staff released holds. Patient then attempted to rush the ward front doors again. Taken into escorted PMVA holds to male TV lounge and seated PMVA holds on sofa. Continued to be combative and resistive, taken to supine PMVA holds on floor to safely administer RT.	Patient taken into escorted PMVA holds and returned to the ward. Once on the ward patient went to the floor, nursing staff released holds. Patient taken into escorted PMVA holds and taken to Male TV lounge. Patient taken into seated PMVA holds. Patient refused oral RT medication. Patient administered RT Lorazepam 2mg IM and Haloperidol 5mg IM to right thigh through clothing to good effect. RT NEWS 2 observations commenced. Medic requested to complete review post RT. Debrief provided to patient by nursing staff.	Staff followed policy and procedure	N.A	None (no harm caused by the incident)	Closed
GHC68726	22/04/2024	22/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient in ECA on 2:1 basis Patient grabbed at staff, put into holds however managed to also grab at another staff members wrists	Put into holds on pod. PMVA team called	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC68730	22/04/2024	22/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was very unsettled and was becoming aggressive towards staff threatening and attempting to hit/kick staff and spitting. Patient was placed in holds however to prevent this, he broke from one of the holds and used that arm to punched a hca that was holding his other arm in the face. Patient remained agitated and later on kicked another staff member in the shin. Due to patients persistent aggressive behaviour they remained in holds on and		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC68734	22/04/2024	22/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service users nasogastric feed was administered as per prescription and two members of staff held the service users hands as the nasogastric feed was administered (service user was sat on the POD). The service user was not resistive to the administration of the nasogastric feed and they did not appear upset or distressed.		care plan followed debrief during esc walk	n.a	None (no harm caused by the incident)	Closed
GHC68735	22/04/2024	22/04/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Staff responded to attack alarm. Entered unit patient in bedroom had hold of staff members top . Encouraged to let go with no effect. Staff managed to breakaway . patient grabbed hold of another top and declined to let go . PBM escort to chair. staff withdrew.	PBM breakaway	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis	None (no harm caused by the incident)	Closed
GHC68741	23/04/2024	23/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient has been placed in holds on multiple occasions due to assaultive behaviour and harming staff.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68742	23/04/2024	23/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was escalating in their behaviour, refused oral medication. Presented as agitated and aggressive, placed in holds and IM medication was administered		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68748	23/04/2024	23/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for Nasogastric feeding.	Nasogastric feed was given with light PMVA holds with 2 staffs.	care plan followed debrief during esc walk	n.a	None (no harm caused by the incident)	Closed
GHC68756	23/04/2024	22/04/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Staff found patient banging her head against the wall in her bedroom.	Staff approached and tried different de-escalation techniques which had no effect. Provided ice pack and albus oil. Patient continued banging her head. PMVA team was called, RT IM lorazepam was given with good effect. Physical observations were completed. Informed duty doctor.	Risks and management plan reviewed Long term risk of self harm Care plans in place Restrictive practice utilised as per care plan to minimise harm to patient Patient engaging in Self Harm Pathway Patient CPD	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC68763	23/04/2024	23/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was on 1-1. She was in her toilet . tried to put a t shirt around her neck . Staff intervened between. She was agitated and was trying to abscond from the ward . pushing the staff on door. She went into the kitchen , tried to take cutleries from the kitchen .	Staff intervened her all the time when she attempts to do self harm . She was offered PRN medications , which she refused. She is been attempting to do different self harms one after the other , So she was held on holds, Sued Pod and Cushion. RT was given. She was continued on 1-1 after. RT physical observations were started. Debrief completed.	policy and procedure followed	n.a	None (no harm caused by the incident)	Closed
GHC68771	23/04/2024	23/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed	pod and weighted blanket used 1-1 provided	Care plan followed debrief durng escorted walk	n.a	None (no harm caused by the incident)	Closed
GHC68776	23/04/2024	23/04/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient walked to a Member of staff and tried hit with table spoon several time, no provocations noticed	Staff redirected him to his bedroom AS PBM hold	PRN utilised prior to incident sue to observed increased agitation	Nil - managed appropriately	None (no harm caused by the incident)	Closed
GHC68781	23/04/2024	23/04/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Ward staff noticed that a patient had put several weetabix in his trouser pocket. Due to swallowing problems, the patient can only have food in communal areas were staff can observe him. Ward staff tried to ask for and encourage the patient to give the food back and the patient tried to hit them.	PBM arm holds were utilised and the patient was escorted to his bedroom. Holds released when in his room and staff left the area Around 45 minutes later, he approached another patient and a Nurse prevented him from hitting the other patient. He then tried to hit the nurse, who called for help. Another nurse used an emergency alarm and PBM arm holds were used to escort the patient to his room The holds were released immediately the patient was	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC68782	23/04/2024	23/04/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Seated (POD used)		Service user A had to receive his prescribed depot as well as to administer RT as he presented to be unsettled, agitated, with intentions to leave the ward and not accepting redirection and firm boundaries.	Planned PMVA done, put service user A on holds on the pods. Administered the prescribed depot and RT as well.	Patient received RT medications due to presentation, and risk of patient purging oral medications. Staff followed care plan and risk management plan.	Staff worked in line with care-plan and risk management plan.	None (no harm caused by the incident)	Closed
GHC68796	24/04/2024	24/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		service user was due for nasogastric feeding.	Administered nasogastric feeding with light PMVA holds with 2 staffs.	Care plan followed debrief during escorted walk	n.a	None (no harm caused by the incident)	Closed
GHC68798	24/04/2024	24/04/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was unsettled, pacing near the door , trying to abscond. Staff tried to explain that he hasn't got leave and staff are genuinely concerned about his welfare following the incident yesterday where he absconded and jumped over the railway barrier. Service user was unable accept redirection-presented as driven. On one occasion service user walked towards door trying to open the door by removing staff's hand who was on the door securing.	A PMVA support was sought as service user's presentation warrantied RT medication to manage risks and ensure safety. Service user was put on precautionary holds as unable to voluntarily accept redirection. Service user was directed to TV lounge on precautionary sitting holds on safety pod. Hold were released to loose holds but maintained for precautions. Service user was offered oral RT as a standard practice. Made agreement with service user that staff would need to stay with him for 30 minute following the oral RT to make sure he is benefitting from the tablet and not spitting it out. Service user agreed with this plan hence oral RT lorazepam 2 mg and Haloperidol 5 mg was administered with no significant effect. Staff remained with service user in the TV lounge trying to explain the situation. Post RT observation completed at 10:20; BP 154/101, PR:112, SPO2:96, Temp: 36.3, RR:18. As service user declined further physical observation commenced on non contact observation. Informed duty doctor and requested a post RT review. Debrief offered; service user was unable to process any information, staring	Staff sought to de-escalate. Patient known to purge meds / spit out meds, therefore decision reached to administer IM medication as means of helping patient calm. Observations carried out post RT.	Staff followed care-plan and risk management plans.	None (no harm caused by the incident)	Closed
GHC68800	24/04/2024	24/04/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Patient was due for a STAT dose of Zuclopenthixol Decanoate 250 Mg, Staff offered her to take the injection, the patient was preoccupied with the delusional thoughts and does not belief that need to take an injection. Attempted by different staff to give the injection, despite no use. Team decided to call a planned PMVA from other	Team came around 10:50, attempted to engage with her, but no result. Patient Started kicking all the staff with patients boots and grabbed one of the staff members hair in an attempt to grab staff to floor. Put patient on holds at 10:53 and gave injection at 11:00.	none	none	None (no harm caused by the incident)	Closed
GHC68812	24/04/2024	24/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Approx. 1325 A staff member was in communal areas, crouched down tidying when patient went over to them unprovoked and kicked them in the back of the leg 3 times, causing them to fall to the floor. patient was then quickly guided to the female lounge. Where she continued to be verbally aggressive to staff. Approx. 1325 patient was then escorted to her bedroom for continuation of hostility and verbal aggression. Whilst in her bedroom patient kicked out at staff. Punching another member of staff in the face, head and hand. Then began to spit in their faces. When trying to contain patient another member of staff was	Approx 1330. Psychiatric Emergency called, PMVA seated holds on bed and RT IM given. Referred to PICU Non touch psychical obs being monitored due to presentation.	accepted by PICU	N/A	None (no harm caused by the incident)	Closed
GHC68814	24/04/2024	24/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		patient ran off the ward towards the stairwell near the Elmbridge suite.	patient was stopped by staff and escorted back onto the ward using PMVA holds.	managed well by staff	n.a	None (no harm caused by the incident)	Closed
GHC68815	24/04/2024	24/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient attempted to tie a ligature using an item of clothing.	This required staff cutting into the fabric to remove it from patient's grasp. PMVA holds used due to resistance.	managed well by staff	n.a	None (no harm caused by the incident)	Closed
GHC68819	24/04/2024	24/04/2024	LD IHOT	National Star College, Ullenwood, Cheltenham GL53 9QU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Clinical hold used in patient's best interest to obtain a blood sample to review epilepsy medication		none required	none required	None (no harm caused by the incident)	Closed
GHC68823	24/04/2024	24/04/2024	Charlton Lane-Willow Ward	Public Place / Offsite / Staff working from home (WFH)	AWOL, absconding and missing patients	Patient left the hospital by intentionally absconding	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Assisted support		Patients arrived back from ward activity off ward, and were being supported from the hospital vehicle to the ward. One patient starting walking off the premises shouting "I want to go to my £50,000 house, you can't stop me, I'm not going back in there" Patient walked halfway down the busy main road, becoming increasingly agitated and physically	Staff intervened with PBM hold to support into vehicle Patient supported in vehicle with verbal reassurance to de-escalate which worked well	Consultant review, review of section 17 leave	Managed appropriately	None (no harm caused by the incident)	Closed
GHC68826	24/04/2024	24/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient entered the kitchen area and opened the cutlery draw, HCA asked patient what they wanted as this is a previous behaviour for attempted self harm. Patient said to get a butter knife and immediately grabbed at several butter knifes, obtaining 2 before HCA intervened and stopped Patient from taking them. HCA received an abrasion to their right middle finger during restraint while attempting to intervene.	HCA sounded the alarm for staff support and supporting staff came into the kitchen and placed patient in holds to get the knives off of patient which was successful. Patient was placed in holds and escorted to sit in the communal area, remained in holds due to patient being resistive to staff. Attempted to use cushion to contain legs but was successful due to patient resisting and patient slipping off of the seat. Due to patients presentation, decision made to allow patient to go to floor and place in holds on floor. RT	staff followed policy and procedure	n/a	None (no harm caused by the incident)	Closed
GHC68827	24/04/2024	24/04/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		patient held in a clinical hold to enbale bloods to be taken safely, Attempted from the left elbow crease left hand right elbow crease	verbal reasurrance given	None required	N/A	None (no harm caused by the incident)	Closed
GHC68829	24/04/2024	24/04/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		patient held in a clinical hold to enable bloods to be taken safely	reassurance through-out	None required	N/A	None (no harm caused by the incident)	Closed
GHC68830	24/04/2024	24/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user on light PMVA holds for planned NG feeding.	Service user seated on pod with weighted blanket to support the legs. Reassurance provided through out the procedure.	care plan followed debrief during escorted walk	n.a	None (no harm caused by the incident)	Closed
GHC68843	25/04/2024	25/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient has on multiple occasions been verbally and racially abusive towards staff, including spitting at staff	Patient relocated to bedroom in precautionary holds multiple times over the course of the night shift.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68846	25/04/2024	25/04/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient usually sleeps with the light however had fallen asleep without light on and woke up expressing someone was in his bedroom. On waking paranoid and restless, staff checked room to offer reassurance. Patient asking to leave the ward and could see the stairs in the fire exit. Continued voicing that he felt unsafe and needed to go up the stairs. Staff used de-escalation techniques explaining that the stairs go to a different ward. Distraction techniques also attempted however were unsuccessful. Patient tried to push through fire doors, staff redirected patient to communal areas. Offered oral 2mg Lorazepam RT multiple times throughout incident however patient declined. Patient then attempted to kick fire doors from a fixed standing position and he was redirected to communal areas. Planned PMVA team called; on team arrival patient in communal areas unable to keep still, hyper vigilant and clearly paranoid but unable to accept reassurance. Patient offered oral RT again and refused, therefore No. 1 communicator explained that we would be giving an injection and at this point patient darted past staff, ran down the corridor and managed to kick open the fire door and ran up to Dean Ward fire door. Once patient realised he was unable to get through he walked down the stairs with staff and was put in PMVA holds at the bottom of the stairs as he was still agitated. Walked to his bedroom and into seated restraint on his bed. Patient not resistive and calm throughout but still declining oral medications. 2mg IM Lorazepam administered		* Staff worked to reassure patient and offer comfort whilst experiencing acute psychotic symptomology. * Decision reached to proceed with RT medications. * PMVA team assembled to maintain safety of patient and others.	* Staff followed care-plan and risk assessment.	None (no harm caused by the incident)	Closed
GHC68847	25/04/2024	25/04/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient remains unsettled attempting to push fire doors open. Staff used PMVA holds to redirect him back to communal areas. Patient cooperative throughout restraint. Distraction techniques and de-escalation used whilst in communal areas. Relaxing music provided for patient.		* Patient offered support and reassurances. * PMVA team assembled to maintain safety of patient and others.	* Staff followed care-plan and risk assessment.	None (no harm caused by the incident)	Closed
GHC68848	25/04/2024	24/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient presented as highly agitated and assaultive. Placed in holds due to escalating behaviour.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68854	25/04/2024	24/04/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient for covid vax, in his best interest in proportion to the risk of serious harm.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient.	none required	none required	None (no harm caused by the incident)	Closed
GHC68855	25/04/2024	24/04/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBm clinical seated hold on a patient for covid vax, in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers, how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paper work was reviewed and copies given to carers.	none required	none required	None (no harm caused by the incident)	Closed
GHC68860	25/04/2024	25/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient is due for feed, called planned PMVA.	PMVA holds applied, patient was seated on pod and weighted blanket was utilised. Care plan followed after feed, 1:1 and debrief while walking.	care plan followed debrief during escorted walk	N.A	None (no harm caused by the incident)	Closed
GHC68875	25/04/2024	25/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Escort		Patient being sexually explicit towards another patient unable to accept verbal redirection.	Escorted to bedroom	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC68886	25/04/2024	21/04/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		patient held in a clinical hold to enable cannulation to compeleted safely	reassurance through out	None required	N/A	None (no harm caused by the incident)	Closed
GHC68891	25/04/2024	25/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient is due for feed, called planned PMVA	PMVA holds applied, patient was seated on pod and weighted blanket was utilised. Care plan followed after feed, 1:1 and debrief while walking.	care plan followed debrief du8ring esc walk	n.a	None (no harm caused by the incident)	Closed
GHC68894	25/04/2024	25/04/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient escalated in a restaurant, throwing items including a table and damaging the environment. Staff physically intervened and removed the patient from the restaurant to the car Once in the car patient began hitting, spitting, kicking, biting and scratching staff as well as damaging the vehicle. Staff used breakaway techniques to protect themselves and held the	Reassurance and verbal redirection and de-escalation	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis. Restaurant contacted by Matron to offer	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC68896	25/04/2024	25/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient triggered by pictures of family. Ran to bedroom. Said "I need to go" and ran to ward entrance with intent to leave the ward. Nursing verbal de-escalation to no effect, patient became increasingly distressed, combative and resistive. Patient continued to be combative and resistive in seated PMVA holds, kicking out at nursing staff and kicking PMVA cushion off and away. Patient taken into supine PMVA holds on bed.	Patient taken into Escorted PMVA holds to bedroom. Seated PMVA holds on bed with PMVA cushion on legs to little effect. Patient declined oral Promethazine 50 mg and Haloperidol 5 mg. Supine PMVA holds on bed. 15.29 hours Administered RT Promethazine 50 mg and Haloperidol 5 mg IM to right outer thigh through clothing as clinically indicated to good effect. T/C to DMO to request review - review completed. RT NEWS 2 observations commenced and completed. Attempt to offer debrief to patient who refused stating being too unsettled. Will attempt to offer debrief later/hand over to next shift.	policy and procedure followed	n.a	None (no harm caused by the incident)	Closed

GHC68905	26/04/2024	26/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in holds 2x members of staff to facilitate NG feed, light holds and weighted blanket used.		care plan followed debrief during escorted walk	n.a	None (no harm caused by the incident)	Closed
GHC68932	26/04/2024	26/04/2024	LD IHOT	Ashley Intermediate Care Centre	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM ON PATIENT IN HER BEST INTEREST IN PROPORTION TO THE RISK OF SERIOUS HARM IF MEDICAL CONDTION IS NOT TREATED	MCA and Best interest paper work was reviewed	None required	None required	None (no harm caused by the incident)	Closed
GHC68935	26/04/2024	26/04/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Just after breakfast, patient became heightened and escalated, throwing his plates at staff and charging towards staff to attack.	Patient was safe hold to his bedroom using PBM. Staff withdrew.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	None (no harm caused by the incident)	Closed
GHC68949	27/04/2024	26/04/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		At 21:40hrs during drug round, he reached out to scratch the nurse and staff intervened to stop him injure the nurse. During the scuffle, TD scratched a member of staff on his left chick just behind the ear, and scratched his nose and forehead. Staff had his wounds cleaned.	Verbal de-escalation was applied but failed YP was put on safe holds and directed to his bedroom. The staff left his bed space and went back to the lounge and resumed using his laptop. YP was shown staff injuries and said sorry.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC68957	27/04/2024	27/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		service user was due for Nasogastric feeding.	Nasogastric feed was administered using light PMVA holds with 2 staffs.	care plan followed debrief during escorted walk	n.a	None (no harm caused by the incident)	Closed
GHC68971	27/04/2024	26/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PATIENT IS DUE FOR FEED, CALLED PLANNED PMVA.	PMVA holds applied, patient was seated on pod and weighted blanket was utilised. Care plan followed after feed, 1:1 and debrief while walking.	care plan followed debrief during escorted walk	n.a	None (no harm caused by the incident)	Closed
GHC68984	28/04/2024	28/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user on light PMVA holds for planned NG feeding seated on pods with weighted blanket to support legs.	Service user seated on pods. Weighted blanket supporting legs. Reassurance provided through out the procedure. Administered NG feeding on light PMVA holds.	Care plan followed debrief during escorted walk	n/a	None (no harm caused by the incident)	Closed
GHC69003	28/04/2024	28/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for nasogastric feeding.	Nasogastric feeding was given using light PMVA holds with 2 staffs.	Care plan followed debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC69012	28/04/2024	27/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PATIENT IS DUE FOR FEED, CALLED PLANNED PMVA.	PMVA holds applied, patient was seated on pod and weighted blanket was utilised. Care plan followed after feed, 1:1 and debrief while walking.	Care plan followed 1:1 debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC69015	28/04/2024	28/04/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Detained patient without S17 leave trying to abscond from the hospital, refusing to move away from the electric doors in reception. Patient told us they were in protest of being Sectioned and was not amenable to working with staff.	Verbal de-escalation and problem-solving attempted but the patient was firm in their wish to leave the hospital/their protest. PMVA team called (MERT assessor present) and continued verbal de-escalation and negotiation. 2mg Lorazepam PRN offered orally and accepted by the patient. Patient continued to refuse to return to the ward therefore holds applied and patient was escorted back to the ward in a wheelchair, and staff took her to her bedroom. The patient was fairly compliant once in the	Patient has known risk of absconding acknowledged. Appropriate safeguards and interventions put in place by staff, patient came to no physical harm.	Care plans in place to support patient, risks acknowledged.	None (no harm caused by the incident)	Closed
GHC69018	29/04/2024	28/04/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Staff member entered patient A's room and patient B tried to enter also, so staff tried to redirect patient B away. Patient B swung at staff with his net bag that had his personal belongings in it Patient B he attempted to grab HCA and patient B sustained a skin tear as staff tried to disengage from PBM	PBM holds used to escort patient out of bedroom and prevent harm to others Nurse on duty was made away of this incident and the nurse dressed the skin tear NoK given apology and informed of skin tear	Body of datix anonymised as had patient's initials	NA	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC69027	29/04/2024	23/04/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM Clinical seated hold in their best interest, in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to paid carers how the procedure would take place, the monitoring that would be used to safeguard the patient - BI and MCA paperwork reviewed and given to carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC69038	29/04/2024	29/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient slightly resistive to as prescribed NG feed.	Patient taken into loose seated PMVA holds in pod with use of weighted blanket x 2 nursing staff. As prescribed NG feed facilitated by 2 x GRH nursing staff. Patient facilitated escorted leave with nursing staff as per care plan	care plan followed debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC69047	29/04/2024	29/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for nasogastric feeding.	Nasogastric feed was administered using light PMVA holds with 2 staffs.	care plan followed debrief during escorted walk	n/a	None (no harm caused by the incident)	Closed
GHC69053	29/04/2024	29/04/2024	Montpellier Low Secure Unit	Montpellier Low Secure Unit	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was escorted to bedroom using guiding technique due to being racially and verbally abusive towards staff.	Patient was requested to de-escalate in bedroom due to being abusive	No further action. Care plan to manage challenging behaviours already in place	None	None (no harm caused by the incident)	Closed
GHC69069	30/04/2024	30/04/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG feed.	patient restrained in the pod to be given NG feed	Care plan followed debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC69079	30/04/2024	30/04/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Unplanned	PMVA (physical intervention)	Seated (other)		Patient X due ECT treatment however patient X refused to go despite encouragement from multiple staff, PMVA techniques utilised to support patient up from the sofa to stand and then to sit in the wheelchair. PMVA holds NOT used whilst in the wheelchair and transferred.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify ways to support him to ECT without the use of PMVA techniques. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC69095	30/04/2024	30/04/2024	LD IHOT	Southgate Moorings (dental service)	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM Clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		none required	none required	None (no harm caused by the incident)	Closed
GHC69120	01/05/2024	01/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Planned NG feed	Planned holds Verbal reassurance	care plan followed debrief during esc walk	n/a	None (no harm caused by the incident)	Closed
GHC69129	01/05/2024	01/05/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		phlabotomy procidure on a patient in his best interest in proportion to the risk of serious harm if medical condition is not treated	MCA and best interest paper work was reviewed and copies left with carers	None required	None required	None (no harm caused by the incident)	Closed
GHC69131	01/05/2024	01/05/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC69133	01/05/2024	01/05/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		PBM clinical seated hold on patient in best interest in order to receive vaccination injections from district nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC69142	01/05/2024	01/05/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	it was explained to the carers how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC69143	01/05/2024	01/05/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive vaccination injections from district nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC69144	01/05/2024	01/05/2024	LD IHOT	Pullman Place LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		phlabotomy procidure PBM Clinical seated hold in her best interest in proportion to the risk of serious harm if undetected medical conditions not treated	MCA and best interest paper work was reviewed and copies left with carers	None required	None required	None (no harm caused by the incident)	Closed
GHC69148	01/05/2024	01/05/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Clinical hold used in his best interest due to him lacking capacity to consent to a covid vaccination booster.		None required	None required	None (no harm caused by the incident)	Closed
GHC69154	01/05/2024	01/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was restive to NG feed	patient in seated holds on the pod	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69168	02/05/2024	01/05/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM dlinical seated hold on a patient for covid vax in his best interest in proportion to the risk of serious harm .	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paper work was reviewed.	None required	None required	None (no harm caused by the incident)	Closed
GHC69170	02/05/2024	01/05/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM dlinical seated hold on a patient in his best for covid vax in proportion to the risk of serious harm.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC69174	02/05/2024	02/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due her prescribed NG feeds	She was placed in arm holds. No resistance. Engaged in conversation throughout. Had 1:1 afterwards	Care Plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69192	02/05/2024	02/05/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		The patient had just completed time on his laptop and handed it in as agreed. The patient charged at staff with no known trigger. Staff withdrew and he began banging on doors, radiator and TV cabinet. He was not responding to redirection but staff thought they could verbally reassure him but instead he began lashing out at the staff and managed to scratch one of his staff.	The other staff had to restrain and escort him back to his bedroom to give him time to settle.	Staff dealt with the incident appropriately. This is a known pattern of behaviour and staff used care planned interventions to try to redirect and de-escalate but the patient did not respond to them thus necessitating physical intervention.	No lessons learnt.	None (no harm caused by the incident)	Closed
GHC69203	02/05/2024	02/05/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		phlabotomy procidure PBM clinical seated hold on bed in his best interest in proportion to risk of serious harm if undetected medical condition is not treated	MCA and best interest paper work was reviewed	None required	None required	None (no harm caused by the incident)	Closed
GHC69210	02/05/2024	02/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG feed	patient was put in holds to be given NG feed	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69218	02/05/2024	02/05/2024	CRHT Chelt & Tewks	Patient's own home	Suicide attempts	Attempted suicide - outpatient in community	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	Other form of physical intervention	Clinical hold (seated)		Patient awaiting inpatient bed, has one medical recommendation for section 2, no inpatient bed available. Got up during h/v with CRHTT and said something about needing the toilet, her son noticed she had gone into the kitchen and walked towards the toilet with something in her hand so went out to check on her, he then called for help. CRHTT staff member went to assist, patient had a block of kitchen knives with a tea towel covering them. we managed to get these from her. She was extremely agitated and resistive, we took her to sit down on the sofa in arm holds. She remained agitated trying to get up, constant rambling speech about "shutting the door", "you don"t understand" etc Staff asked her husband to phone 999 for assistance, paramedics arrived after approx 45mins she remained highly agitated throughout, although this did intermittently temporarily settle, she remained in arm holds for her safety, windows opened etc to try	Staff and son managed to remove knives from patient. Patient extremely agitated and resistive. Staff and son used arm holds and directed patient to son. Patient remained agitated trying to get up, constant rambling speech about "shutting the door", "you don"t understand" etc Staff asked her husband to phone 999 for assistance, paramedics arrived after approx 45mins patient remained highly agitated throughout, although this did intermittently temporarily settle, she remained in arm holds for her safety, windows opened etc to try to help her remain cool. Post incident staff discussed with husband that they had felt it necessary to use arm holds to prevent immediate risk of harm. Husband agreed that he had felt it necessary and proportionate. Thankfull for staff intervening.	Staff worked in best interest of patient to maintain safety No harm caused to patient or staff	None	None (no harm caused by the incident)	Closed
GHC69219	02/05/2024	01/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient had leave to the court yard, was observed to be struggling with their mood and anxiety. Went into reflective space, staff followed them in and asked if they were ok? patient requested PRN which was potted up but when staff asked the patient refused. Staff asked for the patient to return to the ward. The patient attempted to leave and started hitting out at staff. Staff put them in holds and walked back to the ward.	Staff walked patient back to the ward, offered oral medication again in their bedroom which they refused. Had to be restrained in a seated hold duet to self injury of hitting the wardrobe with their fists. patient became distressed shouting at staff. staff offered moral medication a gain but patient refused. Staff explained that they felt that medication was required due to the patients distress. IM injection was given of 5mg of Haloperidol and 2 mg of lorazepam one injection in each thigh. Patient was in holds for around 15 minutes on and off. patient was let go several times and let to wander round their room, when they attempted self harm again holds were placed on them and sat in a seated position on the bed	Managed well by staff following policy/procedures and principles.	N/A	None (no harm caused by the incident)	Closed
GHC69222	02/05/2024	02/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (POD used)		Patient presented as very restless, making regular attempts to exit the ward but each time was prevented from doing this by staff standing in her way. Appeared distressed and angry at times, not able to understand any information given to her by staff. Also made a number of attempts to enter fellow patients bedrooms, stopped by staff each time. Doctors and staff tried to engage with patient with the help of translator, but patient did no engage at all. Offered PRN Lorazepam orally 1 MG , which patient declined. Team decision made by staff and doctors to gave her IM Lorazepam 1 MG and a STAT dose of Zuclopenthixol. Called planned PMVA females, to gave her medication. When staff arrived from Greyfriars through the emergency door in garden	Team came and redirect patient to bed space with the help of staff members and used a pod and a pillow for legs to restraint her to gave the medications.	none	none	None (no harm caused by the incident)	Closed
GHC69227	03/05/2024	03/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient was in the communal area swearing at staff. Staff asked Patient to return to the ECA where Patient was earlier. Patient started escalating and refusing to go back to the ECA. Staff placed Patient on precautionary holds. Patient dropped his weight to the floor. Staffs disengaged. Patient successfully kicked staff 1 and staff 2 in there leg. Patient was then verbally de escalated and guided to the ECA.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC69229	03/05/2024	02/05/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		staff found patient made superficial cut using key ring. Patient was cutting deeper and started inserting the key ring into her right arm.	Staff approached patient and tried to de-escalate. offered ice pack and albus oil. Patient refused to engage with staff and patient told leave her alone. Staff re-approached patient with ice pack and PRN. Patient was cutting deeper. staff spend time with her, tried verbal de-escalation. Offered ice pack, albus oil which she refused. Staff spend time with patient. Patient stop harming herself and started speaking to staff, however patient refused to hand over the key ring. Staff informed the duty doctor. patient started inserting the key ring into her arm. 2 staff de-escalated her eventually she stopped, however she inserted 1/4 of key ring into her arm. duty doctor approached patient to check wound, patient refused to engage with doctor. Patient was high profile shouting at staff, refusing medication. PMVA team was called. offered tablets which she refused and RT IM 2mg Lorazepam was given. Cleaned the wound. debrief was done to her regarding the	Level of harm assessed as LOW Mental state, risks and management plan reviewed Patient is distressed about forthcoming discharge from hospital Management plan in place regarding transition Patient is engaging with self harm pathway	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC69240	03/05/2024	03/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was put in holds with 2x members of staff to facilitate NG feed		care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69249	03/05/2024	03/05/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient finished having his breakfast. Patient remain on the table with plates and laughing incongruently turning around and looking at staff. Patient returned plates to staff and then attacked staff, scratching a staff member on his face.	Patient was safe hold to his room using PBM	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC69271	03/05/2024	03/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The service users nasogastric feed was administered as per prescription and two members of staff held the service users hands as the nasogastric feed was administered (service user was sat on the POD). The service user was not resistive to the administration of the nasogastric feed and they did not appear upset or distressed.		care plan followed	N./A	None (no harm caused by the incident)	Closed
GHC69273	04/05/2024	03/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Standing		Timings are approximate 18:45 - The service user informed staff that she was leaving the ward to go for a walk around the Hospital courtyard. When asked how she was feeling prior to leaving the service user responded by saying "not too good". The service user went on to say that she felt "frustrated" and that she was "finding things difficult". I offered to send a member of staff with the service user to the courtyard, however, she said that she would prefer to go alone and she assured me that she would return to the ward and not attempt to leave the hospital and/or harm herself whilst off the ward. In line with least-restrictive principles I allowed the service user to utilise the courtyard independently, however, I asked a member of staff to sit outside Kingsholm ward and to check on her whereabouts in the courtyard at regular intervals. 19:00 - 19:10 - Upon exiting the courtyard the service user went to the reflective practice suite situated in the corridor between Kingsholm and Abbey Ward. The member of staff that was sat outside Kingsholm ward asked the service user how she was feeling and she responded by saying "I would like some time by myself in the quiet room". Thus, staff stood in the corridor outside of the reflective practice suite and completed intermittent checks on the service user to ensure that she was safe. Initially the service user was observed sitting quietly in the reflective practice suite, however, at approximately 19:10 staff observed	Staff attempted verbal communication and de-escalation, however, due to concerns that the service may attempt to harm themselves, PMVA forearm holds were utilised and the sharp object was removed from the service users pocket. Following another period of verbal reassurance, de-escalation and communication the service user returned to the ward without the need for further restrictive intervention. PRN medication was then administered and I also explained to the service user that their use of the courtyard would be escorted for the remainder for the remainder of the shift.	Managed well by staff following policy/procedures and principles.	N/A	None (no harm caused by the incident)	Closed
GHC69274	04/05/2024	03/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Standing		19:50 - 20:00 - The service user walked out of the main entrance/exit to the ward and said "I'm going to the courtyard". I explained to the service user that staff would escort her to the courtyard later on in the shift, however, she said "I'm going by myself". I attempted further communication with the service user, however, she did not respond and she continued to walk towards the stairwell that leads to Abbey Ward. Further verbal communication was attempted and I again explained to the service user that a member of staff would escort her to the courtyard later on in the shift, however, she continued to walk away from staff. Thus, due to concerns that she may attempt to harm herself if allowed to leave the ward unescorted, PMVA forearm holds were utilised and the service user became resistive to the implementation of these holds (please see notes below for more information regarding this). For example, the service user attempted to drop herself to the floor on one occasion and she said "let me go,	Staff attempted verbal communication, PMVA holds were utilised, the service user returned to the ward in precautionary PMVA holds and staff continued verbal communication on the ward.	Managed by staff following policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC69279	04/05/2024	04/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Patient unsettled in communal areas Unable to accept redirection and boundaries Patient hit peer and SN on their head with laminated piece of paper	Planned PMVA Patient put in light holds onto POD RT IM 1mg lorazepam administered in left thigh Patient declined physical obs Non-contact physical obs completed	none	none	None (no harm caused by the incident)	Closed
GHC69282	04/05/2024	03/05/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		patient held in a clinical hold to enable bloods to be taken safely	reassurance given	None required	None	None (no harm caused by the incident)	Closed
GHC69285	04/05/2024	04/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		Care plan followed debrief during escorted walk after	N/A	None (no harm caused by the incident)	Closed
GHC69288	04/05/2024	04/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		The patients were presented unsettled, grabbing staff, and throwing stuff in the communal area.	The physical intervention and RT were administered.	none	none	None (no harm caused by the incident)	Closed
GHC69291	04/05/2024	01/05/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	Explained to paid carers how the procedure would take place and what monitoring would be used to safeguard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC69299	04/05/2024	04/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient in communal area invading the personal space of other patients. Patient asked by staff on numerous occasions to move out of patients' personal space. Patient hit out at staff when guided away from other peers. Patient getting into staff personal space. CN had discussion with duty doctor regarding the administration of IM RT as patient had previously taken PRN to no avail. Decision to administer IM RT. CN asked patient to sit on the pod, patient sat on it on own volition. CN asked if patient would take oral RT, patient declined. CN explained the nurse was going to administer IM RT to the right upper thigh. Light holds required on both arms. Cushion placed over both legs.	IM RT administration to right upper thigh. Patient sat on pod Light holds required to both arms. Cushion placed over both legs.	followed policy and procedures	N/A Patient unwell	None (no harm caused by the incident)	Closed
GHC69301	04/05/2024	04/05/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient became unsettled after the family visited and left. Patient attempted to abscond after the family left and was stopped by the staff. Patient went to dining room, picked up the container of hot soup the family brought for tea, walked back to the communal areas and threw it over staff's head who was in communal areas.	PMVA team was called, patient was escorted to their room and given RT IM medication.	* Staff intervened to prevent patient from leaving ward (no physical contact required). * Staff summoned PMVA team to aide in managing situation. * Patient received prescribed medications to aide in calming.	Staff managed situation and were able to prevent patient absconding, and were able to administer medications with PMVA team present, minimal physical intervention required whilst administering medications.	None (no harm caused by the incident)	Closed
GHC69303	04/05/2024	04/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	18 - Undertake a search of the patient's clothing or property to ensure the safety of others	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient was in the courtyard when the evening meal arrived, I went down to ask if she wanted something to eat. As patient stood off the floor I noticed her covertly place something in her pocket. Upon arriving to the ward patient went to the dining room and ate dinner. When she was finished and was returning to her bedroom, I asked if she could turn out her pockets. patient initially emptied her trouser pockets and there was nothing untoward, however there was an outline of something in her jacket pocket near her shoulder. patient removed a lighter from this pocket and the placed it back inside, reluctant to hand it over. I asked patient what she intended to do with the lighter, to which she said "I wanted to start a bonfire". patient then began to leave her bedroom, walking toward communal areas where she then attempted to leave the ward. PMVA holds were used to escort patient back to her	Verbal de-escalation attempted and appeared successful therefore PMVA holds reduced. patient continued to stay in her room talking with staff. patient explained that she got the lighter from the communal area. I asked patient if she understood why we needed to place her in holds and retrieve the lighter, to which she nodded her head. patient was then offered PRN medication which she accepted. patient now appears more settled in the communal areas.	good management and observations from staff	N/A	None (no harm caused by the incident)	Closed
GHC69311	05/05/2024	05/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		The patient awoke highly confused, disorientated and agitated. He did not appear to be processing staff attempts at verbal de-escalation. He told ward staff to get out several times. One HCA was able to calm him slightly and encouraged him to drink a cold drink with covert morphine in it, however he only had a small amount and threw the rest away. He continued to shout at ward staff then threw a chair at a nurse.	PBM arm holds were utilised and he was taken to his room. He was escorted to his bed and staff sat down by him on the bed with the holds still on. He seemed to gradually calm and forget what had just happened. Holds were released after two minutes. Around two minutes later he came back to the lounge and tipped a fellow patient out of his chair. The patient landed on his backside (he did not hit his head)and did not report pain afterwards and mobilised as usual. He had a NEWS2 score of 0 and the Duty Dr was notified.	Managed appropriately Meds to be reviewed	NA	None (no harm caused by the incident)	Closed
GHC69313	05/05/2024	04/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient supported to sit on the pod in light holds to both arms. NG feed administered Light holds released	NG feed administered Patient supported to sit on the pod in light holds to both arms Light holds released	Care plan followed debrief during escorted walk after	N/A	None (no harm caused by the incident)	Closed
GHC69314	05/05/2024	05/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient supported to sit on the pod in light holds to both arms. NG feed administered Light holds to arms released	NG feed administration Patient supported to sit on the pod in light holds to both arms. Light holds to arms released after feed administration.	Care plan followed debrief during escorted walk after	N/A	None (no harm caused by the incident)	Closed
GHC69323	05/05/2024	05/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was administered with NG feed	Verbal de-escalation	Care plan followed debrief during escorted walk after	N/A	None (no harm caused by the incident)	Closed
GHC69326	05/05/2024	05/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Standing		Patient M.G was in communal courtyard and had called police to request that they help her, reporting that she was being abused which was false. She then retreated to the bathroom on the female corridor and locked herself in while still on the phone to police screaming as if to be being attacked, staff stood outside the door informing her that this was not the appropriate way to deal with things and that her phone was going to be confiscated. She was given opportunities to hand this over herself but continued to barricade herself in the bathroom. PMVA called, bathroom door unlocked and staff made way in. Patient then continued to assault staff members (hair grabbed and pulled further datix to follow).HCA on both arms to remove her from bathroom and take her to bed room so that medication could be offered	PMVA called	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. MDT review. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC69332	05/05/2024	05/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (standing)		Patient had been doubly incontinent & needed personal care, he was supported into the bathroom but would not allow staff to support him with personal care becoming aggressive when staff tried to encourage him to sit down, would not accept reassurance or follow instructions.	PBM holds utilised to facilitate personal care to avoid any issues arising with skin	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC69334	05/05/2024	05/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Seated (other)		Patient attempted to leave the ward several times during the shift which was redirected by the staff. Around early evening patient was successful in leaving the ward but followed by staff. Patient went upstairs where then stood outside Priory ward, would not engage with staff, then walked towards the reception and was prevented from going further due to the locked door.	PMVA team called. Staff tried to persuade patient to return to the ward but patient would not would, patient was put in holds and then he escorted back to the ward without issue. Patient was taken to room where within holds and was offered initially 2mg Lorazepam which patient declined. Decision was made by staff to carry out IM Rapid Tranq, however soon, after further discussion with staff patient eventually excepted the RT oral 2mg Lorazepam. Patient agreed to stay in room for a period of time. After 20 minutes patient was observed in communal areas and again made a further attempt to leave the ward, then sat in communal areas quietly rolling a cigarette, then asking fellow patients for a lighter. Spent time in the ward garden after this.	No further actions taken at this time. All post RT protocols followed.	No lessons learnt at this time.	None (no harm caused by the incident)	Closed
GHC69339	05/05/2024	04/05/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Self - injurious behaviour (Inserted metallic ring on arm & Head banging) PMVA team called Patient was given RT.	penetrate metallic ring into arm, was reluctant to speak to staff and refused prn and grounding techniques. Patient requested to left alone 23:00 - Staff informed duty doctor as patient was trying to penetrate the metallic ring deeper. 23:30 Duty doctor attended patient was reluctant to engage. Advise to offer RT if patient escalates 00:45 - Staff heard headbanging from patient's room . 00:47 - Staffs entered in her room , found patient banging her head against the wall . Tried to de-escalate verbally . Patient was not ready to engage with staffs and continued headbanging. She was resistive with the staffs where staffs needed more help and called PMVA Team . 00:52 - PMVA Team arrived , put her on holds , tried to de-escalate verbally again . Patient was mute and still. Offered PRN three times . Patient refused to take it. 01:03 - Patient was given RT (2mg Lorazepam and 50mg Promethazine) 01:10 - Patient was de-briefed , Post RT Non touch observations were taken as patient refused physical obs. 17:30 - Patient transferred to A&E to get the metallic ring out of the arm.	Risks, observations and leave reviewed No changes to treatment or management plan Patient due for discharge and finding the transition stressful Patient CRD Long term risk of self injury identifed	n/a	None (no harm caused by the incident)	Closed
GHC69344	06/05/2024	05/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	AWOL, absconding and missing patients	Patient attempted to abscond	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient attempted to abscond. Patient followed ambulance staff on their way out	Patient was re-directed but declined He kicked staff in the ankle precautionary holds applied Patient was removed from the door	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	To be mindful of who is leaving the unit and not allowing others to open the door, should a patient be close by for the potential risk of absconding.	None (no harm caused by the incident)	Closed
GHC69346	06/05/2024	06/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Seated (other)		The patient awoke after sleeping in a lounge chair. He appeared confused agitated and frightened. He seem to believe he was in his house and shouted at staff to leave. He took a lounge chair, seemingly to use as a barrier and pushed it at staff if they approached them. He then urinated on the floor outside a communal toilet.	Ward staff needed to lessen the risk of the patient slipping (and potentially falling) on his own urine and getting to a safer area of the communal area. Two ward staff used PBM holds to escort the patient to the nearest sofa (no other patients were in the communal area). Staff used seated arm holds to keep the patient by them while the other area was	Managed appropriately Meds to be reviewed	NA	None (no harm caused by the incident)	Closed
GHC69348	06/05/2024	06/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient banging on female communal area doors being disruptive. Attempted assaults towards staff. Patient placed into PMVA holds and took himself to the floor.	PMVA holds.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC69353	06/05/2024	06/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		Care plan followed debrief during escorted walk after	N/A	None (no harm caused by the incident)	Closed
GHC69361	06/05/2024	06/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (standing)		Patient had been doubly incontinent while in male corridor & had smeared faeces over the walls & doors. Staff tried to support him with personal care but he became very resistive & aggressive towards staff	PBM holds utilised to complete personal care	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC69372	06/05/2024	06/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for Nasogastric feed.	Nasogastric feed administered using light PMVA holds with 2 staffs.	Care plan followed debrief during escorted walk after	N/A	None (no harm caused by the incident)	Closed
GHC69375	06/05/2024	06/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was agitated in the communal areas and was threatening staff and grabbing staff who were attempting to assist him. He was shouting and screaming and being physical aggressive towards staff	Patient was put in PMVA holds and was continuing to be aggressive Oral RT was offered a few times and patient threw the medication away Duty doctor was in attendance IM Lorazepam 1mg IM was administered with good effect Patient was monitored on 2:1 as he was becoming unsteady on his feet and fell asleep on the sofa Declined physical observation and none touch were commenced	none	none	None (no harm caused by the incident)	Closed
GHC69376	06/05/2024	06/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Following assault on member of staff PMVA holds utilised standing, patient then kicked staff causing them to drop the floor, PMVA holds briefly used on the floor and staff were able to guide patient in holds to the ECA onto the pod briefly where oral RT medication was accepted. Staff members glasses broke during the assault / PMVA.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC69378	06/05/2024	06/05/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Seated (POD used)		Service user becoming increasingly agitated, unsettled and trying to leave the ward +++, putting hands towards staff, unable to process redirection or boundaries. Had been trying to induce vomiting after oral PRN/RT earlier, so decision made to administer IMI RT Haloperidol and team called to assist with PMVA.	Team attempted to explain medication to patient, but he was unable to process information and lacks capacity around medication. Team used seated restraint in the pod, with leg cushion, with IMI Haloperidol administered. Patient distressed during, requested a male HCA administer as nurse did not know 'what they were doing'. Offered reassurance. RT observations commenced, with NEWS 2 and non touch sheet started. Debrief to be offered when	* Patient had escalated and required RT medications, decision reached to proceed with RT medication with PMVA present to maintain safety whilst RT medication administered. * Staff assembled PMVA team, proceeded with intervention.	* Staff reached a decision to proceed with RT medications with a PMVA team present, this was managed well by staff and intervention proved successful.	None (no harm caused by the incident)	Closed

GHC69385	06/05/2024	06/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient was hyper active in the communal area and was climbing on the heaters and sofa in a risky way. Verbal de- escalation was attempted with no effect at all. Staff moved closer to the patient to try to try and support her to come down from the heater and she punched staff on the head	Patient was escalating and shouting Verbal de-escalation was continued to no avail Patient was put in PMVA holds and was escorted to her bedroom RT Lorazepam 1mg was administered with good effect Patient was settled and resting on the sofa in the communal areas Declined physical observations None contact physical observations were commenced	none	none	None (no harm caused by the incident)	Closed
GHC69390	07/05/2024	06/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was in their room then come to communal areas and attempted to leave the ward, was highly anxious and unsettled in mental state. Staff took the patient in holds back to their room.	Patient attempted to leave their room several time and staff had to hold them in a seated restraint on the bed. staff let go and then had to hold back on due to patient attempting to leave their room and leave the ward	patient highly distressed- managed by staff following policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC69396	07/05/2024	07/05/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Seated (other)		Patient has continuously attempted to abscond throughout the morning and before shift began, pushing past staff, attempting to jump the garden fence, offered oral PRN but declined so RT given.	Attempted to explain to patient about being under section 3 and not having leave, this was ignored numerous times so offered oral PRN but declined so RT given this was given using a PMVA team, 2 staff light holds on arms and 2 staff on legs.	Staff sought to verbally de-escalate, however patient unwell and unable to take onboard reassurances and de-escalation. Staff reached decision to administer RT medications as Patient unable / unwilling to accept PRN medications.	Staff acted to preserve safety of patient trying to abscond from ward. Staff sought support from PMVA team to administer medications safely.	None (no harm caused by the incident)	Closed
GHC69398	07/05/2024	07/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		NG Feed given as prescribed	Feed given as per PMVA	care plan followed debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC69405	07/05/2024	07/05/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Seated (other)		Patient remained driven to abscond, trying to push past staff on the door. Had already had RT Lorazepam 2 hours previously, with no observable effects. Acutely unwell, lacking capacity and high risks attached to absconding. Decision made to administer IMI Haloperidol RT, due to ongoing attempts to induce vomiting with oral medication. Team used seated restraint on his bed, with leg cushion and administered IMI Haloperidol. Some verbal dissent, but no physical aggression during restraint and team able to release holds immediately after medication administered. Arms and legs held, head not held as not required, but he was spoken to and staff member monitored breathing and was ready to hold head if	Medical team informed that RT administered and patient due to be seen in ward round at 10:30. RT observations commenced and debrief to be completed by ward staff when patient more settled.	Patient was acutely unwell, unable to accept reassurances or de-escalation. Was offered PRN medications but unwilling / unable to comply. Decision made to proceed with RT medications. PMVA team assembled to assist in the safe administration of RT medications.	Staff sought to resolve this incident verbally and with PRN medications. It became clear patient was unable to comply with PRN medications, staff proceeded with RT medications as a means of reducing the acuity of the patient, and to reduce risk of absconding from ward.	None (no harm caused by the incident)	Closed
GHC69408	07/05/2024	13/04/2024	CRHT Cots & Vale	Robert Maxwell s136 suite	Medication incidents	Medication incident not involving controlled drug(s)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient in location Maxwell Suite required RT IM - accidentally administered using blunt drawing up needle	Constant review of patient following RT	Staff involved offered supervision following event - recognises that the mistake happened as a result of chaotic environment. Staff ensured patient was monitored following incident to ensure they were not in any pain etc Staff reminded to ensure where possible that two qualified nurses oversee drawing up of RT to minimise	None	None (no harm caused by the incident)	Closed
GHC69413	07/05/2024	30/04/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers how the procedure will take place and what monitoring would be used to safeguard the patient. The MCA paperwork was reviewed and agreed with carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC69417	07/05/2024	07/05/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was attempting to abscond again, tried to redirect but not successful. Was showing the steps of marshal arts to staff and attempted to assault staff when stopped from leaving the ward.	Team decision made to call PMVA and gave him Promethazine 50 MG.	* Staff sought to de-escalate and distract, however patient not responsive to these actions. * Decision reached to call PMVA team to offer support and maintain safety of those involved. * patient received RT medications.	* Staff followed risk assessment and care-plan and took action to maintain safety of staff and patient.	None (no harm caused by the incident)	Closed
GHC69418	07/05/2024	07/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		PMVA holds utilised to prevent assault/further assault to staff member. Initially standing holds utilised followed by restrictive escort to low stimulus environment		none	none	None (no harm caused by the incident)	Closed
GHC69419	07/05/2024	07/05/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		Phlebotomy PBM clinical hold on patient in bed, in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC69420	07/05/2024	07/05/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Seated (other)		Patient was remained on same presentation, keep trying to leave from the ward. Attempting to assault staff, showing Marshall arts. Encourage patient to return back to bed space which patient declined.	Team decision made and called PMVA and given RT.	Staff sought to deescalate patient however patient highly distressed and unable to accept reassurances. Staff reached decision to request a PMVA team to prevent patient from fleeing hospital and to maintain safety of those present. Staff made clinical decision to proceed with RT medications to aide patient to calm.	Staff followed care-plan and risk assessment.	None (no harm caused by the incident)	Closed
GHC69428	07/05/2024	01/05/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Assisted support		The patient was very agitated and unsettled in presentation and continuously ask to call her husband which she did just before the incident. Continuously try to enter the ward office even after staff inform her that she cannot enter the room, shouting to let her enter the room and accusing staff of having an affair with her husband and hold on the office door handle. When staff inform her not to enter the room and move away from the area, she was hesitant about it and had to be hold by two staff on her arm and remove her away from the office area in which the patient pinch at the staff who hold her in her one arm.1 staff hold the patient in right arm and another staff hold the patient on the left arm	Try to deescalate the patient and convince her to not enter the office but patient still insists on entering the room and PBM used in which 2 staff hold on the arm of the patient and move her out of the office area in which the patient pinch on one of the staff on her hand but release it after informing her not to do it.	The correct actions were taken and all paperwork completed. Reviewed at MDT	none required.	None (no harm caused by the incident)	Closed
GHC69429	07/05/2024	07/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Personal care (standing)		PBM safe hold to carry out patient incontinent needs	Utilised PBM safe hold to support patients incontinent needs, due to confusion and refusal	Managed appropriately as per personal care plan to maintain dignity and skin integrity safely in best interest	N/A	None (no harm caused by the incident)	Closed
GHC69434	07/05/2024	07/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other outside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient was in the courtyard being supported by HCA 1, patient was due to return to the ward 18.50. HCA 1 used a ward radio to ask for assistance as patient was declining to come back to the ward after several prompts and redirections and just sat down on the grass under a tree, stripping bark of a stick.	HCA 2 and SN from the ward came down to assist. HCA 2 spoke with patient and tried to come up with a compromise at 19.00, compromise agreed that patient would stay for 3 minutes longer then return to the ward. After 3 minutes patient still would not return to the ward and ignored staffs attempt at talking. HCA 2 used the radio to request support from other wards to the courtyard. verbal redirection attempted again but to no success so decision made to place Patient in forearm holds	refusing to return to ward so managed by staff	n/a	None (no harm caused by the incident)	Closed
GHC69435	07/05/2024	07/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PATIENT IS DUE FOR NASOGASTRIC FEED, CALLED PLANNED PMVA.	PMVA light holds applied, patient was seated on pod and weighted blanket was used. Care plan followed after feed, 1:1 and debrief while walking.	Care plan followed debrief during escorted walk after	N/A	None (no harm caused by the incident)	Closed
GHC69446	08/05/2024	07/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Patient woke up at about 06:00 confused and agitated. They threw their clothes and other personal belongings across their room and attempted pulling their toilet sink out of the wall. Patient was physically aggressive to staff when they tried guiding them away from the shower room and support them from falling.	Patient was put in PMVA hold, oral RT 1mg lorazepam was offered but they declined, RT was administered via IM. Staff withdraw from patient's room as they remained aggressive to staff. Patient was monitored closely by staff from a safe distance.	none	none	None (no harm caused by the incident)	Closed
GHC69450	08/05/2024	08/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The service users nasogastric feed was administered as per prescription and two members of staff held the service users hands as the nasogastric feed was administered (service user was sat on the POD). The service user was not resistive to the administration of the nasogastric feed and they did not appear upset or distressed		Care plan followed debrief during escorted walk after	N/A	None (no harm caused by the incident)	Closed
GHC69451	08/05/2024	08/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient kicked staff and being aggressive	placed in hold standing and restrictive escort used	none	none	None (no harm caused by the incident)	Closed
GHC69464	08/05/2024	08/05/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC69469	08/05/2024	08/05/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for blood test in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	Patient did not have blood test at he was difficult to bleed.	None required	None required	None (no harm caused by the incident)	Closed
GHC69476	08/05/2024	08/05/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Two person escort and PBM seated clinical hold on patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers how the procedure will take place and what monitoring would be used to safeguard the patient. The MCA paperwork was reviewed and discussed with carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC69477	08/05/2024	08/05/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was refusing to do blood sugar level before food as directed by care plan. Patient became verbally aggressive and hitting at staff.	Attempted to deescalate using vocal directions ,which failed . Patient was put into PMVA holds and was escorted to their bedroom	Patients physical health and mental health status reviewed and associated risks considered Restrictive interventions required to maintain patients health and minimise harm to others Patient manages own diabetes when mentally well	n/a	None (no harm caused by the incident)	Closed
GHC69488	08/05/2024	08/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient was in the visitors room calling family whilst staff where outside the room. Patient then proceeded to shoulder barge into the window of the visitors room in attempt to break it. patient hit the window roughly 3 - 4 times and the window fell through. Patient jumped through the window and proceeded to run away from the hospital. staff later caught patient just after the maxwell suite, where he was placed in holds, patient was resistive and took himself to the floor in a supine position, staff held the patient until further support could attend in order to bring patient back to the ward. Medication given whilst on the floor, patient appeared calmer and staff tried to escort patient back to the ward. patient remained resistive throughout, trying to trip staff over whilst returning to the ward.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	This incident is rare and highly unlikely to happen, therefore it is difficult to identify lessons learnt when the patient was able to smash a window and break out of the unit.	None (no harm caused by the incident)	Closed
GHC69491	08/05/2024	08/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due her prescribed feeds	Patient was placed in holds to facilitate this. Engaged in conversation throughout.	Care plan followed debrief during escorted walk after	N/A	None (no harm caused by the incident)	Closed
GHC69495	08/05/2024	08/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		A male patient was seen with his bowels open, staff had tried to verbalise that the male patient needed to change the pad but was unable to follow staff instructions so it was in his best interests to use pbm techniques in the communal area bathroom	Two staff members held the male patient right and left arm whiles another staff member gave the patient the personal care. The male patient was held in the pbm techniques for three minutes.	Care plan is place to support pbm use within personal care due to behaviours that challenge	N/A - managed appropriately as per care plan.	None (no harm caused by the incident)	Closed
GHC69500	09/05/2024	09/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		Care plan followed debrief during escorted walk after	N/A	None (no harm caused by the incident)	Closed
GHC69509	09/05/2024	09/05/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold to carry our a blood test and COVID-19 vaccine on a patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated, or due to complications associated with the COVID-19 virus.	It was explained to paid carers how the procedure would take place and what monitoring would be used to safeguard the patient. The MCA paperwork was reviewed and discussed with carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC69515	09/05/2024	09/05/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		a seated clinical hold was performed by a nursing associate and HCA to obtain bloods from a service user.		None required	None required	None (no harm caused by the incident)	Closed
GHC69522	09/05/2024	09/05/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		phlabotomy procidure PBM clinical seated hold on patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated	MCA and best interest paper work was reviewed and left with carers	None required	None required	None (no harm caused by the incident)	Closed
GHC69524	09/05/2024	09/05/2024	LD IHOT	Pullman Place LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PHLABOTOMY PBM CLINICAL SEATED HOLD ON PATIENT IN HIS BEST INTEREST IN PROPORTION TO THE RISK OF SERIUOS HARM IF UNDETECTED MEDICAL CONDITION IS NOT TREATED	MCA and best interest paper work was was reviewed and copies left with carers	None required	None required	None (no harm caused by the incident)	Closed
GHC69532	09/05/2024	09/05/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		patient held in a seated clinical hold to enable bloods to be taken safely	reassurance through-out procedure.	None required - routine intervention	None	None (no harm caused by the incident)	Closed
GHC69534	09/05/2024	09/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed. Provided feeds on light holds with the support of two members of staff , patient was not resistive and engaged with the staff .Used pod to restrain ,provided weighted blanket as per her request, staff initiated conversation during the procedure which the patient engaged . She was provided medications and was taken out for a walk. Debrief given ,followed care plan.		care plan followed debrief during escorted walk	N/A	None (no harm caused by the incident)	Closed
GHC69553	10/05/2024	09/05/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient requested for a drink asking staff to open the bathroom door, whilst the door was open, patient suddenly attacked staff grabbing staffs on the face and scratching another staffs resulting in injury of staffs.	physical intervention (safe hold and figure four hold) was used to redirect to his room, staffs withdrawn from the flat immediately after being redirected to his bedroom, and given some time to self regulate, whilst staff continued to observed him via cctv.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	Where staff have become the target of an individual they will attempt verbal redirection, utilise proxemics, breakaway techniques or PBM and withdraw from the area at the first possible safe opportunity.	None (no harm caused by the incident)	Closed
GHC69554	10/05/2024	10/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Seated (other)		Patient walk out off the ward around 01:15, and went towards the reception area in an intention to leave the hospital. Staff followed the patient and attempt to redirect but patient refuses and reluctant to come back. Patient was put themselves on sofa in front of Kings Holm ward and acted like was asleep. Staff were remained with patient around 45 minutes to prompt patient to return back to ward. By the time patient attempted twice to leave the hospital when other staff opened the locked reception door. Planned team decision made to call PMVA to bring patient back to ward as patient had medium risk to abscond.	Team went to patient in the front door and prompted patient to come back but he refuses again with several attempts. Patient was acting like asleep and smiling at staff and moving hands which shows patient was awake. Decision made to transfer patient to a wheel chair from sofa as he keep refuses to come back. Put patient on wheel chair and moved to ward, he attempted to assault staff and kicked one staff with legs. After reaching the ward patient was transferred to sofa and then patient keeps trying to leave the ward and pushed staff away several times. Offered oral medication but patient refuses to take. later, given RT 1 MG Lorazepam on holds.	none	none	None (no harm caused by the incident)	Closed
GHC69559	10/05/2024	10/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69565	10/05/2024	10/05/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		A PBM clinical seated hold was performed on a patient in their best interest in proportion to the risk of serious harm if cannulation was not performed.		None required	None required	None (no harm caused by the incident)	Closed
GHC69587	10/05/2024	10/05/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient spent some time in the shower room/toilet pacing and not using the toilet as intended. He then suddenly rushed out of the shower room and attacked staff scratching two members of staff on their faces.	Patient was safe hold to his bedroom using PBM.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	be vigilant when entering patient environment and when in his environment. All staff fully trained	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC69594	10/05/2024	10/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user on light PMVA holds for planned NG feeding.	Service user put on light PMVA holds. Seated on pods with weighted blanket to support legs. Reassurance provided through out the procedure.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69602	10/05/2024	10/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Escort		male patient was trying to grab a female patient's Zimmer frame. staff tried to de escalate the patient. verbal; reassurance did not have any effect on the male patient. male patient was getting verbally aggressive, shouting and forcefully trying to get hold of the female patient's frame. staff had to intervene and use PBM holds to escort him to a safer place.	staff had to use PBM holds and used breakaway techniques when the patient was settled.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC69604	11/05/2024	10/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient was banging on the office window and swearing at staffs. Patient was also demanding for leave and cigarettes. Staff1 and Staff 2 went out to have a chat with patient. Patient became more elevated stating that he wants leave and calling staff the c*** word. Patient then raised his hands and attempted to punch staff. Staff 1 and staff 2 managed to hold Patient in standing position. Staff attempted to verbally deescalate patient which was not working. Staff offered medication orally, patient refused saying that he will have it as an injection. Patient was seated on pod. RT medication was administered as IM on the left thigh. PMVA holds were removed. Patient became settled soon after the		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC69605	11/05/2024	10/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient 1 saw Patient 2 who was on PMVA holds in the communal area. Patient 1 started to escalate, shouting and marching through the communal area. Staffs requested Patient 1 to spend some time in his bedroom as Patient 1 was getting very loud. Patient 1 refused to go to bedroom. Patient 1 then made a fist and raised his arms. Staff 1 and Staff 2 placed Patient on precautionary holds and guided to his bedroom. Patient was given RT medication orally which he accepted. Patient became settled and slept soon after.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC69611	11/05/2024	11/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69618	11/05/2024	11/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient required light pmva arm holds for administration of NG feed.	pod and weighted blanket used	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69622	11/05/2024	11/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PBM (physical intervention)	Escort		Patient was displaying agitation. Normally patient is having pain so prn medication was given. However, the patient was becoming more agitated and moving items of furniture and slammed a chair so hard that a small piece of splitter wood came off the leg. Patient was shouting	To reduce the risk of harm to himself and others around him. PBM holds were utilised and he was supported to his bedroom. Patient appeared more relaxed and lay on his bed. Staff made him comfortable and left the room. No harm caused to patient or others at that stage.	Managed appropriately	staff to utilise RAG charts to identify escalating behaviour and strategies to minimise	None (no harm caused by the incident)	Closed
GHC69624	11/05/2024	10/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PMVA (physical intervention)	Non-standard hold	Patient was led on her left side in fetal position with left arm under head RMN held right arm lightly to protect patient HCA led over legs to stop patient from	Patient was led in the garden next to greyfriars garden doors Patient appeared to be asleep Staff attempted to redirect Patient from the doors, for their own safety Patient unable to accept redirection Patient woke up and began to strip of their clothing Patient reluctant to put on clothing or be redirected from the garden	Staff used screens to protect patients dignity Staff attempted to redirect patient Covered patient using blankets Staff offered patient oral RT Patient declined RT IM 50mg promethazine administered Nontouch physical observations completed	none	none	None (no harm caused by the incident)	Closed
GHC69627	11/05/2024	23/03/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		Patient had become incontinent and needed staff support. So PBM holds were needed due to agitation	Patient was made clean and comfortable	Managed appropriately as per personal care plan to maintain dignity and skin integrity safely in best interest	N/A	None (no harm caused by the incident)	Closed
GHC69629	12/05/2024	11/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was observed as urinating in the dining area. When staff approached and encouraged patient to put clothes on, patient was reluctant initially and started to show sexual mannerisms towards staff later on managed to put clothes on. When staff encouraged patient to go back to bed space, patient were started to soak urine with tissues and throwing towards staff, become verbally assaultive and threw the plates on the floor which was broken. Also dip the hand in urine and attempting to touch staff with it.	Made a team decision to call PMVA team. Staff keep attempted to verbally de escalate the situation. Offered regular medication haloperidol with along with PRN. Patient was verbally abusive towards staff and threw the cup of water towards the staff's face. Then patient was attempted to kick the staff which leads to put patient on holds and verbally de escalated later on, gradually accepted PRN Lorazepam 2 MG orally.	none	none	None (no harm caused by the incident)	Closed
GHC69632	12/05/2024	12/05/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Escort		Patient was in their garden throwing plant pots, a bucket and small stones into the car park, over the roof and into their flat. Not responding to verbal redirection.	staff physically intervened and escorted the patient back into the flat the patient then sat on their bed and staff withdrew	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	None (no harm caused by the incident)	Closed
GHC69635	12/05/2024	11/05/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition not treated	It was explained to paid carers how the procedure will take place and what monitoring would be used to safeguard the patient.	None required	Routine intervention for IHOT	None (no harm caused by the incident)	Closed
GHC69636	12/05/2024	12/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient required pmva holds for administration of NG feed.	pod and weighted blanket used.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69652	12/05/2024	12/05/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient began to escalate at attempted to attack staff.	Supporting staff intervened and attempted removal to the patients chair in lounge.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC69657	12/05/2024	12/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was restive to NG feed	patient was restrained in a seated position on the pod with a weighted blanket on their legs.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69658	12/05/2024	12/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		Patient was in the communal area and started shouting while holding on to his trousers. Staff redirected into the communal bathroom and within seconds heard a thud. Staff opened the door and patient had kicked over the bin and put items down the toilet. Staff redirected out of the bathroom and patient continued to be elevated and then did a dance move before throwing punches at a staff member, one punch hitting on the side of the cheek.	" other members of the nursing team rushed over and put patient into PBM holds and took the male patient to his room, where he was still fighting and swearing. Decision to administer RT IM into Right thigh. Non-touch observations were commenced and patient is already on 15/15. Doctor to be informed after retrieving observations. Family will be called to inform of PBM and RT	inform staff of RT post observations policy for correct monitoring	Staff to ensure they are recording post RT observations correctly	None (no harm caused by the incident)	Closed
GHC69668	12/05/2024	12/05/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	Other form of physical intervention	Prone (face down)		Patient had been using his computer and then didnt want to come of it at the allocated time but did eventually but then refused to come back into his flat. Staff spent several minutes trying to coax patient back onto the unit but he moved nearer and nearer the gate. He then became very aggressive towards staff swearing and throwing punches towards the staff	Non Standard intervention followed by PBM intervention . During intervention patient banged his head on the ground and cut his head	Incident reviewed. 1. Continue close monitoring of patient for injury. 2. Care plans, risk assessments and communication strategy updated. 3. Continued formulation. 4. Involve GP if concerns arise about injury. 5. For weekly discussion in MDT, LIFE meeting and daily discussion in Safety Huddles. 6. Weekly update to family. 7. Review of PBS Plan. 8. Debrief set up for staff.	1. That staff are aware of and able to use care planned interventions for this patient. 2. That despite our extensive knowledge and continued formulation of this patient he remains a high risk of injury to himself and to others.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC69673	13/05/2024	12/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	AWOL, absconding and missing patients	Patient attempted to abscond	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient was requested for lighters to smoke outside the hospital. Staff explained that patient cannot be able to go as the doors were locked after 22:00 and encouraged her to use the vape instead in the garden. Patient then took herself to front of the hospital near to reception in an attempt to go out for cigarette and sat on the floor by lying the locked door of reception. Attempted to verbally de escalate and return to ward but patient was verbally abusive and pulled the ID badge from staff and grabbed it from	Called PMVA for support, when patient attempted to assault staff by grabbing. Put her on holds and taken back to ward. Later verbally de escalated and accepted regular medication haloperidol and declined the offered PRN Lorazepam oral.	none	none	None (no harm caused by the incident)	Closed
GHC69693	13/05/2024	13/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient slightly resistive to administration of as prescribed NG feed.	Patient taken into loose PMVA holds on Pod with weighted blanket. Aa prescribed NG feed administered in PMVA holds by 2 x GRH nursing staff. Patient facilitated usual as prescribed oral medication. Patient facilitated care planned escorted 1:1 leave (1 hour).	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69704	13/05/2024	13/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PBM (physical intervention)	Escort		Patient A found in patient B's room, and had been incontinent of fesces. Patient A was not able to follow instructions from staff and was becoming increasingly distressed	PBM holds used to escort patient A to bathroom. Holds released once in bathroom, and personal care completed	Managed appropriately as per personal care plan to maintain dignity and skin integrity safely in best interest	N/A	None (no harm caused by the incident)	Closed
GHC69709	13/05/2024	13/05/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical holds by IHOT staff in order for patient to receive clinical intervention to head wound by A&E nurse. (This was following a fall by the patient at another non-Trust location).		None required	None required	None (no harm caused by the incident)	Closed
GHC69711	13/05/2024	13/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG feed. restrained in seated holds on a pod	patient held in seated hold on the pod and ng feed administered	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69722	13/05/2024	13/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		Patient A sat by patient B (history of aggression towards patient A). Patient B started to voice irritation re. presence of patient A. Staff attempted to redirect patient A to prevent any aggression towards him. Patient disorientated and could not follow redirection. Staff attempted to utilise hand holds to redirect and this didn't work. PBM used in patient's best interests. Staff sat with him on the lounge sofa, tried to verbally calm him, and released the holds after two minutes. Shortly after, he came towards staff and was highly distressed, and then became aggressive to staff who attempted to calm him. PBM holds were used to escort to his room and staff sat on the bed with him till he calmed. He was found to have been incontinent	Staff continued to monitor post-PBM and patient appeared calmer, falling asleep on the sofa.	Managed appropriately	Meds review and ABC chart in place for patient	None (no harm caused by the incident)	Closed
GHC69727	14/05/2024	14/05/2024	CRHT Cots & Vale	Robert Maxwell s136 suite	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		Increasing agitation, assaulted staff, demanding to be released believes detained illegally. Threw items around in frustration, refused oral RT, deemed necessary to give IM under restraint which with encouragement was without much resistance after initial explanation		Debrief for staff Risk assessment review	None	None (no harm caused by the incident)	Closed
GHC69733	14/05/2024	14/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		Patient had been incontinent and was not accepting redirection to the toilet, he was becoming increasingly distressed by staff offering support Staff utilised PBM holds to get patient to bathroom, and then released these once in bathroom PBM holds used for a second time to hold patient whilst staff removed clothes as patient was getting distressed, and staff were able to clean some of the fesces away. Holds released and patient got into	Staff gave gentle verbal support throughout which worked well Personal care completed	Managed appropriately as per personal care plan to maintain dignity and skin integrity safely in best interest	N/A	None (no harm caused by the incident)	Closed
GHC69734	14/05/2024	14/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG feed, had to be held in a seated restraint on the pod	seated restraint on the pod NG feed given	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69737	14/05/2024	14/05/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical bed hold for dental check in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to N.O.K, how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	none required	None (no harm caused by the incident)	Closed
GHC69743	14/05/2024	14/05/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		Phlebotomy PBM clinical hold on patient in hospital bed, in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC69747	14/05/2024	14/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other outside	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient put on the signing out board that they were going to the courtyard for unescorted leave. Reception phoned to inform staff that patient had left the hospital. Staff checked with CN to make sure patient leave has not changed, CN said that patient did not have section 17 leave to front of hospital.	SN and HCA went to the front, patient was sitting on the grass by the carpark. SN and HCA informed patient that they did not have any leave to the front of hospital and needed to return to the ward. Patient declined, staff attempted to convince patient to no success so decision made to place patient in escorted holds back to ward	Managed following policy	n/a	None (no harm caused by the incident)	Closed
GHC69749	14/05/2024	14/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		Patient had been incontinent of faeces and required support with personal care as he was becoming increasingly uncomfortable and distressed	PBM holds utilised to escort patient to toilet, and then PBM holds used to restrain patient whilst staff completed personal care. Patient was not able to follow any instruction or direction.	Managed appropriately as per personal care plan to maintain dignity and skin integrity safely in best interest	N/A	None (no harm caused by the incident)	Closed
GHC69753	14/05/2024	14/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Seated (other)		Patient shouting and becoming physically aggressive, began hallucinating distressing things and becoming very frightened	PBM used to escort patient to bedroom, and then seated on the bed. Offered PRN Haloperidol multiple times which he verbally accepted but then became too afraid to take. He was then given PRN IM Haloperidol.	Managed appropriately	Managed appropriately Staff to utilise RAG charts for escalating behaviour and strategies to manage	None (no harm caused by the incident)	Closed
GHC69769	14/05/2024	14/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Administered of NG feed to patient		care plan followed	n/a	None (no harm caused by the incident)	Closed
GHC69781	14/05/2024	14/05/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Supine (face up)		Patient came from bedroom, prompted to go on scale, allowed staff to take his weight, when stepping off the scale, staff said nice, patient responded, 'not nice' he turned and attacked staff.	Staff tried to safe hold patient to his bedroom but patient kept attacking staff, in the process, patient went on the floor in the space between the entrance to the flat and the kitchen. Patient was restrained on the floor and alarm was pulled for help.	Incident reviewed. Staff dealt with the incident appropriately. Care plans and risk assessments kept under constant review and updated when necessary.	Staff acted in accordance with this patient's PBS plan.	None (no harm caused by the incident)	Closed
GHC69793	15/05/2024	15/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		a male patient was aggressive and restless. staff tried to offer prn but patient did not accept. he was double incontinent and smearing faeces everywhere. so PBM used for personal care	hca and staff managed to use PBM holds for patient and was able to continue personal care	Managed appropriately as per personal care plan to maintain dignity and skin integrity safely in best interest	N/A	None (no harm caused by the incident)	Closed
GHC69796	15/05/2024	15/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		light pmva holds required for administration of NG feed.	x2 members of staff pod used weighted blanket used 1-1 walk following as per care plan	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69800	15/05/2024	14/05/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Non-standard hold	Head held as still as possible by IHOT staff, ward staff and carer held arms. IHOT staff placed hands to side of head initially, avoiding his ears, but he then moved his head up and down so hands then placed on forehead and chin, taking care not to affect the airway. Released as soon as tube was in position.	Call received from staff at GRH requesting a clinical hold to insert a N.G. tube. As there was only one IHOT staff member in the office, and it was deemed urgent, it was explained that they could hold the head if their staff could contain his arms. This was agreed and staff member attended the ward and secured the patients head while ward staff and patient's carer kept his hands away from his face. Procedure went well with no issues at the time.		None required	None required	None (no harm caused by the incident)	Closed
GHC69811	15/05/2024	15/05/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Non-standard hold	IHOT staff member held patient's head still by placing a hand on his forehead and the other under his chin, avoiding putting pressure on his airway. 2 x IHOT staff held his arms to prevent them interfering with the procedure. Legs also bridged when he brought a knee up. Patient's carer also held an arm briefly while IHOT staff held his legs.	IHOT contacted to provide a clinical hold to support the insertion of an NG tube for a patient who lacks capacity to consent and is under section 2 MHA. 3 x IHOT staff attended and held arms and head of patient for the duration of the procedure		None required	None required	None (no harm caused by the incident)	Closed
GHC69836	15/05/2024	15/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PBM (physical intervention)	Personal care (standing)		Around 15:30, staff noted that patient is removing his trousers and have been incontinent of faeces and he was not able to understand redirection, moreover he became increasingly agitated by staff offering support. Staff utilised PBM holds to get patient to the bathroom, and staff A was holding in his right arm and staff B was holding his left arm. Patient continued to be in holds while in the toilet as patient was shouting and more distressed. Staff gave verbal reassurance throughout the holds. Patient released from holds after doing the personal care.	Verbal reassurance given throughout, offered PRN medication for patient after personal care.	Managed appropriately as per personal care plan to maintain dignity and skin integrity safely in best interest	N/A	None (no harm caused by the incident)	Closed
GHC69838	15/05/2024	15/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		patient had entered the kitchen and staff followed them due to them using a butter knife to self harm on their palms. the patient grabbed a butter knife from the drawer and started to stab the knife into their hand	Staff attempted to take the knife off the patient but they were resistive and staff had to put the patient in holds. The knife was removed by staff.	managed well by removing IOC	N.A	None (no harm caused by the incident)	Closed
GHC69839	15/05/2024	15/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was due for her naso gastric tube feeding .	Patient was held on light holds with pod and cushion. Supported by 2 staff .	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69862	16/05/2024	15/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient tried to leave the ward. Patient does not want to stay in hospital and need to go home.	Staff who was in communal area tried to stop her . Pulled the alarm ,Staff approached her. Tried to verbally de escalate her. When she tried to ran off, staff put her on holds, brought back to the ward from the front (near table tennis table in front of priory ward). She was escorted on arm holds to her room. Staff stayed with her and had a 1-1 . She declined to have any medications. She settled to bed after .	Care pan followed and managed by policy and procedures	N.A	None (no harm caused by the incident)	Closed
GHC69865	16/05/2024	16/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The service users nasogastric feed was administered as per prescription. The service user sat on the POD and held the hands of two members of staff as the nasogastric feed was administered. Staff provided verbal reassurance and support throughout and the service user did not appear distressed or upset. No PMVA holds were utilised during this incident and the service user walked and sat down on the POD willingly.		Care plan followed	N.A	None (no harm caused by the incident)	Closed

GHC69866	16/05/2024	16/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient requesting to go for a cigarette out the front of the hospital. Prior to this, patient presenting as pressured in speech and responding to unseen stimuli. Staff attempted to negotiate timeframes of leave with patient prior to leaving however patient not able to accept this. Staff informed patient that we need to assure safety prior to leave and if not able to, we will need to consider using leave later. Patient pushed staff away from the door, staff utilised forearm holds and patient dropped weight and sat on the floor. Staff released holds immediately and stepped away from patient to begin de-escalation. Patient jumped to her feet and began threatening NIC, swinging her bag around threatening to punch NIC. Staff re directed patient to ward where she then prevented staff entering, staff de-escalated patient and redirected her to ward garden where she accepted 2mg Lorazepam oral RT. RT observations started, patient refused NEWS2 observations. Ward		none	none	None (no harm caused by the incident)	Closed
GHC69867	16/05/2024	16/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient stood in corridor shouting at staff about their name and whether they are paid staff, continuing to make threats. Staff member attempted to de-escalate and patient started winging bag shouting "come on PICU" and threatening to hit staff member. Staff utilised forearm holds and supported patient to de-escalate in bedroom away from high stimulating environment. patient responded well to this.		none	none	None (no harm caused by the incident)	Closed
GHC69884	16/05/2024	16/05/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Patient was grabbing at staff's hand, arms and clothing.	Fix and hold was used attack alarm pulled and staff responded. Patient was removed to the chair using physical escort. Staff member removed top and staff were able to withdraw from unit.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC69891	16/05/2024	16/05/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for the purpose of taking blood sample was performed on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC69896	16/05/2024	16/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and weighted blanket used 1-1 walk following as per care plan	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC69918	17/05/2024	17/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient as per DATIX GHC69916 was placed in holds and given RT medication	Placed in holds, RT given	none	none	None (no harm caused by the incident)	Closed
GHC69924	17/05/2024	17/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		-Patient was due for NG feed. Used pods and weighted blanket. Staff used light holds to support her and engaged in conversation with her throughout the procedure. Debrief facilitated ,she was escorted for a walk after the feed and offered medications which she accepted		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69943	17/05/2024	17/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient required pmva for administration of NG feed.	pod and weighted blanket used 1-1 walk	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69948	17/05/2024	17/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		At 12:30 patient was heard headbanging in her bedroom, two members of staff immediately went to her support her,low level headbanging for less than 10 seconds against window ,no hold used and she stopped head banging by herself. -Explored the reason she initially said " nothing" later said she was struggling with "what is real and what is not"" also displayed urge to head bang (such as moving from place to place in an intention to head bang) tried to engage in verbal deescalation but failed therefore used PMVA light holds at 13:10 for 04 minutes in order to prevent the patient causing self harming. -Patient refused neuro observation. -Offered 1:1 and taken out the patient for a vape when patient became settled. -Offered PRN medication which she refused. -Requested for neuro observation again which she agreed and was taken, scored 2 on NEWS2 and GCS		cared plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69959	18/05/2024	17/05/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient had grabbed staffs' clothing and was attempting to pull them to the floor. A two person removal was implemented as verbal redirection was not successful.	A two person removal was implemented as verbal redirection was not successful.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC69964	18/05/2024	17/05/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Escort		physical intervention was used to redirect patient to his room after presenting as agitated and heighten, causing damage to property and increased risk to self.	figure four hold was used to escort patient to bedroom. RMN on the right and two HCA on the left.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	None (no harm caused by the incident)	Closed
GHC69966	18/05/2024	17/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		Time of Incident: 21:30 Summary: At approximately 21:30 hours, Patient was observed engaging in low-level intermittent head banging. Staff followed her care plan by offering ice packs, cubes, and flash cards, but she was reluctant to engage. Patient resumed head banging while wearing her earphones. Staff removed her earphones and attempted verbal de-escalation, which had limited effect, though she ceased head banging for 30 minutes. Details: -21:30: Patient began head banging intermittently. Staff offered interventions per her care plan, which she did not engage with. -21:45: Patient resumed head banging with her earphones on. Staff removed the earphones and attempted verbal de-escalation, which had limited effect. She stopped head banging for 30 minutes. -22:15: Patient resumed head banging. at that time duty doctor was present for assessing her for neurological status post-head banging. Despite staff's efforts to verbally de-escalate, Patient reported that Wotton Lawn was not helping her. The nursing team decided to administer Rapid Tranquilization due to her current presentation.	- Utilisation of verbal de-escalation. -Reactive administration of medication -neurological observations maintained as per the Trust Policy -Non- touch post RT observations (2x) maintained due to refusal of News. -Patient's behaviour was managed according to her care plan, with the administration of RT when necessary. Staff remained with her throughout the incident, ensuring her safety and addressing her needs promptly. Further monitoring and follow-up care are recommended.	care plan followed procedure also	N/A	None (no harm caused by the incident)	Closed
GHC69968	18/05/2024	18/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed , 2 members of staff assisted the patient ,used pod and weighted blanket.Staff engaged with the patient throughout the procedure and taken out the patient for a walk after feed. The patient was not resistive therefore supported the patient using light holds. Followed care plan.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC69973	18/05/2024	18/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		The patient woke up frightened and agitated. He took hold of two files and threw them at staff. He then got hold of a lounge chair and was pushing it towards staff. It was decided that it was in the patients best interests to escort him to a area with less items to use against staff.	Ward staff utilised PBM arm holds to escort staff to the lounge sofa. Staff assisted to sit and immediately released the holds. Staff walked away from the area and observed the patient from a distance. He calmed quickly after he had his morning medication (and PRN Promethazine) covertly.	Managed appropriately to minimise risk to self and others PRN administered low level pbm	Staff to utilise RAG charts to identify escalating behaviour and strategies to minimise	None (no harm caused by the incident)	Closed
GHC69977	18/05/2024	18/05/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical hold on patient in hospital bed, in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. Specifically for the fitting of NG Feed Tube – urgent need to administer medicines and feeds.		None required	None required	None (no harm caused by the incident)	Closed
GHC69983	18/05/2024	18/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (other)		Staff overhead patient head banging in her room.	Staff went into patient's room and attempted to verbally de-escalate patient. initially patient accepted verbal de-escalation and staff were able to verbally guide her from the window to her bed. She escalated again while on the bed and was attempting to head bang on the wall. Staff had to put her under PMVA holds and offer her oral PRN. She refused oral and IM rapid tranquilisation was administered.	Care plan followed Policy followed re- RT	N.A	None (no harm caused by the incident)	Closed
GHC69988	18/05/2024	18/05/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient was offered medications. He accepted the medications but refused the water. Staff tried to encourage patient to have some water but patient charged toward staff, scratching staff on his face. Patient was actually targeting staff's eyes as he continue to make attempts to get to the staff's eyes.	Alarm was pulled for help. The 4:1 staff quickly intervene to enable the staff that was attached to breakaway from patient's hold. Patient was redirected to his bedroom using PBM.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC69997	18/05/2024	18/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	AWOL, absconding and missing patients	Patient attempted to abscond	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient was chaotic and insistent that to leave the ward. Patient was already absconded from ward for an hour and was in front of hospital were the car are parked, attempting to get under the car through crawling on the floor and bring back in holds with lots of prompt and encouragement. Patient was continuing to attempt absconding from the ward through the door. Staff was trying to block her by standing on the doors, and encouraging verbally to go back to room. Patient was keep attempting to leave ward and assaulted staffs physically like trying to take staff's clothes off, punching, grabbing arms and scratching, pulling hairs off. Patient was then pulled	Called PMVA for support and escorted her to bedroom. Patient was remained unsettled, attempted patient to take into bed but resistive and lying on the floor. there fore given RT Promethazine 50 MG under holds on floor.	none	none	None (no harm caused by the incident)	Closed
GHC70007	19/05/2024	18/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed. 2 Members of staff supported the patient using light holds ,patient was not resistive during the procedure ,staff engaged with the patient during the whole procedure. Used pod and weighted blanket. Taken out for a walk after the feed and provided debrief.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70008	19/05/2024	19/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient had NG feed		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70009	19/05/2024	19/05/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical hold on patient in hospital bed, in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. Specifically for the fitting of NG Feed Tube – urgent need to administer medicines and feeds.		None required	None required	None (no harm caused by the incident)	Closed
GHC70016	19/05/2024	18/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-other outside	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Standing		Patient followed behind HCA and peer out of the ward to the front of the hospital HCA attempted to redirect patient back inside Patient unreceptive to redirection Patient ran from staff down the road, directly opposite the hospital Patient found attempting to climb into the back of a delivery truck Staff sat on the truck blocking entrance to the truck Staff attempted to put patient in holds to return to the ward Patient would drop themselves to the floor Team disengaged holds Hospital vehicle obtained Patient saw the car and attempted to get into the truck again Patient put into holds and escorted to the car Once outside WLH patient got out the car with staff Patient reluctant to walk back into hospital Patient dropped themselves to the floor	Psych emergency called Attempted redirection Staff utilised translator apps on mobile phone to no effect WLH vehicle utilised PMVA holds Staff disengaged when patient dropped to the floor Staff sat with Patient whilst led on the floor Patient offered and encouraged to drink fluids due to the heat SN administered PRN 2mg lorazepam Patient returned to the ward in holds	none	none	None (no harm caused by the incident)	Closed
GHC70017	19/05/2024	19/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG feed.	Patient was restrained on the pod to be given their feed	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70018	19/05/2024	19/05/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient woke up at 14:22. Patient was given time to orientate to time space and place. At 14:30, staff prompted patient for toilet and personal care. Patient charged towards staff and attacked, following staff to the kitchen as staff tried to escape from him, and scratching another staff on his stomach. Patient was very strong and managed to push his way through the door leading to the kitchen.	Patient was safe hold to his bedroom using PBM.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC70029	19/05/2024	19/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		17:00 : Patient was observed to be sitting on floor , leaning towards her bed. She had a butter knife in her hands. Staff went to her bedroom, asked to hand the butter knife from her hand. She declined to do so. Staff stayed with her. But she was not engaging in conversations and was not willing to listen to any verbal de-escalation. Offered PRN medications and other coping techniques, all she declined . Staff left her with an eye on her room . 17.10: Observed to be stabbing her hands again with butter knife. Staff removed the butter knife from her bedroom. offered PRN medications and other distraction technique. But she was not engaging . 17:15: Patient rushed to the kitchen in a intention to grab the butter knife or any sharps. Staff stopped her, put her on holds. As she was struggling, she was escorted on arm holds to her bedroom. When staff was trying to verbally de escalate, she replied that "I am not listening to you , please leave me ". When offered PRN medication, she declined it again. She promised that she will keep her self safe . offered dinner with spoon. 17:30 : Patient was observed to stab on her arm again with spoon, which was provided with dinner . When seen dinner and spoon was removed her	Offered PRN medications and other coping techniques, all she declined. PMVA holds were used , as she was restless and agitated. Pod and cushion was used , offered RT oral, but declined. RT IM injection Promethazine 50 and haloperidol 5 mg was administered at 17:40. She was struggling and was kept in holds for around 2 more minutes. RT physical observation were commenced. Duty doctor was informed. Debrief completed.	policy and procedure followed	N.A	None (no harm caused by the incident)	Closed
GHC70034	19/05/2024	19/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		A male patient was found incontinent of faeces, the male patients was unable to understand staff instructions and he needed to be changed so Pbm techniques had to be used for personal care	The Pbm utilised to support personal care	Managed appropriately as per personal care plan to maintain dignity and skin integrity safely in best interest	N/A	None (no harm caused by the incident)	Closed
GHC70042	20/05/2024	19/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		-At the beginning of the night shift, Patient was observed intermittently banging the back of her head against the wall while sitting on the side of her bed. -This behaviour was first noted at approximately 21:45. Following her care plan, staff provided de-escalation tools, including ice packs, cubes, and flashcards which was ineffective. Planned PMVA was initiated, and patient was guided into clinical seated holds. S/N AJK and I offered pt [name removed] oral tablets at several intervals, but she was reluctant to take them. At 22:15, patient was administered 50mg of Promethazine intramuscularly . Following this, the holds were disengaged, and patient appeared much more settled. See Datix progress notes for full details due to character limit in description box.	-Post-RT observations were maintained, including neurological checks. -Current GCS is 15. -Duty doctor reviewed patient [name removed] following the headbanging incident.	care plan followed policy followed and managed	N/A	None (no harm caused by the incident)	Closed
GHC70045	20/05/2024	20/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient slightly resistive to as prescribed feed. Patient taken into seated PMVA holds in Pod with use of weighted blanket.	Patient administered as prescribed NG feed by 2 x GRH nursing staff while in seated PMVA holds in pod. Patient released from holds after feed and facilitated 1:1 escorted leave off hospital grounds with nursing staff as per care plan.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70046	20/05/2024	20/05/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers, how the procedure would take place and what monitoring would be used to safeguard the patient. The BI/MCA paperwork was reviewed and copies given to the carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC70049	20/05/2024	20/05/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	Other form of physical intervention	Non-standard hold	unconventional intervention where the patient grabbed the staff's clothing around the arms and the staff was unable to breakaway but instead grabbed both the patient hands to avoid any bodily harm from the patient, whilst anticipating support from other staff who unfortunately slipped and fell due to a wet floor.	The patient was getting medication administered by the NIC. He accepted the tablets but declined the water, instead he threw the cup with water onto the floor, the floor was cleaned with a towel. However, based on his new support plan, the patient is encouraged to drink water after his morning medication due to the lengthy periods of time that he goes without food or fluids. The second cup was brought but the patient threw it at he staff and immediately the patient got up from his bed and charged at staff, the patient grabbed staff's clothes by their arm and this resulted in an unconventional restraint where the staff was unable to breakaway but held both the patients hands to stop him from causing any bodily harm.	A second staff ran in, in attempt to hold the other hand but unfortunately slipped and fell due to the water on the floor. This caused the staff who was holding the patient and the patient to fall on the patients bed. The other remaining staff helped the member of staff on the floor to get up, they quickly dried the floor and supported the staff to released the hold on the patient and everyone withdrew safely and left the patient safely sitting on his bed.	Staff well-being checked, all okay. Email sent to RC and Modern highlighting concerns about an upturn in violence and aggression from this patient towards staff and asking for a consultant review and MDT discussion on how to reduce risk to others. Risk Assessment updated to highlight recent upturn in violence and aggression towards staff and to increase level of perceived risk to others from medium to high.	That this is a continuation of an upturn in violence and aggression towards staff.	None (no harm caused by the incident)	Closed
GHC70057	20/05/2024	20/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Escort		pt initially taken via escort of x2 staff to the courtyard but made a pit stop at the reception doors to initially have a look. Staff tried to encourage them to come back to the ward after they started to get a little agitated. This is where they became very distressed and wanting to leave. PMVA teams were called to the reception areas as pt was becoming unmanageable. Potential trigger for this was the family leaving- son	Pod used where pt sat down of their own accord. RT oral given 2mg. Precautionary holds on arms used whilst pt was sat on the pod and again precautionary holds were also used to escort back to the room.	none	none	None (no harm caused by the incident)	Closed
GHC70062	20/05/2024	20/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Personal care (standing)		Patient was supported personal care as PBM HOLD	Patient was incontinent was supported as PBM HOLD successfully	Managed appropriately as per personal care plan to maintain dignity and skin integrity safely in best interest	n/a	None (no harm caused by the incident)	Closed
GHC70063	20/05/2024	19/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		Male patient was incontinent of faeces, he was not accepting staff, so Pbm techniques had to used for personal care		Managed appropriately as per personal care plan to maintain dignity and skin integrity	Nil- managed appropriately	None (no harm caused by the incident)	Closed
GHC70067	20/05/2024	19/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		Male patient was found incontinent of feaces,the male patient was unable to follow staff instructions and refused to get changed in the bathroom so PBM techniques had to be used for personal care	Staff PBM the male patient for three patients in the male bathroom room	Managed appropriately as per personal care plan to maintain dignity and skin integrity safely in best interest	N/A	None (no harm caused by the incident)	Closed
GHC70080	20/05/2024	20/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC70085	20/05/2024	20/05/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		The patient was due his depot injection CLOPIXOL (ZUCLOPENTHIXOL DECANOATE) 350mg. Patient refused strongly even after having 1:1 with 4 different staff including staff from different ward. He was verbally abusive towards all the staff, accusing them of stealing his money and telling them to Fuck off. At one point he was trying to knock the staff off with his 4 wheeler calling telling them to fuck off. This happens to all the staff who try to persuade him to take his depot injection. Since he is strongly against it, a discussion was made among the staff and with the best interest of the patient, depot injection was given with the help of PBM.	5 staff were present at the time of PBM. One staff hold the patient on the left arm, one staff hold the patient on the right arm, one staff hold the patient on the left leg, one staff hold the patient on the left leg and one staff administer the injection on his right thigh. The patient accepts the medication without further escalation.	All actions correct at time of incident.	None required.	None (no harm caused by the incident)	Closed
GHC70086	20/05/2024	20/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	18 - Undertake a search of the patient's clothing or property to ensure the safety of others	Planned	PMVA (physical intervention)	Seated (other)		Patient refused to hand over the razor which she has used for shaving her legs. Three members of staff have tried to persuade her to give it back however she declined. Planned search team was called, the patient has disclosed to staff that the razor was inside her pocket, she has declined to be search, subsequently staff used holds and got the razor from		Policy and procedure followed	N/A	None (no harm caused by the incident)	Closed
GHC70090	20/05/2024	20/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		During hourly check at 15:05 patient was seen head banging ,low level headbanging using back of her head against her bedroom wall. -Staff went to her room to support she was seen listening to music using airpod , staff used towel on back of her head to stop her doing head banging which she removed. -When staff tried to take her airpod off to verbally deescalate however she became very resistive and kicked one of the staff's arm (no harm caused to the staff) and continued to headbang. -Staff offered ice pack , used crisis escalator and offered PRN medication which she refused. -Therefore decision made to call PMVA team , team tried to verbally deescalate but no effect therefore offered RT oral which she declined in order to prevent patient causing serious self injury team decided to give IM lorazepam. -Started on neuro observation and post RT observation.. -Duty Dr reviewed the patient. -Debrief done. -19:05 patient was heard headbanging low intensity		care plan followed procedure followed	N/A	None (no harm caused by the incident)	Closed
GHC70093	20/05/2024	20/05/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		patient grabbing at staff clothes attempting to pull to ground/pull off clothes/intermittment scratching	PBM fix and hold/PBM removal	Incident reviewed, staff dealt with this incident appropriately and as per this patient's care plans.	Incident dealt with and de-escalated as staff followed this patient's care plan.	None (no harm caused by the incident)	Closed
GHC70094	20/05/2024	20/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Escort		Patient was observed to be climbing on window frame in Garden, attempting to abscond. Staff attempted verbal redirection, but patient was insistent on climbing the window frame. Staff were required to put hands on and utilised a restrictive escort to return patient to bedroom. Staff believed the risk of absconding was low, due to the fact the window/wall is difficult to climb but concerned the patient may fall in the process and cause harm to	patient was escorted to his bedroom by staff.	1-1 with patient, Discussion during handover,	Risk and observation level reviewed, Care plans reviewed,	None (no harm caused by the incident)	Closed
GHC70099	21/05/2024	14/05/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PBM (physical intervention)	Escort		A patient had to be brought to the ward through PBM hold technique by the ambulance staff under a section 2.	PBM technique was used by the two ambulance staff that brought a patient to our ward, lots of reassurance given to patient and staff following this.	Incident managed appropriately to ensure safe transfer of patient onto ward.	No further lessons identified	None (no harm caused by the incident)	Closed
GHC70100	21/05/2024	20/05/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical holds on patient in hospital bed, in best interest and in proportion to the risk of serious harm if any undetected medical condition is not treated. Specifically for the fitting of a cannula – urgent need to administer medicines/fluids		None required	None required	None (no harm caused by the incident)	Closed
GHC70109	21/05/2024	21/05/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC70110	21/05/2024	21/05/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient for blood test on a patient in her best interest to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC70111	21/05/2024	21/05/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		A PBM clinical hold was performed on a patient in their best interest to obtain bloods.		None required	None required	None (no harm caused by the incident)	Closed
GHC70112	21/05/2024	21/05/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order for bloods to be safely taken in patients best interest.		Routine intervention for IHOT - no action required	N/A	None (no harm caused by the incident)	Closed
GHC70116	21/05/2024	21/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Personal care (standing)		Patient was inconsonant, declined all support due to confusion, was supported as PBM hold	Planned PBM hold applied for his personal care needs	Managed appropriately as per personal care plan to maintain dignity and skin integrity safely in best interest	N/A	None (no harm caused by the incident)	Closed
GHC70129	21/05/2024	21/05/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM hold for blood extraction.	Bloods taken, however minimal due to patients escalation.	Staff made aware that we do not use segregation on Mulberry Ward. Patient has already had a debrief with Dr during post PBM review.	Staff now aware we do not use segregation on Mulberry Ward. Segregation is different to patient choosing to isolate themselves in room.	None (no harm caused by the incident)	Closed
GHC70130	21/05/2024	21/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other outside	AWOL, absconding and missing patients	Patient attempted to abscond	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	Other form of physical intervention	Assisted support		patient was noted to be missing from the courtyard and located under several trees near Pillowell drive opposite the hospital. I approached patient and asked what she was doing out here, patient replied "I needed fresh air and a change of scenery". patient spoke about ward round not going well and being frustrated about not having her leave increased. After some time talking patient agreed to come back into the hospital, we stood and began walking back. Sarah then went to walk up the road away from the hospital requiring me to body block her way, patient then crossed the road towards the bike shed and again tried to walk up the road. Using encouragement patient walked back to the front of the hospital, patient stood by the railing and	de-escalation and encouragement to return to ward. patient was visibly upset and distressed. patient agreed to take some medication and make a plan for the rest of the afternoon.	Managed well by following procedure	N/A	None (no harm caused by the incident)	Closed
GHC70131	21/05/2024	21/05/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		The patient woken up from his afternoon nap. Staff went in to ask him if he would like to use the toilet or start with his shower routine. The patient got off the bed and attempted to attack the staff that was supporting him. The staff attempted to redirect him by asking the patient to let staff know when he was ready and the staff began walking out of the patient's bedroom. The patient responded saying "No not ready" and he ran behind the staff with intentions of	The patient was stopped through restraint by the supporting staff who were in the unit and they escorted him to his bedroom. Where he was given 10mins to settle before introducing a fresh face to prompt him with moving on with his routine.	Staff dealt with this incident appropriately. Concerns raised to Modern Matron and others including this patient's RC about the amount of assaults on staff and I have asked for a consultant review and MDT discussion.	That the levels of assaults on staff is increasing, I have escalated this to the Modern Matron and RC.	None (no harm caused by the incident)	Closed
GHC70136	21/05/2024	21/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70140	21/05/2024	21/05/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical personal care hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer how the procedure would take place, and what monitoring would be used to safeguard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC70143	21/05/2024	21/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		The service user walked towards the main exit from the ward and attempted to leave, staff asked the service user where she was planning on going and she said "out". Upon observation the service user appeared tearful and visibly distressed, due to this, as well as an incident prior to this where the service user absconded from the hospital, the decision was made to prevent the service user from leaving the ward. Staff blocked the service users route of exit by standing in front of the exit door and verbal de-escalation was attempted. For example, staff asked the service user what had happened and why she was upset and initially the service user did respond well to this and she agreed to sit with staff in communal areas for a short period. The service user was then administered Haloperidol 5mg and Promethazine 50mg. After sitting in communal areas for around five minutes the service user attempted to leave the ward again. Verbal de-escalation was attempted again, however, started to say "just let me go" and she then attempted to reach around staff and open the door with her hand. A this point PMVA forearm holds were utilised to prevent the service user from doing so and she was escorted to the ward day room where she had a 1:1 with staff. During this 1:1 the se said that she feels that she has "let down" her children and she talked about being a "bad" parent. Following a period of discussion and verbal reassurance the service user agreed to try and distract herself by doing some colouring and she confirmed that she would come and speak to staff if		managed well	N/A	None (no harm caused by the incident)	Closed
GHC70147	21/05/2024	21/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Personal care (standing)		Patient was supported for his personal care as PBM hold due to high confusion and refusal	Patient was supported to attain his personal care needs	Managed appropriately as per personal care plan to maintain dignity and skin integrity safely in best interest	N/A	None (no harm caused by the incident)	Closed
GHC70157	21/05/2024	21/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		16:00 - 16:15 - Whilst staff were undertaking the service users 15 minute observations they observed that the service user had lodged her hand in-between her bedroom door and the bedroom door frame. The service user was also using the door to exert force and pressure onto her hand. Staff attempted verbal de-escalation and asked the service user if it would be OK to come into her bedroom and speak to her. However, the service user repeatedly said "leave me alone" and she started to push the door into her hand with greater force. Staff continued to attempt verbal de-escalation and when asked why she was attempting to harm herself the service user expressed frustration about not being granted further section 17 leave. The service user also referred to "the pain" providing a form of relief from her thoughts and feelings. At this point staff asked the service user to remove her hand and different distraction and replacement strategies were also suggested, despite this, the service user continued to say "leave me alone, I'm not moving". Therefore, staff explained to the service user that they were going to open the door against her will in an attempt to dislodge her hand. One member of staff placed their foot in-between the door and the door frame and slowly pushed the door forwards to dislodge the service users hand. Following this, a member of staff spoke with the service user in her bedroom and suggested different techniques that may help provide a similar form of relief and she agreed to use a plastic band as a replacement strategy.		supported by staff	N/A	None (no harm caused by the incident)	Closed
GHC70165	22/05/2024	21/05/2024	Wotton Lawn-Dean Ward	Wotton Lawn-other outside	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Standing		Patient was escorted to front of hospital for cigarettes by 2 staff members. Patient tried to run off on the way back. Staff followed and put patient on hold, patient was in front of Crescent Patient was fighting while being on hold. Called for assistance , team arrived and escorted patient to ward. On the way back patient sat on the ground and was reluctant to come back to ward. Staff tried to de-escalate but patient was not engaging	Patient came back to ward offered ice pack Accepted prn promethazine 1:1 offered	Mental state, risks, observations reviewed Leave plan updated Patient identified as long term risk of self harm and accidental death Management plan in place Patient agreeing to engage with self harm pathway	n/a	None (no harm caused by the incident)	Closed
GHC70170	22/05/2024	21/05/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was present in CA unsettled attempting to leave ward Patient became tearful and distressed Patient attempting to push staff who were blocking ward exit	Staff attempted to redirect patient to no effect Staff attempted to communicate with patient using translate app, patient did not engage Staff attempted to redirect patient utilizing holds Patient would drop themselves to the floor Holds disengaged RT IM Promethazine 50mg administered Declined physical observations Non touch obs completed	none	none	None (no harm caused by the incident)	Closed
GHC70171	22/05/2024	21/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG feed	patient was restrained on the pod and given NG feed	Care plan followed	N/A	None (no harm caused by the incident)	Closed

GHC70172	22/05/2024	22/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG feed	patient restrained in seated hold on the pod.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70181	22/05/2024	22/05/2024	LD IHOT	Other LD Unit- non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold for blood test on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient .	None required	None required	None (no harm caused by the incident)	Closed
GHC70189	22/05/2024	22/05/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Patient required further bloods to be taken to rule out causes of mental health deterioration. Patient refusing to have bloods. PBM holds required to safely collect blood.	Patient walked to the communal areas without the need for PBM holds. POD used to safely collect bloods. Reassurance given to patient throughout the restraint, particularly as she has a fear of needles and was becoming very distressed. Staff have completed debrief amongst themselves to feedback on how it went and how everyone was	The Hold was planned properly, every staff was allocated on which side they should be holding. Then Pod was properly use to secure the hold and avoid the client from moving a lot. Post PBM client was debrief by the duty doctor. Staff was also debrief by the team leader.	No lesson to be learnt, the procedure was properly planned and executed. The procedure did not cause harm or injury to the client.	None (no harm caused by the incident)	Closed
GHC70190	22/05/2024	22/05/2024	LD IHOT	Other Acute Hospital- non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold for phlebotomy procedure in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated	MCA and best interest paper work was discussed and left with carers	None required	None required	None (no harm caused by the incident)	Closed
GHC70203	22/05/2024	22/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	Other form of physical intervention	Clinical hold (seated)		Planned holds for nastogastric feeds. Light holds commenced in bedroom with 2x HCA staff. Used pod during feed with continued light holds on both arms.	Verbal de-escalation and positive re-enforcement.	Care Plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70208	22/05/2024	22/05/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC70209	22/05/2024	22/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Staff overheard patient headbanging in her room, staff went into her room, she was head banging in low intensity using back of her head against the wall. Headphone was removed and tried to verbally de-escalate to no effect, used crisis escalator tool kit and offered PRN medication which she refused. She has continued headbanging, therefore holds was utilised on both arms and head, she was seated on her bed. Staff continued to verbally de-escalate, suggested distraction techniques, she has settled for a while, staff tried to stop holds, however again she tried to head bang, and was quiet resistive. Therefore, called PMVA, cushion was used, tried to verbally - de escalate however patient has not engaged with staff. Rapid tranquilisation injection was administered. Post RT observations and neurological observations started 14:15 - Second incident head banging Staff again overheard Nicola headbanging, staff went into her room, she was headbanging in low intensity using back of her head against the wall, pillow was used on back of her head but she was removing, ear pods was removed, verbally deescalate to no effect, she was not engaging, she has continued to head bang and was very resistive. Psychiatric emergency activated, cushion was utilised. Verbally de-escalated with good effect, patient stopped being resistive. Ice pack was offered which she accepted, applied it on		policy procedure and care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70210	22/05/2024	22/05/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Non-standard hold	Patient's head was held, one hand on forehead, other supporting chin with care to avoid affecting the airway, by PBM trainer supporting IHOT. 3 x IHOT staff held his	Clinical Hold used to support GRH staff to insert a NG tube under section 2 MHA. Patient was held by his head, arms and legs on his hospital bed by IHOT staff for the duration of the procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC70218	22/05/2024	22/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		Service user overheard head banging at around 14:45hrs. Staff went down and attempted to verbally de-escalate,but continued head banging. Staff put service user on holds (with 2 staff) and used the pillows to prevent from banging on the wall. Offered RT orally which was refused by the service user. When staff asked what would help to settled down, service user said ""Nothing"". Service user wasn't concordant with verbal de-escalation initially; however later on started slowly engaging with staff and stopped head banging. Again offered PRN; however was refused. Cold pack was applied on back of the head. Service user then appeared more calmer and was asked to take deep breaths which the service user did and given favourite toys in her hands. staff left the room with her permission where she agreed to be safe. Again 15:45hrs service user overhead head banging on the wall in bedroom. Staff tried to de-escalate verbally with no effect. Put the pillows behind head to prevent more harm. Service user was very resistive and continued banging. The PMVA bleep was activated. Service user was put on safe holds and offered oral RT which was refused. Tried to verbally de-escalate but wasn't concordant. Service user was	PMVA bleep was activated. Service user put on safe holds. Took head phones out of the ears. Attempted verbal de-escalation. Supported back of the head with pillows.	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC70223	22/05/2024	22/05/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PBM (physical intervention)	Escort		Patient was complaining of abdominal pain .Duty doctor examined patient and they were concerned regarding bowel obstruction. Duty doctor then liaised with surgical registrar who advised transfer to ED. Patient was informed about the situation , however patient was not willing to go to ED. As this was medical emergency we have called 999 for ambulance service. Ambulance arrived by 17:20 , PBM was applied by 2 members of staff and was send to the ED escorted by 2 members of staff as	Patient was transferred to emergency department escorted by 2 staff members	Nursing staff managed a complex situation appropriately in the patients best interest they needed to go to the acute hospital	No further lessons identified	None (no harm caused by the incident)	Closed
GHC70224	22/05/2024	22/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		20:45 - Staff overheard a banging sound coming from the service users bedroom. Upon entry staff observed the service user banging the back of her head lightly against her bedroom wall. Staff attempted verbal communication with the service user, however, she did not respond. the service user was also offered her CUBE and her ice pack, however, she shaked her head when they were offered to her. Due to concerns that the service user may cause herself significant harm if allowed to continue to bang her head a psychiatric emergency was called. 21:00 - PMVA trained members of staff arrived on the ward. The service user was transferred in PMVA forearm holds to the side of her bed and the PMVA leg cushion was used to restrain her legs. I explained to the service user why staff had utilised PMVA holds and she confirmed that she understood this by nodding her head. I asked the service user to come into communal areas for a period of time to engage in a replacement strategy/distraction technique to prevent her from headbanging. For example, I suggested using a plastic band, colouring, utilising the courtyard for fresh air or using an ice pack to provide some form of distraction and break the cycle of recurrent episodes of headbanging. When I suggested these options to the service user she shook her head. Therefore, I explained to the service user that staff would utilise PMVA holds to escort her into	Neurological observations were completed following the incident	policy and procedure followed along with care plan	N/A	None (no harm caused by the incident)	Closed
GHC70230	23/05/2024	22/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		On 22/05/2024 at 19:30 at staff overheard patient head banging in her bedroom ,staff promptly attend the patient to support ,seen patient headbanging using back of her head against bedroom wall while listening to music using airpod, low intensity head banging ,staff tried verbally deescalated the situation but patient completely disengaged with them , used pillow in order to reduce the intensity, used crisis escalator tool kit with no effect ,suggested distraction techniques and requested to come out to communal area which she refused ,offered PRN medication which she declined, she completely disengaged with the staff therefore activated psychiatric emergency used PMVA holds (seated clinical holds) for 8 minutes, staff tried to engage with her but no benefit, she expressed urge to head bang she was very resistive while on holds therefore decision made to administer RT ,offered oral RT multiple time which she refused therefore given RT promethazine 50mg . Staff used ice pack on the injection site. -Started of Neuro observation and RT observation. Refused normal physical obs started on non-touch. -Duty Dr was informed. -Dr reviewed her during night shift.		policy, procedure and care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC70247	23/05/2024	23/05/2024	LD IHOT	Other LD Unit- non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for Depot on a patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers, how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC70251	23/05/2024	23/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		11.10 hours Patient head banging, not responding to verbal prompts, resistive to nursing staff intervention, taken into seated PMVA holds on bed.	Verbal de-escalation utilised to good effect in this instance. NEWS 2 and Neuro observations commenced and completed. Patient engaged with nursing staff in engagement/interaction. Ward medics advised of incident for review. Patient declined escorted leave1/1:1 to courtyard to decompress. Patient declined to engage in distraction i.e. arts, jigsaw, lego building	care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70254	23/05/2024	23/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		12.05 hours Patient head banging, not responding to verbal prompts, resistive to nursing staff intervention, taken into seated PMVA holds on bed.	Verbal de-escalation utilised to good effect in this instance. NEWS 2 and Neuro observations commenced and completed. Patient engaged with nursing staff in engagement/interaction. Ward medics advised of both incidents for review. Patient declined escorted leave1/1:1 to courtyard to decompress. Patient declined to engage in distraction i.e. arts, jigsaw, lego building	CARE PLAN FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC70259	23/05/2024	23/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed , used PMVA holds, pods and weight blanket ,patient was not resistive during the procedure , staff supported her and engaged with the patient, taken out for a walk after feed , given regular medication,1:1 facilitated and debrief after		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70271	23/05/2024	23/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient A pulled out NG tube whilst in process of being administered NG feed.	NG feed immediately stopped.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70272	23/05/2024	23/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		13:15 - 13:30 - Staff observed the service user banging her head against her bedroom wall whilst undertaking the hourly observations at 13:00. Upon entry staff asked the service user certain questions, for example, "what"s going on?" and "what's happened?", however, the service user did not respond and she continued to bang her head against her bedroom wall. Staff continued to attempt verbal communication in an attempt to ascertain the cause of her distress, however, she continued to not provide a response. Therefore, two members of staff utilised PMVA forearm holds and transferred the service user to a sitting position on the edge of her bed. The service user was initially very resistive, for example, she attempted to bring her feet up to her bed in an attempt to slide herself towards her bedroom wall and she also attempted to free her arms by pushing them outwards. Staff continued to attempt communication and verbal de-escalation during this period of time and after approximately 5 minutes the service user started to respond verbally. For example, the service user said that the reason she bangs her head is because "something bad" will "happen" if she doesn't. When asked to explain this in further detail the service user referred to her family and said "I need to do it (headbang) otherwise they (her family) will get hurt". I suggested different replacement strategies to the service user such as using the courtyard to get some fresh air, engaging in different activities in communal areas (e.g., colouring), or using a plastic band or ice pack in an attempt to mimic the	PMVA holds utilised, RT administered, RT and neurological observations commenced and the Duty Doctor was also informed of the incident.	followed policy and procedure	N.A	None (no harm caused by the incident)	Closed
GHC70274	23/05/2024	23/05/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		Patient required transfer to the acute trust due to concerns regarding her physical health. Patient refusing to go. Ambulance crew arrived and plan formulated. Patient required restraint in transferring from wheelchair to stretcher. Patient was attempting to slide herself off the wheelchair, however this was prevented by staff supporting her. Patient thrashing her weight around, although not attempting to cause harm to staff, just trying to release herself. Patient unable to settle even when in ambulance so RT Lorazepam 1mg administered into right thigh.	PBM used to get into the ambulance with support of the paramedics. RT Lorazepam 1mg IM used to try and help settle the patient's presentation and allow a safer transfer. Patient transferred to A&E. Debrief with staff involved was completed.	Nursing team managed complex situation appropriately and in the patients best interest as they needed transfer to the acute trust	No further lessons identified	None (no harm caused by the incident)	Closed
GHC70278	23/05/2024	23/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Seated (other)		A male patient was found inconitnt of feaces,staff tried to verbalise on why needed to change but the male patient was unable to understand staff so staff had to use PBM the male patient for personal care.		Managed appropriately as per personal care plan to maintain dignity and skin integrity safely in best interest	N/A	None (no harm caused by the incident)	Closed
GHC70281	24/05/2024	23/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient A had strong intentions to abscond from the ward and awaited for the opportunity. When the late shift finished he stayed around the entrance double door as he knew staff will open it to exit. Staff used a different exit but Patient A ran towards them and started hitting out at staff when prevented from absconding. He was escorted to bedroom in PMVA		1-1 with patient, Discussion during handover,	Risk and observation level reviewed, Care plans reviewed, PBS plan reviewed,	None (no harm caused by the incident)	Closed
GHC70282	24/05/2024	23/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Standing		Patient A had strong intentions to abscond from the ward and awaited for the opportunity. When the late shift finished he stayed around the entrance double door as he knew staff will open it to exit. Staff used a different exit but Patient A ran towards them and started hitting out at staff when prevented from absconding. He was escorted to bedroom in PMVA		1-1 with patient, Discussion during handover,	Risk and observation level reviewed, Care plans reviewed, PBS plan reviewed,	None (no harm caused by the incident)	Closed
GHC70283	24/05/2024	23/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		headbanging against the wall in their bedroom using the back of the head. Member of staff intervened and attempted verbal de-escalation but the patient continued headbanging. The staff offered the patient an ice pack and followed the care plan, but all were futile. Staff also tried to keep a pillow behind the patient's head but she pushed it away and continued headbanging. When the PRN oral tablets wee offered, the patient stated that she won't take any medications. 22:25 - PMVA team was called and seated holds were used to stop the patient from head banging. As the patient again refused to take the oral tablets, RT promethazine 50mg was administered to the thigh at 22:31, on seated clinical holds using the cushion. After the administration of the injection, when the patient got settled the PMVA holds were released and the patient agreed to the staff that she will come out and sit in the communal area.	Duty doctor came to review the patient. Non touch RT observation were initiated. Neurological observations were taken and documented. De-brief were given after the incident.	CARE PLAN FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC70287	24/05/2024	23/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient found headbanging on x2 occasions at 17:10hrs and 19:15hrs.	At 17:10hrs patient patient was restrained to administer IM medication.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70292	24/05/2024	24/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed , used PMVA holds ,patient was seated on pod .Staff engaged with the patient throughout the procedure and distracted her , as per her request used weighted blanket.Followed care plan. She was taken out for a walk after the feed. 1:1		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70318	24/05/2024	24/05/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical hold on patient in hospital bed, in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. Specifically for the fitting of NG Feed Tube – urgent need to administer medicines and feeds		None required	None required	None (no harm caused by the incident)	Closed
GHC70320	24/05/2024	24/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed was administered with PMVA holds with 3 staffs. She was seated on pod and a weighted blanket has been used. After the feed the service user pulled out the nasogastric tube, which needs to be reinsert tomorrow for the next feed.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70325	24/05/2024	24/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	18 - Undertake a search of the patient's clothing or property to ensure the safety of others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was seen scrapping her palm using a sharp plastic object, staff tried verbal de-escalation for 20 minutes and tried to persuade the patient to hand it over to staff but she refused, instead she insisted to go to courtyard with the sharp object. She wanted to go off the ward, staff placed boundaries, has encouraged her to go back to her room for which she did but still she has declined to give the sharp object, she kept it inside her jeans pocket. Patient keeps on refusing to be searched, therefore, decision made to utilised holds. She was seated on her bed, search was done and the sharp plastic object was found inside her front side jeans pocket which was removed and discarded appropriately. Staff used ice pack, holds was removed, and verbally de-escalated, she has		Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC70329	24/05/2024	24/05/2024	Wotton Lawn-Dean Ward	Wotton Lawn-other outside	AWOL, absconding and missing patients	Patient attempted to abscond	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Standing		Patient smoking cigarette with staff in front of hospital. Patient showed no signs of irritation. When finished smoking cigarette stood abruptly and ran towards road. Staff felt patient at risk of running in road.	Staff intervened with PMVA holds in standing position to prevent patient from entering road. Immediately radioed for assistance. Team arrived on road to help guide patient towards hospital. When on pavement, patient decided to sit on floor. Team decided wheelchair would be best to help patient to get back to ward safely, after verbally attempting to encourage patient back to ward. Patient placed in wheelchair with assistance of staff and pushed back to ward. Offered rt medication and relaxation techniques. Patient engaged well with these.	Mental state, risks and leave plan reviewed Patient at risk of self harm and accidental death Staff to use restrictive practice as clinically indicated to minimise risk to patient, adopt PMVA and RT protocols as necessary Admission to hospital is counterproductive, MDT liaising to agree safe discharge plan	n/a	None (no harm caused by the incident)	Closed
GHC70334	25/05/2024	24/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		Summary of the Incident: At 21:44 hours, Patient was observed engaging in low level head banging . Staff followed her care plan by offering ice packs, cubes, and flash cards, but she was reluctant to engage. Nicola resumed head banging while wearing her earphones. Staff removed her earphones and attempted verbal de-escalation, which had limited effect. Time line 21:44: Patient was observed in her room at the start of the shift. Staff noticed her engaging in self-harming behaviour by banging the back of her head against the wall while sitting by her bed, facing the door. Immediate verbal de-escalation attempts were made by staff, but they were unsuccessful. 21:47: Due to patient's reluctance to engage and continued self-harming, PMVA was activated. patient had put on her earphones and was not responsive to staff. The PMVA team arrived and positioned patient in a clinical seated position as she was resistive.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70338	25/05/2024	25/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient slightly resistive to as prescribed NG feed	Patient in loose seated PMVA holds in Pod 2 x GRH nursing staff fitted NG tube and administered as prescribed NG feed in holds. Patient released from holds and concordant of usual as prescribed morning medication. Patient facilitated 1:1 escorted leave (walk) as per	care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC70343	25/05/2024	25/05/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM personal care hold on the bed, on a patient in his best interest in proportion to the risk of serious harm, to insert cannula and catheterise patient.		None required	None, routine hold	None (no harm caused by the incident)	Closed
GHC70349	25/05/2024	25/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive to as prescribed NG feed.	Patient taken into seated PMVA holds on Pod (2 x nursing staff). 2 x GRH nursing staff inserted NG feed tube and administered as prescribed NG feed (1 x syringe omitted due to patient pulling out NG feed tube). Patient released from holds and early afternoon medication administered as prescribed.	Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC70360	25/05/2024	25/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Personal care (standing)		A male patient was offered cutlery to eat his dinner. He took the knife and fork from it .He Keeps walking around in a suspicious style holding the knife and fork in threatening way. He threatened the staffs with knife and fork, who tried to get it back.	Male patient was tried to verbally reassure and to deescalate with minimal effect. Patient refused PRN both overtly and covertly. Patient was hold on safe PBM holds and took fork and knife from him to prevent further consequences.	PBM utilised appropriately to remove items for safety or self and others	Staff to utilise RAG charts for escalating behaviour and strategies to minimise risk	None (no harm caused by the incident)	Closed
GHC70361	25/05/2024	24/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient headbanging in room 16:03, staff went to check and patient seen listening to music using air pods and banging her head against wall using back of head. Low level headbanging. Staff used verbal de-escalation and intervened, one air pod taken off and tried to deescalate but failed. She didn't engage with staff, used ice pack, crisis escalator, requested to come out to communal area, offered escorted leave to front of hospital but efforts failed. Staff used pillow behind head. Pt threw away pillow and ice pack and asked staff to leave her alone, became very resistive and continued to bang head. PMVA used. Used cushion and clinical holds and prevented pt causing harm to self. Staff asked pt whether there is any way they can help, to which she did not respond. Several attempts to engage but pt completely disengaged. Holds taken off when she appeared superficially settled in presentation and team dispersed, two staff outside door to monitor headbanging. Staff confirmed	Started on neuro obs and duty dr informed. Debrief at 16:45, staff heard headbanging coming from pt's room. Went to support, found pt low level headbanging while listening to music. Staff used took one air pod off and tried to verbally deescalate, pt did not engage. Tried cushion, pt threw away. Tried crisis escalator, ice pack, requested to do deep breathing, suggested change of environment, encouraged distraction but efforts futile. PMVA holds therefore used, tried to engage but no verbal or non verbal response, offered RT oral multiple times no response. RT IM promethazine given to alleviate distress with good effect. After incident patient engaged with staff, debrief facilitated. Neuro and RT obs started, duty Dr reviewed.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70368	26/05/2024	25/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		On 25/05/24 During 15:45 check patient was seen scraping her arm using a sharp plastic object , two members of staff went to her room ,she was seen scribbling in a paper using pen ,staff enquired about the possession of sharp with the patient which she denied initially , couple of minutes after conversation she confirmed possession of sharp but was reluctant to show it to staff ,she said to staff "i need it, because i need to feel the pain". Staff offered ways to cope with the distress other than self harming such as using ice pack , reading anger management book (which was handed over by staff) ,deep breathing exercise ,going out for a walk (after handing the item to staff),colouring ,none of the grounding techniques found helpful for her. She remained the same ,she was informed about the consequence such as search and PMVA ,and given her time and the option to think and to change mind (she is on 15/15 randomised observation level). Meanwhile staff arranged a search team at 16:15,staff informed about the plan and asked her to cooperate with as ,she refused to give as consent to search and became very resistive and tried to leave the room, staff put holds on her and searched her room and body. Found small pieces of pen (fibre like material) from her back pack , broken plastic container lid piece that has sharp end from her cupboard , a piece of sharp plastic from her socks , a sharp wooden piece from colouring pouch box and a tweezer.		Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC70370	26/05/2024	25/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was head banging in different occasions. 14.40 - Head banging against the wall sitting on the side of the wall. 16.00 - Head banging against the wall with the back of the head . 16.50 - head banging against the wall with the fore head. 19: 20 -Head banging against the wall with fore head . 20.30 - Head banging against the wall with fore head.	14: 40 -Staff intervened her , verbally de-escalated with out any effect . PMVA team activated. She was held on holds . She was held on arm holds seated in bed , with out any cushion. RT IM administered at (14.55) as she was refusing to engage and was not willing to have any oral medications. Ice pack applied . Escorted to the front with staff after . RT phyiscal observations were started and Neuro observation taken. Informed duty doctor. Duty doctor assessed her . 16:00 - Staff intervened her. verbally de escalated her , with minimal effect She stopped head banging with in 1 minute . Ice pack applied . 1-1 offered. Complained of pain in her foot , which is the reason why she is head banging . Administered Oral Morph as per request . Neuro observation taken. Informed duty doctor. Duty doctor assessed her. 16.50 - Staff intervened her , she was struggling to stop head banging . Staff tried to verbally de escalate her , with no effect . PMVA activated , She was held on holds to stop her from head banging . Ice pack applied , Offered medication, which she declined. She was offered RT IM injection , which she accepted , RT IM Lorazepam was administered (17.04). Offered to be escorted to the front of the hospital for fresh air , which she accepted . She requested to have a ply wood piece to do her puzzles , if we dont allow her to have , she will continue to head bang . Puzzle board was given to her . She spent time in communal area after. RT phyiscal observations were started and Neuro observation	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70371	26/05/2024	26/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PATEINTIS DUE FOR NG FEED, CALLED PLAN PMVA. HOLDS WAS APPLIED AND SHE WAS SEATED ON POD	CARE PLANNED FOLLOWED, 1:1 AFTER FEED, ESCORTED FOR A WALK AND DERIEF WHILE WALKING.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70372	26/05/2024	25/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	18 - Undertake a search of the patient's clothing or property to ensure the safety of others	Unplanned	PMVA (physical intervention)	Standing		During 15:45 check patient was seen scraping her arm using a sharp plastic object, two members of staff went to her room ,she was seen scribbling in a paper using pen ,staff enquired about the possession of sharp with the patient which she denied initially , couple of minutes after conversation she confirmed possession of sharp but was reluctant to show it to staff ,she said to staff "i need it, because i need to feel the pain". Staff offered ways to cope with the distress other than self harming such as using ice pack , reading anger management book (which was handed over by staff) ,deep breathing exercise ,going out for a walk (after handing the item to staff),colouring ,none of the grounding techniques found helpful for her. She remained the same ,she was informed about the consequence such as search and PMVA ,and given her time and the option to think and to change mind (she is on 15/15 randomised observation level). Meanwhile staff arranged a search team at 16:15 ,staff informed about the plan and asked her to cooperate with as ,she refused to give as consent to search and became very resistive and tried to leave the room, staff put holds on her and searched her room and body. Found small pieces of pen (fibre like material) from her back pack , broken plastic container lid piece that has sharp end from her cupboard , a piece of sharp plastic from her right socks , a sharp wooden piece from colouring pouch box . Disposed the items as per protocol.		Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC70376	26/05/2024	26/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Staff approached patient to discuss her earlier refusal of her prescribed medication. patient voiced that she fees it isn"t helping, we then discussed and reminded her of the importance of taking her medication that has been prescribed by the consultant, patient was brittle, sarcastic and rude in her responses. patient told staff to "fuck off" and that shes "not taking her fucking meds" she was advised if she continues to refuse medication the next step will be exploring the possibility of a depot medication. Patient then threw her bottle of squash all over SN, squirting it directly in her face. Staff were then able to intervene and utilised PMVA holds to return patient to her bedroom. Patient was resistive and shouting at staff throughout the incident. Patient was then offered oral 2mg lorazepam, which she initially refused and	patient did accept oral RT medication.	Debrief to staff, Discussion with patient, Discussion during handover,	Risk and observation level reviewed, Care plans reviewed, PBS plan reviewed,	None (no harm caused by the incident)	Closed
GHC70390	26/05/2024	26/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		10: 58: Patient was overheard headbanging inside her bedroom, staff went down to her bedroom, she was headbanging using back of her head against the wall in low intensity. 11:16: Patient was head banging inside her bedroom, Staff intervened her. 11:30- Patient again was headbanging. 12:02 - Head banging 12:13 - Another head banging incident, low intensity against the wall using back of her head. 12:43 - Head banging 13:28 - Head banging 13:35 - Head banging.	10.58 :Verbally de-escalated to no effect, ice pack was applied, care plan followed, however she continued head banging, staff utilised holds on both arms, seated in her bed. When enquired for the reason of headbanging, she said she"s experiencing pain on her right leg. Regular medications including pain medication was administered which she has accepted. She then settled, holds removed. Neurological observations started Doctor has been informed. 11:16 : verbally de-escalated to no effect. She continued head banging, Ice pack applied. Staff suggested distraction activities and was encouraged to go out to communal areas or to be escorted to front but she declined. Patient was quiet resistive, PMVA holds utilised on both arms and legs, was seated in bed, cushion was not used due to leg pain. Staff continued to verbally de-escalate the patient to good effect. 1:1 offered but she declined. 11:30 : staff intervened, verbally de-escalated to good effect. Contacted physiotherapist and been reviewed by physio . 12:02 : staff intervened, verbally de-escalated to good effect. 12: 13 : Verbally de-escalated to good effect. 1:1 with staff for 20 minutes. 12: 43 : staff intervened, refused oral prn. Responded well to verbal de-escalation. 13:28 :staff intervened, verbally de-escalated to good effect.	Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed

GHC70395	26/05/2024	26/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Unplanned	PMVA (physical intervention)	Seated (POD used)		15:00 - Service user was due for nasogastric feeding.	15:00 - service user was administered nasogastric feeding with 3 PMVA holds using seated pod and weighted blanket. 15:03 - service user pulled out the nasogastric tube. - verbal de escalation done -Re inserted nasogastric tube with 5 PMVA holds for completing feed. 15:08- After the feed when the staff left her, Service user started head banging her forehead towards her knees. -Immediately staff intervened and put her on 4 PMVA holds. -Verbal de-escalation given. -15:12 - Released from PMVA holds as the service user became less restrictive. - Administered regular medications and prn. - facilitated 1:1 escorted walk with staff. - Neurological and physiological observations were	Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC70397	26/05/2024	26/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		1st episode: Around 17:27- 17:34: Patient sat in bed and started headbanging with back of their head and verbal de-escalation was initiated to a effective results and PMVA hold, and also no medication 2nd episode : Around 17:41-17:52: Patient sat in bed and started headbanging again with back of their head and verbal de-escalation initiated without effect and PMVA hold and RT IM promethazine		Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC70402	27/05/2024	26/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		22:05 - The patient was seen to be lightly head banging against the wall in their bedroom with their forehead. Staff suddenly intervened and attempted verbal de-escalation. The patient stopped the headbanging while she was talking with the staff member. The patient stated that there is no trigger and she wants to head bang until she gets the satisfaction. Staff followed the care plan with cue cards, icepacks and cubes the patient was not engaging and all the attempts were futile. Staff offered different distraction methods, however, the patient again reiterated that she does not want to stop the head banging and told the staff member to leave them alone. 22:15 - The patient was offered oral PRN tablets, to which the patient said 'I'm not going to take any medications'. As the patient continued to push the staff away and head bang, PMVA was activated. 22:17 - The patient was held on seated PMVA clinical holds to stop them from headbanging. Once again staff offered oral RT Lorazepam 2mg tablets, however she refused it. After using the leg cushions on clinical seated holds IM lorazepam 2mg was administered on left thigh. The PMVA holds was suddenly released after the incident when the patient started to get more settled. Then the patient agreed to come to the communal areas. After the incident the patient sat in the communal areas doing some colouring works and	Duty doctor was informed about the RT. Non - touch physical observations were initiated. Post headbanging Neurological observations were started. De-brief given for the PMVA and RT.	Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC70412	27/05/2024	27/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her naso gastric tube feeding .	patient was resistive during the feed. As she has no NG tube in situ , tube need to be inserted for the feed . She was less resistive at the start , Feed started with 3 person holds, two on arm and one on head . As she was resistive and was moving down the pod , 2 staff held her arms secured with the cushion . She was resistive and was trying to lift the arm and pull the tube out during the feed. Staff secured her arms to the pod, in order to prevent pulling the tube out . She had her feeds in full. been resistive for around 2 minutes after the feed. She was released from holds when she was not fighting back. Had her prescribe medications after the feed . Went for an escorted walk with staff . Returned with out any issues . She was low profile after . Debrief completed . explained why we are	Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC70415	27/05/2024	27/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient was informed that leave was currently suspended due to unsettled mental state and calling the fire brigade unnecessarily. Patient unhappy and proceeded to try and punch nurse in the face.	Patient placed into precautionary holds and removed to the garden (which he finds beneficial)	Debrief to staff, Discussion with patient, Discussion during handover,	Risk and observation level reviewed, Care plans reviewed, PBS plan reviewed,	None (no harm caused by the incident)	Closed
GHC70423	27/05/2024	27/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was heard headbanging, I approached her room and saw HCA already trying to de-escalate. Due to patients positioning on the bed (facing the wall and lent her right shoulder against the wall) we were unable to safely stop patient headbanging - therefore we move patient to a better position using pmva techniques into seated hold on edge of her bed. patient was distressed throughout, crying and hyperventilating. De-escalation attempted, offered several strategies that patient usually finds useful such as: ice pack, moving to communal areas and creating a plan for the rest of the evening. patient declined all. Ice pack placed on the back of her neck, patient did not resist this. Holds removed after approx. 5 minutes but staff remained sat by her side. patient stopped crying and breathing returned to regular. I again asked patient if she would like to move to communal areas, or create a plan for the rest of the evening, to which patient stated "you are all two faced liars" in relation to staff. I asked patient what she meant by this to which she began moving backwards on the bed, and headbanged once against		Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC70424	27/05/2024	27/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Escort		patient was heard to be headbanging again in her room.	CN and SN agreed it would be beneficial to move patient into a different space using pmva techniques. Staff entered patients room and used pmva techniques to help patient into her wheelchair and move into the female lounge. Staff then attempted de-escalation, unsuccessful and disengaged.	Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC70425	27/05/2024	27/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was heard headbanging in the female lounge. PMVA arm holds used to move away from the window into seated holds onto the sofa. patient was resistive and not engaging with staff. Headphones were removed in attempt to talk with patient, as the second headphone was removed patient jerked her body aggressively and brought her legs upwards towards HCA Oladapo therefore I used my arm to block any potential contact and moved patient"s legs back down. I then swapped out with CN . patient was moved into POD. De-escalation continued, pmva holds removed and patient declined offers of oral medication which resulted in IM RT being given at 16:53, however patient did accept this without holds. HCA spent approx 15 minutes with patient	RT physical observations commenced Duty Dr informed.	Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC70426	27/05/2024	27/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		08:30 - Staff overheard a banging sound coming from the service user bedroom. Upon entry was observed lightly banging the back of her head against her bedroom wall. Staff entered the service user's bedroom and engaged her in conversation, for example, they asked her how she was feeling and if she would like to spend some time in communal areas. Following a further period of communication the service user came into communal areas and started doing some colouring. 10:20 - Staff overheard a banging sound coming from the service users bedroom. Upon entry the service user was observed lightly banging the back of her head against her bedroom wall. Staff entered the service user's bedroom and engaged her in conversation. For example, staff asked her how she was feeling in an attempt to ascertain the cause of her distress. In response to this the service user spoke about the pain in her right foot and she went on to say "it (the headbanging) helps me to cope with the pain". Staff explained to the service user that they would inform the Duty Doctor and Physiotherapist regarding the pain in her foot and they also discussed a plan with the service user to utilise some escorted section 17 leave later on in the day. Following this staff explained to the service user that the hospital car had been booked to take her and other patients out for a period of leave in the late afternoon. The service user acknowledged this and stopped headbanging. At this point staff asked the service		Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC70430	27/05/2024	27/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was attempting to push past staff to enter the garden where a MERT incident was happening. Staff attempted to place verbal boundaries and re-direct patient but he continued to push and barge past staff. Staff utilised restrictive escort to return patient to his bedroom		Discussion with patient, Discussion during handover,	Observation level reviewed, Care plans reviewed, PBS plan reviewed,	None (no harm caused by the incident)	Closed
GHC70436	27/05/2024	27/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was heard headbanging in her bedroom.	Staff intervened immediately and supported Patient to stop with verbal redirection and PMVA SEATED Restraint on bed.	Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70437	27/05/2024	27/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient has assaulted staff almost constantly throughout the shift. Needing to be placed in PMVA holds on multiple occasions. Further information for assaults leading to PMVA's documented on RiO progress notes 27.05.24		Debrief to staff, Discussion with patient, Discussion during handover, Review of treatment plan,	Risk and observation level reviewed, Care plans reviewed, PBS plan reviewed,	None (no harm caused by the incident)	Closed
GHC70438	27/05/2024	27/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (standing)		A male patient was incontinent of urine and refused personal care after several verbal attempts.	The patient was reassured and hold on safe handholds to complete personal care. PRN utilized. Patient was supported to less stimulus environment.	Managed appropriately as per personal care plan in patient best interests to support dignity and skin integrity	N/A	None (no harm caused by the incident)	Closed
GHC70439	27/05/2024	27/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Personal care (standing)		Patient was supported with personal care as he had been incontinent PBM holds required as patient was becomingly increasingly distressed and not able to understand why he needed support	Personal care completed	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC70441	27/05/2024	27/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was attempting to self harm by slamming door on her hand	Staff nursed in her bedroom as least restrictive yet this was unsuccessful and PMVA implemented to maintain safety. 5MG Haloperidol PRN offered and received	Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70442	28/05/2024	28/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		At the start of the shift, patient was already being physically restrained. He has been disruptive and aggressive throughout the shift, frequently attacking staff verbally and physically. He tried to punch and kick staff members, leading to the need for physical restraints multiple times. The patient punched a staff member in the face, causing bleeding, and has an ARS score of 3. While being restrained, the patient dropped his weight to the floor and repeatedly kicked the main entry doors. He used a chair to throw it at the glass of the main door and the nursing station. He has also been racially abusive, and has been swearing at staff. He made disinhibited gestures, exposing his genitals through the nursing station window, and urinated in communal areas. The duty doctor reviewed the patient since he had already received all his PRN medications without any		Debrief to staff, Discussion with patient, Discussion during handover,	Risk and observation level reviewed, Care plans reviewed, PBS plan reviewed,	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC70463	28/05/2024	28/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient has required multiple restraints throughout the shift due to continued violence and aggression towards staff.	Patient placed into precautionary holds and escorted to either bedroom or ECA. Required restraint onto POD on one occasion.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC70470	28/05/2024	28/05/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		Phlebotomy PBM clinical hold on patient on bed, in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC70471	28/05/2024	28/05/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Phlebotomy PBM clinical hold on patient sitting on POD in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC70477	28/05/2024	28/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The service users nasogastric feed was administered at approximately 08:20 this morning. Initially 3x members of staff utilised PMVA holds as the nasogastric tube was inserted (one member of staff held the service users head and two members of staff held her arms). Despite this, as the nasogastric feed was being administered, the service users level of resistance increased and she managed to pull the nasogastric tube out from her nose. Due to this, two other members of staff were required to utilise the PMVA cushion to restrain the service users legs. Following this, the nasogastric tube was re-inserted and the nasogastric feed was administered. The service user was resistive throughout the nasogastric feed's administration and she was evidently distressed both during and after the incident.		Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70479	28/05/2024	28/05/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		Ward staff requested support from the IHOT team to provide a clinical safe hold to obtain a blood sample. The patient lacks capacity to consent to the procedure and is also detained under the MHA. Blood was slow to be drawn on the right arm so swapped to left arm to obtain enough blood	Patient reassured by familiar staff member and reassured by IHOT staff throughout.	None required	None required	None (no harm caused by the incident)	Closed
GHC70483	28/05/2024	28/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PATIENT IS DUE FOR NG FEED, CALLED PLANNED PMVA, HOLDS UTILISED, NG TUBE NEEDS TO BE INSERTED PRIOR TO FEEDING, PATIENT WAS SEATED ON POD AND CUSHION WAS USED AS PATIENT WAS QUIET RESISTIVE	CARE PLAN FOLLOWED, 1:1 AFTER FEED, ESCORTED FOR A WALK AND DEBRIEF WHILE WALKING.	Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70492	28/05/2024	28/05/2024	Montpellier Low Secure Unit	Montpellier Low Secure Unit	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient ran from staff member whilst on escorted leave, despite providing verbal reassurance he had no plans to abscond as he "didn't want to lose leave". Whilst on escorted leave patient engaged in initial discussion with escorting staff member stating he was "needing drugs". Staff alerted colleagues to patient absconding and followed patient. Patient stopped running off hospital grounds and was uncooperative in returning to the unit. Ongoing attempts were made to encourage return however patient became verbally abusive and therefore decision was made to return patient in holds. This included holds that were applied during the short return trip to the hospital in the unit vehicle and holds applied to safely manage patient outside of the hospital	Verbal de-escalation was repeatedly attempted however patient became abusive and continued to refuse to return to the unit. Decision was made to apply holds - once holds were applied patient became significantly resistive and was returned in holds via use of unit vehicle. Upon exiting vehicle outside unit, patient again resistive and was supported to floor to safely manage this, as patient was attempted to take self to the floor. Following short period of time in supine holds patient was returned to feet and taken to ECA environment.	Multi-disciplinary reviews required after untoward incidents	None	None (no harm caused by the incident)	Closed
GHC70504	28/05/2024	28/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		patient has continued to be assaultive towards staff, on multiple occasions required PMVA hold to return to the ECA. At one point significantly attempting to pull a student nurse into the ECA and was restricted from doing so, in doing so Patient gripped and pinched staff members arm causing her to scream out. PMVA holds utilised and RT 2mg lorazepam was given.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC70518	29/05/2024	29/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for nasogastric feeding.	-08:35 - Service user was administered nasogastric feed with 5 PMVA holds using seated pod and cushion. - Verbal de escalation given. - Regular medications were given after the feed	Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70523	29/05/2024	29/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (other)		The patient was seen to screaming loud in their bedroom since 09:00 in the morning. Staff provided support and de-escalated the patient by giving 1:1 and then the patient appeared to have settled down for a while. However, after few minutes the patient came out of their bedroom again and started screaming out loud in the communal area. Staff provided 1:1 several times but the patient continued asking the same questions despite constant reassurance given by the staff. As the patient continued the screaming, oral RT haloperidol 5mg and lorazepam 2mg tablets was administered. Even after the administration of the RT, as the patient continued to escalate and come out to the communal area and scream out loud causing distress to other patients in the ward. PMVA was activated and the patient was put on light seated holds to contain the situation and de-escalate. After few minutes of verbal de-escalation. The light	Staff continued to give reassurance and 1:1 as the patient was not completely settled. Duty doctor was informed and to be reviewed. No-touch observations started.	Care plan followed along with policy and procedures, managed well by team.	n/a	None (no harm caused by the incident)	Closed
GHC70526	29/05/2024	29/05/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (POD used)		PBM clinical seated hold (using POD) performed on a patient to obtain bloods and physical obs in their best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC70531	29/05/2024	29/05/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient for phlabotomy procidure in her best interest in proportion to the risk of serious harm if undetected condition is not treated	MCA and best interest paper work was reviewed	None required	None required	None (no harm caused by the incident)	Closed
GHC70533	29/05/2024	29/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		11:10 - The patient was seen to be head banging in their bedroom. As the patient was not responding to verbal de-escalation, she was put on seated PMVA holds to stop them from head banging. After few minutes of verbal de-escalation whilst being in the holds, patient agreed to come out of their bedroom. Then she was escorted to the courtyard and appeared to have settled. 11:45 - The patient was again seen to be lightly headbanging. Staff intervened but the patient said she would not stop. As the patient was not at all responding to any verbal de-escalation techniques. PMVA was activated. Patient was put on light seated holds for a short period of time and released the holds right away when the patient stopped resisting. Patient agreed to come out of their bedroom when their mum came to visit and she went on a leave	Neurological observations done. Informed duty doctor.	Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70551	29/05/2024	29/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Personal care (standing)		Patient has been incontinent and required PBM holds due to disorientation and increased distress Planned PBM holds applied to complete personal care and prevent breakdown of skin	Personal care completed using PBM holds	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC70552	29/05/2024	29/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient in communal areas with a vape, remined that can not use in communal areas and the vape belonged to another patient so attempt was made to retrieve. patient hit staff member in the face Patient removed in PMVA holds to his bedroom		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC70556	29/05/2024	29/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		15:35 - Staff overheard a banging sound coming from the patient's bedroom. Upon entry the patient was observed headbanging. Staff entered and engaged the patient in conversation. The Duty Doctor was then informed of this incident. 16:45 - Staff overheard a banging sound coming from the patient's bedroom. Upon entry the patient seen headbanging. Staff entered and attempted to engage the patient in conversation, however, she did not respond. PMVA holds were then utilised and she was administered RT Lorazepam 2mg intramuscularly. 17:25 - Upon entry staff observed the patient banging the back of her head lightly against her bedroom wall, staff engaged her in verbal communication and she was escorted to the front of the hospital to vape. 19:10 - The patient was observed headbanging, PMVA holds were utilised and IM RT Lorazepam 2mg was administered (please see RIO for more information, unable to document in more detail due to character limit)		Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70557	29/05/2024	29/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient's nasogastric feed was administered at approximately 15:20 this afternoon. Five members of staff utilised PMVA holds as the nasogastric tube was administered, followed by the administration of the nasogastric feed itself. The patient was resistive throughout the nasogastric feeds administration, however, this level of resistance was not as significant as it has been in previous days and she did not appear acutely distressed or agitated.		Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70568	30/05/2024	30/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using PMVA holds by 05 members of staff on a seated pod. The patient was resistive ,crying and tearful. Initially ,weighted blanket was used but she was reluctant therefore used cushion		Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70578	30/05/2024	02/04/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient was very chaotic and becoming increasingly difficult to manage. Not responding to verbal boundaries and reassurance from staff. Patient was standing in the clinic doorway preventing staff entering the clinic. Patient then threw a cup of water over staff and grabbed the nursing observations folder from staff and began ripping the paperwork. x2 staff escorted Pat to her room to de-escalate the situation	Reassurance given throughout. Patient was offered PRN lorazepam orally which she declined. Staff encouraged Patient to spend time resting on her bed for a while although declined and returned to communal areas. Remains chaotic and elevated, following staff in communal areas and attempting to enter the clinic again. Not responding to verbal boundaries and redirection.	Staff was able to safely remove the client in a situation that the client will become more aggressive and hostile. The next day Consultant did try to review the patient but the client was still confuse and hostile	Lesson to be learnt is for the most senior staff to do debriefing after the incident to ensure the well being of all the staff that was involved in the physical intervention.	None (no harm caused by the incident)	Closed
GHC70592	30/05/2024	30/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Escort		Patient was incontinent of urine and was wearing unclean clothing and had to be supported with personal care but patient was declining to mobilise to the bathroom to aid personal care support.	HCAs used safe PBM holds after several declines to mobilise to the bathroom Once in the bathroom patient was able to respond and accept support	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC70595	30/05/2024	30/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		12:35 - 13:45 : Patient was seen to be headbanging in her room.Staff approached her and offered distraction techniques as well as verbal de-escalation but no positive response.So she was put on PMVA holds.Back to back she was headbanging whenever holds were released	Verbal de-escalation given. Offered distraction techniques but no positive response. RT IM promethazine 25mg administered in holds at 12:48 RT IM Lorazepam 1 mg administered in holds at 13:39	Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70607	30/05/2024	30/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		was put on PMVA holds to insert the nasogastric tube and facilitate the feed. Pod and a leg cushion was used. The patient was slightly resistant during the procedure. The staff talked with the patient throughout the procedure to divert them from negative thoughts. The patient was taken out for a walk by a member of staff after the administration of the feed. De-brief given.		Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70608	30/05/2024	30/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		patient was head banging against the wall with back of her head. head phones were on , with air pod with music on.	Staff tried to verbally de escalate her . She was not engaging . engaged in conversation, but told that , what ever she do now, it is eventually going to be the same . What ever staff do , after she will continue to head bang . Staff offered her verbal de escalation , distractions techniques offered. Declined to engage. As patient was struggling and tried to grab hands of staff , in order to stop staff from holding , PMVA team was called . She was held on arm holds on her bed . She went to floor by her self with staff , sat against the wall and started to head bang . She was held on PMVA holds again, on her bed . oral RT offered which she declined . RT IM given . Escorted to the courtyard , in her wheel chair by staff . Spend time over courtyard . Returned to ward . Debrief completed. She told that she cannot stop her from doing it. Neuro observations started. Duty doctor was	Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70610	30/05/2024	30/05/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		PBM required due to patient being physically violent to staff and other patients (separate datix completed for violence to others)	Patient escorted to lower stimuli environment and de escalated successfully Datixes completed for harm to patient, harm to staff and PBM	Managed appropriately ABC chart not completed	NA	None (no harm caused by the incident)	Closed
GHC70615	31/05/2024	30/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		-21:20 staff heard banging sound coming from the patient room , staff went to support the patient . -Patient was seen banging back of head head lightly against bedroom wall while listening to music using air pod , staff tried verbal deescaltion but failed , used ice pack and crisis escalator but no effect ,she became very resistive and staffs were unable to stop her head banging therefore used PMVA team. -Used PMVA holds ,deescalated the patient and slowly release the restrain soon after staff released the holds she moved back and started head banging therefore reinstated holds. -RT injection given. -RT and neuro observation completed. -Duty Dr reviewed		Care plan followed along with policy and procedures, managed well by team.	n/a	None (no harm caused by the incident)	Closed
GHC70618	31/05/2024	31/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient had in his possession 3 x vapes belonging to another patient which was causing some conflict. Staff approached patient and asked him to return the vapes. He agreed and went to his bedroom accompanied by 3 x staff. Upon entering patient retrieved vapes but refused to hand them over and held them tightly in his hand.	Patient repeatedly asked to hand over vapes but refused so decision made to place into holds and retrieve the vapes. Patient combative when placed into holds so further staff support required. Patient placed into seated restraint on bed and given RT Lorazepam. RT observations commenced.	The other patient was informed to not share vapes with others, nor to leave them lying around so that other patients can get hold of them. Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC70620	31/05/2024	30/05/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order for dentist to safely check mouth and gums.		None required	None required	None (no harm caused by the incident)	Closed
GHC70640	31/05/2024	31/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed. The patient was put on PMVA holds using a pod and leg cushion to insert the NG tube and give the feed. The patient was a bit resistive during the feed. However, staff interacted with the patient throughout the procedure to divert them from negative thoughts. The patient was provided 1:1 after the feed and was escorted for a walk outside of the hospital.		Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70643	31/05/2024	31/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		10:00 - The patient was seen to headbanging with the back of her head against the wall. Member of staff suddenly intervened and tried to verbally de-escalate the patient. The patient stopped headbanging for a while when the staff was talking to her, however, she said she is going to continue headbanging eventually. Staff followed the care plan and used cue cards, icepack and cubes to divert the patient, but there was no effect. Staff continued to support the patient by providing reassurance. 10:20 - As the patient was not stopping and continued to push the staff away to headbang, PMVA was activated and the patient was put on seated clinical holds to stop causing injury. Whilst being on holds, the patient said she wants to use the toilet. When staff allowed her to go to the toilet, she again started headbanging in the toilet.	As per the care plan for stopping her from headbanging as soon as possible because of she being on blood thinners, the patient was removed from her bedroom usinga wheel chair. The patient was taken to the female lounge as a measure to change the atmosphere of their bedroom. However, even after reaching the female lounge she continued to resist and push the staff away, then the patient was again put on Seated holds using leg cushion. Then the patient was offered oral RT tablets which she directly refused. Hence, RT promethazine 25mg IM was administered at 10:43 on seated holds using a leg cushion. After the administration of the injection, the holds were released right away when the patient appeared to get settled. One set of physical and neurological observations were done. Non-touch observations initiated. The patient was taken out to the courtyard for fresh air	Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70651	31/05/2024	31/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient was due for her naso gastric tube feeding .	Patient needed the NG tube to be inserted and give the feed. She was resistive during the feed. She was on holds in Pod and cushion was used . Her head was also held on holds as the tube needs to be inserted, She was resistive during the feed. Tried to pull the tube out, but staff stopped her from doing so .	Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70655	31/05/2024	31/05/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient was verbally abusive, shouting and screaming in communal areas about wanting another patients food. Patient continued to increase in agitation and anger towards staff members, was redirected to his bedroom but ignored staff members and walked to the garden. Staff placed in PMVA holds and escorted to his bedroom.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed

GHC70656	31/05/2024	31/05/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		-16:32: Patient was observed engaging in low-level headbanging. Staff followed her care plan by offering ice packs, cubes, and flash cards, to which she was somewhat responsive. Nicola resumed headbanging while wearing her earphones. Staff removed her earphones and attempted verbal de-escalation with limited effect. -16:35:Patient requested staff to leave her room, stating it would help her stop headbanging. Staff agreed but informed her they would return if she resumed headbanging and might need to reinstate holds. -16:45: Staff exited her bedroom but remained stationed outside her door. -16:56:Patient began headbanging again, sitting by the wall and using low to medium force intermittently.	-16:58: PMVA was activated. During holds, she was observed twisting her hands towards her back. Holds were lightened, and Patient verbalised, "LET IT BREAK THAT"S ALL I WANT." -17:00: Staff explained that medication might alleviate her distress. patient responded, "I don't want meds, it doesn't work on me." -17:02: Oral medication was offered multiple times but refused by Patient -17:05: RT Promethazine 25 mg IM was administered. -17:08: Patient appeared much more settled post-IM administration and engaged in colouring in the communal area. -17:25: Patient reported vomiting three times. Staff confirmed the presence of vomitus in her bathroom. -17:26: The duty doctor and Trainee ANP were contacted. Based on their advice, Patient was taken to A&E with a staff member.	Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70663	01/06/2024	01/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient's nasogastric feed was administered at approximately 08:55 this morning. Five members of staff utilised PMVA holds as the nasogastric tube was administered, followed by the administration of the nasogastric feed itself. The patient was resistive throughout the nasogastric feeds administration, however, this level of resistance was not as significant as it has been in previous days and she did not appear acutely distressed or agitated.		Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70664	01/06/2024	01/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Supine (face up)		08:15 - Patient is on 15/15 observation . Staff went to check in , Patient was found naked , clinging to wardrobe , responding to stimuli . 08:17 - Staff went in with regular medication Diazepam 10 g , offered to patient , Patient was kicking out and was , threw the medication. 08:20 - Staff tried deescalating the patient , patient	08:30 - PMVA trained female staffs were borrowed from other wards . 08:35 - 08: 45 - RT withdrawing. 08:45 - Staff went into room , put patient on hold , Patient was given RT .	Mental state and risks reviewed Observation level reviewed Management plan in place Restrictive interventions required to manage chaotic behaviour and minimise risk to patient	n/a	None (no harm caused by the incident)	Closed
GHC70666	01/06/2024	01/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient presenting as verbally abusive and hostile in communal areas, shouting and causing distress to others amongst the ward. Patient verbally redirected to bedroom but became more hostile and louder. Patient taken to bedroom in PMVA holds. Patient had requested PRN medication not long prior so no further medication offered.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC70675	01/06/2024	01/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient due for naso-gastric feed	Patient held on holds . Resistive during the feed . 5:1, pod and cushion used.Patient taken out for a walk , came back and had the prescribed medication .	Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70689	02/06/2024	02/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Person 1 (patient) made multiple attempts of ligature in his bedroom which was intervened by staff and additional support was requested from other wards. Considering his presentation as verbal de-escalation and reassurances has not touching him staff offered RT as tablets. Person 1 refused it , eventually PMVA holds applied and IM was administered in his thigh on seated position.		Nursing observations reviewed to weigh up whether these were adequate enough in managing the patients level of internal aggression. Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC70690	02/06/2024	02/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient found attempting to ligature with intent to end their life. RT medication given in PMVA holds. Patient made further attempts, 5 in total, to tie ligature using shoe laces and clothing. Patient also started superficially head banding during verbal de-escalation.	RT medication PMVA interventions Use of ECA.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. MDT review. Medication review. Observation level reviewed to determine whether the current observations were sufficient enough to	None identified.	None (no harm caused by the incident)	Closed
GHC70694	02/06/2024	01/06/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient had been sexually disinhibited and aggressive towards staff, so PBM used to prevent harm	PBM holds used to escort patient to area of lower stimuli, which worked well to calm patient down	Managed appropriately ABC chart started and previous incidents recorded	NA	None (no harm caused by the incident)	Closed
GHC70698	02/06/2024	02/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed. Thus the patient was put on PMVA holds using a pod and cushion to insert the NG tube and administer the feed. One person supported the head during the PMVA. The patient was slightly resistive during the feed and pulled out the tube once. However, with the staff continuing the hold, another NG tube was inserted to continue the feed.	Staff interacted with the patient throughout the procedure to divert them from them from negative thoughts.	Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70722	02/06/2024	01/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		15:03 - Minimal head banging against the wall. 16:50 - Patient returned from escorted leave with staff . Because of an incident witnessed at town , while she was at town .She complained that she was triggered. And she going to continue that she likes. Patient started to head bang with the back of the head against the wall . While staff trying to interrupt her head banging . She stood up on her bed and started had banging . Patient was keeping her hands at the back locked and legs into the bed, so that staff cannot held holds. 19:50 - patient was head banging aganist the wall with the back of the head against the wall. Complaining that staff are man handling her , explained why staff cannot allow her to head bang . 20:10 patient was head banging against the wall with the front of the head . 20:55 - Patient was head banging against the wall with the back of her head .	15:03:Staff intervened.She was listening and engaged in conversation with staff.Staff escorted her to the town as per request. 16:50 On return.Staff intervened when she was head banging.she was resitting .She stood up on he bed.PMVA activated.Team arrived.She was held on holds.she accepted verbal de- escalation.When she was not resisting,Staff left her room.Accepted PRN lorazepam.neuro observation taken.duty doctor reviewed.EAP from Greyfriars engaged in activities with staff. 19:50:After the EAP left staff intervened her head banging.Staff intervened her head banging.She stood on her bed.not engaging in conversation.RT promethazine IM administered.RT observation and neuro observations started.Duty doctor reviewed . 20:10:Staff intervened held on holds,as she was resisting and not engaging.Released when she was not resisting.Neuro observation.DD reviewed.PRN oral morphine adminsitered.	Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70726	02/06/2024	02/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed. She was put on PMVA holds to insert the NG tube and administer the feed. The NG tube was removed after the administration of the feed.	The staff involved in the PMVA interacted with the patient throughout the procedure to divert them from negative thoughts.	care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC70736	03/06/2024	02/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient started head banging in their bedroom	staff intervened and placed a pillow in front of the patients head. attempted to put patient in a seated hold on the bed. patient had right arm in a sling , so holds only on the left side. Staff supported the right shoulder. Patient then moved to the female lounge where they began headbanging again. This happened a further two times and seated holds were used in	Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70738	03/06/2024	03/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and cushion used. 5x members of staff.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70742	03/06/2024	03/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient wished to use phone however was unavailable at the time, began escalating in behaviour went to the garden and began banging on garden gates an then started to strip naked refusing to come to the ward or to get dressed, PMVA team called and Patient escorted back to bedroom wrapped in a blanket for dignity. PRN medication offered orally refused so RT lorazepam given IM whilst in holds. Patient left in bedroom as appeared to settle however returned to communal area wrapped in blanket refusing to get dressed or return to bedroom. Throughout staring at staff blankly looking tense. PMVA holds placed again on patient to escort back to bedroom. RT IM Haloperidol given.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC70753	03/06/2024	03/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient attempting to hit out at staff and also using racially abusive towards staff and kicking out at those around him Patients placed in clinical holds and moved to sofa whilst in holds		Risk and observation level reviewed Debrief to staff Debrief to patient Staff offered the opportunity to report to the police	Discussion during handover Discussion during MDT Review of care plans Review of PBS plan	None (no harm caused by the incident)	Closed
GHC70760	03/06/2024	03/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was heard headbanging in room. patient was sat on the top of her bed and hitting her forehead against the wall. PMVA team called, placed in seated holds for approx. 2 minutes before patient stopped resisting. Staff stayed sat either side of patient.	De-escalation attempted and successful. RT had been given during the previous incident of headbanging at approx. 14:15. patient agreed to sit in communal areas. DMO informed at 15:02.	Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70765	03/06/2024	03/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	5x members of staff pod and leg cushion.	care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70767	03/06/2024	03/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		13:35 - 14:00 - Staff overheard a banging sound coming from Nicola's bedroom and upon entry Nicola was observed banging the back of her head lightly against her bedroom wall. Staff entered and attempted to engage Nicola in conversation. However, initially, Nicola did not respond and PMVA forearm holds were therefore utilised to transfer her to a sitting position on the edge of her bed. 14:00 - 14:15 - Staff then explained to Nicola that the decision had been made that she needed medication in an attempt to help alleviate some of her distress. RT Promethazine 50mg was offered to Nicola in the form of oral tablets, however, she responded by saying "I don't need it". At this moment Nicola stood up and walked into her bathroom where she started to bang her head against her bathroom wall. Nicola was then transferred in PMVA holds to a sitting position on the edge of her bed and the aforementioned medication was administered IM	RT administered, RT observations taken and Duty Doctor informed.	Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70782	03/06/2024	03/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient observed to be using a sharp object to inflict injury on right hand.	Staff intervened and asked for her to give back the sharp object and she refused. PMVA team called and object was removed under PMVA holds. Staff attempted to verbally de-escalate patient and administer some PRN medication. Patient refused oral medication and IM medication was administered.	Mental state, risks and management plan reviewed Treatment plan reviewed Care plans in place Self Harm Pathway available CPI available Patient CRD	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC70783	03/06/2024	03/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		patient was in visitors room with family and started throwing items of food at their visitor. this caused the visitor to want to leave and press the emergency buzzer. staff entered to intervene and supported family member out and the patient then refused to leave the visitors room. Staff had to utilise PMVA escorted holds to escort patient out of the visitors room. Patient continued to kick out and verbally abuse staff, attempted to punch staff on several		Risk and observation level reviewed Debrief to patient's family	Discussion during handover Discussion during MDT Review of care plans Review of PBS plan	None (no harm caused by the incident)	Closed
GHC70786	03/06/2024	03/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Unplanned	PMVA (physical intervention)	Escort		Patient was removing items of clothing in the garden, not responding to verbal communication. Requesting staff to leave him alone and refusing regular medication. Staff placed hands on in order to protect his dignity, patient became resistive and required staff to utilise PMVA holds to return to bedroom.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review	None identified.	None (no harm caused by the incident)	Closed
GHC70790	04/06/2024	03/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Seated (other)		Patient ran into ward garden naked, and began knocking on the garden gate. and shouting let me in lord.	Staff used de-escalation techniques and verbal prompts but they continued, using precautionary PMVA Holds returned patient on to the ward.	Risk and observation level reviewed Debrief to staff Debrief to patient	Discussion during handover Discussion during MDT Review of care plans Review of PBS plan	None (no harm caused by the incident)	Closed
GHC70798	04/06/2024	04/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG feed	5 members of staff restrained patient to have the NG tube inserted and then the feed given under holds seated in the pod, with cushion.	care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70799	04/06/2024	04/06/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Non-standard hold	Supine hold on the bed with restraint of both arms and a leg wrap. Non-standard hold of the head to facilitate procedure.	Clinical hold provided by IHOT staff for the purpose of facilitating an NG tube re-insertion completed by GRH staff nurse. PBM supine hold on the bed with leg wrap and non-standard technique for head hold. In proportion to serious risk of harm due to malnutrition and not receiving prescribed medication if no route for enteral	IHOT support for procedure requested by GRH staff nurse. Ward staff agreed it to be in best interest and proportionate to risk of harm due to ongoing serious medical need. Explained to GRH staff and paid carer how the procedure would take place. Patient under section, documentation and care plan in place regarding best	None required	None required	None (no harm caused by the incident)	Closed
GHC70803	04/06/2024	03/06/2024	CAMHS Outreach	Patient's own home	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	Other form of physical intervention	Non-standard hold	Held hand to try to open the grasp on the ligature.	YP was told by social worker that they are leaving. YP said if you are going then you might as well go as there is no point. Lots of reassurance given to YP but she hung her head low and made no eye contact and said she was fine. Social worker then left and YP began to cry, she told me to just go. I explained that I didn't want to leave her whilst she was feeling sad. She then got cross and said its her life and why can't we just let her die. Usual approach of offering her support and talking about hope made little impact. YP then began shaking and got up from the floor and headed towards her chest of drawers where she took out two items of clothing and immediately wrapped a top around her neck pulling it hard and dropped to the floor in a foetal position to reduce access to the item.	I attempted to put my fingers under the ligature but it was too tight. I shouted for staff who grabbed ligature cutters. Two staff came down and YP released the ligature with support. She then started to cough and there was a visible red mark left around her neck. She began crying so I sat besides her and rubbed her arm. I asked her if she wanted a hug which she did. She then sat in a foetal position whilst I offered reassurance. She then began to breath faster and shake. I asked YP to take my hand and squeeze it and to listen carefully to my voice. We went through 5, 4, 3, 2, 1, at times YP stopped and said I can't do it. I offered reassurance that she just needs to focus on me talking to her because I can't help whilst she is so distressed and we need to	- Contact with Children social care via email regarding this incident for any potential learning for children social care when having final session.	- Outreach visits to young people in care in an placement to be on a different day to Child social worker 'ending' session unless pre-arranged jointly with child s/w. - If Outreach practitioner attends placement and told that on day child s/w is on their final session Outreach clinician to use their clinical judgement if they should stay or re-arrange. This information will be disseminated to Outreach in weekly team meeting on 2/10/24	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC70811	04/06/2024	04/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient came out of his room where he was immediately verbally hostile towards a HCA including the use of racial and derogatory language.	Patient asked to return to bedroom until more settled but he proceeded to run into the garden amongst other patients. Staff placed patient into holds and escorted him to the bedroom.	Risk and observation level reviewed Debrief to staff Staff offered the opportunity to report to the police	Discussion during handover Discussion during MDT Review of care plans Review of PBS plan	None (no harm caused by the incident)	Closed
GHC70815	04/06/2024	04/06/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold in their best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC70819	04/06/2024	04/06/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		staff went in the unit to clean due to smeared poo , patient was playful and cheeky trying to get pass staff , supported to walk to the sofa where became more playful and attempted to kick staff , staff disengaged and left unit	verbal redirection and reassurance ,holds	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	None (no harm caused by the incident)	Closed
GHC70830	04/06/2024	04/06/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Clinical hold used in his best interest to obtain a blood sample.		None required	None required	None (no harm caused by the incident)	Closed
GHC70835	04/06/2024	04/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient was using inappropriate and derogatory language towards female staff in communal area, becoming increasingly aggressive and verbally abusive towards female staff, staff members implemented boundaries around access to additional food. Patient was told there were no further sandwiches available and patient then became increasingly verbally abusive and insulting towards staff. Staff then attempted to verbally de-escalate and redirect patient to bedroom, patient started shouting abuse and became resistive and PMVA standing holds were utilised in order to move patient from communal areas. Patient then required PMVA supine holds on the floor. This was due to the patient being increasingly resistive, while attempting to escort them back to their bedroom. The patient then dropped their weight and the supine position was the safest position to manage the patient at that time.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC70836	04/06/2024	04/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PATIENT IS DUE FOR FEED, CALLED PLANNED PMVA. HOLDS UTILISED, PATIENT WAS SEATED ON POD AND A CUSHION WAS USED. PATIENT WAS QUIET RESISTIVE.	CARE PLANNED FOLLOWED, 1:1 AFTER FEEDS, ESCORTED FOR A WALK AND WAS DEBRIEF WHILE WALKING.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70843	04/06/2024	04/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Escort		patient was heard to be headbanging in her room, staff entered and found patient sat on the bed hitting the back of her head against the wall behind. Attempt to engage patient in conversation whilst trying to place towel behind her head. patient continued to attempt to headbang therefore PMVA holds used to move patient away from the wall. patient then push herself up off the bed and slowly slumped to the floor - PMVA holds release. patient then paced around her room before standing against a wall and then began to hit the back of her head against it. PMVA holds used to move patient away and sit on the bed. PMVA holds released due to no resistance. 1-1 for approx. 15-20mins.	Continued de-escalation and validation, offered options to help such as moving to communal areas or going out for a vape. Asked patient if there were any other options she would consider. patient declined all and stated "nothing helps". Due to ineffective communication decision made to disengage at this time.	Care plan followed and managed well by team.	n/a	None (no harm caused by the incident)	Closed
GHC70851	04/06/2024	04/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient was taken medication and did not respond when staff knocked, observational hatch opened and patient was lead with blanket over head, staff entered room and found patient with ligature, staff alarm pulled PMVA called although emergency alarm	HCA called wards for support PMVA patient placed in light holds while staff attempted to remove ligature, scissors not sharp enough CN used force to cute and remove, oral medication offered no engagement patient attempted to scratch staff IM given. 1:1	Risks and management plan reviewed long term risk of self harm identified Care plans in place Self Harm Pathway offered Patient CRD	N/A	None (no harm caused by the incident)	Closed
GHC70859	04/06/2024	04/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient approached the ward doors and tried to get out. Patient started to push staff (who was stood up against the doors), out of the way, in the process digging their nails into staff's arm but not causing any long lasting damage	Patient was taken in holds to their room and sat on their bed, where holds were soon released. Patient sat on her bed with staff sat either side.	none	none	None (no harm caused by the incident)	Closed
GHC70860	04/06/2024	04/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Non-standard hold	held onto patient's right hand wrist whilst trying to obtain metal spoon, patient had kept her left arm straight as it had the open wound	On checks, staff observed patient was lying in bed and making wound in her inner arm with a metal broken spoon Patient refused to hand over the spoon Staff utilised de-escalation techniques and held onto patients hand to stop her continuing from making the wound deeper. Staff held the patients wrist that was holding the spoon and took the spoon out from the patients hand	Utilised in deep breathing and relaxation techniques Utilised RT oral tablets Cleaned and dressed the wound	Risks and mental state reviewed No change to management plan Long term risk of self harm Care plans in place Self Harm Pathway implemented CRD	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC70863	05/06/2024	04/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		during 15/60 randomised check staff observed that the patient has lodged her hand in between her bedroom door and bedroom door frame and was seen slamming and kicking the door to exert pressure in order to self harm	Staff tried to verbally deescalate but she refused to engage.Requested to take her hand off multiple times but refused to do so and continued to keep in there. Called PMVA assistance,team members made mutiple attempts to engage but she didn"t respond.She was informed that staffs are going to open her room against her will,two members of staff pushed the door away cautiously to dislodge her hand with positive result,however she displayed the urge to self harm such grabbing the door again in order to slam that on to her hand therefore staff put her on holds and explained about different ways to cope with the distress such as punching pillows using ice pack. Staff noted minimal resistance while using PMVA holds.verbally deescalated and released holds,she became cooperative and engaged with staff and agreed to use pillows and ice pack to calm herself with good effect. She appeared superficially settled in	Managed well	N/A	None (no harm caused by the incident)	Closed
GHC70864	05/06/2024	04/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient was seen banging her head against bedroom wall , low intensity head banging using back of her head three times during night shift. At 21:45 head banged (for 40 seconds) Staff verbally de-escalated and used ice pack with minimal effect. She refused to use PRN medications and declined to come out of her room. Staff offered 1:1. At 22:10 staff heard patient headbanging (30 seconds) staff promptly went to support, used crisis escalator ,ice pack with minimal effect. She engaged with staffs and were able to verbally deescalate her.Staff offered 1:1 for one and half hour approximately.Offered PRN which she declined. At 23:30 patient resumed head banging soon after 1:1, banged head (40 seconds),staff tried to verbally deescalate with no effect ,used ice pack, crisis escalator , suggested to change environment she declined all techniques Decision made to administer RT , offered oral which she refused.used IM under light holds. Rt obs taken Dr reviewed		Rt obs taken Dr reviewed Debrief done care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70869	05/06/2024	04/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold on pod for blood test in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC70873	05/06/2024	05/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed. less resistive.	pod and leg cushion used 5x staff 1-1 walk thereafter	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70892	05/06/2024	05/06/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC70908	05/06/2024	05/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed. The patient was put on PMVA hold involving 5 PMVA members of staff to insert the NG tube and to facilitate the feed.	Staff interacted with the patient throughout the procedure to divert them from negative thoughts.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC70912	05/06/2024	02/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Prone (face down)		18:45 Patient was lying on prone position and was on her phone. When staff went closer found patient trying to make her wounds on hand deeper. Patient verbalised she need to die and is struggling. Mentioned she has strong suicidal ideation and she was not ready to disengage from self injurious behaviour. 18:49 PMVA team called. Patient was fighting while being on hold. Her wound was dressed up and she removed the dressing multiple times. 19:00 RT Lorazepam 2mg was administered. Patient continued to be hold. 19:10 Duty doctor informed as patient continues to engage in resistive behaviour being on hold. 19:13 Duty doctor visited and advised to put on her hold until he came back with a plan from registrar 19:24 Physical observation on hold sPO2 was 98 and PR was 135 19:25 Duty doctor reviewed. Applied wound dressing.	19:35 Staff de-escalated Lauren and offered 1:1 20:00 patient came out to communal area and requested for escorted leave to front for cigarette, which was facilitated Patient was not on continuous hold while on seated position. She was intermittently taken off hold.	Risks and management plan reviewed Long term risk of self harm Care plans in place to minimise risk to patient self harm pathway available to patient Patient CRD	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC70942	06/06/2024	06/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	POD and leg cushion used 1-1 walk after	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC70956	06/06/2024	06/06/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient grabbed the front of staff members shirt and managed to dig their finger into staffs right wrist and the back of both their hands	Staff member pulled their alarm and attempted to breakaway without success Other staff arrived and took control of the patients arms until the patient let go	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	None (no harm caused by the incident)	Closed
GHC70971	06/06/2024	06/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PATIENT WAS DUE FOR FEED, CALLED PLANNED PMVA. HOLDS WERE APPLIED, PATIENT WAS SEATED ON POD AND CUSHION WAS USED.	CARE PLANNED FOLLOWED, 1:1 AFTER FEEDS, ESCORTED FOR A WALK AND WAS DEBRIEF WHILE WALKING.	Care plan followed along with policy and procedures, managed well by team.	N/A	None (no harm caused by the incident)	Closed
GHC70996	07/06/2024	07/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Clinical holds used (seated clinical hold including leg hold) in order for chiropodist to cut and file patient's toe nails.		none required	none required	None (no harm caused by the incident)	Closed
GHC70997	07/06/2024	07/06/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order to safely administer depot injection, in patients best interest		none required	none required	None (no harm caused by the incident)	Closed
GHC71012	07/06/2024	07/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her Bridle to be fitted. She was resistive to intervention and crying. Attempt to fit bridle during a lengthy process which proved Bridle to be faulty and not fit for purpose and this was withdrawn and the NG tube became unseated and slid out towards the end of the intervention	Patient was taken into seated PMVA holds on pod with use of PMVA cushion . She was released from holds and had 1:1 whiles physical health nurses got a new NG tube	Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC71014	07/06/2024	07/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her Bridle and NG tube to be fitted to facilitate feeds. She was resistive and crying throughout process.	She was again taken into seated PMVA holds in pod with use of PMVA cushion for purposes of 2nd attempt to fit NG feed tube and Bridle. Attempt to engage her during the process was futile.Two staff stayed with her afterwards. She After the procedure, she attempted to headbang. PMVA team called. RT IM Lorazepam administered.	care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71015	07/06/2024	07/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		20:20 - The patient was seen to headbanging against the wall with the back of her head. Staff immediately intervened but the patient was very resistive and did not respond to any verbal de-escalation. PMVA was activated and 5 PMVA members had to PMVA the patient to stop her from headbanging. Then the patient was guided to seated holds on the bed using a cushion and one person supporting the head. Patient continued to push the staff away and shuffle back to the wall to continue headbanging. 20:28 - Patient started responding to staff, however, stated she is going to continue. Staff offered oral RT tablets but the patient said she would not accept it. By this time the holds were released but the patient still seemed to be distressed. 20:29 - When offered the RT promethazine 50 mg intramuscularly, the patient agreed to it. Therefor, RT promethazine 50mg IM was administered without	One set of post RT physical observation were completed. Applied cold compression on the injection site. Duty doctor was informed about RT. The patient was debriefed about the incident. She was escorted out of the ward to the courtyard by a member of staff. Plan is to continue physical and neurological observations.	Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC71022	08/06/2024	07/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		21:45 -Service user started headbanging. Immediately staff intervened and put on PMVA holds with 3 staff members -verbal de-escalation provided with some effects. Declined oral RT when offered. 22:25- Service user overheard Headbanging again on the wall with back of the head. Staff immediately intervened and put on PMVA holds with 5 staff members as service user was very resistive and wriggling.	21:45 - Service user started headbanging. - PMVA bleep activated - Service user was put on PMVA holds With 3 staff members. - Verbal de-escalation given with some effects. - Offered distraction techniques, which was refused. - Prompted to come out to communal area, which she again refused. - Physiological and neurological observations were taken. - Informed duty doctor. - Service user was offered oral RT, however refused medication and accepted prn pain medication later on after being sett 22:25 - Service user overheard Headbanging over the wall with back of the head again. -PMVA bleep activated. Staff immediately intervened and put her on PMVA holds with 5 staff members as service user was very restrictive and wriggling. - Attempted Verbal de escalation. -Offered distraction techniques and Prompted to come out to communal area. -Offered oral RT, which was declined. 22:28 - Administered IM RT -Physical and neurological observation done and duty	Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC71024	08/06/2024	08/06/2024	CRHT Liaison s135 s136	Robert Maxwell s136 suite	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Prone (face down)		Patient was found self harming using a piece of mental taken from her phone. She had broken her phone and used a piece of mental from it. Advised to hand over the phone which she declined.	Professional sought PMVA support to recover objects from the patient	Staff offered debrief by line manager Discussed consideration of using 1:1 LOS observations whilst patient in the suite	None	None (no harm caused by the incident)	Closed
GHC71030	08/06/2024	08/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient is due for feed, called planned PMVA, holds applied, she was seated on pod and weighted blanket was used.	Care plan followed, 1:1 after feed, she was escorted for a walk and debrief while walking.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71031	08/06/2024	08/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was distressed on the ward. They lack insight into their mental state and believed they were held illegally in the hospital. They made several attempt to leave and was calling emergency services, ambulance and the police continuously	Effort was made to verbally deescalate patient but this was unsuccessful. PMVA team was called, patient was put on holds and redirected to their room. RT was administered orally.	none	none	None (no harm caused by the incident)	Closed
GHC71045	08/06/2024	08/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient removed whiteboard from bedroom wall using a piece of broken plastic from her phone put the screws in her mouth also placed the silver top bar from board down her trousers	Team called as patient getting agitated and would give bar back patient held in supine position on the bed bar removed from trousers . Patient eventually gave back two screws she was holding in her mouth	Patient is no longer in hospital	n/a	None (no harm caused by the incident)	Closed
GHC71047	08/06/2024	08/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was by Kingsholm next to the sliding doors attempting to leave the hospital when they do not have leave. HCA called for support and team arrived. Patient was sitting on chair next to sliding door, when a visitor was leaving the hospital, patient attempted to abscond.	Patient was placed in forearm holds with 2x members of staff and was escorted using restrictive escort back to the ward and to their bedroom. Patient remained resistive to staff so 2x staff used cushion to secure legs, patient remained resistive and not responding to verbal de-escalation so decision	Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC71048	08/06/2024	08/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient was targeting a staff member and was following him around. Staff member tried to avoid the situation but he started escalating in the communal area lunging at the doors and shouted at a staff member on her face. When the rest of the team attended to the situation he started raising hands at another staff member and when the staff member raised the hand to increase the distance between the staff and the patient he started attacking the staff member. Patient had the staff by the collar and the patient was being really resistive and combative it took some time to put him on holds.	Patient was given oral RT.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed

GHC71055	09/06/2024	08/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Service user over heard head banging in bedroom against the wall with back of the head. Immediately staff intervened. Service user was very resistive, so put on PMVA holds with 4 staff members. Initially service user wasn't concordant with the verbal de-escalation. Prompted to come to the communal area to do some diversion activities, offered to take her to the courtyard and offered oral RT and pain medication for all of which she said 'No'. However with good effect of verbal de-escalation presented more calmer and concordant. Agreed to come and sit in the communal area. Taken out to cortyard for vaping. Accepted PRN pain medication on	-PMVA bleep activated. -attempted verbal de-escalation. -Prompted to come to the communal area to engage in some diversion activities. -Offered to take down to courtyard for vaping. -offered oral RT which she refused. -Offered pain medication which she accepted after being settled. -Post head banging neurological observations done. -Reviewed by duty doctor.	Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC71057	09/06/2024	09/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Service user has been sitting in the communal area doing some colouring on finishing the painting on the wall. Eventually Service user took herself into the female lounge and started head banging strongly against the wall sitting on the floor. PMVA bleep activated. Service user was put on holds with 5 member of staffs. Service user was moved to the couch nearby and managed to make her sit there. Attempted verbal de-escalation with no effect. Offered oral RT, however she refused it. Staff prompted her to try some diversional activities, however Service user wasn't engaging. Service user was very resistive and struggling through out during the holds. Service user leaned forward over her thighs and was strongly holding herself on that position. As it felt unsafe to pull her back where she was putting very much pressure so as to keep that	02:20 -Service user started head banging strongly against the wall sitting on the floor. - PMVA bleep activated -Service user was put on holds with 5 member of staffs. -Attempted verbal de-escalation with no effect. -Offered oral RT, however she refused it. -Staff prompted her to try some diversional activities, however Service user wasn't engaging. 02:32 - Administered IM RT promethazine 50 mg. - Applied cold packs. - Debrief given - Physiological and neurological observations done. - Reviewed by duty doctor	Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC71059	09/06/2024	09/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PATIENT IS DUE FOR FEEDS, CALLED PLANNED PMVA, UTILISED HOLDS AND PATIENT WAS SEATED ON POD, WEIGHTED BLANKET WAS USED.	CARE PLAN FOLLOWED, 1:1 AFTER FEEDS, DEBRIEF WAS DONE. PATIENT WENT ON LEAVE WITH MOTHER.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71060	09/06/2024	09/06/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Patient was held by two members of staff while verbal redirection was used to encourage patient to let go of staffs clothing. Patient was attempting to pull staff members t-shirt to pull them to the floor.	Patient was held on left and right arm to encourage them to let go, after 2 minutes they did. All staff were able to leave unit safely and redirect verbally from kitchen.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all	None (no harm caused by the incident)	Closed
GHC71080	09/06/2024	08/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		-Staff overheard patient headbanging in her room three times. -Staff followed care plan such as Used crisis escalator , verbal de-escalation , ice pack , suggested different coping mechanism and encouraged to relocated the area with no effect. -She refused PRN medications. -she did not expressed the trigger for head banging. -Called PMVA team three times , put her on holds three times during the shift. -During second PMVA staff got injury her knee accidently hit one of the staff's lips (no harm caused to the staff) . -offered oral RT during first holds which she accepted . -She resumed head banging and expressed strong urge to head bang staff put her on holds and verbally de-escalated. -Patient started head banging again ,explored different ways to cope but effect became futile therefore offered oral RT which she refused therefore given IM Promethazine. -Staff taken RT observations and neuro observation. -DMO was informed. -Debrief provided after each occasion		Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC71081	09/06/2024	08/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		staff went in to check and was found patient banging back of her head against bedroom wall , low intensity banging. Staff followed care plan ,tried to verbally deescalate but did not engaged , used ice pack ,crisis escalator ,encourage to come to the communal area which she refused. Staff used PMVA assistance put the patient on holds , offered oral RT which she refused due to the level of distress she displayed staff administer IM lorazepam with minimal effect. Resumed head banging , followed care plan but unsuccessful staff put her on holds ,she agreed to come out to communal staff escorted her to the front of the hospital. Neuro and RT observation taken. DMO was informed. Debrief provided.		Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC71084	09/06/2024	08/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		NG FEED GIVEN UNDER PMVA INTERVENTION AS PER CARE PLAN	NG FEED Administered - not resistive	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71085	09/06/2024	09/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		NG FEED GIVEN AS PER CARE PLAN	NG Feed administered	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71088	09/06/2024	06/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was headbanging in room. Staff tried to de-escalate, patient continued to engage in headbanging. PMVA team called RT administered Patient de-escalated		Risks and management plan reviewed long term risk of self injury Care plans in place to minimise harm Self Harm Pathway offered Patient CRD	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC71092	09/06/2024	09/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient attempting to abscond from ward and was shouting and screaming in communal areas.	Patient placed in holds, verbal de-escalation undertaken, Medication provided. 1:1 offered post incident.	Risks and management plan reviewed Restrictive practice to be utilised to maintain safety	n/a	None (no harm caused by the incident)	Closed
GHC71093	10/06/2024	09/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		22:25 - Service user overheard low level headbanging with the back of the head against the wall. - Activated PMVA bleep. and staff placed a pillow between her head and wall. - Put her on PMVA holds with 3 people as she was resistive. - Verbal de-escalation given with some effects. - Prompted her to engage in some distraction techniques. Offered a walk to the courtyard, which she declined. - Offered oral RT, which she declined. 22:30- released from PMVA holds as she said she feels better. 22:35- Service user overheard strong headbanging with back of her head against the wall. - Staff intervened and PMVA bleep activated as service user was very resistive and wriggling. She was put on PMVA holds with 3 members of staff. - Attempted verbal de escalation and prompted her to engage in some distraction techniques with no effects. - Administered IM RT lorazepam 2 mg as she declined oral RT. - Applied cold packs on her necks and taken her out to	22:25 - Service user overheard low level headbanging with the back of the head against the wall. - Activated PMVA bleep. - Put her on PMVA holds with 3 people. - Attempted verbal de-escalation - Offered oral RT, which she declined - Offered prn pain medication, which she accepted. - Prompted her to engage in some distraction techniques. - Offered a walk to the courtyard. 22:30- released from PMVA holds as she said she feels better. 22:35- Service user overheard strong headbanging with back of her head against the wall. - Staff intervened and PMVA bleep activated. - Service user was put on PMVA holds with 3 members of staff. - Verbal de-escalation done with no effects. - Prompted her to engage in some distraction activities. - Offered her oral RT - Administered IM RT lorazepam 2mg. - Applied cold packs on back of her neck. - Physiological and neurological observations were	Staff followed process and procedure	N/A	None (no harm caused by the incident)	Closed
GHC71095	10/06/2024	10/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		02:15 - Service user overhead strong headbanging with the back of the head against the wall in the female tv lounge. - Immediately staff intervened and activated PMVA bleep. Staff placed pillow between her head and wall. - Put her on PMVA holds with 4 people as she was very resistive and wriggling. - Verbal de-escalation given with no effects. - Offered oral RT, which she declined. - Prompted her to engage in some distraction techniques, which she again declined. 02:22 - Administered IM RT Promethazine 25 mg on right thigh as she declined oral RT. - Applied ice packs. - Physiological and neurological observations were taken. - Informed duty doctor.	02:15 - Service user overheard strong headbanging with back of her head against the wall. - Immediately staff intervened and PMVA bleep activated. - Service user was put on PMVA holds with 4 members of staff. - Verbal de-escalation done with no effects. - Prompted her to engage in some distraction techniques. - Offered her oral RT 02:22- Administered IM RT Promethazine 25mg. - Applied cold packs. - Physiological and neurological observations were taken. - Informed duty doctor.	Staff followed process and procedures	N/A	None (no harm caused by the incident)	Closed
GHC71106	10/06/2024	10/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	POD and weighted blanket used.	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC71109	10/06/2024	10/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient being escorted to bedroom in holds as becoming abusive towards staff and during the escort managed to free his arm and staff member fell to the floor hitting right side of face and body.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC71119	10/06/2024	10/06/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		Clinical Safe Hold carried out in the patients best interest following an MDT decision to examine their abdomen to rule out a serious health condition.	Procedure and safe hold implemented on patients own bed in their bedroom.	None required	None required	None (no harm caused by the incident)	Closed
GHC71121	10/06/2024	10/06/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		staff had to hold patient and then remove from kitchen to lounge to support staff while patient was pulling at staffs clothes.	Staff used actions detailed in this patient's care plan and PBS plan to de-escalate the situation and remove themselves. Check made to ensure staff member is okay.	Care plans and Risk Assessment reviewed at MDT. All staff reminded of these re-emerging behaviours and actions to take when a recipient of them.	That these are re-emerging behaviours for this patient. All staff reminded of them and the strategies they should use to minimise the harm from them.	None (no harm caused by the incident)	Closed
GHC71147	10/06/2024	10/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		patient was overheard to be headbanging in her room. Staff attempted de-escalation whilst PMVA team were called, on arrival patient was supported by x2 staff members in seated holds on the edge of her bed. patient was resistive to the holds meaning x2 further members of staff supported to keep her legs still. patient continued to fidget around and twisted her arm back so that staff had to release hold. patient began to position herself onto the floor,		Care plan followed	n/a	None (no harm caused by the incident)	Closed
GHC71148	10/06/2024	10/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Non-standard hold	assisted patient out of the shower by guiding her legs and effectively shuffling her out of the shower	patient then walked into her bathroom, sat in the shower and began to hit the back of her head against the panel. Staff attempted to place a pillow between the back of patient"s head and the panel of the shower, however patient graabbed a hold of the pillow and hugged it against her chest. In order to stop patient from engaging in headbanging and causing intentional harm to herself, 2x PMVA staff assisted patient out of the shower by guiding her legs and effectively shuffling her out of the shower, whilst another member of staff stood between the shower panel and paitent"s back in order to stop her hitting her head back (no contact		Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC71150	10/06/2024	10/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient walked out of her room and into communal areas and through to the female lounge. patient began pacing in the lounge, not engaging with staff attempts of conversation. patient then sat in the corner of the lounge and began to hit the back of her head against the wall.	In order to stop patient causing intention harm to herself, x2 staff used PMVA holds to support patient from position on floor onto the POD, use of leg cushion when seated. 5x members of staff supported patient on POD	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71152	10/06/2024	10/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient was given the option of remaining holds being released, and asked how she would manage her emotions. patient stated that she would continue to headbang. Oral RT medication offered however patient declined. patient began to resist and therefore full PMVA holds were implemented. 4x members of staff supported patient in a seated (POD) hold whilst RT medication [promethazine 50mg]		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71154	10/06/2024	10/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed. Provided feeds on holds ,used pod and weighted blanket , staff used light holds to support the patient. Staff engaged her in conversation, offered 1:1 after feed and escorted her out for a walk		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71166	11/06/2024	10/06/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		PBM removal and seated safe hold used on in-patient following physical assault on a member of staff.	verbal redirection and de-escalation PBM removal to sofa.	Patient supported following physical aggression to a staff member	Staff to be proactive in redirections and stepping away to avoid use of physical restraint	None (no harm caused by the incident)	Closed
GHC71171	11/06/2024	10/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Supine (face up)		patient headbanging. attempted de-escalation, unsuccessful. placed in seated holds, slid onto floor, hit head on floor, placed herself in supine, due to resistance and staff attempting to get holds patient resulted in prone position hitting forehead against floor, immediately staff assisted to roll patient back to supine before helping them sit up. still not engaging with staff. patient sat back on bed, began to head bang on wall behind. seated holds used. de-escalation for 15 mins no effect. patient was mute and doing ?sign gestures. no therapeutic engagement so staff disengaged. staff waited outside room. approx. 2 mins later patient started headbanging again. staff placed in seated holds, very resistive, RT lorazepam administered, again no engagement staff disengaged.	pmva x5 patient supported as well as possible RT adminstered DMO reviewed. neuro and phsyical obs taken.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71172	11/06/2024	11/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PATIENT WAS DUE FOR FEEDS,CALLED PLANNED PMVA. HOLDS WERE APPLIED, SHE WAS SEATED ON POD AND WEIGHTED BLANKET WAS USED ON LEGS.	CARE PLAN FOLLOWED, 1:1 AFTER FEEDS, ESCORTED FOR A WALK, DEBRIEF WHILE WALKING.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71196	11/06/2024	11/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC71197	11/06/2024	11/06/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order for patient to safely attempt blood test.		None required	N/A - routine practice	None (no harm caused by the incident)	Closed
GHC71198	11/06/2024	11/06/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order to safely take bloods		None required	Routine work for IHOT	None (no harm caused by the incident)	Closed
GHC71200	11/06/2024	11/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC71214	11/06/2024	11/06/2024	CRHT Liaison s135 s136	Wotton Lawn-other inside	Admissions, discharges and transfers	Transfer - internal delay, failure or errors	98 - Other (not listed)	Planned	PMVA (physical intervention)	Clinical hold (seated)		Pt detained in suite, advised AMHP that she would need a team to transport her. AMHP attended ward and team raised. Pt wanted to remain in suite and did not respond to verbal prompts to stand/ walk indep	After attempt at verbal interaction, required holds to help her stand and walk escorted for short while 2 staff assisted physically -	None taken, incident handled and managed well in line with Maxwell Centre procedures. Patient reviewed on admission to ward and discussion with reported at next opportunity	None, incident handled appropriately at time.	None (no harm caused by the incident)	Closed
GHC71215	11/06/2024	11/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient head banging onto the wall in her room on check, speaking to herself, and had half removed the dressing and reopened the wound on her right arm. Staff verbally intervened to redirect her to stop the behaviour. Patient continued with the behaviour and staff activated alarm for team support which arrived shortly	Verbal redirection offered but did not work at the time Alarm activated to call for team support and arrive shortly Icepack was offered and briefly accepted and thrown away PRN medications were offered but were declined PRN RT 50mg promethazine IM was administered at 1800hrs in the left upper outer thigh muscle RT OBs have been completed and there no concerns The wound was redressed after she calmed down and settled Datix was completed for the incident	Risks, observations and management plan reviewed Long term risk of self injury identified Self harm pathway being offered CRD awaiting funding for placement	n.a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC71217	11/06/2024	11/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Due for NG feed for patient. Least restrictive measures used. PMVA seated holds on pod for arms and weighted blanket used as requested by the patient. Staff engaged well and 1:1 after feed. Observed minimal resistance		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71221	11/06/2024	11/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		16:35, Patient was overheard headbanging in her room, staff immediately intervened, she was using back of head against the wall. Ear pods was removed, staff tried verbal de-escalation to no effect. She has been offered distraction activities but she refused, she also refused to go to communal areas. She continued head banging, staff activated PMVA bleep. Ice pack was used. Patient was very resistive, holds were applied. PRN medications was offered for which she refused. RT promethazine 50mg injection was administered @ left thigh. Thereafter, Patient was settled, remained in her bedroom. 16:55, Patient was headbanging inside her bedroom, using back of head against the wall. Staff immediately intervened, verbally de-escalated to good effect.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71231	12/06/2024	11/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient went to their room and head banged on the wall. Sat on their bed head banging the front of their head.	was headbanging 22:10 - Staff entered her bedroom. patient was sitting on the edge of the bed with their legs in the space between their bed and the wall. 22:13 - PMVA Team called. 22:14 - 3 staff entered patients room and placed them in holds seated on the edge of their bed 22:29 -Decision made to withdraw team and allow Nicola space to continue de-escalate herself. Offered distraction techniques and to come to communal area. Nicola did not respond to any of these suggestions. Duty Dr informed. 22:34 - PMVA staff still on the ward following above incident. 22:35 - patient heard to be headbanging 22:36 - staff entered room. 23:11 - Patient in bedroom came to report Nicola was headbanging 23:11 - Patient in bedroom came to report Nicola was headbanging 23:11 -Staff entered the room. Patient was again headbanging face down on the floor. patient was held in holds.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71234	12/06/2024	12/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for nasogastric feed. Service user was administered nasogastric feed with 2 light PMVA holds using seated pod and weighed blanket. service user was least restrictive during the feed.	08:50- service user was administered nasogastric feed with 2 PMVA holds using seated pod and weighed blanket. -verbal deescalation and distraction techniques were used. -debrief was given after the feed. -facilitated escorted walk with staff after the feed.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71235	12/06/2024	12/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Escort		Patient followed a facilities team member out of the ward, which staff followed. Patient attempted to go further up the corridor but staff intervened so patient stayed around ward area.	Staff provided space for the patient but stayed nearby. Allowed patient to voice concerns. Attempted to encourage patient back onto the ward, and presented them with their options. Patient verbalised they'd prefer the police to escort them back to the ward. Explained that was not possible. Staff x2 escorted patient back to the ward.	Risk of absconding acknowledged, due to current mental state.	Care plans in place to support patient.	None (no harm caused by the incident)	Closed
GHC71238	12/06/2024	12/06/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		After causing property damage (throwing a hot water ern) patient using PBM holds escorted to room to de-escalate		Case discussed with Consultant and other MDT members, His actions are known to Matron and security and we are awaiting professionals meeting to agree new care plans.	All staff aware of his actions when he is annoyed and actions are taken to prevent incidents but not always evident.	None (no harm caused by the incident)	Closed
GHC71255	12/06/2024	12/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Person 1 (patient) has became verbally abusive towards staff and particularly targeting person 2(staff) without any trigger. Person 1 used derogative words and was racially abusive and charged to punch person 2 Staff encouraged him to go back to his bedroom but person 1 refused and continued with abusive presentation. Person 1 has been taken to his bedroom on PMVA holds.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC71272	12/06/2024	12/06/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Non-standard hold	When patient resisted Escort and attempted to go to the floor, for his and others safety he was carried in to his flat	Patient climbed over garden fence, ran around car park trying to get in cars then ran to vehicle sundry shed where oils etc and got out a plastic bottle of oil, he gave this back when asked and this was locked away. He then started throwing stones, some of these were towards cars and those cars were moved. He moved and started throwing stones towards the car park, more cars were moved. As he was getting more determined to throw and was getting closer to throwing at staff the decision was made to use PBM technique escort, this broke down and so for his and others safety staff carried him in.	Many methods of redirection was used, patient was asked; he was offered preferred drink and snacks but to no avail and he was getting unhappier.	Incident reviewed. 1. Staff responded appropriately and proportionately to level of risk being presented. 2. Care plans and risk assessments reflect the level of risk of absconding and harm to others and his environment. 3. Weekly discussion in MDT.	1. That this patient despite our knowledge of him remains a high risk of absconding and towards others and his environment. 2. That staff are able to use care planned interventions but also able to adapt quickly to this patient's changing presentation.	None (no harm caused by the incident)	Closed
GHC71275	12/06/2024	11/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was visited by a friend on the ward and they became increasingly agitated after their friend left. They appeared confused asking while they were kept in the hospital. Patient tried to leave the ward and was not responding to verbal de-escalation. Patient was verbally and physically aggressive to staff, hitting and biting staff with their finger nails	Staff tried to verbally deescalate patient but they were not responding. Patient was taken to their room in safe holds and rapid tranquiliser administered.	none	none	None (no harm caused by the incident)	Closed
GHC71276	12/06/2024	10/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Standing		Patient run off the ward. Staff followed and found patient by reception trying to leave Patient put on hold as trying to go Patient was resistive and put themselves on the floor. Staff tried to de-escalate, patient agreed to came back to ward. No physical restrain used on return However, patient was agitated on return offered RT lorazepam oral 2mg		Risks and treatment plan reviewed Restrictive practice to be utilised in proportion to circumstances to maintain safety of patient	n/a	None (no harm caused by the incident)	Closed
GHC71283	12/06/2024	12/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistant to NG feed,	patient was held in restraint on a pod, with two staff and given their feed under restraint	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71284	13/06/2024	12/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (community)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		15.50 hrs: head banging. Responded to verbal de-escalation. 19.45 hrs head banging. PMVA holds utilised. RT administered. 19.50 hrs: RT Lorazepam 1 mg IM administered. 20.25 hrs: head banging. PMVA holds utilised. Responded to Verbal De-escalation. 20.50 hrs: head banging: PMVA holds utilised. 21.00 hrs: As required oramorph 10 mg for pain relief and RT Promethazine 50 mg administered. 21.10 hrs: head banging: PMVA holds utilised.	RT Neuro NEWS 2 observations commenced. DMO informed of head banging and review requested for head banging, administration of RT x 2, shoulder pain (right). Nicola provided 1:1 with nursing staff from 21.15 to 21.30 hours. DMO completed review. Debrief required when timing appropriate.	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC71288	13/06/2024	08/06/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	Other form of physical intervention	Non-standard hold	Removed hand from door frame	Patient's visitor was exiting the ward, patient attempted to leave the ward, staff stood in front of the door to prevent the patient from leaving. Patient wouldn't remove their hand from door frame in attempt to leave; removed patients hand from the door way to prevent absconding or harm to patient.	removed patients hand from the door way to prevent absconding or harm to patient. Verbally de-escalated the patient and informed them that unfortunately if they were to abscond from the ward PBM techniques will likely need to be used to bring them back to the ward and discouraged patient from this behaviour.	Nursing team managed incident appropriately due to patients current mental state. MDT aware and appropriate treatment plan being developed. Area to improve is documentation on rio - nurse involved advised.	No further lessons identified	None (no harm caused by the incident)	Closed
GHC71291	13/06/2024	13/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed , given feeds on light holds .Staff used pod and weighted blanket . Staff engaged in conversation with the patient. Patient was not resistive during the feed. Facilitated 1:1 walk after the feed. Staff administered regular medications. Staff followed care plan		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71298	13/06/2024	13/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Escort		Patient attempted to abscond, placed in holds and redirected to room.	Patient taken to room, engagement offered.	none	none	None (no harm caused by the incident)	Closed
GHC71301	13/06/2024	13/06/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Seated (other)		Patient impulsively ran off the ward, telephone call received from Greyfriars to inform us that patient had hidden a bottle of cider outside the unit and was observed to drinking this on his way back to Kingsholm. On return staff spoke to patient and explained that leave would be escorted today and this can be reviewed tomorrow. Patient continued to be unsettled and had been increasingly restless throughout the morning. Patient shouting and screaming in communal areas not able to accept redirection or de-escalation and becoming increasingly hostile. PMVA team called to support patient down to bedroom into seated position on bed, to provide low stimulus environment. Patient initially resistive and this lessened once in bedroom. Liaised with doctor regarding RT due to alcohol consumption; agreed risk vs benefit therefore 1mg oral Lorazepam given. RT observations started and in progress.	De-escalation and distraction techniques.	* Staff managed situation (whilst considering alcohol use), medics & Pharmacist advice sought and gained prior to proceeding with RT. * Staff implemented appropriate actions to aide patient to calm. * Post incident debrief not completed as patient left ward / AWOL prior to debrief being completed.	Staff managed situation in line with care-plan and risk management plan.	None (no harm caused by the incident)	Closed
GHC71329	13/06/2024	13/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		17:40 Patient overheard head banging in bedroom. On entering the room patient was moderately head banging against the wall with back of head. Placed pillows between head and wall. PMVA bleep activated. Put on safe holds. Verbal de-escalation to good effect. 18:15 Patient started head banging against the wall with back of head. PMVA bleep activated. Attempted verbal de-escalation to no effect. Encouraged to come to communal area, prompted to do diversional activities, offered to escort for vape outside for all of which patient declined. Offered oral RT but refused. Administered IM RT.	17:40 -Put on PMVA holds -Place pillows between head and wall. -Attempted verbal de-escalation. -Prompted to involve in diversional activities. Encouraged to come to communal area. -Offered one to one as the patient refused to come to communal area. 18:15 -Put on PMVA holds -Place pillows between head and wall. -Attempted verbal de-escalation. -Offered oral RT. -Administered IM RT.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71330	13/06/2024	13/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient was overheard head banging in bedroom against wall with back of head.	-Patient was put on PMVA safe holds. -Pillow placed between head and wall. -Attempted verbal de-escalation to no effect. -Prompted to come to communal area to do diversional activities which patient declined. -Offered oral RT which was refused by patient. -Offered one to one, however was not engaging in conversation. -Administered IM RT.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71333	13/06/2024	13/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient B presenting as aggressive and distressed, making threats to assault and actual physical assault towards 2x peers. Primary interventions not proving successful. Staff members utilised fig 4 standing holds on three occasions during the course of the incident to contain and to escort patient B to lower stimulus environments/away from peers they had assaulted. 1.) Fig 4 standing holds utilised at 20:30 to escort away from first assault to patient A. 2.) Fig 4 holds utilised to redirect following assault to patient C 3.) Fig 4 holds utilised to redirect following assault to patient A 4.) Fig 4 holds utilised to contain due to level of threat toward staff members and attempts to bite staff present. All incidents of holds utilised for approximately 2-3 minutes.	Oral RT offered however declined No IM RT prescribed due to concerns over physical health/falls risk Holds used to redirect patient away from incident areas and to prevent further harm to others	none	none	None (no harm caused by the incident)	Closed
GHC71336	14/06/2024	13/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient A was attempting to leave the ward, staff attempted to verbally redirect however patient became physically aggressive attempting to hit staff members. Staff utilised fig 4 standing holds to escort patient to their bedspace	Patient redirected to bedspace due to continued agitation attempting to leave the ward	none	none	None (no harm caused by the incident)	Closed
GHC71338	14/06/2024	14/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient started to headbang	Verbal de-escalation was futile as she decline dto engage with staff. PMVA TEAM CALLED. RT IM Lorazepam 2mg administered.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71339	14/06/2024	14/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		Patient presenting with increasingly disruptive behaviour; waking other patients, trying to get into their bedspaces, shouting and calling the police multiple times on mobile phone. PRN Lorazepam oral previously been offered prior to escalation however patient threw this on the floor. Patient took peers belongings and when staff approached to ask for peers belongings back patient threatening to throw hot drinks over staff before going to bed area and calling police. Patient not responding to any verbal deescalation. Wards called for planned intervention and team assembled Patient requested for IM Lorazepam over oral lorazepam that was offered and 1mg Lorazepam was administered into R thigh	Non-contact observations commenced as per RT policy Debrief not yet taken place at time of writing incident report.	Patient has known risk of violence when their perceived needs are not being met. Appropriate safeguards and interventions put in place by staff to mitigate risk.	Care plans in place to support patient and maintain the safety of staff. Patient returned to baseline.	None (no harm caused by the incident)	Closed
GHC71345	14/06/2024	13/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed , given feed using light holds. Staff engaged with the patient during the procedure. No resistance noted. Used pod and weighted blanket. Provided 1:1 after feed , taken out for a walk , given regular medication. Debrief provided		care plan followed along with 1;1 walk with staff	n/a	None (no harm caused by the incident)	Closed
GHC71347	14/06/2024	13/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		At 11:36 Staff overheard service user banging her head i her bedroom . Staff promptly went to support the patient.Seen patient banging back of her head against bedroom wall. Low level intensity. At 12:08 Patient resumed head banging , same level using back of her head ,staff used verbal deescalation with little effect.No hold used. At 12:35 she restarted with faster pace than usual however the intensity and area she headbangs	-Used verbal deescalation. -Offered PRN. -Encouraged patient to come out. -Used cue card. -Called PMVA assistance. -Put her on holds. -Enquired the reason and asked what we can do to cope with the situation to which she said it's the thoughts and nothing staff can do to help her. -Due to the level of resistance staff administered RT IM injection.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71349	14/06/2024	14/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed. Provided feeds on light holds. Staff engaged with the patient during the procedure. 1:1 walk after the feed. Debrief provided		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71354	14/06/2024	14/06/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PBM (physical intervention)	Non-standard hold	Grabbed wrist in preparation to commence clinical hold to prevent absconding.	Patient followed domestic staff out of the ward doors attempting to abscond. Domestic blocked the patient with their body and stood across the door way. Another domestic alerted staff whom were in the communal areas. Staff attended went to implement precautionary holds initially grabbing patients left wrist however the patient stepped back on to the	Staff attended , patient returned to the ward. Patient informed of what would happen if she did abscond regarding informing the police and given rights under section 2. Drs informed of hands on.	Nursing team responded appropriately Promptly reviewed by medic MDT aware - appropriate treatment plan being developed	No further lessons identified	None (no harm caused by the incident)	Closed

GHC71367	14/06/2024	14/06/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		The patient had been prompted to start his shower routine, the bathroom had been opened for him to enter when he was observed charging at staff throwing faeces, staff withdrew however they needed to return to close the bathroom door as the patient was now banging the bathroom door intending to damage it. Staff redirected him to his bedroom in order for staff to lock the door. The patient charged again at staff and staff had to apply PBM to restrain him and escort him to his bedroom, unfortunately in the process one member of staff was scratched on his face, with one of the scratches too close to his right eye lid causing it to swell.	Staff managed to restrain him and escorted him back to his bedroom allowing the bathroom door to be locked and staff withdrew.	Incident reviewed. 1. Staff acted proportionately and appropriately to the level of risk presented. 2. Check in with staff, all okay. 3. Care plans, communication strategy and risk assessment all up to date. 4. For weekly discussion in MDT. 5. Daily feedback to patient's mother as his next of kin.	1. That staff are able to follow care planned interventions for this patient. 2. That despite pour extensive knowledge of this patient and individualised care plans an risk assessments he remains a high risk to others and to his environment.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC71369	14/06/2024	14/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Domestic staff was cleaning up after lunch. Patient was becoming increasingly agitated and approached domestic staff. HCA attempted to intervene. Patient picked up ladle and hit HCA on the head. Patient put in holds and escorted to bedspace.	HCA looked at by nursing team. See GHC71371.	none	none	None (no harm caused by the incident)	Closed
GHC71370	14/06/2024	14/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		At 11:15 staff heard patient headbanging in her bedroom. Seen patient banging her forehead against bedroom window. Low level head banging. At 11:30 seen patient led on the toilet in prone position and banging her forehead on the floor ,intensity of head banging remains the same. 12:15 Patient resumed headbanging ,seen patient sat on the floor using toilet door to head bang by swinging backward and forward.Intensity remains same.	11:15:Staff used verbal deescalation and ice pack,patient stop head banging. 11:30:Used verbal de-escalation. Used folded towel in order to reduce the impact of banging ,staff made sure that towel doesn't hinder breathing. staff assisted her to get up which she did. She sat on the bed and moved backwards and started banging her head again staff put her on holds for 01 minutes. Continued to verbal deescalation. Made activity timetable with her. Provided 1:1 for approximately 20 minutes. 12:15:Attempted to de-escalate ,used icepack ,crisis escalator ,suggested other distraction technique however she continued to bang her head. Called psych emergency at 12:19 Staff assisted her to move from bathroom to bed which she did.Placed her on holds ,she was resistive during PMVA ,due to the level of distress and expression of strong urge to head bang staff decided to administer RT IM with good effect. Released holds. RT non-touch obs started DMO was informed.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71373	14/06/2024	14/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient was increasingly becoming more agitated. Declined oral medication. Increasingly becoming more verbally and physically aggressive. Clinically decision made to give RT.	Restrictive holds and seated holds used on bed with cushion.	none	none	None (no harm caused by the incident)	Closed
GHC71378	14/06/2024	14/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient tried pringles at another patient and their relatives. Patient continued to attempt to throw the pringles container.	RMN and HCA used restrictive escort to take patient back to bedspace.	none	none	None (no harm caused by the incident)	Closed
GHC71382	14/06/2024	14/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Staff used restrictive holds to escort patient back to bedspace after patient threw a cup of coffee over a member of staff.	Patient returned to bedspace.	none	none	None (no harm caused by the incident)	Closed
GHC71386	14/06/2024	14/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient NB started head banging @16:45 in her bedroom.	PMVA team intervened and put her on holds for around 15 min, offered support and reassurance.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71390	14/06/2024	14/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		1800: Patient started headbanging , staff went to the room , tried de-escalation techniques, provided icepack. 1805: Staff put a pillow against the wall to prevent causing injury to head. 1810: Patient stopped headbanging. Staff tried to engage and support the patient. Patient was mute and vacant . Staff left the patient alone for sometimes .	1818: PMVA Team called and arrived, put on hold . 1820: Offered oral PRN , patient refused to take it . Tried all grounding techniques but no effect. 1822: Staff administered IM Promethazine 50 mg on hold . 1830: Patient was de-briefed and given 1:1. Refused to take physical obs , Non touch observations carried out.	Risks and management plan reviewed Management plan in place to minimise harm to patient Long term risk of self injury requiring staff intervention Self Harm Pathway being offered Patient CRD	N/A	None (no harm caused by the incident)	Closed
GHC71393	15/06/2024	14/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		Details of the Incident: At approximately 21:50, Patient was observed headbanging in her bedroom while a medical emergency was occurring in the ward. She was sitting by the side of her bed, repeatedly banging the back of her head against the wall. Staff attempted to verbally de-escalate the situation, but these efforts were unsuccessful. The headbanging was of low intensity and intermittent. Timeline of Events: -21:50: Patient was observed headbanging during a medical emergency in the ward. -21:52: Two staff members, S/N AJ and HCA AO, entered Patients bedroom. Verbal de-escalation was attempted but was ineffective. Ice packs and cue cards were offered in accordance with her care plan,	-21:57: PMVA was activated. Upon the arrival of the team, multiple staff members attempted to de-escalate the situation, but Patient did not respond. -22:03: Patient verbally indicated that her right shoulder was injured during a previous PMVA. The plan during the PMVA was to use light holds, which Patient prefers, and to consider medication and prevention of self-harm behaviours if necessary. -22:05: Despite multiple offers of medication, Patient did not engage with the staff. -22:08: Four staff members implemented clinical holds. During the holds, Patient attempted to lean back against the bed and twist her arms in a manner that could dislocate the shoulder and self-harm Staff warned Patient of the potential consequences of her actions, but she persisted. -22:10:Patient was offered medication again, which she declined. Consequently, 1mg of Lorazepam was administered intramuscularly in the right thigh	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71396	15/06/2024	15/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Clinical hold (seated)		patient has been increasingly agitated and distressed, pacing, responding, unable to accept support from staff. PRN offered but declined	PMVA staff called to ward seated holds and XL cushion used RT IM Promethazine 50m administered into L outer thigh non touch obs commenced Dr informed reassurance given	Patient acutely unwell, requiring medication to alleviate symptoms and prevent deterioration of mental and physical health Intervention planned as per treatment plan agreed in MDT Restrictive interventions a short term measure while patient so disturbed Mental state, risks and treatment options reviewed	n/a	None (no harm caused by the incident)	Closed
GHC71399	15/06/2024	14/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient was spoken to reported that their depot injection was due yesterday Patient declined to consent to depot SN informed patient that a team will be arranged as the depot has to be administered	Planned PMVA Staff redirected other patients from communal area Patient B reluctant to leave communal area Blankets used to protect patient A dignity Patient put into seated holds on sofa Leg cushion utilised Depot administered Team released holds Patient hugged PMVA team afterwards reporting 'I know its your job' PMVA team debriefed Patient offered debrief requested to have it later	none	none	None (no harm caused by the incident)	Closed
GHC71403	15/06/2024	14/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient A was observed in communal areas grabbing Patient B by the wrist Patient A led Patient B into the garden Patient A led Patient B up the stairs in garden During holds Patient A attempted to kick Patient B Patient A attempted to bend Patient B's thumb	Staff approached Patients encouraging Patient A to let go Staff attempted to redirect Patient A to no effect Staff intervened as Patient A unsteady in gait and leading other Patient up stairs in garden Standing arm holds used Patient A still had a hold of Patient B's wrist Staff attempted to get Patient A to use breakaway technique Patient B refused CN approached and prompted patient A to let go Patient A let go of Patient B's wrist Patient A redirected into communal areas Offered a drink and attempted to give debrief	none	none	None (no harm caused by the incident)	Closed
GHC71406	15/06/2024	15/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	x2 members of staff POD used weighted blanket used 1-1 walk after	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71410	15/06/2024	15/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient is unwell in mental state, has had no sleep, pacing, agitated and hostile towards staff and peers, refusing her medication. Patient is also diabetic and had been refusing her insulin Oral tablets offered, patient refused and shouted Patient placed on holds and taken to their room Patient was resistive Patient placed on seated holds and leg cushion utilised	RT observation compeleted Duty dr informed	Mental state and treatment plan reviewed Restrictive practice appropriate to circumstance, medication administration clinically indicated to prevent deterioration of patient' mental and physical state, and prevent harm to others	n/a	None (no harm caused by the incident)	Closed
GHC71414	15/06/2024	14/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient ptwas not co-operating with the NG feed which was due, hence staff put her on holds to effectively give the prescribed feed Fortisip.	Two staffs held pt in the pot being on either sides of the patient.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71417	15/06/2024	15/06/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient A had been assaulted by patient B unprovoked in the lounge area. Staff attended the incident immediately before patient A could retaliate. Patient A became verbally and physically hostile towards nursing staff and attempted to assault them. PBM was utilised.	Verbal reassurance/redirection had very little effect. Patient A then grabbed hold of a HCA's thumb and attempted to twist it. Due to his increased hostility, PBM was utilised to redirect to a quieter room. PBM was disengaged once in his bedroom however Patient A then continued to present in a hostile manner. He stamped on a nursed foot and pushed a charge nurse in the chest. Patient A was escorted back into his bedroom and given oral lorazepam PRN.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC71419	15/06/2024	15/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Standing		Whilst staff were attending a psychiatric emergency on another ward, patient X barged through the gate attempting to abscond and elbowed staff in the process, PMVA holds utilised to redirect patient back onto the ward. Fellow patient A ran to the incident and shut the garden gate and took fellow patients left arm to support him back through to the ward until further staff attended. Patient A was offered a debrief following this.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	Staff to be mindful when opening the gate in the garden and ensuring there are enough staff present when the patient is in close proximity, to try and avoid this kind of incident from reoccurring.	None (no harm caused by the incident)	Closed
GHC71430	15/06/2024	15/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient had a broken toothbrush attempting to get into nursing office Patient began to use broken toothbrush as a weapon Threatening to assault staff with toothbrush	Staff attempted to verbally de-escalate patient and encourage to handover broken toothbrush Patient refused Patient put into holds Broken toothbrush removed from patient During holds patient attempted bite staff	none	none	None (no harm caused by the incident)	Closed
GHC71433	15/06/2024	15/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PATIENT WAS DUE FOR FEED, CALLED PLANNED PMVA, PATIENT WAS ON HOLDS AND WAS SEATED ON POD. A WEIGHTED BLANKET WAS USED ON LEGS.	CARE PLAN FOLLOWED, 1:1 AFTER FEED, ESCORTED FOR A WALK AND WAS DEBRIEF WHILE WALKING.	care plan followed along with 1;1 walk with staff	N/A	None (no harm caused by the incident)	Closed
GHC71437	15/06/2024	15/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		While patient was in the lounge, she put her hand under the chair's foot to harm herself. Verbally de-escalated to no effect, patient was resistive, continued to harm herself. PMVA staff applied holds, she was escorted back to her bedroom, and was seated on bed with holds. Staff again tried to de-escalate to good effect. Thereafter patient appeared settle, PRN medication was administered for which she have taken		RISK AX UPDATED	n/a	None (no harm caused by the incident)	Closed
GHC71438	15/06/2024	15/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was attempting to be aggressive towards staff. Staff intervened. Restrictive holds used to escort patient back to bedspace. 15:35 - Patient was escorted back to bedspace after attempting to be aggressive towards staff.	Patient placed on line of sight nursing observations.	none	none	None (no harm caused by the incident)	Closed
GHC71448	15/06/2024	15/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was discovered head banging in her room Staff called a PMVA lasting 3 minutes	PMVA 14:15 4 mins Patient head banging restraint required PMVA 14:27 1 minute thumping the window with her left fist Ice pack put on Doctor reviewed the hand PMVA 19:50 2 minutes head banging on the back of the head 2 mg lorazepam given PRN PMVA 20:05 4 minutes head banging back of the head holds used, ice used. PMVA 20:20 1 minute head banging back of the head. Staff put her in holds and used ice packs on her back and front. 20:30 head banging again , pillow put behind her	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71450	16/06/2024	15/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		1845:Patient appeared unsettled , was responding to unseen stimuli , pacing along the corridor , observed screaming and shouting at times in the communal area.	take it . 1850: PMVA Team (planned) called and arrived as the patient refused to take medications orally and was clearly responding to unseen stimuli . 1855: Staff took the patient back to the bedroom , 1902:Staff administered IM lorazepam 2mg . 1905: Patient refused to take first set of post RT observations . Non - touch observations were carried out. 1910: Staff attempted to provide de-brief to the patient ; however patient could not engage due to mental state.	Mental state, risks and treatment plan reviewed Restrictive practice required to administer treatment and alleviate symptoms and agitation PMVA and IM are short term measure, treatment options reviewed daily	n/a	None (no harm caused by the incident)	Closed
GHC71451	16/06/2024	15/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		1455- Patient was in the communal area , was unpredictable in presentation. verbally very abusive towards the staffs and patients . patient was expressing sexually inappropriate gestures and words towards the staffs and patients .Patient threw objects around .	1457: Staff asked the patient to stop that behaviour in the communal area and go back to the bedroom . 1458: Initially patient refused , however staff managed to get the patient back to the bedroom , before reaching the bedroom patient removed the clothes and was sexually dis inhibited (twerking and showing middle finger)towards the staffs . Staff managed to redirect the patient in bedroom . 1500: PMVA Team called and arrived . NIC utilised only female staffs as the patient was naked. Covered the patient with a blanket. put patient on hold . 1508 : Staff administered RT IM promethazine 50 mg.	Mental state, risks and management plan reviewed Patient extremely unwell PICU referral made Restrictive practice propionate to situation Patient has now responded to treatment, no incidents during past few days	n/a	None (no harm caused by the incident)	Closed
GHC71454	16/06/2024	15/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient came out to the communal area . Verbally attacked the patients and staffs . Expressed sexually inappropriate gestures and conversations. Grabbed wrist of another patient who was drinking tea , grabbed tea cup from the patient and threw that on the floor . Followed the other patients on the ward and scared them by making scary noises. Patient came to the communal half naked . showed middle finger to everyone and started twerking.	Staff placed firm boundaries to the inappropriate behaviour in the communal area. Patient still presented as escalated even after the administration of 50mg promethazine as RT prior to the incident. Staff called another team to support the administration of RT as patient was clearly elevated and the presentation was undignified for the patient. Patient was very challenging putting the staff in a difficult position where staff had to redirect the patient back to the bedroom every 20mins.Verbal de-escalation was attempted with no effect. Thus requiring the need for RT administration.	Risks and management plan reviewed Restrictive practice to be utilised to maintain safety of patient and others if required Patient has responded well to treatment, no incidents for 5 days	n/a	None (no harm caused by the incident)	Closed
GHC71456	16/06/2024	15/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		22:05, started to head bang again and not engaging. Member of the team tried verbal de-escalation however this was futile. PMVA team called. Put in light arm holds only and RT IM Promethazine 25mg administered. Released after this. Still declined to come out. 22:50, started to head bang again and not engaging with staff. PMVA team called. Put in light arm holds to stop her from headbanging Had 1:1 and later She came to communal areas to do some colouring. She had some food. Approx 00:15, started to head bang again and not engaging with staff. Verbally deescalated and she came to communal areas. Dressing on hand changed. Duty doctor informed. Neuro observations and post RT observations done	- Verbal de-escalation. -reactive administration of medication. -Duty doctor review -Post Neural and RT obs	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71457	16/06/2024	15/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Clinical hold (seated)		patient was increasingly agitated and distressed pulling her hair, suspicious and paranoid of her surroundings pacing and responding Unable to accepted oral medications due to mental state	PMVA team called for a planned intervention RT IM Promethazine 50mg administered in seated holds with cushion. Patient accepted reassurance from staff and offered rational for RT.	Mental state and risks reviewed Medication required to alleviate symptoms, RT clinically indicated in times of increased agitation Management plan in place Staff to adopt least restrictive approach and be proactive with PRN	n/a	None (no harm caused by the incident)	Closed
GHC71461	16/06/2024	16/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and weighted blanket used 1-1 walk after x2 members of staff	care plan followed along with 1;1 walk with staff	N/A	None (no harm caused by the incident)	Closed
GHC71478	16/06/2024	16/06/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Escort		Patient banging door with chair and targeting fixtures in flat. Staff went to remove chair and patient ran at staff, attempting to hit and scratch.	Restrictive escort to bedroom while chair was removed. Patient sat on their bed of their own volition and waited for staff to leave	Incident reviewed. 1. Care Plans and Risk Assessments are up to date. 2. Agreed strategy now in place to manage Estate damage which will inevitably occur due to this person's presentation and history of such behaviours. 3. Communication strategy up to date and includes Social Stories not to damage his property. 4. At time of incidents such as these Estates colleagues are supported to make the area safe until a more detailed plan can be agreed. 5. This patient's mother is updated daily on any incidents. 6. All incidents are reviewed in our weekly MDT. 7. Check in with staff.	1. That despite our extensive knowledge of this patient he remains a high risk to his environment and to others, particularly those providing care for him. 2. That his environment is prone to damage due to the intensity of attack this patient visits upon it. 3. That those providing care are at high risk of assault.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC71486	16/06/2024	16/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Precautionary hold		Patient appeared unsettled, and she presented bizarre behaviour and wanted to leave the ward after many attempts. The patient put herself on the floor, and a datix was completed regarding it. Staff supported her up, declined physical observation, and declined neuro observation. Patient was guided to her bedroom with staff support	The patient was laid on a bed in her bedroom after being supported to bed. She was supported by a precautionary hold with staff, and RT 0.5 mg lorazepam was given in the upper outer right leg.	none	none	None (no harm caused by the incident)	Closed
GHC71490	16/06/2024	16/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient restive to NG feed	Staff had to restrain patient in seated holds on the pod so feed could be given by NG tube.	care plan followed along with 1;1 walk with staff	N/A	None (no harm caused by the incident)	Closed
GHC71494	17/06/2024	16/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient observed to be head banging with the back of their head against their bedroom wall.	Verbal de-escalation done to no avail. PMVA team was called and patient was put on holds. Verbal de-escalation continued with minimal effect. RT 2mg lorazepam was administered. Thereafter, verbal de-escalation continued	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71495	17/06/2024	16/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient was observed to be head banging with the back of their head against their bedroom wall.	Verbal de-escalation instituted to no avail. PMVA team was called and the patient was put on holds. Verbal de-escalation continued. Patient settled after few minutes	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71496	17/06/2024	16/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was seen head banging with the back of their head against their bedroom wall	Verbal de-escalation instituted to no avail and patient put on PMVA holds	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71497	17/06/2024	16/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was observed head banging with the back of their head against their bedroom wall	Verbal de-escalation instituted to no avail. PMVA team called and the patient was put on PMVA holds. Verbal de-escalation continued until the patient became calm. Patient requested promethazine 25mg which was offered	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71499	17/06/2024	16/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		At about 22:35hrs, when patient was offered with due medications took the medication pot but refused to take. Verbally prompted several times to return but declined, tightened their grip and became physically aggressive. Patient was put on physical holds	Verbally prompted. Physical holds.	none	none	None (no harm caused by the incident)	Closed
GHC71502	17/06/2024	14/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Escort		Patient tried to leave the ward Staff put patient on precautionary hold and directed to bedroom Patient continued to present agitated and anxious Staff offered RT lorazepam oral 2mg which patient refused Patient was put on hold in seating position RT Lorazepam IM 2mg was administered		Mental state and risks reviewed Patient no longer presenting with extreme agitation No longer an absconding risk Patient responding well to change in treatment plan, psychotic symptoms reduced. No current need for restrictive practice	n/a	None (no harm caused by the incident)	Closed
GHC71505	17/06/2024	17/06/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Staff had entered the unit and patient grabbed at staff's clothing and began to pull at staff down toward the ground, Staff could not disengage from clothing grab and so staff needed to remove t-shirt.	Staff then implemented a 2 person removal to the sofa and were able to withdraw from flat.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC71508	17/06/2024	16/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Staff found patient harming herself in the en-suite. Patient reopened the wound in the neck and make it bleed using broken piece of spoon.	Staff intervened, verbally de-escalated. staff managed to remove piece of spoon. Patient was resistant, trying to put her fingers into the wound. PMVA called and RT IM Promethazine 50mg was given. Physical observations were completed. Debrief regarding the incident is completed	Mental state and risks reviewed Long term risk of self harm identified Care plans in place to minimise harm to patient Engaging with Self Harm Pathway	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC71513	17/06/2024	17/06/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Staff were taking patient to cupboard to get mop and bucket as part of patients routine. Patient began to escalate in corridor and was grabbing at staff's hand and arms.	Staff implemented a 2 person PBM removal but patient went backwards in the wall and staff broke away. Patient then grabbed staff member's clothing, attack alarm pulled. Staff responded and fix and hold until patient let go. Patient was then escorted back to flat in a 2 person removal. Staff were able to with draw from flat.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC71515	17/06/2024	17/06/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient had staff in a clothes grab and attempting to pull staff to the floor.	Asked patient to let go of staff with no effect , Patient continued to attempt to pull staff to the floor. PBM escort/removal to chair as per chair plan. Once Patient settled in staff staff broke away and withdrew from unit.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	The physical intervention was implemented as redirection failed and due to the level of risk. All interventions are for the least possible amount of time.	None (no harm caused by the incident)	Closed
GHC71519	17/06/2024	17/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient grabbed another patient's back pack while she sat on wheelchair and started pulling	Staff immediately intervened and patient was put in holds Patient required several prompts to let go of the backpack Patient was escorted to her room in safe holds	none	none	None (no harm caused by the incident)	Closed
GHC71520	17/06/2024	17/06/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		patient accepted medication from NIC and as NIC was walking away patient began to chase, kitchen door was not shut in time and patient grabbed hold of staffs clothing and tried to pull staff down.	verbal prompts to let go was ignored so staff implemented a pbm removal to patients sofa.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	Where staff have become the target of an individual they will attempt verbal redirection, utilise proxemics, breakaway techniques or PBM and withdraw from the area at the first possible safe opportunity.	None (no harm caused by the incident)	Closed
GHC71521	17/06/2024	17/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PATIENT IS DUE FOR FEEDS, CALLED PLAN PMVA. UTILISED LIGHT HOLDS, SHE WAS SEATED ON POD AND A WEIGHTED BLANKET WAS USED.	CARE PLAN FOLLOWED, 1:1 AFTER THE FEED, SHE WAS ESCORTED FOR A WALK AND WAS DEBRIEF WHILE WALKING.	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC71525	17/06/2024	17/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient grabbed staff hair and was pulling	Staff immediately intervened Break away techniques used Patient put in PMVA holds and was led to her room to self soothe	none	none	None (no harm caused by the incident)	Closed
GHC71529	17/06/2024	17/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	POD and weighted blanket used 1-1 walk after	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC71546	17/06/2024	17/06/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PBM (physical intervention)	Escort		A patient had picked up a blanket and was wrapping it around her arms and feet, causing a falls risk. Patient already high risk of falls, so staff asked to help her with the blanket. Patient hit out at an HCA and hit her on her arm	Staff member held forearms gently whilst other staff removed the blanket. Patient remained distressed. She swore at patient B sat next to her, who was trying to calm her, and threw a small box of tissues at her. Patient B appeared unbothered and not hurt. Patient A escorted to a less populated area of the communal area and sat on a sofa. Holds immediately released and staff tried to use verbal reassurance. The agitated patient was given PRN 25mg	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC71557	18/06/2024	18/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		22:30 - Headbanging in bedroom. Responded to verbal de-escalation. 23:45 - 00:00 - Headbanging in bedroom. De-escalation attempted, unfortunately, to no avail. 00:10 - PMVA holds utilised and RT administered. 03:00 - Headbanging in bedroom, de-escalation attempted, unfortunately, to no avail. PMVA holds		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71559	18/06/2024	18/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PMVA required for administration of NG feed	pod and weighted blanket used. 1-1 walk after	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71560	18/06/2024	18/06/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Seated (other)		Patient been awake since 02:00am pacing and becoming increasingly elevated. Shortly after handover patient agitated, pressured and shouting delusional speech content. Staff attempted to de-escalate and redirect focus however patient escalated and began kicking and slamming fire doors and leaving the ward. Patient redirected back to the ward in holds and supported into seated restraint on bed. RT oral Lorazepam 2mg accepted. Physical observations started (NEWS2 0) and ward doctors will	Distraction and de-escalation techniques	Staff sought to de-escalate situation. Patient becoming increasingly aggressive - decision made to proceed with RT medications as a means of helping patient calm. Staff developing a PBS plan to aid avoid / reduce risk of further incident of this nature.	Staff followed care-plan and risk management plan. Non-touch physical observations recorded. Debrief offered to patient.	None (no harm caused by the incident)	Closed
GHC71572	18/06/2024	18/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Phlebotomy PBM clinical hold on patient sitting on POD in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC71574	18/06/2024	18/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold on a patient for blood test in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to (N.O.K), how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC71575	18/06/2024	18/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Patient continues to remain acutely unwell and has presented as distressed, paranoid and restless throughout the shift.	Patient declined to accept oral medication there IM was adminstered.	Mental state and treatment plan reviewed Patient mentally and physically unwell Patient extremely disturbed by psychotic symptoms Restrictive practice required to ensure safe administration of medication to alleviate voices	n/a	None (no harm caused by the incident)	Closed
GHC71596	18/06/2024	18/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was in the communal areas and presented as and chaotic in presentation. Patient was grabbing other patients and was being physically and verbally aggressive to staff.	Patient was being verbally de-escalated with no effect Oral rapid tranquilisation was offered and patient declined Doctors were informed and IM RT was prescribed Patient was put in PMVA holds Haloperidol 2.5mg IM was administered at 13:04hrs with good effect None touch physical observations were commenced as patient was agitated and would not allow staff to do physical observations Debrief had not yet been done at the time of the	none	none	None (no harm caused by the incident)	Closed
GHC71600	18/06/2024	18/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PATIENT resistive to as prescribed ng feed patient taken into seated holds with pod .	NG feed was given with two staff with good effect .	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71608	18/06/2024	18/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		17.35 hours: patient heard to be head banging (low intensity). Nursing staff attended immediately, patient responded to ++ verbal de-escalation however, declined all offers of distraction/as required medication. 17.50 hours: patient heard to be head banging (moderate intensity). Not responding to verbal de-escalation. Resistive. Once in seated PMVA holds on bed, patient attempting to stand up from holds and push self back to wall to re-commence head banging.	Psyche emergency called. Patient taken into seated PMVA holds on bed with use of PMVA cushion (2 x staff on cushion, 2 x staff each arm, 1 x staff at head/back). Ice pack utilised on back and later on leg (RT IM site). Patient declined RT oral medication. RT Lorazepam 2 mg IM administered to good effect. RT NEWS 2 and Neuro observations commenced. DMO review requested and completed. Debrief with patient facilitated.	Followed procedure	n.a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC71612	19/06/2024	18/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Staff went to the assistance of colleague who was being assaulted by patient in a bid to free them from their grip. Staff employed PMVA and breakaway techniques to do this.		none	none	None (no harm caused by the incident)	Closed
GHC71613	19/06/2024	18/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient continued to display disruptive behaviours in communal areas and be abusive to staff and select peers	Staff tired to verbally de-escalate and redirect patient without effect. NIC took decision to call team to assist in psychiatric emergency to administer RT	none	none	None (no harm caused by the incident)	Closed
GHC71614	19/06/2024	18/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Seated (other)		Patient continuing to display disruptive behaviour and had thrown food stuffs and drinks in communal areas making areas unsafe.	staff used holds to redirect patient to their bedroom and observe whilst medication took effect (see GHC7163).	none	none	None (no harm caused by the incident)	Closed
GHC71616	19/06/2024	18/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		21:20 - 21:45 - Headbanging in bedroom. De-escalation attempted, unfortunately, to no avail. PMVA holds utilised and RT administered. 22:00 - 22:15 - Headbanging in bedroom. Responded to verbal de-escalation. 01:30 - 01:50 - Headbanging in bedroom. De-escalation attempted, unfortunately, to no avail. PMVA holds utilised and RT administered. Incident documented as taking place on 18/06/2024 (please note that the final incident took place in the early hours of the morning of 19/06/2024)		Care plan and procedures followed	N/A	None (no harm caused by the incident)	Closed
GHC71617	19/06/2024	19/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was highly intrusive and their behaviour increasingly disruptive in the communal areas. They had verbal altercation with peer and attempted to pour hot drink on peer and staff.	Staff tried to verbally deescalate patient and offer Prescribed oral PRN medication but they declined. Patient was put in safe holds and RT administered as prescribed.	Patient has known risk of violence when their perceived needs are not being met. Appropriate safeguards and interventions put in place by staff to mitigate risk, given RT medication.	Care plans in place to support patient and maintain the safety of other peers. Patient returned to baseline.	None (no harm caused by the incident)	Closed
GHC71620	19/06/2024	19/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user on light PMVA holds with 2 staff members for planned NG Feeding.	-Light PMVA holds applied. -Service user was Seated on POD. -Reassurance provided through out the procedure. -Administered feeds successfully. -Escorted out for a walk. -Continued to offer one to one.	care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC71621	19/06/2024	19/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user on light PMVA holds for planned NG feeding.	-Service user on PMVA holds with 2 peoples. -Seated on POD. -Reassurance provided. -Escorted out for a walk. -Offered one to one following the feeding.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71622	19/06/2024	19/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user on light PMVA holds for planned NG feeding.	-Service user on PMVA holds with 2 peoples. -Seated on POD. -Reassurance provided. -Escorted out for a walk. -Offered one to one following the feeding.	care plan followed`	N.A	None (no harm caused by the incident)	Closed
GHC71635	19/06/2024	19/06/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold of a patient for a blood test, in their best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	Explained to paid carers how the procedure would take place and what monitoring would be used to safeguard the patient. The MCA paperwork was reviewed and copies given to carers. Patient placed in a temporary hold for duration of procedure.	None required	None - routine planned work for IHOT	None (no harm caused by the incident)	Closed
GHC71638	19/06/2024	19/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Pbm clinical seated hold for blood test/podiatry on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to N.O.K how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paper was reviewed and copies given to carers.	None required	None required	None (no harm caused by the incident)	Closed

GHC71644	19/06/2024	19/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (other)		PT was in the communal area eating another PT meal, Staff explained to Pt that the PT is asking to give back the food. However PT threw the food on the floor. PT was put on hold and taken to the bedroom.	Pt offered oral Lorazepam, but ignored staff. Pt was explained what will happen next. PT was given 1mg RT lorazepam	Patient has known risk of violence when their perceived needs are not being met. Appropriate safeguards and interventions put in place by staff to mitigate risk.	Care plans in place to support patient and maintain the safety of staff. Patient returned to baseline once RT administered.	None (no harm caused by the incident)	Closed
GHC71646	19/06/2024	19/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient tried to leave the ward Patient put hands on staff blocking the door Patient came back into communal areas distressed and aggressive	Staff intervened and placed patient into forearm holds Patient redirected into the garden forearm holds and escorted to bedspace	none	none	None (no harm caused by the incident)	Closed
GHC71648	19/06/2024	19/06/2024	LD IHOT	National Star College, Ullenwood, Cheltenham GL53 9QU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in their best interest for a blood test, in proportion to the serious risk of harm if undetected medical condition is not treated.	It was explained to the staff how the procedure would take place and what monitoring would be used to safeguard the patient. MCA paperwork was reviewed.	None required	None - this is routine planned work for IHOT	None (no harm caused by the incident)	Closed
GHC71650	19/06/2024	19/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Clinical hold (seated)		The patient is already on PMVA hold in her bedroom.	IM 2mg Lorazepam was administered to the left thigh upper outer	none	none	None (no harm caused by the incident)	Closed
GHC71653	19/06/2024	19/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her NG feed	Patient was placed in arm holds by two staff to facilitate this. Weighted blanket used on legs. She was engaged in conversation throughout. 1:1 afterwards	Followed procedures and managed well.	N/A	None (no harm caused by the incident)	Closed
GHC71656	19/06/2024	19/06/2024	LD IHOT	National Star College, Ullenwood, Cheltenham GL53 9QU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Clinical Safe hold used to support a blood sample to be obtained for medication review.	Attempt to gain assent without use of safe hold made initially but unsuccessful so minimal safe hold utilised. Only arm blood being taken from was held by one staff member holding arm and another steadying the hand. Left arm held first then swapped to right. on both occasions the other hand was held for reassurance rather than restriction by his care staff.	None required	None required	None (no harm caused by the incident)	Closed
GHC71664	19/06/2024	19/06/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Escort		the patient had begun to pull part of the wall down in their bedroom. Patient had pulled part of the wall down in their bedroom and then attempted to attack staff when they were getting the broken piece of wall out	Staff went in to redirect patient away from the wall and the patient tried to attack staff. Removal implemented. when patient managed to pull the piece of wall down Restrictive escort/standing hold while the environment was made safe and all items were removed	Incident reviewed, to be discussed in weekly MDT and any changes to care planning or risk assessment to be agreed and made there. Estates contacted to make area safe and to agree schedule of works to repair damaged area	That this patient is able to damage the environment he is living in despite the best efforts of our Estates Team to make safe his environment.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC71669	20/06/2024	19/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		At 21:40 on 19/06/2024 staff overheard patient banging her. Staff went to support the patient , she was seen banging back of her against bedroom wall. Low level headbanging whilst listening to music and vaping. At 00:55 on 20/04/2024 staff overheard patient banging her. Staff went to support the patient , she was seen banging back of her against bedroom wall. Low level headbanging whilst listening to music and vaping.	Staff followed care plan during both incidents. -Tried verbal de-escalation. -Used folded towel behind her head which she pushed away. -Used ice pack , crisis escalator and offered PRN medication with no effect. -She was asked if there is any way that staff can help ,did not get any response for the question. -suggested distraction techniques and encourage to relocate from her room . -Patient did not made any verbal or non verbal communication despite staff made multiple attempts to engage with the patient verbally ,she was offered pen and paper to write down her feeling. -All attempts to stop the patient from self harm became futile therefore plan made to administer RT . -Team was called , put her holds. -Patient refused to take tablet , decision made to administer injection. -RT and neuro observation has been completed for the first head banging. -She refused to be reviewed by DMO after first head banging. -2nd RT and neuro obs started. -DMO was informed -Debrief done	Care plan followed	n.a	None (no harm caused by the incident)	Closed
GHC71674	20/06/2024	19/06/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical seated hold for canulla sedation, GA for dental procedure on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer how the procedure will take place and what monitoring would be used to safeguard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC71698	20/06/2024	20/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive to administration of as prescribed feed.	Patient supported into seated PMVA holds in Pod with use of weighted blanket (x 2 nursing staff). As prescribed NG feed administered with 2 x GRH staff while in holds. Holds released once feed completed and patient administered usual as prescribed morning medication. Patient facilitated 1:1 time for 1 hour post feed.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71702	20/06/2024	20/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71709	20/06/2024	20/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was headbanging inside her bedroom, using back of her head against the wall, in low level. She was using ear pad which was removed. Verbal de-escalation was done to no effect, encourage her to go to communal areas, suggested distraction techniques but she was not engaging, she continued headbanging. Holds applied, ice pack was applied, thereafter patient appeared calm, as soon as staff removed holds, patient went straight to her toilet and headbanged using back of head against the wall. PMVA was activated, tried to verbally de-escalate to no effect. Holds has been applied, she was escorted from toilet to bed on holds, and was seated on bed. She was quiet resistive, was kicking staff, tried to stand up. Staff offered oral medications but she declined. RT 2mg lorazepam injection was administered at left thigh through clothing.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71714	21/06/2024	20/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Clinical hold (seated)		Staff were doing a room search on the Patients room due to suspected possession of IOC and RI along with a member of staffs keys and fobs. -Patient entered at the time of the room search , shouting that staff had her keys. She was redirected to the communal area where she started headbanging. Patient later returned again, became hostile, and began headbanging by the window. Forearm holds were used to guide her to clinical holds. During this, Patient was on a voice call with her mother, which staff reminded her was not allowed during the PMVA. S/N took the phone and ended the call. Patient screamed and kicked S/N multiple times. A leg cushion was placed on her leg. The on-call manager was consulted about a body search due to	-Utilisation of PMVA techniques. -body search	LOW RISK NOT MODERATE	N/ATTTTT	None (no harm caused by the incident)	Closed
GHC71717	21/06/2024	20/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was seen banging back of her head against bedroom wall while staff was doing 22:00 check. Low level head banging. While staff tried de escalate the patient , staff noted 10 superficial cuts on service user's left harm that she has wrapped with tissue paper and bandages. She reported to staff that she broke glass early morning and cut herself,she gave two handful of glass pieces in a pillow cover. -In order to maintain safety of everyone and to confirm that she does not poses any glass pieces staff decided to conduct a room and body search. 23:00 staff started search and she resumed headbanging using back of her against window grate. She head banged in different areas of communal area such as next to main ward door ,clinic,dinning hall ,kitchen and MDT room.	22:00 -Staff attempted to de-escalte the patient verbally. Offered pen and paper to write her feeling. Asked any ways that staff can help. Staff used towel behind her head which she pushed away. Used ice pack , crisis escalator and offered PRN with no effect. PMVA team was called put her on holds and given RT IM. Debrief done , dressed her wound ,DMO was informed , taken observation. 23:00 Tried verbal descalation. Places towel behind her head Offered PRN and ice pack which she refused Staff used multiple PMVA holds. No RT given as she maxed out Lorazepam and was given Promethazine less than an hour ago. DMO was informed. Refused physical observation. Debrief to be done when she wakes up.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71722	21/06/2024	21/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due her prescribed feeds	Patient was placed in light arm holds. Weighted blanket used. She was was not resistive and was engaged in conversation throughout. Escorted out for a walk afterwards.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71725	21/06/2024	21/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive depot injection - in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC71727	21/06/2024	21/06/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Non-standard hold	Holding patients legs whilst led down to prevent kicking	Patient kicking staff whilst staff trying to encourage him to get out of bed for discharge	Holds used to stop legs kicking. Holds released shortly after when patient sat up. Patient then walked with staff and left ward	Managed appropriately	N/A	None (no harm caused by the incident)	Closed
GHC71738	21/06/2024	21/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Non-standard hold	Pt was on the floor on their left side. Neither prone nor supine. They were on their Left side.	PMVA used to administer depot.	PMVA was planned to take to the their bedroom, but it transpired the depot (planned for the PMVA) was administered in the garden with x4 female staff.	Patient supported and risk of violence increased. Staff attended A&E for necessary treatment.	Risk acknowledged, staff wellbeing ensured post event.	None (no harm caused by the incident)	Closed
GHC71758	21/06/2024	21/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for nasogastric feed. Service user was administered nasogastric feed with light PMVA holds with 2 members of staff using seated pod and weighed blanket. Service user was least restrictive during the feed. Facilitated walk after the feed and debrief was done.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71759	21/06/2024	21/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		17:43- Service user overheard light headbanging using back of the head against the wall. -Staff intervened and put her on PMVA holds with 2 members of staff. -Verbal deescalation done with some effects. -Offered distraction techniques and walk to courtyard which she declined. 17:48-Service user was released from holds. Incident-2 18:06- Service user overhead strong headbanging using back of the head against the wall. -Staff intervened and activated PMVA. -Service user was put on PMVA holds with 4 members of staff.Staff used pillow behind her head to reduce the impact which she pushed away. she was very resistive. -Staff attempted verbal de-escalation.PRN medications were offered which she declined. -offered distraction techniques ,used ice pack , encouraged to come out to the communal area which no effect. -offered oral RT, which she again declined. 18:20- Administered RT IM lorazepam 2mg.	Incident -1 17:43- Service user overheard light headbanging using back of the head against the wall. -Staff intervened and put her on PMVA holds with 2 members of staff. -Verbal deescalation done with some effects. -Offered distraction techniques. 17:48-Service user was released from holds. -Duty doctor was informed. -Physiological and neurological observation taken. Incident-2 18:06- Service user overhead strong headbanging using back of the head against the wall. -Staff intervened and activated PMVA. -Service user was put on PMVA holds with 4 members of staff as she was very restrictive. -Staff attempted verbal de-escalation.PRN medications were offered which she declined. -offered distraction techniques ,used ice pack , encouraged to come out to the communal area which no effect. -offered oral RT, which she again declined. 18:20- Administered RT IM lorazepam 2mg. -Duty doctor was informed.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71760	21/06/2024	21/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		18:40- Service user overhead strong headbanging against the window with forehead. -Staff intervened immediately and activated PMVA as she was very restrictive. -Service user was put on PMVA holds with 5 members of staff. -Staff attempted verbal de-escalation with no effects. -Staff Offered pen and paper to write her feelings which she refused -Staff suggested distraction techniques ,used ice pack , encouraged to come out to the communal area which no effect. -Staff offered her a walk to courtyard.which she again declined. - Service user became calm after several attempts of verbal deescalation. 18:48 - service user released from holds. -Duty doctor was informed. -Physiological and neurological observations were taken.	18:40- Service user overhead strong headbanging against the window with forehead. -Staff intervened immediately and activated PMVA as she was very restrictive. -Service user was put on PMVA holds with 5 members of staff. -Staff attempted verbal de-escalation with no effects. -Staff Offered pen and paper to write her feelings which she refused -Staff suggested distraction techniques ,used ice pack , encouraged to come out to the communal area which no effect. -Staff offered her a walk to courtyard.which she again declined. - Service user became calm after several attempts of verbal deescalation. 18:48 - service user released from holds. -Duty doctor was informed. -Physiological and neurological observations were taken.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71764	22/06/2024	22/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		-Patient made numerous electrical damages in her room therefore plan made to move the patient from her room to another room. -When staff was showing the patient her new room she hit staff's head using door handle which she hid in her shorts pocket. -Staff placed her on arm holds and moved the patient away.		risk of property damage acknowledged. Appropriate safeguards and interventions put in place by staff to mitigate risk.	Risks acknowledged, patient redirected from causing further harm.	None (no harm caused by the incident)	Closed
GHC71765	22/06/2024	22/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient LM showed aggressive and assaultive behaviour, hit S/N's head with a metal door handle	PMVA team intervened and RT administered.	Patient has known risk of violence when their perceived needs are not being met. Appropriate safeguards and interventions put in place by staff to mitigate risk.	Item of concern removed, risks acknowledged	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC71770	22/06/2024	22/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in light arm holds on pod with weighted blanket to facilitate NG feed as per care plan.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71781	22/06/2024	22/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for nasogastric feeding. Nasogastric feed administered with light PMVA holds with 2 members of staff using seated pod and weighed blanket. she was less resistive. Facilitated walk after the feed.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71782	22/06/2024	21/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Supine (face up)		Patient prescribed depot medication, who was refusing it. Nursing team called for planned PMVA team to support patient in restraint to administer depot medication. Patient became extremely agitated and aggressive towards nursing team. Nursing team made the clinical decision to administer RT as well due to the agitation of the patient.	Depot medication administered. RT administered.	Patient has known risk of violence when their perceived needs are not being met. Appropriate safeguards and interventions put in place by staff to mitigate risk via calling PMVA and administering medication.	PMVA team could have re-grouped and delegated areas of concern to mitigate risk. RT administered, patient returned to baseline.	None (no harm caused by the incident)	Closed
GHC71794	23/06/2024	22/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was heard head banging in the room. Staff was able to de-escalate the patient.After 10 mins patient started headbanging again. A team was called to support the situation. Whilst the staff were in the room patient continued to head bang with head phones on. As part of the care plan one of her head phones was removed by staff and attempted verbal de-escalation. Patient did not respond to the staff but responded by nodding the head. patient was offered oral PRN to help with her distress but refused this, so IM RT was given to help her with her distress.		policy and procedures followed	N/A	None (no harm caused by the incident)	Closed
GHC71795	23/06/2024	22/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		The patient was verbally abuse towards staff. Started swearing at staff, use derogatory comments towards staff members in communal areas. Patient was taken to her room in holds. When in room staff attempted to leave but patient continued to throw things at staff members. Offered oral meds but was declined. Patient continued to be abusive, patient placed in holds while RT was administered.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC71799	23/06/2024	23/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed	2x members of staff pod and weighted blanket	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71807	23/06/2024	23/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Escort		pmva used to move patient aware from ward doors and back to room		policy and procedures followed	n/a	None (no harm caused by the incident)	Closed
GHC71808	23/06/2024	23/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		patient transferred to PICU needed escort holds.		policy and procedures followed	n/a	None (no harm caused by the incident)	Closed
GHC71810	23/06/2024	23/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient engaging in headbanging	pmva used, 1-1 given.	Policy and procedures followed	N/A	None (no harm caused by the incident)	Closed
GHC71811	23/06/2024	23/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		CARE PLAN FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC71813	23/06/2024	23/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was heard headbanging at 16.50 at low intensity, SN went in to de-escalate to some affect and patient stopped momentarily during conversation. Patient started headbanging again and a higher intensity, SN re-attempted verbal de-escalation to no affect and patient continued to headbang.	SN followed patients de-escalation techniques but to no affect. SN called for a team and SN and 3 members of the team entered patients room. Patient was placed in forearm holds by 2x members of staff on their bed to move patient away from the wall and stop patient from banging their head on the wall. Patient still was non-verbal and not responding in any way to staff, decision made to administer RT medication, patient was offered oral tablets but would not engage with staffing team so decision made to administer as IM. Patient became a lot more resistive, bringing their legs up towards their chest and attempting to break holds, 2x members of staff used the leg cushion to	Policy and procedures followed	N/A	None (no harm caused by the incident)	Closed
GHC71815	23/06/2024	23/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		18:30 -Service user was seen to be headbanging with back of her head in her bedroom at low intensity.	Attempted verbal de-escalation.Offered distraction techniques.She continued doing headbanging therefore; PMVA team was called and she was put in forearm holds,leg cushion was also used. After few minutes,holds were released and she agreed to come out in communal area.	Policy and procedures followed	N/A	None (no harm caused by the incident)	Closed
GHC71817	23/06/2024	23/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Escort		Patient A was presenting with elation in her mood and affect. She was high profile throughout the shift. She was loud in the communal areas and was confrontational in nature. She was invading the personal space of peers and was quiet authoritative in approach to them especially Patient B and Patient C. Patient A was swearing a lot in the communal areas and was verbally abusive towards staff. On one occasion when she was in the garden she threw peer Patients B fob to the wall and later when she was alone in the garden she took her bottom down. She also garbed patient C's vape off him and was reluctant to hand it back. She was escorted to her bedroom on these occasions because of the inappropriate behaviour and to avoid further		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC71819	23/06/2024	23/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		19:52 - The patient was seen to headbanging(low intensity) against the wall with the back of her head. Staff suddenly intervened and attempted verbal de-escalation with no effect. While the staff trying to verbally de-escalate the patient she started to head bang with more intensity. 19:58 - PMVA was activated. Patient was put on fore arm holds to stop her from head banging. Utilised ice packs to help the patient to calm down. Leg cushion was used to stop the patient from shuffling back to the wall. Offered oral Rt tablets but the patient refused. Thus, Promethazine 25mg IM was administered on holds. The patient was very resistive while the IM was administered. The holds were released right after the administration of the IM when the patient appeared to get more settled. However, once the staff left the bedroom, the patient	The holds were released after 3 minutes. Staff sat with the patient for almost 1 hour until the patient got settled and agreed to come out of the bedroom. Initiated post RT physical observation and post headbanging neurological observations. Duty doctor was informed. De-brief was given.	Policy and procedures followed	N/A	None (no harm caused by the incident)	Closed
GHC71821	24/06/2024	24/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		The patient came out of their room and without any provocation started shouting, screaming and verbally abusive towards staff. They also became resistive when being redirected to their room and continued shouting, verbally and physically aggressive towards staff.	Verbal de-escalation was instituted to no avail. The patient was escorted several times to their room but would soon come back to the communal area presenting as the same. The patient was eventually put into PMVA holds and redirected to their room. The patient was offered prn lorazepam 2mg orally which they spat out. They were offered again the same medication but declined. The patient verbalised that they prefer an injection rather that tablets. They were eventually administered with RT 2mg lorazepam IMI.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC71825	24/06/2024	24/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Escort		Pt escalating through out the ward, slamming doors, screaming, shouting, verbally hostile towards staff and peers and intruding on personal space.	Verbal de-escalation attempted, oral PRN offered, IM RT administered	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC71832	24/06/2024	24/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive to as prescribed NG feed.	Patient taken into seated PMVA holds in pod with use of weighted blanket. Patient administered as prescribed NG feed in holds. Holds released patient administered as prescribed morning medication. Patient facilitated 1:1 escorted leave.	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC71834	24/06/2024	20/06/2024	CAMHS Outreach	Gloucestershire Royal Hospital	Clinical care, treatments and procedures	Clinical policy breached or inadequate to situation	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	Other form of physical intervention	Supine (face up)		YP at home appeared to have seizure. 999 called and YP transported to hospital. When they arrived in hospital with the GHT management plan YP attempted to abscond and her staff had to safely hold her.	V&A team were called by the hospital staff which escalated things further. They were quite 'rough' with her and stepped on her toes. (YP experienced pain and bruising from hold) At 20:12 YP was given 3 mg IM Lorazepam Her care staff were told to leave Nurse/medic asked if YP was going to calm down and she said "f**k off" At 20:20 YP was given 120mg Ketamin IM	The details of this incident has been sent on 24/6/24 to Divisional Director of Quality & Nursing - Women & Children at Gloucestershire Hospitals NHS Foundation Trust for learning. Datix has also been forwarded to GHFT, Gloucestershire Hospital Foundation Trust.	Outcome of learning will be with GRH	Moderate (significant but not permanent harm e.g. takes up to 1 year to rectify)	Closed
GHC71842	24/06/2024	24/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PMVA (physical intervention)	Escort		Patient was being seen by the doctors in ward round and was refusing to come after thereafter, doctors requested staff to come in and take that patient out of the room	Staff prompted the patient to come out in the communal areas Patient kept declining Patient was put in PMVA easy holds and was escorted out of the room with no resistance and was sat in the communal areas	none	none	None (no harm caused by the incident)	Closed
GHC71843	24/06/2024	24/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (other)		Patient appeared unsettled , responding to unseen stimuli , talking to herself , pacing around Staff offered PRN thrice which patient refused . Planned PMVA to RT the patient .	unseen stimuli , showing hand gestures , pacing around and her movements are fast . 09:05 - Staff offered PRN which patient refused . 09:06 - Staff decided to go for a planned PMVA to RT the patient as patient is overstimulated , pacing around , has not slept and kept on refusing all the medications . 09:09 - PMVA staffs arrived , discussed the plan within the Team . 09:14 - Staffs put her on hold . Promethazine 50 mg was given intramuscularly . De-brief was not given due to her mental state. Post RT observations were carried out.	Mental state, risks and management plan reviewed Patient required restrictive intervention to prevent risk to self and harm to others Debrief to occur when patient is able to engage	n/a	None (no harm caused by the incident)	Closed
GHC71859	24/06/2024	24/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71871	24/06/2024	24/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient was offered their regular medication by different RMN's multiple times Patient refused Unsettled in communal area	Guided back to bed space in light holds Patient in seated light holds (holding hands with staff) PRN IM administered	None	None	None (no harm caused by the incident)	Closed
GHC71876	24/06/2024	24/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		15:00 - 15:30 - Headbanging in bedroom. De-escalation attempted, unfortunately, to no avail. PMVA holds utilised and RT administered (please see RIO progress notes for more detail).	RT and neurological observations were commenced and the Duty Doctor was informed.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71880	25/06/2024	24/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was heard in their bedroom headbanging, a team was called and staff entered the room and put the patient in a seated hold. Staff then applied an ice pack to the back of the patients neck and followed the care plan for the head banging. Staff offered the patient their regular night time medication but they refused their regular diazepam.	staff then sat with the patient and talked about music. patient was sat in their room ;listening to music and at 23:10 was heard to be head banging again. A team was called and staff went in and sat with the patient in seated holds for 8 minutes rapid tranc 2ml Lorazepam. Neuro observations were taken and the duty doctor was informed and came and checked the patient over. A set of physical observations taken and all within normal range. non	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71881	25/06/2024	25/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		patient had become very loud and aggressive towards staff and fellow patients. Patient had refused their regular medication and was becoming agitated and verbally abusive towards staff member s and racially abusive towards staff. staff encouraged the patient down to their room as they had woken several patients up by being in communal areas.	staff went in to patients room and offered oral medication (PRN promethazine 50mg) which the patient threw at the staff member and swore at them . The staff member offered the PRN a second time and the patient refused. It was then decided that the patient should be given RT promethazine. a team was called and staff restrained the patient in a seated hold on the bed and the RT was administered in the right thigh. 50 mg promethazine	Acutely unwell	N/.A	None (no harm caused by the incident)	Closed
GHC71886	25/06/2024	24/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient was prescribed regular IM Haloperidol due to increased agitation and distressed. Patient was unable accept the IM due to agitation and distress so seated holds were utilised	A planned PMVA Seated restraints with XL cushion Given IM Haloperidol L Thigh PRN IM Loraz given at same time - R Thigh Reasurrance given Ice pack given Patient was observed for EPSEs and Phys Obs taken	Short term management plan to administer medication to alleviate symptoms Restrictive practice utilised to ensure safe administration of medication Mental state, risks and treatment options reviewed daily	n/a	None (no harm caused by the incident)	Closed
GHC71887	25/06/2024	25/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71891	25/06/2024	25/06/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		A PBM seated clinical hold was performed on a patient in their best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers how the procedure will take place and what monitoring would be used to safeguard the patient. the MCA paperwork was reviewed and copies were given to the carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC71919	25/06/2024	25/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient observed to have broken her mufflers and and was using the wire to open a wound on her right arm.	Staff attempted to verbally dissuade her from hurting herself but she was not amenable. Team was called and object was taken from her under PMVA holds.	Mental state, risks and management plan reviewed Care plans in place to manage self injury and minimise harm to patient Patient offered Self Harm Pathway and psychology groups	Patient CRD, awaiting funding for accommodation/placement	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC71922	25/06/2024	25/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		16.40 hrs: patient heard to be head banging (moderate to high intensity) on en suite door. Initially did not respond to verbal de-escalation. Patient supported to by 2 x nursing staff ("bear hug" to move patient away from en suite door way. Patient then engaged in verbal de-escalation. 17.42 hrs: Patient heard to be head banging (moderate intensity)on en suite door. Patient did not respond to verbal de-escalation and avoidant of nursing staff trying to stop patient head banging. 20.27 hrs: Patient heard to be head banging (moderate intensity) on bedroom wall. Patient did not respond to verbal de-escalation and avoidant of	17.42 hrs: Patient taken into seated PMVA holds in Pod with use of PMVA cushion. Patient administered RT Promethazine 25 mg IM as clinically indicated to good effect. Ice pack applied immediately to IM site. RT Non Touch observations commenced and continued. T/C x 2 to DMO to request review for RT / head banging / review of RT medication. Debrief to be provided.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC71924	25/06/2024	25/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive to as prescribed NG feed.	Seated PMVA holds utilised with use of weighted blanket (x 2 nursing staff). Administration of as prescribed NG feed (2 x GRH staff) in holds. Once holds released, usual prescribed afternoon medication administered. Escorted 1:1 walk facilitated with nursing staff (1 hour).	PATIENT IS NOT NICOLA- CHANGED	N/A	None (no harm caused by the incident)	Closed
GHC71929	26/06/2024	26/06/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient entered communal areas after sleeping for a period of time. Patient was immediately hostile towards staff, making verbal threats of physical harm towards a specific member of staff. Additionally, they were making derogatory comments and shouting loudly. Patient was told this kind of behaviour was not acceptable and despite several warnings, they continued to make threats of harm towards staff, being invasive of personal space. Patient refused to go to the their bedroom therefore a restrictive escort was utilised to move patient from communal areas. Patient was offered and accepted oral RT medication		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC71934	26/06/2024	26/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for feeds, called planned PMVA. Staff utilised light holds, patient was seated on podand a weighted blanket was used.	care plan followed, 1:1 after feeds. She was escorted for a walk, debrief while walking.	Procedure followed along with care plan	N/A	None (no harm caused by the incident)	Closed
GHC71942	26/06/2024	26/06/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Non-standard hold	Patient sat up in profiling bed supported by 2 staff holding his arms in a seated hold with another staff member wrapping legs. A forth member of staff stood behind the bed holding his head still as needed. Hold maintained for 10 minutes and head released at times not needed to be kept still.	Clinical safe hold used in his best interest to support insertion of an N.G. tube. Patient currently unwell in hospital and hold was to support with necessary treatment.		None required	None required	None (no harm caused by the incident)	Closed
GHC71947	26/06/2024	26/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for blood test on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers, how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC71955	26/06/2024	26/06/2024	LD IHOT	Selwyn Care (Matson House), Matson Lane, Gloucester, GL4 6ED	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		A PBM seated clinical hold was used on a patient in their best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC71956	26/06/2024	26/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC71957	26/06/2024	26/06/2024	LD IHOT	Selwyn Care (Edward House), Matson Lane, Gloucester GL4 6ED	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		A PBM clinical seated hold was used on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers how the procedure will take place and what monitoring would be used to safeguard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC71959	26/06/2024	26/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC71961	26/06/2024	26/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		11:15 - 11:25 - Patient headbanging in bedroom, PMVA holds utilised, patient responded to de-escalation, PMVA holds released. 11:25 - 11:35 - Patient headbanging in bedroom, PMVA holds utilised, patient responded to de-escalation, PRN administered, neurological		Procedure followed along with care plan	N/A	None (no harm caused by the incident)	Closed
GHC71969	26/06/2024	26/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was agitated after ward rounds and recent events happened on the previous nights . Staff tried to de-escalate the situation , offered 1:1 , however ; patient refused to engage and continued shouting and screaming at staffs saying " I don't want to speak to anyone , Leave me alone ". Staff left the patient alone in the bedroom and kept checking in an interval Patient was in the toilet when checked at 1615 hrs , responded back in an angry way when staff asked if patient is okay . Staff checked again after few minutes and found patient opened the wound which was old and digging in with a metal object . Staff asked to give it back but denied .however ; staff managed to take that back . Offered 1:1 again , PRN ,	1730 - patient started headbanging. Staffs went in , tried de-escalating but patient was not ready to engage. 1735- PMVA Team called and arrived. put patient on hold . offered PRN again but refused . 1744 - patient was given RT . IM Lorazepam 2mg and 50 mg Promethazine . De-brief was not done as patient was not ready to engage with staffs . Post RT Non- touch observations carried out as she was asleep .	Mental state, risks and management plan reviewed Long term risk of self harm identified Care plans in place to minimise harm to patient Self Harm Pathway available Patient CRD	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed

GHC71970	26/06/2024	26/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		headbanging. -x2 staff intervened and tried to verbally deescalate the situation however it was futile. -PMVA was activated and Patient was put on clinical holds. -patient was given IM Lorazepam 2mg. - Nicola was escorted by staff later	- Verbal deescalation. - reactive administration of medication. - utilisation of escorted leave with the staff.	Procedure followed along with care plan	N/A	None (no harm caused by the incident)	Closed
GHC71994	27/06/2024	27/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive covid vaccination injection from district nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC71996	27/06/2024	27/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive covid vaccination injection from district nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC71999	27/06/2024	27/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due her prescribed NG tube feeds	She was placed in light arm holds. No resistance during the process and was engaged in conversation throughout.	Procedure followed along with care plan	N/A	None (no harm caused by the incident)	Closed
GHC72001	27/06/2024	27/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive covid vaccination injection from district nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC72002	27/06/2024	27/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical hold on patient in best interest in order to receive covid vaccination injection from district nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC72004	27/06/2024	27/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive covid vaccination injection from district nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC72005	27/06/2024	27/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Trigger for incident unknown. Pt was coming from her bedroom with the bin from her bathroom, throwing the things from the bin at staff and Pts (Used sanitary products were in the bin). PT then brandished the bin and threw it at staff. She then charged at staff attempting to attack staff present. PT physically assaulted staff- scratching, punching and kicking. Pt also assulted other pts (separate Datix done for this). PMVA teams were called and IM Loraz given. Pt then continued to assault staff by means of	PMVA used and IM Loraz given.	none	none	None (no harm caused by the incident)	Closed
GHC72006	27/06/2024	27/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient walked into communal areas, began pacing around turned towards another patient and yanked their hair with significant force. Staff engaged with holds and began taking them back to their room whilst in transit patient kicked again with intention to harm a patient who was in a wheelchair	Patient relocated to bedroom in safe holds and 1:1 time	none	none	None (no harm caused by the incident)	Closed
GHC72010	27/06/2024	27/06/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		A PBM clinical seated hold was performed on a patient in their best interest to administer a COVID vaccine.	It was explained to the carers how the procedure will take place and what monitoring would be to safeguard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC72019	27/06/2024	27/06/2024	LD IHOT	Pullman Place LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Phlebotomy PBM clinical hold on patient sitting on POD in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC72025	27/06/2024	25/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Patient was prescribed regular IM Haloperidol due to increased agitation and distressed. Patient was unable accept the IM due to agitation and distress so seated holds were utilised	A planned PMVA Seated restraints with XL cushion Given IM Haloperidol L Thigh PRN IM Loraz given at same time - R Thigh Reassurance given Patient was observed for EPSEs and Phys Obs taken	Mental state and treatment plan required IM medication to be administered if oral were not accepted due to degree of deterioration in mental state, and subsequent physical state Restrictive practice utilised to ensure safety of intervention	Treatment plan followed	None (no harm caused by the incident)	Closed
GHC72031	27/06/2024	27/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		NG feed was initially administered with only 2 PMVA staff on light holds on both arms, using weighted blanket on legs, however service user became very resistive, tried to bang her head on her knee, also tried to full her NG tube that needs another two PMVA staff hold the legs with the cushion and one staff supporting the head. Following feed, service user remains very resistive and was tearful, verbal de-escalation was done to no effect, decision made to continue on holds, 1mg lorazepam tablet was given as rapid tranquilisation in a less restrictive approach. Thereafter, service user has appeared more settle		Procedure followed along with care plan	N/A	None (no harm caused by the incident)	Closed
GHC72037	27/06/2024	27/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		15:00 - 15:25 Patient headbanging in bedroom, PMVA holds utilised, patient responded to de-escalation, PMVA holds released. 15:30 - 15:40 - Patient headbanging in bedroom, PMVA holds utilised, de-escalation attempted, however, unfortunately, attempts proved unsuccessful. RT administered intramuscularly. 20:05 - 20:25 - Patient headbanging in bedroom, PMVA holds utilised, de-escalation attempted, however, unfortunately, attempts proved	PMVA holds utilised, RT given on two occasions. RT and neurological observations commenced and Duty Doctor informed.	Procedure followed along with care plan	N/A	None (no harm caused by the incident)	Closed
GHC72042	28/06/2024	27/06/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the serious risk of harm if medical needs are not met - for podiatry.	Explained to paid carers how the procedure would take place. MCA and BI paperwork in place.	None required	None required	None (no harm caused by the incident)	Closed
GHC72044	28/06/2024	28/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due her prescribed NG feeds	She was placed in light holds. No resistance during the feeds.	Procedure followed along with care plan	N/A	None (no harm caused by the incident)	Closed
GHC72048	28/06/2024	26/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		At around 21:00 Patient was seen to be headbanging at the time of the handover. x3 entered the bedroom and tried to verbally deescalate the situation however it was futile. Staff implemented clinical holds however she was resistive at the time of the holds. later after 21:17 she appeared to be much more settled and the Night shift was handed over about the incident and the recommendations for the neurological examination and for the Doctor review.	- Implementation of clinical Holds - Neurological examination. -DMO review.	Procedure followed along with care plan	N/A	None (no harm caused by the incident)	Closed
GHC72052	28/06/2024	27/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient started to head bang. Verbal de-escalation was futile. PMVA team called and placed in restraints. RT Promethazine injection 25mg administered. She declined to come out from her bedroom and started to head bang again around 13:50. Various staff attempted to verbally deescalate and she did not engage. PMVA team called again. Placed in holds again and	-Activation of PMVA holds. -verbal de-escalation. - Neuro observation	Procedure followed along with care plan	N/A	None (no harm caused by the incident)	Closed
GHC72056	28/06/2024	28/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive B12 injection - in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC72058	28/06/2024	28/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		PBM clinical seated hold on patient in best interest in order to receive covid vaccination injection - in proportion to the risk of serious harm if any undetected medical condition is not treated.		none required	none required	None (no harm caused by the incident)	Closed
GHC72062	28/06/2024	27/06/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive covid vaccination injection - in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC72080	28/06/2024	28/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was supported with their feed by 2 members of staff.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72084	28/06/2024	28/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		16:00 to 16:30-Service user was seen to be headbanging (back of the head) at low intensity in her bedroom with headsets on. 16:35to 16:45 - Service user was seen to be again headbanging with back of her head at bedroom with headsets on at low intensity.	16:00-16:30 -Staff approached her ,attempted verbal de-escalation ,offered distraction techniques as per careplan but she was not trying to stop.PMVA team was called and she was put in forearm holds, seated pod and leg cushion was also used.She was very resistive.RT Lorazepam 2mg IM administered .Started post RT OBS. Duty doctor reviewed ,physical observations taken. 16:35-16:45-Attempted verbal de-escalation, offered distraction techniques,followed careplan ,she was not willing to cooperate.PMVA team was again called and was put in forearm holds,used leg cushion. Went out for walk after the incident	followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC72089	28/06/2024	28/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Patient prescribed Depot medication . Staff informed the patient . But the patient was not retaining any information and was not cooperating with the staff . Patient was pacing around the room and unable to keep herself stable to get the Depot.	Planned PMVA to give the Depot . Depot given under hold . Patient was calm and not resistive.	Patient requiring treatment, due to mental state unable to engage in conversation about the process Least restrictive PMVA utilised to administer treatment No harm to patient Staff to complete PMVA care plan with patient if mental state allows	n/a	None (no harm caused by the incident)	Closed
GHC72091	29/06/2024	28/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient kept the arm between the door and was pressing hard, in an attempt to harm her self .	the door. She was pushing the door against the staff. she was unwilling to engage with staff when tried to provide coping strategies and other distraction techniques. When she was resisting more and continuing to do the same, staff escorted her on arm holds to her bed. Held on seated holds with use of cushion 4:1 . Offered RT oral Promethazine ,which she accepted. Held on holds for some time, as she was resisting. When staff left , she started to punch the wall and continued to press the door against her arm . Staff held her on holds again, RT injection haloperidol was given. Rt phyiscal observation non touch started. Duty doctor was informed , unable to review as she was asleep.	Patient had started EMDR that day- it is felt that this is an appropriate reaction as patient was talking about the death of her husband, that she has never done before.	N/A	None (no harm caused by the incident)	Closed
GHC72092	29/06/2024	29/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient came to the office asking staff to look at some bruises on their feet and leg. Staff requested that patient take their nail polish in order to better see any bruises as they could not see any. Patient began to demand that they got the emergency bag out. Staff reiterated that they will if necessary. Patient began to shout at staff, calling staff rude. Patient ran towards staff, punched them in the face, pulled their hair, and scratched their chest. Other staff pulled the patient off the staff member, and used restrictive holds. Patient attempted to kick and verbally assaulted staff. PMVA team was called and RT was		none	none	None (no harm caused by the incident)	Closed
GHC72093	29/06/2024	29/06/2024	Wotton Lawn-Dean Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Escort		Patient asking to leave hospital at early hours of the morning in an agitated and dysregulated state. Patient kicking at the hospital doors and set off the fire alarm.	Attempts to verbally de-escalate patient unfruitful. Patient refused to leave the entrance doors after approximately an hour was assisted to move to the ward by staff in safe holds. Patient also refused PRN medication to manage agitation.	Mental state and treatment plan reviewed Patient discharged from hospital to the care of the community team	n/a	None (no harm caused by the incident)	Closed
GHC72094	29/06/2024	28/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		against the wall in her bedroom with the back of her head. Staff suddenly intervened and attempted verbal de-escalation for around 5 minutes but it was futile. 22:10 – PMVA was activated. Patient was guided to PMVA holds. She continued to shuffle back to the wall, however, staff secured the patient using clinical seated hold and continued to attempt to verbally de-escalate the patient. 22:16 – As the patient was getting more resistive and agitated. IM RT promethazine 50 mg was administered on the thigh using a leg cushion to secure the legs. The holds were slowly released as soon as the patient appeared to settle down. Patient was settled in the communal areas after the incident.	Post RT non-touch observations started. Completed neurological observations. Duty doctor was informed. De- brief given.	Process followed along with care plan	n/a	None (no harm caused by the incident)	Closed
GHC72095	29/06/2024	28/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		23:40 -The patient was seen to be head banging in her bedroom. Staff suddenly intervened but she did not respond to any verbal de-escalation and started banging with more intensity. Activated PMVA and the patient was guided to seated holds. As the patient appeared to get settled down and the PMVA holds were released. Soon after the staff left the bedroom at around 23:50 the patient again started to head bang with more force. Staff again entered the room and tried to put the patient on hold but this time the patient leaned to the floor and put herself down to the floor and tried to shuffle back to the wall sitting on the floor. Two staff used fore arm holds on both sides and one staff supported the head from behind to stop the patient from head bang. After few minutes of verbal de-escalation, the patient started to calm down and the holds were released. Following this the patient agreed to come out of her bedroom and later came to the communal areas and		Process followed along with care plan	n/a	None (no harm caused by the incident)	Closed
GHC72098	29/06/2024	29/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due her Prescribed Fortisip	Patient was placed in light arm holds. Minimal resistance . Engaged in conversation throughout	Process followed along with care plan	N/A	None (no harm caused by the incident)	Closed
GHC72112	29/06/2024	29/06/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PBM (physical intervention)	Escort		Patient handed laptop to staff at about 13:52. Patient started pacing the flat and looking out through the window. Patient appeared superficially settled. staff gave patient 10 minutes to calm down. Staff prompted patient for toilet. Patient accepted. Staff opened the toilet door. Patient went into the toilet and started targeting the door which was already damaged. Staff tried to redirect patient. Patient came out and charge towards staff. Patient went back to the toilet door in an attempt to destroy it completely. staff tried to redirect him in order to lock up the door, but patient attacked staff, pulling staff to the lounge and injuring 3 staff in the process.	The door was difficult to lock as the door is broken. As a result, staff was in there for longer than necessary, trying to protect the door and property while patient kept attacking staff. Patient was safely removed to their bedroom using PBM	All incidents are reviewed and changes to care plans including PBS plans are made when necessary.	That this patient despite staff using the interventions described in his care plan remains unpredictable and likely to cause harm to others or his environment when off baseline.	None (no harm caused by the incident)	Closed
GHC72121	29/06/2024	29/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was wandering through the communal area and when the staff walk pass through, patient came towards the staff and became agitated without any trigger, asked the staff to get out the clinic and argued that it's her home. Patient hold staff's hand too tight and twisted	Patient was put on holds and taken to bed room, later deescalated verbally.	none	none	None (no harm caused by the incident)	Closed
GHC72132	30/06/2024	29/06/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Escort		Patient was highly distressed outside another ward, refusing to return to base ward. Multiple attempts to encourage patient back.	Under common law, restrictive escort used to bring patient back.	none	none	None (no harm caused by the incident)	Closed
GHC72145	30/06/2024	29/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient had NG feed administered with 2 members of staff on hold and weighted blanket placed on patient legs		Process followed along with care plan	N/A	None (no harm caused by the incident)	Closed
GHC72149	30/06/2024	30/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient is due for feeds, called planned PMVA. 2 PMVA staff utilised light holds. She was was seated on pod and a weighted blanket has been used.	Care plan was followed, 1:1 following feed and was escorted for a walk, debrief while walking.	Process followed along with care plan	N.A	None (no harm caused by the incident)	Closed
GHC72150	30/06/2024	30/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient started headbanging. Attempt to engage with her was futile.	PMVA team was called and placed in holds. RT Lorazepam injection 1mg administered with little effect. Released from holds after injection was administered. Staff disengaged and she immediately started to head bang again. Still declined to engage and very resistive Placed in holds again and RT Promethazine injection 25mg administered. Neurological observations started. Duty doctor informed	Process followed along with care plan	n/a	None (no harm caused by the incident)	Closed
GHC72165	30/06/2024	30/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient had NG feed administered with 2 members of staff and weighted blanket placed on patient legs when seated on POD		Process followed along with care plan	N/A	None (no harm caused by the incident)	Closed
GHC72169	30/06/2024	30/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Service user was verbally abusive,hostile and shouting in the communal area.Staff approached her and asked her to stop shouting in communal area but she continued shouting and sceaming.	Attempted verbal de-escalation. Offered distraction techniques. She was not ready to stop :therefore,she was moved from communal area into her bedroom with escorted holds by 02 members of staff. Offered PRN lorazepam 2mg when holds were released which she accepted.	Process followed along with care plan	N/A	None (no harm caused by the incident)	Closed
GHC72178	01/07/2024	01/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG feeds Patient was held in a seated holds on the pod	patient in seated holds on the pod with weighted blanket	Process followed along with care plan	N/A	None (no harm caused by the incident)	Closed
GHC72179	01/07/2024	01/07/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient had been verbally agitated throughout the morning, behaviours escalated and patient attempted to hit out at staff nurse.	Verbal de-escalation attempted, PMVA holds used standing, escorted to bedroom and holds released, patient refused medication however accepted IM medication, as per their request as they prefer IM medication and will accept this willingly.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC72189	01/07/2024	01/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient was observed to be head banging in their room.	A team was called and patient was put in holds, on the pod. RT 50 mg promethazine was administered. Neuro observations taken all in normal range. Debrief has been completed by staff.	Process followed along with care plan	N/A	None (no harm caused by the incident)	Closed
GHC72195	01/07/2024	01/07/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive B12 injection - in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC72210	01/07/2024	01/07/2024	LD Inpatients - Berkeley House	LD transport / GHC car	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PBM (physical intervention)	Seated (other)		Patient was unsettled during personal care. He was banging on the walls, the door and slamming the door against the radiator. Patient socked his clothes in water and threw them at staff. Patient started throwing faeces at staff. Staff managed to redirect him and eventually completed his shower routine. Patient had his breakfast, smearing half of the food. Later went to their bedroom and lay on bed. At about 15:45, Patient indicated that they would like to go have a haircut. This was initially part of the plans for the day. Since patient was settled enough to go, staff decided to take him. Patient left their flat at about 16:00. Half way through the drive to Bristol for haircut, patient was becoming agitated for no apparent reasons and was attempting to break the van. Staff decided to turn around to take patient back to Berkeley house. The Berkeley house NIC was informed via telephone. About 2 miles away from	Patient was safe hold on his seat using PBM. On getting to Berkeley house, patient was asked to come out of the van. Patient refused and started destroying the van. With a lot of encouragement, patient came out and went straight to their flat.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC72211	01/07/2024	01/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PATIENT WAS DUE FOR FEEDS, CALLED PLANNED PMVA, 2 STAFF UTILISED HOLDS ON BOTH ARMS,PATIENT WAS SEATED ON POD AND A WEIGHTED BLANKET WAS USED.	CARE PLANNED WAS FOLLWED, 1:1 AFTER FEEDS, ESCORTED FOR A WALK AND WAS DEBRIEF WHILE WALKING.	care plan followed along with 1;1 walk with staff	n/a	None (no harm caused by the incident)	Closed
GHC72215	01/07/2024	30/06/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		-Patient was seen to be headbanging at several episodes in total of x6 times in the late shift - Patient also managed to get a key and fob of a member of the staff and was seen to be headbanging inside the store room. - PMVA was activated at several occasions. - Incidents of headbanging started from 15:15 and ended by 16:53.	- Activation of PMVA - Verbal de-escalation -DMO review -Utilisation Of medication as Reactive measure. - Transfer over to GRH.	followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC72218	01/07/2024	01/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Head banging incidents: First incident: 17:43 Service user was heard headbanging inside her bedroom, staff immediately intervened. She was using back of her head against the wall in low level. Staff removed her ear pod, tried to de-escalate verbally, suggested distraction techniques however Service user was not engaging. Cue card has also been used to no effect. Service user continued head banging, decision made to activate psychiatric emergency. Staff applied holds on both arms, Service user was very resistive, she was kicking. Staff seated her on a pod and a cushion was used. Ice pack was used, Lorazepam tablet was offered but she declined. RT lorazepam 1mg was administered at right thigh. Second headbanging incident: 18:05, as soon as PMVA staff left the ward, Service us was again heard headbanging inside her bedroom, staff tried to de-escalate verbally, to no effect. Psychiatric emergency activated, applied holds		followed policy and procedure	N.A	None (no harm caused by the incident)	Closed
GHC72221	02/07/2024	01/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		At around 2335hrs whilst staff were taking meds to the patient's bedroom, patient was found sat on the floor in her bedroom holding a metal object which she was using to cut her neck (L-Side).	Nurse called for assistance from ward staff and a psychiatric emergency was also triggered. Attempts to talk the patient to handover the metal object were ignored. Patient was placed into PMVA holds to prevent her from further harming herself. The metal object was a broken teaspoon. Patient continued to escalate, she declined oral meds	Mental state, risk and observations reviewed No changes to treatment plan Restrictive practice utilised to minimise risk to patient Self Harm Pathway offered	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC72223	02/07/2024	01/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		by bed Staff unable to verbally redirect/de-escalate PMVA intervention required. Patient supported in holds to both arms away from the wall to sit on the pod. Holds required to both arms, cushion placed over the legs while sat on the pod.Ice pack placed over back of the neck. Patient gradually released from holds to both arms & cushion removed.	Unable to verbally de-escalate. PMVA intervention required. Patient assisted in holds to both arms away from the wall to sit on the pod. Supported in holds to both arms, cushion situated over legs. Ice pack placed over back of the neck. Holds to both arms slowly released, cushion removed from legs. Duty doctor called.	followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC72224	02/07/2024	01/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient headbanging in room against the wall by bed. Patient supported in holds to both arms to sit on the pod. Patient sat on the pod in holds to both arms, cushion placed over legs. Ice pack placed on back of neck. Patient declined oral RT medication. Staff explained they would be administering IM RT. IM RT administered to upper right thigh. Patient gradually released from arm holds & cushion removed from legs. Patient supported to sit in the communal area. RT observations commenced. Duty doctor called.	Patient supported to sit on the pod in holds to both arms. Patient sat on the pod in holds to both arms, cushion placed over legs. Icepack placed on back of the neck. Patient offered oral RT medication: declined. Staff explained they would be administering RT IM. IM RT administered to upper right thigh. Patient slowly released from holds & cushion removed from legs. Patient supported to sit in the communal area. RT observations commenced. Duty doctor called.	followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC72235	02/07/2024	02/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient was observed to be head banging in her bedroom.	Patient was observed to be head banging at around 10:10. Staff tried to verbally deescalate the situation however it was futile. PMVA was activated. Clinical holds were implemented. She was resistive at the time of the holds. Patient was offered oral medication however she declined. RT Promethazine 50 mg was given, which had good effect. Physical observation taken and News were noted as 0	followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC72260	02/07/2024	01/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	13 - Lawfully administer medicines or other medical treatment	Unplanned	PMVA (physical intervention)	Seated (other)		19.00 Patient was found with a scissors in her arm reopening an existing wound in her bedroom Patient declined 1:1 with staff, shouting at staff saying she wanted to die.	7.00pm Patient reopened the wound on her left arm with scissors, PMVA team called, scissors handed to staff 7.30pm Patient was using a plastic window decoration to dig deeper into the wound 7.53pm - PMVA RT Lorazepam IM 2mg R Thigh administered, wound care applied, 1:1 given 9.00pm Patient was in bathroom, using another plastic decoration to further deepen the wound. small blood vessel spurting a minor spray when patient prodded it. Pressure applied. Wound stopped actively bleeding after approx 10 mins. 9.30pm PRN Promethazine 50mg given, woundcare, softpore applied 9.40pm further 1:1 given and dr informed. RT non touch obs completed 11.00pm Dr reviewed and felt clinically indicated to attend ED for suturing 00.00am - Patient attended ED to receive sutures 06.30am Patient returned to ward	Mental state, risks and management plan reviewed Long term risk of self harm identified Care plans in place to minimise harm to patient Self Harm Pathway available Patient CRD	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC72263	02/07/2024	02/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for nasogastric feed. Patient was administered nasogastric feed with light PMVA holds with 2 members of staff using seated pod and weighed blanket. Service user was least resistive during the feed	- Administered nasogastric feed. -Verbal de-escalation provided.	followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC72265	02/07/2024	02/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was observed to be sat cross legged on her floor cutting her neck with a broken spoon.	Staff attempted to deescalate and engage with the patient PMVA called and patient was put in restraint whilst seated on the floor Patient attempting to insert fingers into the neck as well as the spoon handle. Staff attmepted to engage and distract with patient, ice pack given. RT IM Promethezine 50mg given in holds whilst patient sat on the floor After 20 minutes the patient agreed to have a 1:1 with staff Patient then broke a pen and continued to insert fingers and the pen into the wound. RT orals offered RT IM lorazepam given - no restraint required Patient deescalated	Mental state, risks and management plan reviewed Restrictive practice required to maintain safety of patient Patient offered Self Harm Pathway Care plans in place to minimise harm to patient Patient CRD	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC72268	02/07/2024	02/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		wall. Low level head banging using fore head. Staff attempted verbal de-escalation ,cue card , crisis escalator with no effect. Activated psychiatric emergency ,put her on holds. Released holds when she appeared settled. Staff offered 1:1 support which she refused. She resumed low level head banging using back of head soon after team left the room. Staff put her on holds again , tried verbal de-escalation but failed therefore given RT injection. She refused oral RT tablet. No trigger for head banging expressed. DMO was informed. RT and neuro observations taken. Debrief completed. Staff escorted the patient to courtyard.		followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC72269	03/07/2024	02/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient sitting on the bed facing the wall headbanging. Unable to verbally redirect/de-escalate. Patient supported in holds to both arms to sit on the pod. Patient sat on the pod in holds to both arms, cushion placed over legs. Ice pack placed on back of the neck. Gradual release of arms, cushion removed.	Patient assisted away from the wall. Patient supported in holds to both arms to sit on the pod. Patient sat on the pod in holds to both arms, cushion situated over legs. Ice pack placed on the back of the neck. Gradual release of arms, cushion removed.	followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC72282	03/07/2024	02/07/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC72283	03/07/2024	03/07/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC72300	03/07/2024	03/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		First incident: 11:18, Service user was heard headbanging inside her bedroom, staff immediately intervened. She was using back of her head against the wall in low level. Staff removed her ear pod, attempt to de-escalate verbally, suggested distraction techniques however service user was not engaging. Service user continued head banging, decision made to activate psychiatric emergency. Staff applied holds on both arms, Service user was very resistive, she was kicking. Staff seated her on a pod and a cushion was used. Ice pack was used, eventually calmed down. Second headbanging incident: 11:27, as soon as PMVA staff released holds, service user was headbanging again, not engaging with verbal-de escalation, Staff applied holds on both arms, Service user was very resistive, she was kicking, staff put her seated on pod and a cushion was used. Rapid tranquilisation tablet was offered but she declined. Promethazine 50mg was administered through IM at left thigh.		followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC72303	03/07/2024	03/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PATIENT IS DUE FOR FEEDS, CALLED PLAN PMVA. STAFF UTILISED LIGHTS HOLDS ON BOTH ARMS. SHE WAS SEATED ON POD AND WEIGHTED BLANKET WAS USED.	CARE PLAN FOLLOWED, 1:1 AFTER FEEDS, PATIENT WAS ESCORTED FOR A WALK AND WAS DEBRIEF WHILE WALKING.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72312	03/07/2024	03/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		-Patient was given NG feed as per plan. -Used pod and weighted blanket. -Staff engaged with the patient and distracted the patient. Used light holds to support the patient. -Provided 1:1 after feed and medications. -Debrief was done whilst she was out with staff		care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72319	03/07/2024	03/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient was in their room and was heard to be head banging. A PMVA team was called and the patient was restrained on the bed to begin with.	patient was then moved to the pod and the pillow was used on patients legs. patient was injected with 50 mg of promethazine Rapid tranc and then staff let go and majority of staff left the room and patient and a member staff stay with them. Duty doctor came and reviewed the patient and physical observation taken scoring 0 on NEWS2	followed care plan, policy and procedure	N/A	None (no harm caused by the incident)	Closed

GHC72333	04/07/2024	04/07/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Two-person Seated clinical holds provided in order for IM injection to be safely administered.		None required	None required	None (no harm caused by the incident)	Closed
GHC72334	04/07/2024	04/07/2024	Montpellier Low Secure Unit	Montpellier Low Secure Unit	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient was in the side room for a 2:1 discussion regarding leave. The patient suddenly stood up and lunged for a male member of staff, grabbed him in a head lock and started punching him in the head. Patient was immediately restrained to the floor in the supine position however continued to hold the member of staff in a headlock. Breakaway techniques were implemented in order to release the member of staff from the head lock.	Patient placed in the seated then standing position and relocated to the ECA in PMVA holds. Oral rapid tranquilization offered and accepted.	Further management support Care team meeting	Importance of formulation	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC72349	04/07/2024	04/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was attempting to leave the ward and when staff intervene to verbally de-escalate she became physically and verbally aggressive. Grabbing on staff arms and not observing personal boundaries. She started to shout at the top of her voice and was not easily redirectable.	Staff attempted to verbally de-escalate patient with no success. Staff called for a PMVA team and managed to get the patient to her room.	Mental state and behaviours at time of incident warranted treatment, patient unable to engage coherently with staff to discuss options Restrictive practice required to maintain safety of patient Patient responded quickly to treatment, no longer risk to self or others	N/A	None (no harm caused by the incident)	Closed
GHC72364	04/07/2024	04/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		09:15 - 09:25 - Patient headbanging. 09:25 - 09:35 - Psychiatric emergency called, PMVA holds used, RT administered intramuscularly.		followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC72366	04/07/2024	04/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient's nasogastric feed was administered this morning. Two members of staff utilised PMVA holds as the nasogastric feed was administered.		followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC72376	04/07/2024	04/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was restive to NG feed, restrained in the POD with 2 members of staff.	staff restrained patient whilst having NG FEED.	followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC72380	04/07/2024	04/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		At 16:00 patient was heard banging her head in her room. Staff promptly went to support the patient. Seen patient banging back of her against bedroom wall whilst listening to music and vaping. At 16:30 patient resumed low level headbanging using back of her head.	First head banging : Staff followed care plan. Use cue card , ice pack , offered PRN , pen and paper to write down her feeling , suggested distraction techniques with no effect. She was non -verbal during the incident. Called PMVA assistance , seated the patient on pod and put her on holds, verbally de-escalated and released the holds. She was offered 1;1 and medications multiple times before leaving the room which she refused. Second head banging; Staff followed care plan tried to verbally engage however she did not respond to verbally. She was offered oral RT which she refused therefore given RT IM. Neuro observation and RT started.	followed policy and procedure	N/A	None (no harm caused by the incident)	Closed
GHC72388	05/07/2024	05/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive to as prescribed NG feed	Patient supported to seated PMVA holds in Pod with 2 x nursing staff. Patient administered as prescribed NG feed in holds (2 x GRH staff). Patient released from holds post feed and administered as prescribed morning medication. Patient facilitated 1:1 escorted leave (1 hour) as care	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72404	05/07/2024	05/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was head banging with fore head against the bathroom door in moderate to high intensity.	Staff intervened immediately. Staff removed her one ear buds. Attempt to de-escalate verbally, suggested distraction techniques however service user was not engaging. Service user continued head banging, decision made to activate psychiatric emergency. Staff applied holds on both arms, Service user was very resistive, she was kicking. She was held on arm holds seated with 5:1. Refused to engage in conversations. Refused RT oral medication. Given RT IM Promethazine 50 mg was administered. RT and Neuro observations were taken. Duty doctor was informed as she vomited once. Duty doctor reviewed . Escorted for a vape to courtyard . she was pleasant and polite on approach.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72405	05/07/2024	05/07/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive B12 injection - in proportion to the risk of serious harm if any undetected medical condition is not treated.		none required	none required	None (no harm caused by the incident)	Closed
GHC72422	05/07/2024	05/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (other)		Patient unable to regulate her emotions and was shouting at the top of her voice in communal areas and was not responding to staff when staff attempted to verbally de-escalate her. She left leave the ward and staff managed to bring her back on the ward in PMVA holds and she was fighting.	Staff attempted verbal de-escalation with minimal success. Psychiatric emergency called and staff attended. Medication administered orally.	Mental state, risks and treatment plan reviewed Patient acutely unwell, unable to control actions or behaviours, requiring medication to alleviate symptoms Least restrictive options utilised Staff advised to administer medication proactively to maintain patients dignity and safety	n/a	None (no harm caused by the incident)	Closed
GHC72426	05/07/2024	05/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PATIENT IS DUE FOR FEEDS, CALLED PLANNED PMVA. STAFF UTILISED LIGHT HOLDS, SHE WAS SEATED ON POD AND A WEIGHTED BLANKET WAS USED. NO RESISTANCE DURING THE PROCEDURE.	CARE PLAN FOLLOWD, 1:1 POST FEED, PATIENT WAS ESCORTED FOR A WALK, DEBRIEF WHILE WALKING.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72428	05/07/2024	05/07/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Clinical hold (seated)		The patient was stripping her clothes off and continuously try to come out from her room to the communal area and demand to watch tv naked in which PBM was used where 2 staff hold her by the hand and take her back to her room from . 1 staff hold her by the left hand and another staff hold her by the right hand. The patient was very aggressive and adamant to go inside her room and was verbally abusive toward the staff and even try to hit them. The patient was eventually put on her bed and sits on it settled but still refused to dress up. Sustain bruise about 2cm on her lower right hand. Informed Duty Dr and informed us that no further interventions is needed to be taken up and to inform the duty Dr if any increase on the size of the bruise. Informed the family member regarding the incident.	Try to de escalate the patient by talking to her several times, prn medication were utilised as well with the advised of the Consultant Dr. A small TV was placed in her room as she demand to watch TV but still refused it by saying that she wants to watch on a big TV in the communal area naked and sits on the sofa.	All actions at the time of incident were correct, everyone included in her care were informed including family. Fully discussed at MDT and medications reviewed and plans put in place if the incidents continued. She now is continuing to improve.	None needed as all actions correct.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC72435	05/07/2024	05/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		18:45 - 19:00 - Patient headbanging in bedroom. De-escalation attempted, however, unfortunately unsuccessful, PMVA holds utilised and RT administered IM. 19:15 - 19:30 - Patient headbanging in bedroom. De-escalation attempted, however, unfortunately unsuccessful, PMVA holds utilised. PMVA holds then ceased as the patient's level of agitation reduced. 19:30 - 20:00 - Patient headbanging in bedroom. De-escalation attempted, however, unfortunately unsuccessful, PMVA holds utilised. PMVA holds then	RT and neurological observations commenced, Duty Doctor also informed.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72437	06/07/2024	05/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		22:38 - The patient was seen to headbanging against the wall in the en-suite toilet in her bedroom. Member of staff attempted verbal de-escalation but it was futile. Activated PMVA. Team removed the patient from the toilet on forearm holds and guided them to the bed and held the patient on seated clinical holds along with the use of a leg cushion. After few minutes of verbal de-escalation the patient appeared to settled down and stopped headbanging. Staff released holds and two members of staff stayed with the patient for around 30 minutes to support the patient. Once the patient was settled, the staff left the bedroom. 23:28 - The patient was again heard to be headbanging against the wall in her bedroom. As, verbal de-escalation was effective, activated PMVA and the patient was put on clinical seated holds. Patient continued to resist. A leg cushion was used and one person supported from the back to stop the	RT IM promethazine 50 mg was administered on holds as the oral tablets were refused by the patient. The holds were released once the patient seemed to calm down. The patient came out to the communal areas and appeared to be settled. Post RT non-touch observation started. Initiated post head banging neurological observations. Duty doctor reviewed the patient. De-brief given.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72438	06/07/2024	05/07/2024	Wotton Lawn-Priory Ward	Public Place / Offsite / Staff working from home (WFH)	AWOL, absconding and missing patients	Patient attempted to abscond	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	Other form of physical intervention	Non-standard hold	The staff held on to the patient's right hand to pull her away from the road to prevent her from hit by the car.	21:50 - The patient ran off from the ward despite having her leave suspended for dangerous behaviour. Member of staff followed her, however, she had already gone past the front door and left the hospital premise. PMVA team was activated and a team went out looking for the patient on the car but was not able to locate the patient. The staff member who initially followed the patient rang the ward and informed that the he is with the patient near the train tracks. The patient attempted to jump in front of a moving car but the staff member managed to pull her back to prevent her from getting hit by the car. The patient was very violent and tried to push away the staff member to run off. After several minutes of verbal de-escalation patient, patient turned back and started walking in the direction of the hospital, however, did not respond verbally. Two other staff members joined halfway near the roundabout by the garage, supported the patient to be guided back to the hospital.	22:05 - Upon reaching the ward entrance, the patient had an outburst, however, entered the ward without any physical intervention. Considering the previous incidents during the day time and continued restless behaviour, Oral Rt Haloperidol 5mg and Lorazepam 2mg tablets were administered with good effect. Post RT non-touch observations started. Duty doctor was informed. De-brief given.	Policy and procedure followed	N/A	None (no harm caused by the incident)	Closed
GHC72439	06/07/2024	06/07/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PBM (physical intervention)	Assisted support		Patient stripped her clothes off in communal area staff helped redress patient took clothes back off so patient was redirected to bedroom.	Hca tried to help put clothes back on Hca and nurse took to bedroom	Correct actions taken at time of incident. Full discussion to be taken at MDT	none required.	None (no harm caused by the incident)	Closed
GHC72441	06/07/2024	06/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Restrictive Intervention was used for the Patient for Facilitating NG feeds.	- Light Holds were used, Patient was not resistive at the time of the feeds.	care plan followed along with 1;1 walk with staff	N/A	None (no harm caused by the incident)	Closed
GHC72442	06/07/2024	05/07/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PBM (physical intervention)	Escort		The patient came out of her room naked and into the lounge area and refused to go to her room and get dressed the patient was agitated and in distress. for the dignity of the patient and visitors and other patients . the use of PBM removal from the front the patient was escorted to her room .PBM techniques standing restrain high arousal utilised to get the patient dressed.	PBM techniques implemented removal from the front and PBM high arousal techniques implemented to get the patient dressed for her dignity.as discussed with the ward consultant ward manager and nursing team the use of PBM datix completed doctor informed	The correct actions taken at the time of incident. To be fully discussed at MDT Monday. New admission.	None required.	None (no harm caused by the incident)	Closed
GHC72451	06/07/2024	06/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		-Restrictive intervention was used for Facilitating NG feeds.	- seated pod were facilitated.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72466	06/07/2024	06/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		15:09. -Staff went to her room to support. -Seen patient banging back of her head against bedroom wall. -Low intensity head banging whilst listening to music and vaping. -Staff tried verbal de-escalation, patient did not respond. -Tried cue card , ice pack ,offered PRN medications. -PMVA team was called at 15:14 -Used seated pods and put her on holds. -Continued top verbally deescalate but failed. -Decision made to administer RT medication , offered tablet which she refused therefore administered injection. -RT at 15:26 :Promethazine 50 mg in lateral left thigh. -PMVA holds used from 15:15 to 15:27 -RT and neuro observation taken, she scored zero in NEWS2. -She was then escorted out to park at 15:43 by members of staff. -DMO was informed. At 20:10 patient was seen banging top of her head against toilet door. Staff attempted verbal de-escalation with no effect she did not respond. PMVA was activated and RT WAS GIVEN.	- Activation of PMVA - Utilisation of RT -informing DMO.	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC72468	06/07/2024	06/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Staff found the patient self-harming in her bedroom using a piece of broken spoon and was cutting her wrist. Staff tried de-escalation with no effect. Staff managed to took the broken piece from her. She took another piece left from the spoon and continued cutting her arm. Staff tried to stop with no effect. Offered oral RT lorazepam which she refused to take. Tried ice pack to de-escalate, was not verbalising anything or engaging with the staff.	PMVA team was called. Put her on hold and administered RT lorazepam 2mg IM. Staff continued de-escalation. PMVA hold was released when she stopped resisting and agreed she will not harm her-self. Requested PRN	Mental state, risks and management plan reviewed Treatment plan reviewed Care plans in place Self Harm Pathway available CPI available Patient CRD	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC72474	07/07/2024	06/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient left the ward whilst the PM staff was leaving the ward. The staff put her on holds - PMVA team called.	Offered Oral 2mg lorazepam. Refused. 2mg RT lorazepam - accepted on holds. Offered 1:1 which was given to her when she accepted to return to the ward. Duty Doctor informed.	Mental state, risks and management plan reviewed Treatment plan reviewed Trigger identified Restrictive intervention required to prevent detained patient leaving the ward and subsequently causing harm to self	n/a	None (no harm caused by the incident)	Closed
GHC72486	07/07/2024	07/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient found headbanging in room. Patient declined redirection/ de-escalation. PMVA intervention; patient supported in holds to both arms to sit on the pod. Patient sat on the pod supported in holds to both arms, cushion placed over legs. Ice pack placed on back of the neck. RT oral medication offered, patient declined. Patient informed RT IM medication would be administered. RT IM administered to right upper thigh. Holds released soon after. Patient supported to the communal area.	Patient found headbanging in room. Patient offered & declined redirection/ de-escalation. PMVA intervention; patient assisted in holds to both arms to sit on the pod. Patient sat on the pod supported in holds to both arms, cushion placed over legs. Ice pack placed on back of the neck. RT oral medication offered, patient declined. Patient informed RT IM medication would be administered. RT IM administered to right upper thigh. Holds released soon after. Patient supported to the communal area.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72489	07/07/2024	07/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		-Patient was given NG feed on holds. -Staff used light holds to support the patient. -Staff distracted the patient with good effect. -1:1 walk after the feed. -Debrief done.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72491	07/07/2024	07/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive to as prescribed NG feed	Patient supported into seated loose PMVA holds in pod with use of weighted blanket (2 x nursing staff). As prescribed NG feed administered by 2 x GRH nursing staff. Post feed, patient released from holds and regular as prescribed medication administered. Patient facilitated post feed 1 hour 1:1 which includes	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72497	07/07/2024	07/07/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Assisted support		staff was sat on the bed with patient in bedroom. staff member was trying to encourage patient with fluid. patient wrapped there arms around staff members torso and wouldn't let go, pulling tighter and tighter.	staff member managed to free right arm to get to call bell, this didn't register on pager straight away, staff member did then manage to free left arm to be able to pull emergency fob however there was a big delay on this registering on pager. staff member managed to get the attention of passing staff member, then the team from mulberry ward turned up to assist. pbm breakaway utilised. patient was given prn medication due to agitation, patient assisted to communal area using assisted removal PBM techniques. eventually prn x 2 worked with some effect.	Member of staff fully supported by team. She is aware there is psychological support available if required. All staff now to enter patients bedroom in 2,s Risk assessment updated.	Staff to be aware of risk assessment and information from PBM team.	None (no harm caused by the incident)	Closed
GHC72502	07/07/2024	07/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Seated (other)		Staff found self-harming in her bedroom using a piece of broken plastic object, she was cutting her arm. Staff tried de-escalation with no effect.	Staff called PMVA team. Staff managed to get the piece of broken plastic object. Dressings were done and given 1:1 to the patient.	Mental state, risks and management plan reviewed Treatment plan reviewed Care plans in place Self Harm Pathway available CPI available Patient CRD	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC72508	08/07/2024	07/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		At 13:40 patient was seen banging her forehead against window grate. Low intensity headbanging. At 14:05 during hourly check patient was seen banging back of her head against toilet wall.	first incident -Staff attempted verbal de-escalation however failed. -Staff used crisis escalator , cue card and ice pack with no effect. -Staff called psychiatric emergency. -She was resistive ,PMVA team used pod and cushion to restrain the patient. -Staff followed care plan however failed therefore administered RT injection. -She refused to take oral tablet. -RT and neuro observation started. -DMO was present. -RT promethazine 50 mg was given as per DMO"s advice. -She refused neuro observation and RT observation. Second incident Verbal de-escalation PMVA arm holds	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72520	08/07/2024	08/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient observed to headbanging in room. Patient declined to engage in redirection/de-escalation. PMVA intervention required. Patient supported off bed in holds to both arms to sit on the pod. Patient assisted in holds to both arms and cushion placed over legs. Ice pack placed over back of the neck. Patient declined the offer of RT oral medication. Patient informed RT IM would be administered to the right upper thigh. Gradual release of holds.	Patient observed to headbanging in room. Patient declined to engage in redirection/de-escalation. PMVA intervention required. Patient assisted off bed in holds to both arms to sit on the pod. Patient supported in holds to both arms and cushion placed over legs. Ice pack placed over back of the neck. Patient declined the offer of RT oral medication. Patient informed RT IM would be administered to the right upper thigh. Slow release of holds.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72529	08/07/2024	08/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was in the communal areas with peers when she started shouting and being hostile, verbalising that she wanted bubble bath and was going to punch someone. Patient was cursing and swearing	Staff offered bubble bath which was available in the ward, however, patient verbalised that it was not their type and escalated in shouting and threatening towards staff while pacing up and down Staff continued with verbal de-escalation and asked patient to come to the side side room for a chat and she declined Oral lorazepam 2mg was offered several times, patient declined and was becoming more and more agitated As a last resort, PMVA team was called and patient was put in holds and lorazepam 2mg IM was administered None touch post RT observations commenced Debrief yet to be done with the patient	none	none	None (no harm caused by the incident)	Closed
GHC72535	08/07/2024	08/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		-Patient was due for NG feed. -Staff provided feeds on hold. -Used pod and weighted blanket. -No resistance noted , staff used light holds and engaged with the patient to distract with good effect. -1:1 after the feed. Debrief provided.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72538	08/07/2024	08/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72543	08/07/2024	08/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient observed to be head banging (stimming) by nursing staff. Verbal de-escalation employed to little effect.	14.30 hrs: Patient taken into seated PMVA holds in Pod with use of PMVA cushion. 14.48 hrs: Patient administered RT Promethazine 25 mg to outer thigh. RT NEWS/Neuro observations commenced. DMO advised, review requested. Debrief facilitated. NB: Patient currently off the ward on prescribed escorted leave with nursing staff.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72554	08/07/2024	08/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-other outside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Escort		Patient went off the ward as she was angry due to her room being searched Patient was stood at the top of horton road, standing there with no shoes. Patient remained there. Staff went to de-escalate and prompt her to to return to the ward Patient did not want to engage with staff and did not want to return to the ward. It was raining heavily and patient was not wearing shoes Patient started to walk away from staff, crossing the road. Patient continued to attempt to get away from staff, continuing to keep crossing the road, and went into the graveyard on horton road Patient would at times refuse to walk back onto the pavement Team was called Patient placed on arm holds and escorted back to the ward Patient intially resisted the holds when outside, as returning back to the ward, patient was no longer	Patient returned to the ward Staff sat with patient and attempted to de-escalate	Mental state, risks and management plan reviewed Trigger for incident identified Patient to engage in care plan review	n/a	None (no harm caused by the incident)	Closed
GHC72557	08/07/2024	08/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		9:05 - Service was heard headbanging inside her bedroom, staff immediately intervened, she was using her forehead against the window in moderate level. Staff removed her ear pod and tried to de-escalate, encouraged her to do distraction techniques, told her to stay in communal areas however she was not engaging. She continued to head bang, decision made to activate psychiatric emergency, staff utilised holds on both arms, service user was very resistive, was seated on pod and a cushion was used. Ice packs was used, RT promethazine tablet was offered which she declined.Rapid tranquilisation 25mg promethazine was administered through IM at right leg @19:14 Physical observation post RT is ongoing Neurological observation post headbanging was completed Reviewed by doctor on duty. Debrief done.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72559	08/07/2024	08/07/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PBM (physical intervention)	Seated (other)		Patient walked naked agitated, aggressive, given Lorazepam 1mg IM using PBM	Given IM lorazepam using PBM	The correct action taken at time of incident. The actions had been fully discussed with the consultant. Patient was monitored as per procedure after PRN was administered.	None needed.	None (no harm caused by the incident)	Closed
GHC72563	09/07/2024	09/07/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Patient A was unsettled from the time handover finished at 21:30. He was pacing constantly in communal area swearing at staff, intimidating staff and invading staff personal space. De-escalation techniques was used including redirecting him to his room but he kept coming back and racially abusing staff. He verbalised " In the morning there were more than 7 staff and now you are only three, what can you do to me"?.	De-escalation techniques was used including redirecting him to his room but he kept coming back. He was given PRN promethazine 50 mg at 11pm with no effect which he accepted after sometime of encouragement. He continued antagonising staff, threatening staff by verbalising to one of the male nurse staff "I will strangle you" He later shouted repeatedly to a female staff nurse "When I look at you I see nothing" PMVA emergency team was called and during this time he attacked one of the staff who responded from another ward by slapping him. Patient A continued to escalate and attempting to physically attack staff and throwing hot drinks to the nursing office window as he dare staff for a fight. Police were called using 999 number. He was put on hold and taken to ECA where RT haloperidol 5mg and RT lorazepam 2mg was given under restrain at 00:45. During this time he was verbally abusive, threatening ,intimidating staff and laughing sarcastically.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC72567	09/07/2024	08/07/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		none required	none required	None (no harm caused by the incident)	Closed
GHC72569	09/07/2024	09/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient's nasogastric feed was administered this morning. Two members of staff utilised PMVA holds as the nasogastric feed was administered. Patient did not appear agitated or distressed and they engaged in conversation throughout.		Care plan followed and facilitated walk/1:1 as per plan.	n/a	None (no harm caused by the incident)	Closed
GHC72571	09/07/2024	09/07/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Standing		Patient was in communal areas, becomingly increasingly antagonistic towards peers, disturbing their breakfast and and interfering with care from staff towards other patients. Patient was unable to allow other patients to eat their breakfast without removing some of their food items from the table, shouting loudly, verbally abusing staff. Staff asked patient to return to her bedroom, she became increasingly agitated and hostile. Patient then verbally abused staff members by screaming expletive's in her face. Patient was given the opportunity to return to her bedroom but ignored staffs request and was then placed in holds and returned to her bedroom. Patient dropped her weight, and was assisted by the staff members to her room, during this she continued to scream and shout		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC72576	09/07/2024	09/07/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient became irritable and hostile towards staff in communal areas, paranoid and delusional speech aimed at staff members, pacing through communal areas, at this point no PRN was available to offer. Patient then sat on kitchen table while 2 x members of the estates team came to fix a light in the cupboard in the kitchen. Patient was asked to get off the table and remove himself from the kitchen due to accusing the estates members of staff of wanting him to fail. Patient then went to walk past the 2 x members of estates and shoved one of them on the arm. This was not with significant force, but enough force that the members of estates body was pushed into the cupboard. Staff then placed patient in PMVA standing holds and he was returned to his bedroom. Patient walked with staff to his bedroom.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC72586	09/07/2024	09/07/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Pbm clinical seated hold on a patient for blood test in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers, how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paper was reviewed and copies given to the carers.	none required	none required	None (no harm caused by the incident)	Closed
GHC72590	09/07/2024	09/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient was pacing, and grabbing food from the kitchen and over eating. When staff try to stop this she attempted to assault the staff. Offered PRN which she refused to take. She was up and down in the communal area punching the wall.	Staff planned a PMVA. Given IM 2mg Lorazepam was administered under the hold	Patient very driven by psychosis, unable to manage physical health issues without staff intervention Food and fluid intake requires restriction due to uncontrolled diabetes, this often agitates patient Restrictive practice currently required to manage physical health symptoms in relation to mental health deterioration	n/a	None (no harm caused by the incident)	Closed
GHC72591	09/07/2024	09/07/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient became hostile at the dinner table and was unable to allow other patients to eat their food without interrupting or taking their food away, patient was observed banging on the table and unwilling to take verbal redirection or support from staff. Slamming fists on table and this was leaving other patients fearful and upset. Patient was also voicing aloud that the food was poisoned and shouting at peers not to eat it. Patient was placed in holds and escorted to her bedroom. Following this patient continued to attempt to eave her bedroom and was redirected on several occasions back into her		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC72592	09/07/2024	09/07/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was observed shouting and swearing at staff. Patient also pushed peer and when staff intervened she became verbally aggressive towards staff.	Staff attempted to verbally de-escalate patient with minimal effect. Rapid tranquilisation administered to good effect.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC72596	09/07/2024	09/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient heard to be head banging. Verbal de-esclation and reassurance employed to little/no effect. Patient resistive towards nursing staff and intensified efforts to head bang due to dream about loss of pet	Patient supported to seated PMVA holds in pod with use of PMVA cushion on legs. Patient declined oral RT Lorazepam 2 mg. Patient administered RT Lorazepam 2 mg IM to outer thigh through clothing. NEWS 2 and Neuro and non touch observations commenced. Patient facilitated 1:1 escorted leave to attend home and feed gecko. DMO to be requested to review patient on return to	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72614	09/07/2024	09/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user was seen to be head banging in her bedroom with back of her head at moderate intensity.	17:30 -17:45 (1ST INCIDENT) -Staff approached her ,offered distraction techniques,attempted verbal de-ecalation ,followed her careplan but she was not ready to stop .PMVA team was called and she was put in holds.RT Promethazine 25mg given 17:50- 18:15 (2nd INCIDENT) - Service user again started headbanging as holds were released .Attempted verbal de-escalation and offered distraction techniques .Again PMVA team was called and was put in holds. 18:25-18:35 -Again seen to be headbanging team was	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72620	10/07/2024	09/07/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for blood test on a patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the carers, how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paper work was reviewed and copies given to carers.	none required	none required	None (no harm caused by the incident)	Closed
GHC72626	10/07/2024	10/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive to as prescribed NG feed being administered	Patient supported to loose seated PMVA holds in pod with use of weighted blanket (2 x nursing staff). Patient administered as prescribed NG feed in holds (2 x GRH staff). Once holds released patient administered usual as prescribed medication. Patient facilitated 1 hour 1:1 inclusive of escorted leave with nursing staff.	care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72637	10/07/2024	10/07/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient for Physical obs check in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the N.O.K, how the procedure will take place and what monitoring would be used to safe guard the patient.	none required	none required	None (no harm caused by the incident)	Closed
GHC72641	10/07/2024	10/07/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PBM (physical intervention)	Escort		PBM escorted support to the Carers Vehicle in her best interest in proportion to the risk of serious harm.	It was explained to N.O.K how the procedure will take place.	none required	none required	None (no harm caused by the incident)	Closed
GHC72648	10/07/2024	10/07/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient became increasingly hostile and agitated in communal areas, verbally abusive towards several staff members. This centred around being told to wear appropriate clothing while in communal areas. Patient was unhappy with this decision, patient then used her phone to record and voice note staff members names and incidents and was warned about the consequences being the phone will be removed. Patient continued to verbally abuse staff members and entering their personal space and PMVA restrictive escort was utilised to return to their bedroom.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC72655	10/07/2024	10/07/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		Patient had head wound that required assessment and treatment by Paramedic. Decision taken that patient would need to be held to enable this to take place.	PBM seated intervention implemented.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and in MERT and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and in MERT and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	None (no harm caused by the incident)	Closed
GHC72663	10/07/2024	10/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was seen to be headbanging at numerous occasions.	Patient was seen to head banging at numerous occasions from 15:00- 16:40 and at 19:28 Staff tried to verbally deescalate her however it was futile. PMVA was activated at multiple occasions. She was really resistant at numerous occasions at the PMVA and pushed herself from the POD. She was head banged in the bathroom at times staff had to use clinical holds and placed her on the POD. She was given 50mg of Promethazine in total and 1mg lorazepam as RT. Duty doctor reviewed her.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72664	10/07/2024	10/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient was observed to be headbanging.	-Pmva was ativated and adn patient was transfeered to seated POD position. patient was resistive at the time of the holds. -Rt was given at around 19:50	Managed well by staff and care plan followed	N/A	None (no harm caused by the incident)	Closed

GHC72675	11/07/2024	10/07/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in her best interest to check her hand by Consultant in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the Consultant, paid carers how the procedure will take place and what monitoring would be used to safe guard the patient.	none required	none required	None (no harm caused by the incident)	Closed
GHC72680	11/07/2024	11/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Poutine was due for her naso gastric tube feeding .	She had her feeds on light holds with 2 staff on arms. Pod and cushion was used. had her prescribed medications after the feed and escorted walk with staff . 1-1 continued for one hour post feed.	care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72681	11/07/2024	10/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was due for her naso gastric tube feeding .	She had her feeds on light holds with 2 staff on arms. Pod and cushion was used. had her prescribed medications after the feed and escorted walk with staff . 1-1 continued for one hour post feed.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72689	11/07/2024	09/07/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected condition is not treated.		none required	none required	None (no harm caused by the incident)	Closed
GHC72690	11/07/2024	11/07/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order to safely take bloods		None required - routine planned intervention	None required - routine planned intervention	None (no harm caused by the incident)	Closed
GHC72693	11/07/2024	11/07/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Pbm clinical seated for blood test in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers, how the procedure will take place and what monitoring would be used to safe guard the patient.	none required	none required	None (no harm caused by the incident)	Closed
GHC72711	11/07/2024	11/07/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive podiatry intervention from community podiatry clinician - in proportion to the risk of serious harm if any undetected medical condition is not treated		none required	none required	None (no harm caused by the incident)	Closed
GHC72713	11/07/2024	11/07/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order to take bloods safely.		None required - routine planned work	None required - routine planned work	None (no harm caused by the incident)	Closed
GHC72729	11/07/2024	11/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Clinical hold (seated)		10:30 - The patient was seen to headbanging against the wall with the back of their head in her bedroom. Staff called around the wards for PMVA members and the patient was put on PMVA holds to prevent them from headbanging. A leg cushion was utilised to stop the patient from shuffling back to the wall. Staff attempted to verbally de-escalate the patient, however, the patient was very resistive and tried to push the staff away.	17:00 - RT IM promethazine 50 mg was administered on PMVA as the patient refused the oral tablets. Post RT physical observations and neurological observations were completed. Duty doctor reviewed the patient. Staff escorted the patient to the front of the hospital and the patient was settled.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72735	11/07/2024	11/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Staff entered the patients bedroom to ask if they would like to attend the Relaxation session that was due to take place . Patient was found in their bedroom with Telephone Charger and was using it to cut into and dig into the exterior of their right arm	Staff removed the charger and tried to get the patient to let them attend to the wound . The patient declined ,so staff left the room to collect PRN medication and dressings to attend to the wound .	Mental state and treatment plan reviewed Management revised Patient offered Self Harm Pathway CRD	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC72736	11/07/2024	11/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient heard to be headbanging in room.	PMVA and RT relocated to communal area.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72737	11/07/2024	11/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient's nasogastric feed was administered this morning. Two members of staff utilised PMVA holds as the nasogastric feed was administered. Patient did not appear agitated or distressed and they engaged in conversation throughout		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72743	12/07/2024	12/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PMVA required for administration of NG feed.	POD and weighted blanket used.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72757	12/07/2024	12/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was heard headbanging in room	PMVA used RT administered 1-1 following	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72765	12/07/2024	12/07/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		none required	none required	None (no harm caused by the incident)	Closed
GHC72776	12/07/2024	12/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was due for her naso gastric tube feeding .	She was held on light holds with 2 staff on arm hols. She was held on pods with weighted blanket . care plan followed. 1-1 continued for one hour .	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72780	12/07/2024	12/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Patient refused to accept depot medication telling staff members to fuck off verbally aggressive and threatening staff that if the depot was administered staff should better watch out later. At about 15:57hrs, physically put on holds raised their legs up then bought back to female lounge. Patient was put on the pod with leg cushion. Whilst on hold administered depot on left thigh and RT lorazepam		none	none	None (no harm caused by the incident)	Closed
GHC72796	13/07/2024	13/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (other)		Pt absconded from the ward to the main entrance.	PMVA team called and moved back to the ward in primary holds with 2 female staff.	none	none	None (no harm caused by the incident)	Closed
GHC72797	13/07/2024	13/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		PATIENT IS DUE FOR FEEDS, CALLED PLANNED PMVA. STAFF UTILISED LIGHT HOLDS, PATIENT WAS SEATED ON POD AND WEIGHTED BLANKET WAS USED.	CARE PLAN FOLLOWED, 1:1 AFTER FEED, SHE WAS ESCORTED FOR A WALK, WAS DEBRIEF WHILE WALKING.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72801	13/07/2024	13/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient heard to be headbanging in room.	pmva holds leg cushion RT given DMO aware Physical obs to be taken	care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72802	13/07/2024	12/07/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Supine (face up)		Patient was given IMI Haloperidol in their best interests as PRN/alternative to regular oral dose on instruction of DMO. Unable to safely give, as he was unable to follow instructions and was agitated and distressed. PMVA holds used to facilitate medication administration, during which he was resistive and hitting/kicking out, pulled at an HCA, causing pain in her shoulder (separate datix completed).	Medication administered, no injury caused to the patient. No benefit/change in presentation, appears driven by pain and distress. further conversations with DMO re concerns	Patient required IMI medication as a means of managing behaviours and reduce level of distress. Staff sought to use least restrictive options, however patient physically unable to accept oral medications, therefore IMI plan developed with medics in patients best interests.	Staff acted in patient best interests in proceeding with medication via IMI, with no viable alternative available.	None (no harm caused by the incident)	Closed
GHC72805	13/07/2024	13/07/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Supine (face up)		2 restraints this shift, both for purposes of medication administration. 1st at 09:00, PMVA holds used to give IMI Haloperidol as PRN medication on instruction of DMO, with plan to make this TDS regular. Patient unable to accept oral medication, suffering from Delirium, medication essential and given in best interests. Supine restraint on bed. No harm to patient or staff during restraint. 2nd at 12:20, PMVA holds used to administer IMI Haloperidol and Promethazine on instruction from on-call consultant, GRH medical registrar and DMO, with aim of calming enough to accept oral antibiotics and pain relief, before transfer to GRH could be	Good effect from 2nd restraint/IMI, no effect from 1st, now sleeping on bed. Staff remain with patient to monitor physical health/wellbeing. Ongoing discussions with DMO.	Staff sought to approach this administration in least restrictive manner, patient required medication due to presentation, only available / viable option was to administer via IMI. Medics advised and aware, prescribed accordingly. Staff remained with patient post administration and observations recorded.	Staff managed situation in line with least restrictive principles, administered medication as per plan with wider MDT.	None (no harm caused by the incident)	Closed
GHC72810	13/07/2024	13/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72816	13/07/2024	13/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user was seen to be headbanging in her bedroom at around 16:35 with back of her head at low intensity with earpods on.	Staff approached her, attempted verbal de-escalation but she was not ready to stop .1x earpod removed as per care plan. 16:45-16:55 - PMVA team was called and she was put in holds,seated pod and leg cushion was used . She was very resistive. Offered oral medication:however,no response from her.RT IM lorazepam 1 mg given through clothing. Informed duty doctor for review. Started post RT obs.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72819	13/07/2024	13/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		18:00 Patient removed stitches from wound. Refused to engage with staff. Offered dressing 18:50 Headbanging in bedroom. Tried to de-escalate. patient was not engaging. PMVA called and RT lorazepam 2mg IM given		Mental state and risks reviewed Management plan reviewed Engaging in Self Harm Pathway CRD	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC72820	14/07/2024	13/07/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was in the communal area shouting at staff. Patient then started getting in to staffs personal space saying that staff stole her fob. Patient was verbally abusive towards staffs. Staffs escorted patient to her bedroom using precautionary holds.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC72824	14/07/2024	14/07/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient has been in the communal area talking loudly and being verbally abusive towards staffs. Patient was talking inappropriately towards the other patients while she was in the communal area telling patient 2 to fuck off. Staffs requested her to go and spend some time in her bedroom, she refused and started to escalate more. She then started calling staffs members wankers, and different abusive names. staffs escorted her to her bedroom on precautionary holds. She then started to kick her bedroom doors. Staffs offered medication, however refused. RT IM not administered as her blood pressure being high.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC72829	14/07/2024	14/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72852	14/07/2024	13/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient attempted to abscond	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Standing		Patient reported to staff that she is going to courtyard and tail gated the sliding door when visitors using the door and left the hospital by intentionally absconding. Staff immediately followed and found her heading towards Horton road ,she from there went to Armscroft park ,Barnwood road ,Denmark road with staff and when patient reached near to hospital ground she trespassed the graveyard and tried to	Verbal de-escalation. Whilst walking staff suggested distraction techniques. She was placed under arm holds when she tried to jump off the fence. Psychiatric emergency was called. Used hospital vehicle and brought her back to the ward.	Policy and procedure followed	N/A	None (no harm caused by the incident)	Closed
GHC72854	14/07/2024	14/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	POD and weighted blanket used.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72859	14/07/2024	14/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		At 16:00 checks patient was seen banging back of head whilst staff doing hourly checks. -Low level banging using back of her head whilst vaping. -Staff tried to de-escalate the patient, patient did not respond to verbal de-escalation. -Ice pack and crisis escalator used. Staff suggested distraction techniques with no effect. -Staff put folded towel behind her head which she pushed away. -Offered PRN medication ,no response received from the patient. -Plan made to administer RT , team was called and put her on holds. -She was resistive when she was on holds. -She did not respond when staff offered RT tablets ,therefore administer RT IM -Post RT observation taken. -DMO reviewed.		Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC72861	14/07/2024	14/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		At 16:00 checks patient was seen banging back of head whilst staff doing hourly checks. -Low level banging using back of her head whilst vaping. -Staff tried to de-escalate the patient, patient did not respond to verbal de-escalation. -Ice pack and crisis escalator used. Staff suggested distraction techniques with no effect. -Staff put folded towel behind her head which she pushed away. -Offered PRN medication ,no response received from the patient. -Plan made to administer RT , team was called and put her on holds. -She was resistive when she was on holds. -She did not respond when staff offered RT tablets ,therefore administer RT IM -Post RT observation taken. -DMO reviewed.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72863	14/07/2024	14/07/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		patient attempted to break and damage toy room door in his flat, presenting as aggressive in mood, physical intervention was use to redirect him, toy were put into the toy room and locked.	physical intervention was used to redirect him away from the door using figure four hold, patient attacked staffs causing injury to three member of staffs	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour All staff are trained in Physical interventions, breakaways, proxemics and are over seen by a Qualified Nurse. Care plans, risk assessments and prescribed physical interventions reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	This is an historical behaviour for this individual, the environment including fixtures and fittings are made as robust as possible, however the individual still manages to damage property. This individual has Learning Disabilities, Autism and presents with behaviours that may present as challenging, they lack capacity in this instance. Staff will only physically intervene as a last resort, as this may exacerbate the situation increasing the risk of harm to the patient or	None (no harm caused by the incident)	Closed
GHC72864	15/07/2024	14/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient was headbanging in her bedroom. Initial verbal de-escalation was successful as she started to engage. Had a long chat with staff as she explained the trigger for her current headbanging. The medic reviewed her post earlier headbanging in the courtyard. After he left, she declined to engage again and started to head bang. Attempt to engage with	PMVA team called and put in arm holds. Verbally deescalated and she appeared to have calmed down. She started again immediately she was released from holds. RT Promethazine IM 25mg administered. Neurological and post RT observation started	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72867	15/07/2024	14/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Non-standard hold	Patient sat on the floor with legs extended and restrained with a leg cushion. Forearm holds on both sides.	22:05 - Staff went down to check on the patient. She sat on the ground with her head against the wall and started to low level head bang. Used verbal de-escalation and she stopped headbanging. Staff encouraged her back to the ward and engage in distraction activities, however she declined. She stated she would like to stay in the courtyard. 22:15 - Staff went down to check on her and she had resumed headbanging again. Used verbal de-escalation, stopped headbanging but she said she would not like to come back to the ward. 22:30 - Staff went down to check on the patient. This time the patient was headbanging with high intensity against the wall with the back of her head. Even after attempting several minutes of verbal de-escalation the patient continued headbanging and did not	Patient became very resistive. Staff used forearm holds to bring her up on her feet, but the patient tried to put herself on the floor and continued to push the staff away. The patient was made to sit on the floor with two PMVA members of staff using forearm holds on both sides and a leg cushion was used to to keep the legs still. RT Lorazepam IM 2mg was administered on the right thigh at 23:01. PMVA holds were released. Patient walked back to the ward without holds. Duty doctor reviewed the patient. Post RT physical and neurological observations were completed. De-brief given. Provided 1:1 and reassurance.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72869	15/07/2024	15/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Escort		Patient left the ward and running towards the main door.	Verbally redirection given with no effects, patient was put in PMVA hold and escorted back the ward with minimum resistance.	none	none	None (no harm caused by the incident)	Closed
GHC72873	15/07/2024	15/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Pt in a state of undress and inappropriate to come out on the ward in this manner. Encouraged to return to bedroom to dress. This when he escalated and starting to punch, kick and push staff.	PMVA used to return to bedroom. PMVA teams called to the ward.	none	none	None (no harm caused by the incident)	Closed
GHC72876	15/07/2024	15/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was naked in the communal area, staff precautional hold the patient to bedroom, kicked the staff on the leg	Pod and pillow was used in his bedroom his leg while his trying to kick the staff.	none	none	None (no harm caused by the incident)	Closed
GHC72877	15/07/2024	15/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient showed aggression towards staffs when he was advised to wear appropriate clothes before popping out of his room, he still popped out and approached communal area wearing only boxer shorts.	Staffs intervened, took him to his room on holds, administered RT.	none	none	None (no harm caused by the incident)	Closed
GHC72882	15/07/2024	15/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to their NG feed.	patient was restrained in seated hold on the pod by two members of staff and a weighted blanket on the patients legs.	care plan followed along with 1;1 walk with staff	n/a	None (no harm caused by the incident)	Closed
GHC72890	15/07/2024	15/07/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	Explained to NOK how procedure will take place and what monitoring would be used to safeguard the patient. MCA paperwork reviewed prior.	None required	None required	None (no harm caused by the incident)	Closed
GHC72895	15/07/2024	15/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient heard headbanging in room	pmva team RT IM 1-1 Dr reviewed physical and neuro obs being taken	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72898	15/07/2024	15/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient A restrained to administer NG feed	Feed administered safely	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72907	16/07/2024	15/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		During 22:00 check patient was seen banging her forehead against bedroom wall. Staff tried to verbally de-escalate however patient did not respond verbally or non-verbally. Staff followed care plan, she was offered PRN medications . Used ice pack and crisis escalator with no effect. PMVA team was called ,staff put on holds and attempted verbal de-escalation with effect. Used PMVA holds from 22:16 to 22:20.Noted moderate resistance during PMVA holds. Decision made to administer RT . She was offered oral tablets which she refused therefore administered IM promethazine 50 mg . RT and neuro observation taken . Debrief provided. At 22:25 patient resumed low level head banged in communal area and then moved to bedroom. Banged back of her head for approximately 20 seconds ,staffs were able to verbally de-escalate the patient.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72908	16/07/2024	13/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		19:45 : Staff overheard patient banging her head against bedroom wall. -Staff followed care plan such as verbal de-escalation ,usage of crisis escalator ,ice pack and tried to de-escalate with no effect. -Called psychiatric emergency and put her on holds. -She was offered tablet RT which she did not accept therefore administered RT injection . -RT and neuro observation commenced and handed over to night shift staff. -Debrief provided.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72914	16/07/2024	16/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva holds for administration of NG feed	pod and weighted blanket used	care plan followed along with 1;1 walk with staff	n/a	None (no harm caused by the incident)	Closed
GHC72925	16/07/2024	16/07/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Escort		Patient becoming increasingly distressed in communal lounge. The patient kept asking who had taken her to the ward. Patient did not seem able to process reassurance and explanation. Patient then started pushing a chair towards glass door. Patient remained highly distressed, putting herself and others at risk. Patient placed into PBM holds to support to bedroom. Patient tried to drop their weight once during the restraint. She has suffered a small skin tear on her right forearm (approx. 2cm long and 0.75 cm wide) and	Escorted to her room, assisted her to sit in a chair and immediately released holds and left the room. The patient came out of her room and followed staff back to the lounge. Two different staff then sat with the patient. Wound dressed appropriately.	Family aware of PBM and sustained injury	NA	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC72935	16/07/2024	16/07/2024	LD IHOT	Southgate Moorings (dental service)	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC72943	16/07/2024	16/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient had NG feed with 2 members of staff		Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC72966	17/07/2024	16/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient headbanging in bedroom. De-escalation attempted, however, unfortunately, to no avail. PMVA holds utilised and RT administered intramuscularly. RT and neurological observations commenced and Duty Doctor informed.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC72970	17/07/2024	17/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient supported to sit on the pod in light holds to both arms. Patient sat on the pod in light holds to both arms Little resistance. NG feed administered	NG feed administration Patient assisted to sit on the pod in light holds to both arms. Patient sat on the pod in light holds to both arms	Care plan followed	N/.A	None (no harm caused by the incident)	Closed
GHC72999	17/07/2024	17/07/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Supine (face up)		Patient was in the corridor outside there flat playing with the fixtures and fittings. Patient then hit the two members of staff with him and then began kicking staff. Physical intervention implemented (supine)	Patient relaxed and staff assisted patient back into their flat.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	None (no harm caused by the incident)	Closed
GHC73001	17/07/2024	17/07/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC73004	17/07/2024	17/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Escort		During regular care and treatment, patient was brought into the clinic by staff to check her observations to protect her dignity by not doing them in communal areas. Patient took a seat in the clinic chair. Staff approached to advise that patient should not be in the clinic, and as we began to escort patient out of the clinic, she reached above the trolley and dispensed one 500mg paracetamol. She put this in her mouth and as staff began to support Patient to get rid of the paracetamol from her mouth, she swallowed the tablet, giggled, and opened her mouth to show staff that she swallowed it. During this, Patient scratched student nurse on upper arm and draw blood from her finger. Patient was re-directed back to communal areas.		Risk ax updated no clinic acess	N/A	None (no harm caused by the incident)	Closed
GHC73006	17/07/2024	17/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (POD used)		Staff went to administer Izzy's feed Staff took either off her arms and guided her to the pod where she had her feed with no resistance	Kept Izzy in forearm hold on the pod until the feed was finished.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73014	18/07/2024	17/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient headbanging in bedroom, de-escalation attempted, however, unfortunately unsuccessful, RT administered intramuscularly. RT and neurological observations commenced and Duty Doctor informed of the incident		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73024	18/07/2024	17/07/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		GRH Ward staff requested support to take patient's blood so clinical safe hold provided by IHOT staff in his best interest to support his physical health care needs.		None required	None required	None (no harm caused by the incident)	Closed
GHC73035	18/07/2024	18/07/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for blood test in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer, how the procedure will take place and what procedure would be used to safe guard the patient. MCA paper work was reviewed and copies given to carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC73054	19/07/2024	19/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was heard headbanging in their bedroom. SN entered and patient was standing on their bed, banging their forehead against the metal grate on the window. SN attempted verbal de-esculation as per patient crises escalator but to no affect and patient carried on headbanging	Decision made to call for a team, team (6x staff) entered patients bedroom and placed patient in holds using pod and cushion to secure legs. Patient was very resistive throughout and kept attempting to kick the leg cushion off. Staff was able to retain holds during this. Holds remained in place until patient had calmed enough to safely remove holds	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73055	19/07/2024	18/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		22:30 - The patient was seen to doing low level headbanging against the wall with the back her head. Staff suddenly intervened and attempted to verbally de-ecalate, patient stopped for a short period of time during the conversation but started soon after. 22:45 - As verbal de-escalation was futile, patient was put on holds on the bed with forearm holds and the leg cushion was used to stop the patient from shuffling back to the wall. One person held the head. Staff continued attempting verbal de-escalation but the patient did not respond in any away. 22:53 - RT IM loraz 1mg was administered as oral tablets were refused by the patient. PMVA holds were released soon after the RT was administered. Patient came out to the communal areas after the incident and appeared to be settled.	Post Rt physical and Post head banging neurological observations were started. Duty doctor reviewed the patient. De-brief given.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73059	19/07/2024	19/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Planned PMVA holds for nasogastric morning feed. Two nurses from GRH present to administer the feed.	HCA and nurse present to assist in feeds and used PMVA holds whilst two nurses from GRH administered feed through NG tube.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73065	19/07/2024	18/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		staff tried to verbally deescalate the situation, she did engage to staff at one point however she began to headbanging shortly after. PMVA was activated. Patient was placed on clinical holds. Patient declined to take oral medication hence RT was given. 1mg Lorazepam was given as IM.	staff took Patient to the front of the hospital post incident. Post RT and Neural observation has been started. DMO was made aware of the situation.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73072	19/07/2024	19/07/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical seated hold to allow CLDT nurse to administer Depot patient sat with IHOT staff Depot successfully administered to right thigh by CLDT nurse. Patient was slightly unsettled when staff sat initially however calmed quickly and accepted Depot. Following Depot patient talked to her staff about		None required	None required	None (no harm caused by the incident)	Closed
GHC73088	19/07/2024	19/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was supported under PMVA holds for her dietary intake to be administered safely.	Staff administered dietary intake. Staff held patient under PMVA holds.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73094	19/07/2024	19/07/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient presenting as visibly distressed and observed punching the walls on the ward and headbanging with significant force. Verbal de-escalation attempted and the patient was directed to the ECA for a lower stimulus environment. However, risk of harm via headbanging and property damage continued to increase. Due to this, patient was placed into holds and placed into seated holds on the pod. Patient after prompts accepted oral RT Lorazepam 2mg. Patient provided debrief following incident and eventually de-	Patient provided PRN and de-escalated.	Review of risk and observation level. Review of care plans.	Debrief to staff and patient. Discussion during handover.	None (no harm caused by the incident)	Closed
GHC73100	20/07/2024	20/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was a bit agitated through out the shift, hesitated to come back from leave in front. Took long time re direction to come back. When back patient was in the garden, not willing to go back to room. Patient was shouting while in the garden, disturbing other peers who was sleeping. Offered oral medication, prompted to take medication orally and attempted to de escalate around hours but not	Team decision made to call a planned PMVA for females to give her medication which helps to calm down. Given RT Lorazepam 1 mg on holds.	none	none	None (no harm caused by the incident)	Closed
GHC73101	20/07/2024	19/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		headbanging against the wall in her bedroom with her back of head. One staff member went in there and attempted verbal de-escalation. The patient interacted with the staff member but continued with the headbanging(low level). 22:30 - As the verbal de-escalation was futile, PMVA was activated and the patient was put on holds with 4 members of PMVA staff along with the use of a leg cushion. The patient was very resistive during the hold and kept on trying to shuffle to the wall to headbang. Staff continued to verbally de-escalate the patient but she did not engage in any away. 22:53 - RT lorazepam 1mg IM was administered on holds as the oral tablets were refused.. The holds were released right after the RT.	The post RT and post headbanging neurological observations were started when the patient returned back to the ward at 23:40. Provided 1:1 after the incident. Duty doctor reviewed the patient.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73111	20/07/2024	20/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG feed	patient was restrained in the pod with the weighted blanket on their legs.	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC73127	20/07/2024	20/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		18:10- Staff overheard and then observed headbanging in patient's bedroom (using the back of her head against her bedroom wall). Staff entered her bedroom and attempted verbal communication and de-escalation.Staff tried different replacement strategies/distraction techniques, however,patient did not respond. 18:20 Staff called for support from PMVA trained members of staff. -Staff put patient on PMVA holds and further tried to communicate with patient, which was futile. - offered her oral RT,which patient declined. -18:33-Administered RT lorazepam 2 mg into her right lateral thigh -Patient released from holds shortly after administration. -Offered patient walk to front of the hospital , which she accepted. -Physiological and neurological observation done.	- 18:10- Staff overheard and then observed headbanging in patient's bedroom using the back of her head against her bedroom wall. -Attempted verbal deescalation, replacement strategies and distraction techniques, which was futile. -18:20-Staff activated PMVA. -18:33-Administered RT lorazepam 2 mg into her right lateral thigh. -Offered patient walk to front of the hospital , which she accepted. -Physiological and neurological observation done. -informed Duty doctor to review the patient.	Policy and process followed	N.A	None (no harm caused by the incident)	Closed

GHC73128	20/07/2024	20/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was in toilet when staff did the observation. Staff went into check the patient. Patient mentioned that she is utilising toilet and will come out soon. Staff checked the patient again after 5 minutes. Patient was still in toilet and staff observed patient standing near sink. Staff engaged in conversation and patient was reluctant to come out. Staff opened the door and observed patient trying to make cut on neck using tongue cleaner. Staff also observed blood on the arm, which patient tried to open previous wound. Patient refused to engage. Staff tried to de-escalate and offered prn. Patient continues to refuse. PMVA team called as patient was trying to make deep wound on neck and refused to come out of toilet.	PMVA team managed to get the tongue cleaner but patient was reluctant to come out of toilet. She was using mobility aid and was not appropriate to use escorted hold. As patient requested staff left her alone for few minutes, Staff stood outside the door. Patient again engaged in making wounds deeper using a bottle cap. Staff put patient on hold, offered prn but refused. Patient was verbally abusive towards staff members and staff put her on hold inside toilet. Offered prn which patient refused and given RT IM lorazepam 2mg and promethazine 50mg. Debrief completed. Informed duty doctor. Patient refused review by the doctor.	Mental state, risks and management plan reviewed Level of harm reduced Engaging in self harm pathway CRD	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC73129	20/07/2024	20/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient had naso gastric feed with light pmva hold with 2 members of staff . Patient was not restive . Seated pod and weighted blanket was used . Facilitated a walk after feed with staff .		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73132	21/07/2024	20/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		22:50 – The patient was seen to headbanging with her forehead against the wall in the shower room of her bedroom. There was fresh blood and the headbanging was intense. Activated PMVA immediately and staff removed the patient from the shower room and guided her to clinical seated holds on the bed and used a leg cushion to prevent her from shuffling back to the wall. 5 PMVA staff were involved. The patient was very distressed and resistive. Staff attempted to use crisis de-escalators which were specifically made for the patient. However, the patient was not responding to any. 22: 52 – RT oral tablets were refused by the patient when offered. Thus, Lorazepam 2mg IM was administered as the patient continued to be resistive and tried to head bang. The patient started to become calm right after the RT was administered and hence the PMVA holds were released right away.	Patient came out to the communal areas after the incident. Post Rt physical and neurological observations were started. Patient was escorted to the courtyard for fresh air. 1:1 and de-brief was given. Duty doctor reviewed the patient.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73137	21/07/2024	21/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG feed	patient put in holds on the pod with weighted blanket	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73149	21/07/2024	21/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was seen to be headbanging at around 12:40 she was headbanging in her bathroom. Staff tried to verbally deescalate her and she was not engaging towards the staff.	PMVA was activated and staff placed her on seated POD position. Patient was resistive at the time of the PMVA. She was noted to be bleeding from her forehead and nose. She was given 50mg of Promethazine as IM on holds. DMO reviewed her. Post neural and Rt obs maintained.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73157	21/07/2024	21/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive to as prescribed NG feed	Patient supported in seated PMVA holds (2 nursing staff) with use of weighted blanket on knees. Patient administered as prescribed NG feed (2 x GRH nursing staff) in PMVA holds. Once holds released, patient administered as prescribed medication + as required Lorazepam 1 mg as clinically indicated and to good effect. Patient escorted to visitors parking to utilised	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73165	21/07/2024	21/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient stood in shower headbanging against the wall. Patient declined to engage with staff in redirection/distraction techniques. PMVA intervention required. Patient supported out of the shower/bathroom area in holds to both arms. Patient assisted to sit on the pod in holds to both arms, cushion situated over legs. Resistive throughout Ice pack placed over the back of neck. Patient offered RT oral tablets, patient declined. Patient informed RT IM medication would be administered in to the left upper thigh. RT IM administered. Holds released shortly after. Patient supported to sit in the communal area.	Patient stood in shower headbanging against the wall. Patient declined to engage with staff in redirection/distraction techniques. PMVA intervention required. Patient assisted out of the shower/bathroom area in holds to both arms. Patient supported to sit on the pod in holds to both arms, cushion situated over legs. Resistive throughout. Ice pack placed over the back of neck. Patient offered RT oral tablets, patient declined. Patient informed RT IM medication would be administered in the left upper thigh. RT IM administered. Holds slowly released shortly after. Patient supported to sit in the communal area.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73178	22/07/2024	22/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		SERVICE USER IS DUE FOR FEEDS, CALLED PLANNED PMVA. 2 STAFF UTIUSED LIGHT HOLDS, SHE WAS SEATED ON POD AND A WEIGHTED BLANKET WAS USED.	CARE PLAN FOLLOWED, 1:1 AFTER FEEDS, SHE WAS ESCORTED FOR A WALK AND DEBRIEF WHILE WALKING.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73199	22/07/2024	22/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed	POD and weighted blanket	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73218	22/07/2024	22/07/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Pt targeted HCA charged at him and physically assaulted him by punching him on the left shoulder and had a scuffle	Staff intervened and managed to get patient off, pmva utilised and moved to his bedroom to de-escalate. RT oral medication utilised	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC73222	22/07/2024	22/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Non-standard hold	Lying on side on floor	Heard to be headbanging in bedroom	Staff attempted to intervene, Psychiatric Emergency called 15.25- placed in holds lying on floor - R shoulder on floor, lying on side 15.30 - IM Loraz 2mg RT administered into L thigh 15.35 holds released and patient has a debrief with staff, trigger identified accomodation falling through 15.40 Non touch obs commenced 16.15 declined phys obs and wound care, Dr informed 17.30 accepted wound care and neuro obs	Mental state, risks and management plan reviewed Risk increased in the short term while discharge planning is causing increased stress Self harm pathway offered	n/a	None (no harm caused by the incident)	Closed
GHC73223	22/07/2024	22/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		17.00 patient found in bedroom with a ligature around neck - tightly tied pyjama bottoms,	ligature removed and untied by staff, patient was resistive to letting the ligature be removed. She was sat on the floor in the corner of her room. 17.10 Debrief and 1:1 given, wound care for head given - steri strips and softpore applied to 1.5cm laceration to forehead. Phys and neuro obs taken, declined further PRN. Duty Dr informed 18.00 patient has ordered some food and has spent	Risks, observations and management plan reviewed Risk of self harm currently increased due to discharge planning Patient offered Self Harm Pathway Care plans reviewed	n/a	None (no harm caused by the incident)	Closed
GHC73225	23/07/2024	22/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		At approximately 21:45, Patient was observed headbanging in her bathroom. Two staff members entered her bedroom and found her headbanging against the bathroom wall with low to medium force. It was noted that she had sustained a bleeding injury on her forehead.	-Staff engaged verbally with patient in an attempt to deescalate the situation; however, she continued headbanging and did not respond to staff interventions. -De-escalation tools in her bedroom was used however it was ineffective. PMVA was activated, and Patient was placed in holds by four staff members. - Patient was offered oral medication, which she declined. Consequently, 50 mg of Promethazine was administered as IM . Following the administration, the holds were disengaged. Staff cleaned and dressed the wound on her forehead. -The duty doctor was informed of the incident. -Post-RT , two sets of physical observations were conducted, followed by non-contact observations due to Nicola being asleep. -Neurological observations were documented	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73229	23/07/2024	23/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and weighted blanket used. 1-1.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73267	23/07/2024	23/07/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		A planned clinical hold was implemented as patient was moving around and putting herself at risk of a needle stick injury. GP had already agreed to the proportionality of hold MCA and Best interest decision completed prior to hold being implemented		None required	None required	None (no harm caused by the incident)	Closed
GHC73269	23/07/2024	23/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient requested an escorted leave to the bank, as she wasn't dressed appropriately staff encouraged them to change. She changed and returned in an outfit which wasn't again appropriate. Patient stated they is not changing their outfit again, they got agitated and targeted staff by shouting. staff entered the office and closed the door but patient kicked the	She was taken to her room on holds by staff.	Patient has known risk of violence when their perceived needs are not being met. Appropriate safeguards and interventions put in place by staff to mitigate risk, staff targeted disengaged.	Care plans in place to support patient and maintain the safety of staff. Patient removed from communal areas.	None (no harm caused by the incident)	Closed
GHC73272	23/07/2024	23/07/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Separate Datix logged for damage to Trust Property. Patient attempting to cause further damage. Staff used arm hold technique to stop further damage and while waiting for assistance.	Patient refused to leave area willingly so staff maintained arm hold and escorted patient to his bedroom. PRN Loraz given. Patient asked if he could have a cigarette if he took his medication - reminded that he had just broken Hospital Property.	Correct actions taken. This person is fully discussed at MDT and again no triggers only his mental health at this time which the medical staff are treating. All staff supported after incident as well as patient.	None	None (no harm caused by the incident)	Closed
GHC73273	23/07/2024	23/07/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the next of kin how the procedure would take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC73275	23/07/2024	23/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73276	23/07/2024	23/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Standing		Patient requested an escorted leave to the garage, staff asked them to wait as two staffs were off the ward on escort with other patients. Patient then walked out of ward without staff escort.	staff followed patient and tried to redirect them back to the ward but failed. As patient was reluctant to return a PMVA team was called, tried to redirect for 10 minutes, was put in holds and returned to the	Patient has known risk of absconding. Appropriate safeguards and interventions put in place by staff, patient returned to the ward.	Care plans in place to support patient and maintain the safety of staff. Patient returned to the ward and settled.	None (no harm caused by the incident)	Closed
GHC73282	23/07/2024	22/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user was heard headbanging inside her bedroom. Staff immediately wwnt down, She was using her forehead against the wall inside bathroom. Staff verbally de-escalated to no effect, encouraged to do some grounding activities but she was not engaging. Also a cue card has been used, however service user continued headbanging, decision made to activate PMVA team. Staff applied holds on both arms, from bathroom she was escorted on holds to bed. she was seated on her bed, initially she was not resistive, staff was able to clean and dressed her wound on forehead. Afterwards, service user appeared very resistive, wanted to stand up, wanting to headbang again, cushion was used on her legs. RT lorazepam tablet has been offered but she declined,lorazepam 2mg injection was administered through IM at left thigh. Post RT physical observation and neuro observation has ben done. Reviewed by duty doctor. Debrief was		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73283	24/07/2024	23/07/2024	CRHT Liaison s135 s136	Robert Maxwell s136 suite	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Patient. was in the suite as detained under section 136, police were there, but they left as he calmed down slightly. As soon as the police left, he became agitated again, talking gibberish, kicking and punching the doors and windows. safety concerns for staff and another patient who was in the suite. duty doctor already written up chart for 2 mg Lorazepam,	PMVA team called and they arrived, police also called as he was unmanageable. He was seated restrained and 2 mg IM lorazepam administered. patient, calmed down and PMVA team and the police left.	None, incident managed well at the time following correct procedures and prescribing guidelines in the Maxwell Centre.	None, unfortunate situation which appears to have been handled well by all staff at time of incident.	None (no harm caused by the incident)	Closed
GHC73286	24/07/2024	23/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		-Patient was headbanging in her bedroom at around 21:50. x2 staff tried to verbally deescalate her with her new escalator plan however it was ineffective. -she was headbanging against the wall in her bathroom. she was bleeding from her forehead and the level of force was low- medium.	-Patient was guided to clinical holds. - Patient refused to take medication orally hence Rt was rationalised. - Patient was given 50mg of Promethazine as IM. - Holds were released soon after the IM. - staff cleaned her injury site and applied new dressings . - she requested to be taken down to the courtyard which was facilitated. -staff maintained x1 set of physical obs and rest maintained as non touch due to Pateint being Asleep. - Staff also maintained Neurological obs post head banging. -DMO was informed about the incident.	Care plan followed	BLEEDING DUE TO SH WITH RAZOR NOT HEADBANGING	None (no harm caused by the incident)	Closed
GHC73292	24/07/2024	23/07/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient for blood test on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers, how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC73298	24/07/2024	24/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed.	The patient sat on the pod and two PMVA staff supported from both sides. The staff interacted with the patient throughout the	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73313	24/07/2024	24/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (other)		Patient was elevated, shouting and high profile, appearing verbally agressive and hostile and refused oral PRN and RT Team called Staff went into her room, patient was verbally aggressive and shouting. She was recording staff with her phone, then threw the phone towards staff. As patient threw phone, their knuckles knocked into staff's nose and staff was hit Patient placed on holds, patient was resistive Staff and patient sat on bed and leg cushion used. Patient stopped resisting and RT IM was administered	Staff disengaged and patient de-escalated in their room	Patients mental state, risks and management plan reviewed Patient currently psychotic Liaison with PICU regarding management plan Staff to monitor compliance with medication Staff to be proactive with PRN medication	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC73314	24/07/2024	24/07/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Seated (other)		Around 09:30 service user A walked towards ward front door. Staff intervened and tried to redirect. A said he just wanted to use his mobile phone and felt he could get a better signal out of the ward door, considering least restrictive practice staff though tried to verbally deescalated didn't physically tried to stop him and ensured LOS. 2 staff remained with A. Staff continued to verbally redirect him, offering another options to contact his beloveds However A was unable to accept any of these, continued to be out of ward and was observed to be looking to sliding door opening. Offered oral prn however A declined expressing paranoid thoughts that staff is trying to harm him. A then proceeded to walk towards another ward, attempted to get into therapy department from where he was redirected by staff.A managed to walk into another ward, started pacing through their garden unable to accept redirection. PMVA support was sought to site.	As team arrived A responded to verbal redirection and was guided towards ward. However when near front door A proceeded towards it.To prevent A from absconding in an distressed state PMVA standing holds were used, were A was resistive. Hence was taken to seated holds on sofa using cushion. A was extremely agitated, distressed, thought driven, paranoid, screaming. Unable to obtain full obs as A was trying to bite and spit at staff.RT 2 Mg Lorazepam given at 10:08, holds released when resps were high and due to heat. However as continued to be agitated & walking towards door which warrantied another RT; holds reinstated and Haloperidol 5 mg administered(10:25). On holds A was taken to bedroom where he remained relatively relaxed. Commenced on Non touch obs(to reduce distress), requested medical review and debrief to be followed when A in more relaxed state. Resps although high(35) initially, came down to 18 later. A remains asleep now, awaiting assessment from PICU	Staff sought to implement least restrictive options in managing this difficult incident. Staff allowed patient to leave ward and to visit areas of the hospital, however level of distress escalating and when patient sought to leave the hospital decision made to prevent this through the use of PMVA techniques due to risks associated with highly paranoid and agitated patient entering community. Staff used verbal de-escalation techniques, reassurance and support, allowed patient to move around within hospital and only implemented PMVA techniques when patient attempting to leave hospital.	Staff managed this difficult situation with compassion and sought to resolve the incident using verbal de-escalation and support. Patient was administered IM medication as consistently declining to accept oral medications, once medication took effect and patient had started to calm staff were able to withdraw from PMVA holds and patient was able to cooperate with instructions to return to ward. Observations commenced following IM medications, patient slept for several hours (after little sleep foe several days) and woke in a much more settled and stable frame of mind. Ward manager conducted a debrief with patient in which he incident was discussed and rationale offered for actions taken. Debrief for staff members involved conducted.	None (no harm caused by the incident)	Closed
GHC73323	24/07/2024	24/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was due for her naso gastric tube feeding	She was held on light holds , with pod and cushion used . She was not resistive during the feed. care plan followed. Escorted for a walk post feed and remained on 1-1 for one hour pot feed.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73333	24/07/2024	24/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	13 - Lawfully administer medicines or other medical treatment	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient found to be cutting herself in her bedroom, sat on her bed inserting broken spoon into a healing wound	verbal descalation ice pack offered, music, distraction as per care plan offered RT orals when unsuccessful 2222 - team called to administer RT IM seated holds with cushion continued verbal de escalation, aromatherapy wound care phys obs commenced dr informed patient taken for fresh air and 1:1 dr reviewed - advised redressing as tissue fluids had leaked. debrief offered.	Mental state, risks and observations reviewed Long term risk of self harm identified Care plans in place Self Harm Pathway available Patient CRD	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC73335	25/07/2024	24/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		PMVA used as PT was headbanging in their room. RT also to de-escalate the situation.	PMVA teams called and RT 2mg Lorazepam given.	Patient has known risk of self harm, patient engaged in behaviour around the checks so nursing team would be aware. Appropriate safeguards and interventions put in place by staff, patient came to no physical harm.	Risk acknowledged, care plans in place to support patients.	None (no harm caused by the incident)	Closed
GHC73336	25/07/2024	24/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was very agitated, attempted to leave the ward with the intention to kill herself.	Placed on a 5(4).PMVA team activated and RT Lorazepam 2mg administered with little effect. Medic reviewed and Placed on a 5(2). Tied a very loose ligature with her top Still distressed, agitated and attempted multiple times to leave PMVA team activated again and RT Promethazine 50mg administered Declined Full set of physical observations therefore non touch observations started.	Policy and procedure followed to mitigate risk	n/a	None (no harm caused by the incident)	Closed
GHC73337	25/07/2024	25/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		-At approximately around midnight, Patient was observed in the female lounge engaging in colouring activities. During an incident on the ward around 01:10 hrs , she began headbanging against the wall with the back of her head. Staff attempted verbal de-escalation, but she did not respond. -The level of force observed was classified as low to medium.	-Patient was guided to a seated POD position. -Staff offered her oral medication, which she declined. She was then administered 50 mg of Promethazine intramuscularly . -The holds were disengaged shortly after the IM administration. -Following this intervention, Patient appeared significantly calmer and returned to her bedroom around 02:00 hours, where she was observed to be asleep. -Non-touch observations were maintained, along with neurological checks, due to the headbanging incident. -DMO is aware of the situation.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73346	25/07/2024	25/07/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical seated hold on a patient for Sedation/canula in proportion to the risk of serious harm in her best interest if undetected medical condition is not treated.	Hospital staff explained to the carers, N.O.K how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC73350	25/07/2024	25/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient sat on the bed headbanging. Patient declined to engage in crisis escalator, redirection, distraction techniques. PMVA intervention required. Patient assisted off the bed in holds to both arms. Patient supported to sit on the pod in holds to both arms, cushion situated over legs. Patient declined oral RT medication. Patient informed RT IM medication would be administered to the upper right thigh. RT medication administered. Holds slowly released. Patient supported to the communal area.	Patient sat on the bed headbanging. Patient declined to engage in crisis escalator, redirection, distraction techniques. PMVA intervention required. Patient supported off the bed in holds to both arms. Patient assisted to sit on the pod in holds to both arms, cushion situated over legs. Patient declined oral RT medication. Patient informed RT IM medication would be administered to the upper right thigh. RT medication administered. Holds slowly released. Patient supported to the communal area.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73351	25/07/2024	25/07/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		patient pulled staffs hair and then later grabbed another member of staff by their clothes and attempted to pull them to the ground, staff intervened and pbm removal to the sofa to allow staff to break and with draw from the environment.	verbal de-escalation used to no avail so pbm removal was used to get patient to sit on the sofa to allow staff to get out from a clothes hold.	All staff made aware of the heightened risk this patient poses towards them.	Staff are aware of and use techniques as described in this patient's care plan to respond to and manage situations of this nature.	None (no harm caused by the incident)	Closed
GHC73362	25/07/2024	18/07/2024	CAMHS Core	Gloucestershire Royal Hospital	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PBM (physical intervention)	Non-standard hold	hand holding was used as this felt less restrictive than a formal wrist restraint and less traumatic for young person.	Young person was admitted to the Gloucester Royal Hospital as repatriation from Bristol Children's hospital. Met in the hospital on arrival by their community psychiatrist and community CAMHS care coordinator. Young person crying and distressed. Psychiatrist and care coordinator attempting to talk to young person. Young person wrapped hospital blanket tightly round their neck which restricted breathing.	Psychiatrist called for help and staff member from the ward arrived and attempted to remove ligature. Young person was grabbing their hands to try and stop them removing this. Psychiatrist held young persons hand and asked care coordinator to hold other hand to allow staff member to remove ligature. Young person then threw themselves off the bed onto the floor. Staff checked she was ok due to her two broken ankles and spent time sat on the floor talking to her. Young person was pulling her t-shirt so it was tight round her neck. This was not fully restricting breathing. verbal de-escalation and offer of	discussed in LM supervision	-	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC73371	25/07/2024	25/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient's nasogastric feed was administered. Two PMVA trained members of staff held the service user's hands as the nasogastric feed was administered (the patient was sat on the PMVA POD throughout).		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73379	25/07/2024	25/07/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient was offered their medications at 11:15. Patient refused all their medications after putting them in their mouth. Patient spat them out but 10mg of Propranolol was missing. Staff looked around in their bedroom and the small hallway but could not find it. So it was assumed that patient had taken the 10mg. At about 11:25, staff went in to encourage patient to take their medications and then laptop and to give them 10 minutes to calm down. Patient charged towards the staff. Patient followed the staff down to the CCTV room and attacked him there	Patient was safely removed to their bedroom using PBM through the door close to the CCTV room. Staff gave patient 30 minutes to calm down.	Check in with staff, all okay. Discussed tactics for working with this patient. To review communication strategy to see if this reduces risk he poses to those staff working with him.	That this patient presents risks at all times to those working with him.	None (no harm caused by the incident)	Closed
GHC73385	25/07/2024	25/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		19:00 - 19:35 - Patient heard headbanging in bedroom, PMVA holds used. Responded well to de-escalation. 19:45 - 20:00 - Patient headbanging in bedroom, de-escalation attempted, however, unfortunately unsuccessful, therefore, PMVA holds utilised and RT		Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC73391	26/07/2024	25/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		RT and PMVA used to stop prolonged overactivity of head banging.	RT given.	Patients risk of self harm acknowledged. Appropriate safeguards and interventions put in place by staff, patient came to no physical harm.	Care plans in place to support patient.	None (no harm caused by the incident)	Closed
GHC73396	26/07/2024	25/07/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Named patient was presenting as unsettled in mood grabbing staff with intent and force. PBM removal was used on two occasions.	Staff followed this patient's care plan was used to guide their response to this incident, de-escalation, encouragement and then PBM removal.	All incidents are reviewed on an at least weekly basis in the MDT review, changes to Care Plans and Risk assessments are made if necessary and communicated to the team.	All staff aware of the risks this patient poses when off baseline.	None (no harm caused by the incident)	Closed
GHC73407	26/07/2024	26/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in arm holds on the pod for feed		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73412	26/07/2024	26/07/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold implemented in order to take bloods following request from GP proportionality, MCA and best interest completed prior to intervention. Hold implemented bloods taken from left elbow crease without issue hold implemented for the shortest amount of time possible using the least		None required	None required	None (no harm caused by the incident)	Closed
GHC73429	26/07/2024	26/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was observed to be headbanging in her bedroom and she was not engaging with staff when they went to verbally de-escalate her.	PMVA team called and staff administered PRN medication under PMVA holds.	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC73430	26/07/2024	26/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient supported for administration of food. Patient did not offer much resistance.	Staff verbally supported patient during the feed.	care plan followed along with 1;1 walk with staff	N.A	None (no harm caused by the incident)	Closed
GHC73431	26/07/2024	26/07/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was head butting and kicking on the walls with force. Verbal de-escalation was attempted with no effect. Patient was encouraged to spend time in the ECA. Behaviour continued patient was put on holds to prevent him from being harm to self.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC73433	26/07/2024	26/07/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient grabbed staff clothing	PBM clothes grab used. Then when patient let go, proximity control used	This is a historical behaviour for this patient. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a historical behaviour for this patient. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	None (no harm caused by the incident)	Closed
GHC73438	26/07/2024	26/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Prone (face down)		The patient was required to have a depot injection administered but did not consent for this to happen. Staff engaged with the patient prior to this to explain what was going to happen and why but continued to refuse so had to be restrained in order for the medication to be given.		Medication required to alleviate psychotic symptoms Restrictive practice justified to ensure treatment received Staff to attempt engagement with patient to discuss administration of future doses Female PMVA team where possible	n/a	None (no harm caused by the incident)	Closed
GHC73441	27/07/2024	26/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		At around 23:00 hour, Patient was observed tying bed linen and pillw case with a rubber band around her neck in her room while lying under her arm chair. Staff went in to remove the linen. Patient however tied bed linen/pillow case 7-8 more times loosely. On each time, staff continued to go into her room to remove the bed linen from her neck. All risk items were also removed. At one point, patient became physically aggressive to staff, trashed her room. Patient also called her mum to inform her of her	Verbal de-escalation proved abortive. Patient declined to accept oral prn. Therefore, PMVA team were called, RT 50 mg promethazine was given with good effect. Patient later settled down, spent time in the communal area, retired to her room after midnight, observed doing some drawing.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73442	27/07/2024	27/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Patient was in distressed, presented as disturbed mentally, chaotic, disruptive and physically aggressive to staff and patient in the communal area. At around 23:00 hour, She had rang the police using the ward patient phone to report to police she was not given the right medication. She also informed the police she was physically assaulted by staff. Following this, patient continued to escalate, presented with heightened behaviour, threatening to staff, while her presentation was negatively affecting other patient in the communal area. At one point, patient approached another high risk patient who was quietly doing some colouring, and grabbed her piece of work. Staff then decided to call	Patient was taken to her room in safe hold. She resisted, shouted, kicked at staff. RT 2 mg lorazepam IM was given. Patient was advised to remain in her room and had to be taken back to her room few times because of her heightened behaviour. Prior to this, Oral lorazepam 1 mg prn was offered but patient declined. 5 mg diazepam was also offered because she had informed police staff refused to give her prescribed diazepam and again she refused. Staff however continued to verbally de-escalate the situation for from 23:00 hour up until 01:00 hour.	Policy and procedures followed patient supported by staff	n/a acutely unwell	None (no harm caused by the incident)	Closed
GHC73445	27/07/2024	26/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was observed as head banging inside her room on the floor facing the head towards the wall. Staff attempted to De- escalate her and managed to move her from the wall. Then patient went in to the bed and started to use wall near by to head bang. Staff were attempted to took her away to prevent from head banging. Patient then again started to use the bed linen to tore and started ligaturing. Staff intervened and took that away. Patient was observed as agitated and verbalised that '' I wanted	Made a team decision to call the team and gave medication 1 Mg Lorazepam.	Patient started headbanging as a form of self-harm, patient engaged in this behaviour during the hourly checks and staff intervention was given through initiating patient care plans to allow patient independence when engaged in this behaviour. Care plans successfully followed through with patient engagement and they were able to support patient to baseline.	Risks acknowledged, care plans in place to support patient.	None (no harm caused by the incident)	Closed
GHC73446	27/07/2024	27/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was unsettled from start of the shift around 21:30 and keep doing head banging and ligaturing. Staff were intervened and attempted to verbally de escalate her which was not effective and patient keep doing ligaturing and head banging. Patient had 9 ligatures and head banging up to 03:00 in the	Team had a discussion with doctor, the doctor came to see her which patient declined and as per the doctors advise team made a decision to call PMVA and gave patient 25 Mg Promethazine. Offered orally which the patient declined and had IM injection 25 Mg Promethazine.	patient used a ligature and headbanging as a form of self-harm, patient engaged in this behaviour during the nursing checks and staff intervention was given through initiating patient care plans to allow patient independence when engaged in this behaviour.	Risks acknowledged, care plans in place to support patient.	None (no harm caused by the incident)	Closed
GHC73448	27/07/2024	25/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		00:30 Patient tied ligature using a pyjama. Used ligature cutter to cut it off. Patient was conscious and responding. Refused physical observation 00:55 Patient tied another ligature using tubo grip. Used ligature cutter. Patient was conscious and responding. Refused physical observation 01:40 Patient was making cut on her arm, Refused to engage, PMVA called, RT promethazine 50mg administered. Patient was resistive and verbally	Refused physical observation and to be seen by duty doctor	Patient was clinically ready for discharge awaiting transfer to placement Long term risk of self harm Patient now transferred	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC73453	27/07/2024	27/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for feeds, called planned PMVA. Staff utilised light holds. She was seated on pod and a weighted blanket was used.	Care plan followed, 1:1 after feed. She was escorted for a walk, debrief while walking.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73461	27/07/2024	27/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		care plan followed along with 1;1 walk with staff	N/A	None (no harm caused by the incident)	Closed
GHC73476	28/07/2024	27/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was observed as sat on the floor, in a corner of her bed room, head banging against the wall at 22:00, when doing the hourly checks. Staff went there and attempted to verbally deescalate the situation, and prevent her from head banging. Patient was able to follow first then disengaged. Patient continues to head bang and started to self harm by scratch her left arm using nails at 22:16. At 22:30 staff found that patient using a piece of blade and cutting her arm. Patient was encouraged to hand over to staff which	Called a PMVA team to remove the item of concern and gave her medication. Given 50 Mg promethazine IM at 22:49.	patient engaged in headbanging as a form of self-harm, patient engaged in this behaviour during an hourly check and staff intervention was given through initiating patient care plans to allow patient independence when engaged in this behaviour. Care plans successfully followed.	Risk acknowledged, care plans in place to support patient.	None (no harm caused by the incident)	Closed
GHC73482	28/07/2024	28/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Clinical hold (seated)		-Patient appeared to be distressed and agitated from the start of the shift. -Staff tried to engage with the patient verbally and offered PRN medications in order to alleviate the distress multiple times however patient denied to accept PRN. -At 01:15 she came out to communal area and tried to leave the ward. Staff tried to redirect the patient , however patient did not respond to redirection and stood next to the door and tried to pushed the staff away from the door and kicked the door several times. -It was noted that there was an increase in the level of distress , plan made to administer RT in order to prevent the prolonged over-activity. -Team was called at 02:30, put her on seated holds with leg cushion and administer RT injection after offering oral tablets which she declined to accept. -She was very resistive ,staff placed holds for 03 minutes. -RT observation started. -DMO informed. -Debrief provided.		risk assessment updated	N/A	None (no harm caused by the incident)	Closed
GHC73486	28/07/2024	27/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		19:30: Patient was head banging , sitting on bed , banging the back of head against the wall with moderate intensity . 20:15 patient was head banging again with back of the head against the wall with moderate intensity .	Staff took one head phone off. Care plan followed. Moved her from the wall. Seated on her bed on holds with two on arms, one on head. Staff used verbal de-escalation and distraction techniques, with good effects. As she complained of pain, Oral morphine, PRN was administered. 20:15: care plan followed Moved her to the side of bed . Verbal de escalation, with very minimal effect . RT lorazepam IM was administered. RT physical observations started. Duty doctor was informed. Complained of pain on ankle, which was also informed to duty doctor. Escorted to courtyard . Spent time in	Care plan followed	N/A	None (no harm caused by the incident)	Closed

GHC73488	28/07/2024	28/07/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient had declined his insulin dose 2 days in a row. This patient typically runs a high blood sugar level which increases significantly throughout the day. Patient continued to decline despite having explained the importance, demonstrating no insight into his diabetes management or his physical health. Patient became verbally hostile, making threats towards staff as well as waving his finger in staff faces. Decision was made to escort patient to the sofa and utilise PBM holds to administer insulin dose.	Once insulin was administered. PMB was disengaged and patient was given space. No further escalation occurred. Patient was offered a cup of tea which he accepted. Patient declined physical observations. Duty Dr was informed. Wife was informed. Email sent to ward consultant for further advice on treatment. PBM team to be contact for further advice on medication administration.	MCA completed for medication administration PBM team contacted for further advice NoK informed	Managed appropriately	None (no harm caused by the incident)	Closed
GHC73495	28/07/2024	28/07/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (POD used)		The patient has been increasingly chaotic and has not attained any amount of sleep during the night shift. He has spent most of his time in communal areas, having lengthy conversations , responding to unseen stimuli and has been very loud - having full on conversations using gestures and laughing incongruently. His behavior has included rudeness towards staff and another patient . Towards the latter part of the night shift his presentation started to escalate - aggressive in his demeanour, started throwing off things , stomping on the floor .Despite repeated prompts from staff across different shifts, he has consistently refused to take any medication. Due to his chaotic and agitated state, it was necessary to administer medication to help alleviate his distress and ensure his well-being.		Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC73497	28/07/2024	28/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was due for her naso gastric tube feeding.	patient was held on light arm holds, Pod and cushion was used .2-1 staff for assistance. weighted blanket was used. Not resistive during the feed . care plan followed. Escorted for a walk . had her prescribed medications	care plan followed along with 1;1 walk with staff	N/A	None (no harm caused by the incident)	Closed
GHC73511	28/07/2024	28/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her naso gastric tube feeding .	Patient was held on light holds. She was not resistive during the feed. Pod and Weighted blanket was used . She was warm and pleasant on approach. 1-1 after feed and escorted for a walk as per care plan . no concerns	care plan followed along with 1;1 walk with staff	N/A	None (no harm caused by the incident)	Closed
GHC73519	28/07/2024	28/07/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient reported that another peer was headbanging Staff went to patients room Patient was sat on the bed, headbanging against the wall Staff attempted to verbally de-escalate, patient did not engage Patient was shouting at staff and continued to headbang Team called Team placed holds on patient and moved them away from the wall. Patient was shouting Patient eventually stopped headbanging and sat on the bed Patient was irritable and did not want to engage with staff, refusing prn Staff continued to verbally de-escalate Patient would attempt to hit themselves on the head with their arm numerous times Patient continued to not engage and refuse medication Placed on holds and RT IM administered	Staff gave 1:1 and verbal de-escalation Staff cleaned head wound Duty dr informed Staff continue to debrief and de-escalate	Patient was clinically ready for discharge awaiting transfer to placement Long term risk of self harm Patient now transferred	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC73524	28/07/2024	28/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user was heard headbanging inside her bedroom, staff immediately intervened. She was using back of the head on the wall in low level.	Staff verbally de-escalated, encouraged to do grounding techniques, cue card was used to no effect, She continued headbanging. Decision made to activate PMVA, staff apply holds on both arms. She was seated on a pod and a cushion was used on legs. Service user was quiet resistive, she was kicking. RT oral medication was offered for which she refused. Rapid tranquilisation lorazepam 2mg injection was administered through IM at right leg. Post RT physical observation and non-touch was done. Debrief was done Doctor has been informed for post RT and headbanging review	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73528	29/07/2024	29/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (POD used)		-Service user continued to appeared be distressed since the start of the shift. -She attempted to leave the ward multiple times and stood next to the door staff verbally re-directed she then moved to dinning hall and was was heard screaming ,shouting , and swearing which is not directed to anyone in communal area. -She was spotted sitting in the corner of the dinning hall under a table .She continued to be chaotic ,heard random screaming and shouting. -Staff tried to engage with the patient and offered PRN as well as regular medications numerous times which she denied to accept. -At approximately 00:20 she appeared to be evidently agitated,heard screaming and saying " you can"t touch me or my demons " several times and tipped over almost all the furniture in dinning hall in an aggressive way and barricaded the dinning hall using chair. When staff tried to engage she screamed and swore at staff	-Redirection and verbal de-escaltion showed no effect on her , plan made to administer RT to prevent prolonged over-activity. -Team was called ,decision was relayed to her. -She was seen tightly hugging one leg of the table , staff lifted the table and removed it ,she was then placed under holds. Attempted to verbally de-escalte however failed , she was very resistive. Due to the level of distress she displayed administered IM promethazine 50 mg at 00:45 after offering oral tablet which she rejected. -Staff used pod and cushion and applied holds for 05 minutes . Holds were released when she appeared settled ,however upon releasing she tried to ran off from the ward therefore reinstated forearm holds and escorted her back to her room. -Offered debrief. -DMO was informed	risk ax updated policy and procedures followed	n/a	None (no harm caused by the incident)	Closed
GHC73530	29/07/2024	29/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	18 - Undertake a search of the patient's clothing or property to ensure the safety of others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		-Service user tried to ran off from the ward staff put her on holds and escorted her back to her room .Staff released holds when it was safe to do so,soon after release she took diamond art beeds from her bedroom shelf and swallowed a small amount and returned to communal area where she was found to be scratching her pre-existing forearm wounds using a metallic item. -Staff requested to return the item but she refused. -She was informed about the consequence nonetheless she remained firm on her decision. -Staff reinstated forearm holds and removed the metallic item which she concealed in her hand. Staff also searched her body and found two handful of pepper and salt packets and a mixture of salt and pepper in a tissue paper from her left joggers pocket.	-Tried verbal de-escaltion. -Used PMVA forearm holds. -She already had IM injection therefore no medications offered. -DMO was informed and Dr reviewed the patient. -Physical observations taken. -Debrief provided.	risk ax updated policy and procedure followed	N.A	None (no harm caused by the incident)	Closed
GHC73531	29/07/2024	29/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		At 06:55 service user appeared very distressed , she was seen shouting , screaming , jumping up and down and running over sofa in communal area. Staff tried to verbally de-escalte however she did not respond positively. She squeezed the fruits in the bowl and smashed them , kicked the doors, tried to take out her right eyes by gouging ,fist punched her right hand on the photo board.She then moved to the clinic door area put herself on the floor , pulled her trousers down and put her fingers inside her vagina and back passage and licked her fingers that is covered with faeces. Staff used pod and put her on forearm holds for approximately 05 minutes,psychiatric emergency was called and was given oral RT haloperidol 5mg and promethazine 25 mg. Debrief handed over to early shift staff. DMO was informed		RT given	N.A	None (no harm caused by the incident)	Closed
GHC73532	29/07/2024	27/07/2024	MH Liaison Acute Hospitals	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient had shut self in treatment room with Doctor. Doctor then left the treatment room. Patient refused to leave treatment room. Intimidating presentation, not engaging with staff. MHLT staff requested medical staff contact V&A team for support, asked for this on 3 occasions during attempts at verbal de-escalation. Patient sat at MHLT request. Shortly after started slamming back of head hard against wall with force. MHLT intervention by putting hand behind head, the banging settled. MHLT staff took hold of an arm each to maintain safety of the patient due to unpredictable nature of presentation. Further request for V&A team - was told the MHLT had been called. Advised that we are the MHLT and are not the correct team to be managing a restraint situation. Staff present needed strong verbal direction from MHLT of how to contact V&A team for support.	V&A team attended and took over holds, maintaining patient safety. ED medical team administered Emergency Sedation as per their clinical judgement.	Ported to GHT to continue review as their patient. Will be discussed via Irsh / intra governance.	W	None (no harm caused by the incident)	Closed
GHC73540	29/07/2024	26/07/2024	LD IHOT	Pullman Place LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated Clinical hold in order to safely take bloods		None required. This was a planned intervention	None	None (no harm caused by the incident)	Closed
GHC73545	29/07/2024	29/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Planned NG feed Light arm holds used Pod used	Support from familiar staff Fidget toys Verbal distraction	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73547	29/07/2024	29/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient ripped her dress apart, began to hit her head with her palm, biting her tongue and attempted to place and blue plastic cup up her vagina. patient continued to scream and shout about her mum, not feeling safe and wanting to be out of hospital. Despite attempts staff were unable to engage patient in conversation. patient then removed her underwear and began to chuck herself at the window, and continually bang her	Staff wrapped a sheet around patient to protect her privacy and dignity, then used PMVA holds to move patient from the window and seated on the bed. PMVA holds for less than 5 minutes (x2 female staff). RT oral lorazepam offered and accepted.	RT Policy followed 1;1	`N.A	None (no harm caused by the incident)	Closed
GHC73558	29/07/2024	29/07/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBm clinical seated hold on a patient for dental check in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers, how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paperwork was reviewed and copies given to carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC73561	29/07/2024	29/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Patient escorted to bedroom following assault to staff member . PMVA holds utilised to administer IM Lorazepam RT. Patient sat on side of bed with staff member sat either side in seated holds. PMVA cushion also used to hold legs during RT.	RT lorazepam 2mg administered Post incident debrief to take part when appropriate	none	none	None (no harm caused by the incident)	Closed
GHC73565	29/07/2024	29/07/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned Clinical hold carried out in order to take bloods from patient at GP request blood taken from back of patients left hand it was felt by staff present that a clinical hold was indicated as Harry was moving around and this would have put harry and staff at risk of a needle stick injury		None required as this was a planned intervention	None Care plan will be updated with any further detail learned for next time intervention is required.	None (no harm caused by the incident)	Closed
GHC73578	29/07/2024	29/07/2024	MH IP Rehab-Laurel	Laurel House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	Other form of physical intervention	Non-standard hold	Light bear hug to contain hands to stop damage, patient gently redirect and guided from office with hands off	Patient entered ward office in a heightened emotional state, tense and angry, and made an attempt to grab ward phone and computer monitor with clear intent to damage same.	Staff intervened using reasonable force to stop damage to trust property and to prevent harm to herself and others and guide her from the office	Patient was referred back to the acute wards as it was clear that her mental state was deteriorating.	No new lessons learned. Staff acted in the most appropriate way considering the situation.	None (no harm caused by the incident)	Closed
GHC73585	29/07/2024	29/07/2024	LD IHOT	FoD Hosp- OPD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive scan of leg by Sonographer in hospital outpatients setting - in proportion to the risk of serious harm if any undetected medical condition is not treated.		none required	none required	None (no harm caused by the incident)	Closed
GHC73591	29/07/2024	29/07/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PMVA (physical intervention)	Seated (other)		Patient has been presenting as agitated, shouting, throwing things in her bedroom, hiding in the cupboard and pressing the emergency buzzer constantly. She was responding to unseen stimuli and seemed distressed by this. PRN oral offered but she declined.	2mg Lorazepam was administered in the right thigh. She sat with staff in the communal area before sitting in the ECA for few minutes.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC73593	29/07/2024	29/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was really agitated ,pacing through the corridors . Staff tried to offer alternatives, however doesn't engage well with staff . Staff noticed escalation in behaviour, patient tried to break fire doors , put self down to floor when staff tried to take to room . Holds put on to take to room then . Tried verbal de escalation , however doesn't seem to have any effect	Put on holds . IM RT 50mg Promethazine given . Had 1:1 with a member of staff later	none	none	None (no harm caused by the incident)	Closed
GHC73594	29/07/2024	29/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was seen to head banging at around 15:00 at the time of the hourly checks. - X2 Staff tried to verbally deescalate her however it was futile.	-She was sitting on her bed and head banging against the wall. -PMVA was activated and she was placed on seated POD position. -RT Promethazine 25mg was given as IM. - Holds were released as soon IM was administered. -Patient came to the communal soon after the PMVA team dispersed. - Post RT physical obs maintained. -DMO reviewed and had no managemental concerns.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73595	29/07/2024	29/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		-Restrictive practice was used for the facilitation of NG feeds	- patient was guided to seated POD position. -patient was not resistive at the time of the feeds	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC73607	30/07/2024	30/07/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient x was banging the office door, staff answered and patient x got verbally aggressive and started to point their finger in staff face.	PMVA holds placed and patient was walked back to their bedroom, on the way room patient x while in the holds smashed staff into the door frame and then kicked staff in the stomach.	Risk and observation levels reviewed and adjusted as clinically indicated. Following a period of de-escalation, patient offered 1:1 time with staff to explore thoughts and feelings surrounding this incident. Allowing for time to reflect what strategies could be implemented to prevent incidents like this occurring in the future. Incident recorded in clinical documentation.	Incident discussed during nursing handover, PBS care plan reviewed at this time and adjusted as felt appropriate.	None (no harm caused by the incident)	Closed
GHC73610	30/07/2024	30/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		The patient was seen to be head banging against the wall with the of back of her head in her bedroom. Staff approached the patient and attempted to verbally de-escalate the patient using crisis de-escalators, however, the patient did not respond to any and continued headbanging. Activated PMVA, and the patient was guided to seated holds on the pod along with the use of a leg cushion. The patient continued to be very resistive. Due to the continued attempts to headbang, RT promethazine 25 mg was offered as tablets and when the patient refused it the same was administered intramuscularly on the thigh.	The holds were released right after the administration of the RT. Staff stayed with the patient until they got settled. Duty doctor informed. Post RT observations and post headbanging neurological observations were initiated. De-brief given about the incident.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73618	30/07/2024	30/07/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC73621	30/07/2024	30/07/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Clinical hold (seated)		Patient was watching tv with staff, got up and grabbed and scratching at staffs skin on arms. Attempted to grab at clothes.	Patient asked to stop and re directed without effect. Patient PBM removal to chair. staff withdrew.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	None (no harm caused by the incident)	Closed
GHC73632	30/07/2024	30/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to NG feed.	patient was restrained in the pod by two members of staff so the nurses could give the NG feed.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73633	30/07/2024	30/07/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Nurse in charge entered patients flat. Patient immediately ran over grabbing nurses clothing. During the incident Nurse suffered scratches to chest.	PBM removal, clothes grab used. Patient let go after 30 seconds.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC73635	30/07/2024	30/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was headbanging in room	pmva and RT administered 1-1 after	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73636	30/07/2024	30/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was headbanging in room	pmva and RT administered 1-1 after	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC73657	31/07/2024	31/07/2024	LD IHOT	Other MH Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC73671	31/07/2024	31/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to their NG feed.	Staff restrained patient in the pod with the weighted blanket.	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC73675	31/07/2024	31/07/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (standing)		patient was incontinent of faeces in the communal area , despite many verbal prompts and encouragement patient was refusing to change hence PBM technique implemented for personal care	ward manager is aware of the incident PRN lorazepam 0.5mg tablet given after personal care	Staff actions all correct at time of incident. Care plan in place re personal care.	none	None (no harm caused by the incident)	Closed
GHC73696	31/07/2024	31/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva holds used for administration of NG feed	pod and weighted blanket used	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73697	31/07/2024	31/07/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Personal care (bed)		Planned hold as patient has a history of struggling when blood is being taken Patient kicked out at staff with no intent hold implemented phlebotomist managed to take bloods after several attempts.		None required	None required	None (no harm caused by the incident)	Closed
GHC73704	31/07/2024	31/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was heard headbanging in room.	pmva RT administered. 1-1 provided.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73711	31/07/2024	31/07/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		When staff was providing direct care to patient, they grabbed staff by the hair and cloth from the back side of staff.	Alarm pulled and patient was redirected, PBM technics were used to breakaway and staff grabbed was able to breakaway.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	None (no harm caused by the incident)	Closed
GHC73716	31/07/2024	31/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Standing		patient was kicking the fire door on both exits of the ward .patient entered the kitchen tried to break the microwave in the kitchen using kitchen knife.	verbal de escalation with no avail. PMVA team called and patient was put on holds. Offered oral PRN patient declined .RT lorazepam 1mg administered to left thigh.	none	none	None (no harm caused by the incident)	Closed
GHC73722	01/08/2024	31/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user was seen to be headbanging in her bathroom with front of her head.	Staff approached her .Offered distraction techniques .Attended verbal de-escalation but she was not ready to stop .Therefore,PMVA team was called and she was put in holds .Seated pods used. Offered oral RT but she refused. Administered IM lorazepam 2mg RT . Informed duty doctor Post RT obs started	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73730	01/08/2024	01/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and weighted blanket used. 1-1 after.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73739	01/08/2024	31/07/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Seated (POD used)		Patient continued to exhibit agitated and restless behaviour, kicking on the fire doors and attempting to leave as well as verbal and physical aggression towards anyone attempting to redirect her	Verbal de-escalation continued with no effect As a last resort and to prevent the patient from possible property damage, injury to self or staff, patient was placed in safe PMVA holds Patient remained unsettled afterwards and required redirection and verbal de-escalation	none	none	None (no harm caused by the incident)	Closed
GHC73762	01/08/2024	01/08/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		An agitated and resistive patient was found to be incontinent of urine. Ward staff had a short discussion and it decided to utilise PBM holds, in the patient's best interests, to administer personal care.	Two members of the ward staff utilised PBM arm holds while the other helped with personal care and changing clothes. He was held for approximately 4 minutes. Holds were released with the patient sat on the bed. He still remained angry and it was decided to give him some space to calm. Later he was assisted to the communal area, and reviewed by the Ward Dr. A very small skin tear was found on his left forearm, The Dr was not concerned about this. He is reporting that he wants to leave, but seems much calmer than	PBM utilise to support personal care appropriately to maintain hygiene and skin integrity	Managed appropriately	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC73765	01/08/2024	01/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed. Given feeds on light holds. Used pod and weighted blankets. Staff engaged with the patient and distracted. Offered medications as per care plan. 1:1 facilitated after feed , debrief provided whilst on walk		Care plan followed	n/.a	None (no harm caused by the incident)	Closed
GHC73772	01/08/2024	01/08/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Patient grabbed independent supporter's collar, trying to pull them down, patient scratched their hand	Verbal redirection, distraction attempted	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC73778	01/08/2024	31/07/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		The patient was seen to be headbanging in the shower room of her bedroom. As verbal de-escalation was futile, PMVA was activated and the patient was put on PMVA holds on the pod and a leg cushion was also used. As the patient refused the oral tablets IM Rt promethazine 50mg was administered on holds. The holds were released after the RT was	Duty doctor reviewed the patient. Post RT and neurological observation were started. Debrief given.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73783	02/08/2024	01/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was heard and later seen banging front of her head at 15:25. Staff promptly went support and were able to verbally de-escalate the patient with good effect. Patient relocated to communal area and did some colouring. Patient refused to take physical observation. Patient went back to bed resumed head banging this time using back of head against bedroom wall at 16:05. Staff used grounding techniques such as crisis escalator ,cue cards and ice pack however efforts were unsuccessful therefore called psychiatric assistance at 16:07. Wound cleaned and dressed. Used holds and was given RT medications. RT and neuro observation started. DMO reviewed		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73784	02/08/2024	02/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed	pod and weighted blanket used 1-1 after	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73794	02/08/2024	02/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was in communal areas, walked over to another peer and slapped this peer across the arm and used inappropriate language towards this peer. Staff intervened and utilised restrictive escorted holds to escort patient to bedroom. Patient was offered oral medication, threw this across the room and verbally declined when offered on two more occasions. Patient became sexually disinhibited while in bedroom, and the decision was made by the nursing team to give RT IM.	RT IM given while in seated holds.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC73797	02/08/2024	02/08/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold annual bloods requested by GP Darren allowed staff to take his bloods without incident a Seated clinical hold was implemented for the least amount of time possible using the least restrictive techniques.		None required	None required	None (no harm caused by the incident)	Closed
GHC73800	02/08/2024	02/08/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned Clinical hold carried out to complete annual blood checks clinical hold carried out MCA and Best interest carried out previous to procedure. clinical Hold carried out for least amount of time using the least restrictive practice possible		None required	None required	None (no harm caused by the incident)	Closed
GHC73803	02/08/2024	02/08/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold implemented for Annual health blood check MCA and best interest information completed prior to procedure. Clinical hold implemented for the least amount of time possible using the least restrictive techniques.		None required	None required	None (no harm caused by the incident)	Closed
GHC73804	02/08/2024	02/08/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient grabbed staff members hands, scratching them so a 2 person escort was carried out, taking the patient to their chair. Staff removed themselves from the area.		This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC73811	02/08/2024	02/08/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive depot injection - in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC73824	02/08/2024	02/08/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Clinical care, treatments and procedures	Patient and/or carer non-concordant with care / treatment plan	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient was informed about giving depot injection , however didn't engage with staff saying 'I don't want . Staff tried to explain the importance , however kept disagreeing to have it	Planned PMVA was carried out , patient offered 1:1 after , however refused .	Mental state and risks reviewed Restrictive intervention required to administer treatment safely	n/a	None (no harm caused by the incident)	Closed
GHC73831	02/08/2024	02/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PMVA (physical intervention)	Seated (other)		Patient presenting with chaotic behaviours - stripping naked, declining regular medication and throwing water at staff.	Patient offered his regular diazepam however continually declined to accept this. Due to ongoing chaotic behaviours decision made to administer RT IM.	Debrief to staff and patients. Information handed over. PBS care plan reviewed.	Discussion during MDT. Review of care plans. Review of treatment plan.	None (no harm caused by the incident)	Closed
GHC73833	02/08/2024	02/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her nasogastric tube feeding.	She was held on light holds. Pod and weighted blanket was used. Held on light arm holds 2-1 . She was not resistive during the feed. Care plan followed .. Escorted for a walk . Had her prescribed medications. Remined on 1-1 after the feed	care plan followed along with 1;1 walk with staff	n /a	None (no harm caused by the incident)	Closed
GHC73846	02/08/2024	02/08/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Escort		Patient was cooking with the assistance of staff, patient escalated and grabbed staff T-shirt. Patient was escorted out of the kitchen into the lounge using PBM. Staff spoke to the patient until the patient released the grip on clothes This was followed by another escalation while trying to go for a drive. Patient attempted to grab staff and was verbally redirected to the car. This was followed by another attempt to grab kitchen staff. Staff had to use PBM to stop patient from grabbing. Patient was	Patient was escorted into a safe environment.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	None (no harm caused by the incident)	Closed
GHC73847	02/08/2024	02/08/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient ran out of ward.	Staff followed the patient and managed to stop her from the entrance door. PMVA called as patient refused return to ward. Put her on holds, patient walked back with the staff to ward. Patient was shouting in communal area whilst reached the ward. Offered Lorazepam tablet and accepted reluctantly and retired to bedroom	Restrictive intervention required to prevent AWOL Patients treatment plan reviewed Patient now discharged from hospital	n/a	None (no harm caused by the incident)	Closed
GHC73855	02/08/2024	02/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		19:50 –The patient was seen to be head banging against the wall in the shower room in her bedroom. The forehead was bleeding staff Activated PMVA and she was guided to seated holds on her bed along with the use of leg cushion. Despite staff's constant effort to verbally de-escalate her she said 'leave me alone'. As she continued to be resistive staff decided to administer the RT. 20:00 – Staff offered oral RT promethazine 25 mg, which the patient refused. Therefore, decided to administer intramuscularly. While administering the IM(left outer thigh), due to resistance the syringe came off of the needle and splashed some of the medication into the eyes of one of the PMVA member who was holding the patient on the left hand(HCA LSK) and the nurse who was administering the IM(S/N AJK). Both suddenly transferred the PMVA holds to other staff members and washed the eyes. Duty doctor was informed about the incident.	20:10 –The patient reported to the staff that, many areas of her thigh is hardened due to frequent IM injections, that must have been the reason why the medication did not go through. However, despite interacting with the staff, the patient continued to get distressed and said she wanted to be left alone to continue head bang. Staff again tried to engage with the patient and recommended to come out of the bedroom, but she started to be become more resistive trying to push away the staff who were holding her. Considering the continued attempts to head bang and agitation, RT promethazine 25 mg IM was administered on the right outer thigh. Following the administration of the RT, the patient started to calm down and agreed to come out to the communal area. Duty doctor was informed about the incident and the hardened area on the thigh which caused the splashing of the medication. Post RT and post head banging observations were	Care plan followed	N.A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC73856	02/08/2024	01/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user was heard head banging inside her bedroom. Staff immediately intervened, she was using back of her head against the wall in moderate level. Staff verbally de-escalate, grounding activities has been offered, cue card has been used to no effect. PMVA activated, staff utilised holds on both arms and legs, she was seated on pod and cushion was used. RT promethazine 25mg tablet has been offered which service user declined. Rapid tranquilisation Promethazine 25mg injection has been administered through IM at right thigh Post RT physical observations has been check plus non-touch Post headbanging neurological observations has been completed. Debrief done Doctor has been informed for review		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73857	03/08/2024	02/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient 1 has been chaotic and restless since the commencement of the shift. He entered communal areas naked on a couple of occasions and tried to enter other peers bedroom and successfully entered in one of the peers room when the door was not locked completely. He remained in communal areas constantly pressing emergency buzzer without any valid reasons/needs. When staff tried to disengage, he kept knocking the nursing office doors and showing inappropriate gestures towards staff. Staff attempted to administer his regular medications and later with PRN medications; however he refused. Due to his continued chaotic presentation in communal areas, decision made to administer 50mg Promethazine as IM. Patient 1 has been guided to ECA and explained the decision. Patient has been administered RT 50mg Promethazine injection in his thigh with mild holds on his hands and legs.		Risk and observation level reviewed, Treatment plan reviewed, Information handed over,	Debrief with staff and patients, Discussion during MDT,	None (no harm caused by the incident)	Closed

GHC73858	03/08/2024	02/08/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient A was seen self harming during the walk around. She was sat on the floor - in front of the mirror - making cuts on her neck - using the metal piece - an end bit of the cutlery. She reopened her wound from the previous shift. The staff approached to the Patient but the Patient declined to engage with the staff.	The staff informed the Nurses and called for the PMVA team. PMVA team arrived. Metal piece was taken off from her. Restrictive restraint was done on the floor at 21:30hrs. RT Lorazepam Oral 2mg was offered which she accepted it. Patient A took Oral RT Lorazepam 2mg for good effect at 21:50. Duty Doctor was called. Physical Observations was completed. Duty Doctor came to review around 22:50hrs. Plan to take the Patient to A&E - first thing in the morning. Patient A spent some time in the communal area with the staff and her peers - engaging and the staff made	Risks and management plan reviewed Long term risk of self injury identified Care plans in place Self Harm Pathway available	N/A	None (no harm caused by the incident)	Closed
GHC73863	03/08/2024	03/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was due for her naso gastric tube feeding .	Patient was held on light holds, using pod and cushion . Not resistive during the feed. Care plan followed post feed. Had her prescribed medications.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73869	03/08/2024	03/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		HCA noticed that Patient's left hand had changed colour, when HCA approached and noticed that patient had tied a ligature around their left wrist, HCA asked if they could have a look and patient declined.	HCA 1 came into the office and requested support and ligature cutters and HCA 2 came to assist. Patient was prompted to go to their room which they did. Patient would not allow staff to remove the ligature, Patient had used underwear and tied it around their wrist and hand starting to turn purple. HCA prompted several times to allow staff to cut the ligature but patient declined. HCA 2 decided to place patient in holds to remove ligature. Patient was placed in forearm holds with 2x members of staff on bed and HCA removed ligature using fishnet cutter. Patient remained resistive throughout. Ligature removed without issues.	Risk ax updated	N/A	None (no harm caused by the incident)	Closed
GHC73870	03/08/2024	03/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PMVA (physical intervention)	Seated (other)		Patient 1 became increasingly chaotic and sexually disinhibited throughout the shift. They had declined multiple offers of oral medication. Patient 1 was guided into the ECA and IM 2mg lorazepam was administered to the left thigh in seated holds on the sofa. Patient 1 was not resistive in holds. Patient remained chaotic and sexually disinhibited during and after holds were released.	Non contact physical observations commenced due to continuation of chaotic presentation.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC73875	03/08/2024	03/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient shouting and swearing at nursing staff, attempted to swallow vinegar and salt, remove cleaning product from ward domestic cleaning trolley, undress, kicking bedroom door, shouting and swearing at patients/visitors in courtyard, stripped bed and jumping up and down on pillows and linen, trying to slash hair with a pen and pulling hair out by	Patient taken into seated PMVA holds on own bed. Patient facilitated oral RT Haloperidol 5 mg and Lorazepam 2 mg as clinically indicated and to good effect. DMO informed and review requested. RT Observations commenced. Debrief to follow.	risk assessment updated	N.A	None (no harm caused by the incident)	Closed
GHC73883	03/08/2024	03/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was resistive to their NG feed.	Patient was held in seated holds in the pod with the weighted blanket on their legs.	care plan followed along with 1;1 walk with staff	N/A	None (no harm caused by the incident)	Closed
GHC73893	04/08/2024	03/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user was seen to be head banging using left side of her head against the wall in the shower room in her bedroom, bleeding was noted. Staff tried verbally de-escalation, and grounding techniques were suggested to no effect, she still continued to head bang. Decision made to activate PMVA, staff utilised holds, service user was guided to be seated on pod along with the use of leg cushion. Ice pack was used, Staff offered oral RT Lorazepam 2 mg however service user refused.Rapid tranquilisation of lorazepam 2mg injection was administered through IM at right thigh. Thereafter, service user has appeared calm. Small cut wound as a result of headbanging was cleaned and dressed. Post RT physical observation to be completed Neurological observation has been done with GCS 15 Reviewed by doctor		care plan followed along with 1;1 walk with staff	N/A	None (no harm caused by the incident)	Closed
GHC73894	04/08/2024	04/08/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		Service user was in and out of his bedroom. He told to staff open his bedroom. After entering into bedroom, immediately came out then told to staff that his room is full of gas and very disgusting. He came to the communal area and told to staff stay for 5 minutes inside his bedroom. There was no problems inside his bedroom and staffs tried to explain things. But he was very rude to staffs and not listening to staffs. He went outside the ward and gone to another ward as well as complaining the same things (Gas in bedroom). Staff from that ward came with the patient and tried to explain the things but not understanding the things . He again started shouting and rude to staffs. Also threatened one of the staffs from another ward. Offered PRN medications but refused	Rang another wards and got a PMVA team. Offered service user oral RT medications but refused. Therefore, administered IM RT (Haloperidol, 5 mg and Promethazine, 25 mg). Done non contact physical observations every 5 minutes first then 15 minutes, 30 minutes and hourly.	Patient expressing concern that bedroom smelled of gas (no gas used within hospital). Staff attended and sought to address concerns, patient unhappy and insisted gas was present. Patient was assured by ward staff and members of another ward that no gas was present. Patient became aggressive and threatening, therefore staff assembled a PMVA team and medications administered.	Staff sought to address patients concerns, however patient unwilling / unable to accept reassurances. Staff elected to proceed with administration of medications as a means of aiding patient to calm. Procedures followed in respect to administration and post RT observation.	None (no harm caused by the incident)	Closed
GHC73900	04/08/2024	03/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		14.30: Patient observed to be head banging against the wall in patient's bedroom. Staff approached, tried to verbally deescalate her, with little to no effect. She was bleeding from her head. Level of head banging was moderate to severe.	As head banging became intense. PMVA team was called. Staff held her on holds. Pod and cushion were used. 5-1 holds were used. She was resisting. RT IM was given as she refused to have oral PRN and RT, and no other de-escalation techniques was helping. Blood was cleaned from surfaces, wound cleaned and dressing applied. Duty doctor reviewed. RT phyiscal observations were started. She remined low profile after wards and remined in her bedroom after wards.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73911	04/08/2024	04/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was due for her naso gastric tube feeding	Patient was held on light holds, using pod and cushion . Not resistive during the feed. Care plan followed post feed. Had her prescribed medications.	Care plan followed and facilitated walk/1:1 as per plan.	N/A	None (no harm caused by the incident)	Closed
GHC73916	04/08/2024	04/08/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient left the hospital by running out of double doors and sat on the floor outside the hospital. 2 staff members went outside to try and encourage patient to return back to the ward. Patient refused and was verbally aggressive to both staff members. Patient demanded a psychiatrist and a doctor to be brought outside the hospital to see them. Staff explained this could not be facilitated however offered to ring the duty doctor for them to see the patient. Patient refused. Patient walked away from staff and was going further and further away from the hospital premises. PMVA team was called to bring the patient back to the hospital. Patient was physically agressive to one of our staff members,patient grabbed staff by the collar of their their t-shirt and raised their fist to punch staff. PMVA team arrived just on time and patient was put on holds to prevent them from	Patient agreed to walk back to the ward so staff released the hold. Patient returned back to the ward. Oral and IM RT prepared for the patient. Patient refused the oral RT telling staff they were calm. Due to a nurse from another ward saying the patient was in their room and was stating they were calm so they disagreed for the patient to be administered the IM RT,patient was not administered any medication.	Patient left the ward when unauthorised to do so. Staff sought to intervene and return patient to ward. In doing so patient became threatening and hostile, with an attempt made to punch a staff member. PMVA intervened to avoid staff being punched, and escorted patient back to ward.	Staff sought to manage the escalating situation, gained support from PMVA team and returned patient to ward.	None (no harm caused by the incident)	Closed
GHC73921	04/08/2024	04/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient was observed to be low level head banging in their shower. Staff called a Medical emergency as there was a lot of blood coming from the patients head.	Staff managed to remove patient from the shower area and restrain them on the pod, using the pillow on their legs. Patient was given RT IM 25mg promethazine in their right leg. Holds were kept while staff cleaned up the wound area. Duty doctor came and reviewed the cut to the head and RT	Care plan followed along with self injury policy with being reviewed by medics	n/a	None (no harm caused by the incident)	Closed
GHC73928	04/08/2024	04/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient tried to barge in to the office. Patient was escalating in his behaviour. Staff had to place patient on PMVA holds. Patient was then moved to his bedroom on PMVA holds. On the way to his bedroom patient escalated further, attempting to kick staffs and has been very resistive. Staff managed to escort patient in to his bedroom and place patient on seated holds in his bed. Patient was very resistive throughout, fighting staff. Staff administered 2 mg Lorazepam RT IM on right thigh. Patient continued this presentation. At 14:30 staffs removed PMVA holds and left patient in his bedroom. As soon as staff disengaged patient came out in to the male corridor without wearing a top. Staff encouraged patient to wear a top. Patient then attempted to kick a staff who was in front of him (no contact made). Staff had to place patient again on PMVA holds. Patient was very resistive. Staff had to place patient on to PMVA holds in supine position.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC73936	04/08/2024	04/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient engaged in property damage before physically assaulting staff. Was placed into PMVA supine restraint due to being very resistive.	Placed into supine restraint. PMVA team called. Patient removed to the ECA POD where he remained combative and very resistive. IM Mediation administered.	Debrief to staff and patients. Information handed over. PBS care plan reviewed.	Discussion during MDT. Review of care plans. Review of treatment plan.	None (no harm caused by the incident)	Closed
GHC73942	04/08/2024	04/08/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Non-standard hold	other member of staff had to hold patient by both arms to restrict patient from pulling staffs hair and collar from behind and patient then let go for staff to then with	patient was pulling staffs hair and collar from behind so staff had to intervene to prevent any further harm to staff, patient did let go and staff withdrew from the unit.		This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	None (no harm caused by the incident)	Closed
GHC73945	05/08/2024	04/08/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient A was seen self-harming at 22:15hrs when the staff went to take her medications to her bedroom. She was seen sat on the floor and cutting her neck on the Left side. Informed the NIC and the staff on the ward. The staff went to her bedroom and tried to take the cutlery piece of her. Patient A was being very resistive. Patient A was cutting her neck with the head of the spoon. Ice pack was brought and put it on back of her neck. The staff managed to take the spoon head off her. Patient A was still resistive and was trying to poke her wound with her nails. Patient A didn't stop - continued to be very resistive. She was targeting a staff nurse from the Search that the ward did yesterday. The Nurse stepped out of her bedroom. 2nd PMVA team was called due to being very	PMVA team called at 22:17hrs. PMVA team arrived. RT Lorazepam 2mg IM was administrated to the Patient A at 22:20hrs. Patient A was administrated with another RT Promethazine IM 50mg at 22:38hrs. Called the Doctor. The Doctor came to review. Patient A was offered 1:1. 2x staff sat with her. She was offered to come to the communal area but refused at this point. She was a bit settled later and she was offered her regular medications which she took it. The staff cleaned her wound and did the dressings. Patient A was offered to come to the communal area which she did. She spent some time in the communal area with her peers and the staff at 23:30.	Mental state and associated risks reviewed Long term risk of self harm identified Care plans in place Self Harm Pathway available	n/a	None (no harm caused by the incident)	Closed
GHC73950	05/08/2024	05/08/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		patient behaviour in bedroom escalating and becoming louder and more hostile - throwing things around room and banging doors - declined PRN medication orally	PMVA team assembled when decision taken to give RT. Team entered, restrained and medication administered.	Mental and risks reviewed Patient unable to identify trigger Restrictive practice required to maintain safety of patient and others Treatment plan reviewed	n/a	None (no harm caused by the incident)	Closed
GHC73952	05/08/2024	05/08/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		patient displayed signs of agitation and tried to leave the ward verbalising to staff that when she left the ward she would end her life. Staff stopped her from leaving and patient became more distressed and began kicking the office doors and windows before walking up the corridor and kicking the fire doors and broke the glass before grabbing part of the broken glass in her hand. At this point two staff paced her in holds removing glass from	Nurse called Duty Doctor to advise on RT administration and Duty Doctor reinstated RT IM. Team called ready to place patient in holds. Nurse then spoke with patient offering oral RT. Patient refused and tried to kick nurse. Team then placed her in holds and RT IM promethazine 50mg administered to left thigh.	none	none	None (no harm caused by the incident)	Closed
GHC73966	05/08/2024	05/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient resistive to as prescribed NG feed being administered	patient supported to seated PMVA holds in pod patient administered as prescribed NG feed in holds patient administered usual as prescribed morning medication out of holds patient facilitated escorted leave (walk) with nursing staff	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC73977	05/08/2024	05/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient heard to be head banging in own shower cubicle. Patient not responding to verbal de-escalation/distraction. Wound observed central to top of patient's head.	Patient supported from shower cubicle to seated PMVA holds in pod with use of PMVA cushion on legs. Patient declined oral RT. RT Promethazine 25 mg IM administered to left thigh through clothing as clinically indicated to good effect. RT NEWS 2/Neuro observations commenced. DMO informed and review of wound and post RT requested which was completed by DMO. Patient supported to head wounds being cleaned and dressed. Patient handed over razor blade reporting had been in own possession for many weeks inside phone cover at back of phone. Debrief to follow.	wound from SH with razor not because of headbanging	cut head with razor	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC73984	05/08/2024	05/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient A was in the communal area presenting as restless, chaotic and intimidating. He was offered oral medication proactively but he refused it. He was into the personal space of another female patient B. Staff put firm boundaries in and explained that it is inappropriate. He punched a staff member in the face when staff intervened the situation. He was placed on PMVA holds where he was resistive. He was then placed in holds and dropped his weight to the floor, offered oral medication again. He refused it and he was moved to the ECA. He was the given RT IM		Debrief to staff and patients. Information handed over. PBS care plan reviewed.	Discussion during MDT. Review of care plans. Review of treatment plan.	None (no harm caused by the incident)	Closed
GHC73986	05/08/2024	05/08/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		PBM hold maintained to administer IM haloperidol injection	oral medications offered on multiple occassions, informed about IM nad PBM hold, patient responded they will be moving throughout, PBM hold maintained to allow safe administration of medication. MERT assessor on site. Physical obs done following: temp 36.1 respiration rate 16 BP 185/86 SPO2 97	Correct actions taken at time of report.	None required.	None (no harm caused by the incident)	Closed
GHC73998	05/08/2024	05/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for nasogastric feeding. Service user was put on light PMVA holds with 2 members of staff. Seated pod and weighed blanket were used for PMVA. Service user less resistive during the feed. Facilitated escorted walk with staff after the feed.		Care plan followed and facilitated walk/1:1 as per plan.	N/A	None (no harm caused by the incident)	Closed
GHC74006	06/08/2024	05/08/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Standing		Headbanging heard from patient's bedroom Patient observed to be standing, hitting her head against the bedroom wall.	staff entered room verbal de-escalation offered light holds placed and patient asked to step back from wall patient sat on bed continued to offer verbal de-escalation aromatherapy, breathing and cold drink offered and accepted ice pack offered and accepted wound care offered and accepted phys obs and neuro obs undertaken PRN medication declined as recently had regular evening meds reassurance and support offered Duty dr informed	Mental state and associated risks reviewed Long term risk of self harm identified Care plans in place Self Harm Pathway available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC74008	06/08/2024	05/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		At 22:35 patient was overheard and shortly later observed to be banging back of her head against bedroom wall. Low level banging. Staff immediately went to support her, two members of staff tried to verbally de-escalte one after the other however failed. Staff used grounding techniques such as crisis escalator , ice pack , relocation , cue card ,PRN medications all attempts has showed no positive outcome. Plan made to administer RT. She was informed about the RT plan prior to holds usage. Team was called , put her on clinical seated holds with leg cushion. She was slightly resistive , offered tablet which she refused. Administer RT IM promethazine at 23:02 in her left thigh. Shortly after the IM she became superficially settled. RT and neuro observations was started.		care plan followed along with procedure	N/A	None (no harm caused by the incident)	Closed
GHC74010	06/08/2024	06/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PMVA (physical intervention)	Clinical hold (seated)		02:30 - Patient overheard screaming and shouting in bedroom. De-escalation attempted. 02:45 - Continuous banging sound heard coming from patient's bedroom. Patient also overheard screaming and shouting. Upon arrival at patient's bedroom, it became apparent that she had barricaded herself into her bedroom. De-escalation attempted and PRN medication offered. 03:00 - 03:15 - Patient overheard screaming and shouting in her bedroom. Continuous banging sound also heard. Again, upon arrival at patient's bedroom, it became apparent that she had barricaded herself into her bedroom. De-escalation attempted and PRN medication offered. 03:15 - 03:25 - Patient overheard screaming "it's bleeding now, that's what I wanted". Decision made to administer medication. Oral RT offered initially,		Risk ax updated RT Policy followed	N.A	None (no harm caused by the incident)	Closed
GHC74012	06/08/2024	06/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Clinical hold (seated)		05:00 - 06:00 - Patient heard screaming and shouting in bedroom. Banging sounds heard coming from her bedroom. Patient also barricaded herself in her bedroom. De-escalation attempted. 06:00 - 06:30 - Patient heard screaming and shouting in bedroom. Banging sounds heard coming from her bedroom. Patient also barricaded herself in her bedroom. De-escalation attempted. 06:30 - 07:00 - Patient heard screaming and shouting in bedroom. Banging sounds heard coming from her bedroom. Patient also barricaded herself in her bedroom. De-escalation attempted again. Due to prolonged period of disturbance, RT Promethazine 50mg administered intramuscularly (oral medication		supported pt distress by IMI	N.A	None (no harm caused by the incident)	Closed
GHC74023	06/08/2024	06/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user on light PMVA holds for planned regular NG feeding.	Service user put on light PMVA holds seated on POD. Reassurance provided through out the procedure. Diversion utilised through communication. Administered regular medications following the feeding. Taken her out for walk following the feeding.	Care plan followed and facilitated walk/1:1 as per plan.	N/A	None (no harm caused by the incident)	Closed
GHC74037	06/08/2024	06/08/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient for blood test in his best interest in proportion to the risk of serious if undetected medical condition is not treated.	It was explained to the paid carer how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC74045	06/08/2024	06/08/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Escort		Planned standing clinical hold to allow x-ray to be carried out, Due to patients learning disability he did not understand the need for the x-ray and was struggling to stay in position it was felt by staff that a clinical hold was the safest way to ensure the x-ray was completed safely. Three GHC staff implemented a standing clinical hold linked arm position while a third implemented a head hold in order to encourage the patients head into the		None required	None required	None (no harm caused by the incident)	Closed
GHC74048	06/08/2024	06/08/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC74052	06/08/2024	06/08/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		The patient refused her oral medication even after attempted several times by different staff. So a STAT dose of Haloperidol injection was given according to prescription in left upper outer thigh with minimal PBM holds. The patient was reluctant to take the medication and staff approached her in her room at 13.00 to say staff were ready and she came to the communal areas (which had been prepared with the PBM pod) independently.	PBM holds by 4 staff,2 on the hand and 2 on the leg with a pod. One staff giving her injection according to prescription Physical observation post administration taken, NEWS 1 PULSE 91 Dr are aware of the incident and inform us that we can stop the physical observation. Not informing the family members as she doesn't give consent to share information to anyone	This patient was fully discussed and supported by the staff. She was given alternatives prior to this action. No other actions could have been taken. She will be fully reviewed by Dr Kelly at MDT on the 12th August	none	None (no harm caused by the incident)	Closed
GHC74055	06/08/2024	05/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Seated (POD used)		Patient self-harming through head banging	Staff de-escalated without good effect, patient restrained RT IM administered	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74057	06/08/2024	04/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		22:42, Service user was heard headbanging, staff immediately went down to her bedroom she was using left side of head against the wall in the bathroom in moderate level, bleeding was noted. Staff has tried verbal de-escalation and grounding techniques were suggested, also cue card was used and she was encouraged to go to the communal areas or courtyard however service user was not engaging, she continued to head bang. Decision was made to activate PMVA, staff utilised holds on both arms, she was guided to sit on the pod. Patient was slightly resisting while on pod, cushion was not use on legs. RT lorazepam 2mg tablet was offered but she declined. Rapid Tranquilisation lorazepam 2mg injection was administered through IM at right thigh without holds, but PMVA staff were present supporting service user.		care plan followed procedure followed by duty doctor blood from SH via raor not headbanging	N/A	None (no harm caused by the incident)	Closed
GHC74061	07/08/2024	06/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		22:10 - 22:30 - Patient headbanging in bedroom. De-escalation attempted, however, unfortunately unsuccessful. 22:35 - 22:50 - PMVA holds utilised, RT administered IM. RT and neurological observations commenced and Duty Doctor informed of the incident.		Processed followed	N/A	None (no harm caused by the incident)	Closed
GHC74064	07/08/2024	07/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		01:20 - 01:50 - Patient presented as distressed and agitated. Attempted to barricade themselves in their bedroom, punched their bedroom window and threw multiple items at their bedroom door. 01:55 - Following unsuccessful de-escalation, IM RT Promethazine was administered. RT observations commenced and Duty Doctor informed of the incident. 02:00 - 03:00 - Patient continued to present as distressed and agitated. Continuous banging heard coming from their bedroom. Patient also attempted to self-harm with a sharpened pencil on multiple occasions. 03:20 - Following multiple unsuccessful attempts to verbally de-escalate, IM RT Lorazepam 2mg was administered. RT observations commenced and Duty		Processed followed	N.A	None (no harm caused by the incident)	Closed
GHC74070	07/08/2024	07/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due her prescribed NG feeds	Placed in light arm holds. No resistance. She engaged in conversation throughout with staff, discussing various topics.	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC74075	07/08/2024	07/08/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Approx. 1045, patient claimed someone has stolen her hearing aid and became more agitated. Nurse in charge explained she had lost her hearing aid few days ago and the doctor was making a referral to audiology. However, patient did not listen to the explanation and shouted to the staff to contact her son. Nurse tried to reassure her but not no effect. Patient started to throw the chair towards staff. Nurse came over to reassure her but the patient	PBM arm hold was utilised to help the patient back to the room and left. Patient was still distress and agitated. She slammed the door and threw the vase our of her door.	Verbal de-escalation unsuccessful, PBM utilised to minimise risk to others	Staff to utilise RAG charts for escalating/aggressive behaviour to document triggers/cause/interventions	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC74081	07/08/2024	07/08/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned PBM clinical hold for phlebotomy. Proportionate to the risk of harm of failing to obtain blood sample, due to risk of poor health, as a last resort and least restrictive option. PBM 2-person seated clinical hold on the sofa in patient's home.	Patient sat on sofa in living room. 2x IHOT staff sat on sofa either side of patient. IHOT phlebotomist plus 1 assistant obtained blood sample from right hand. Reasonable adjustments and bespoke strategies used to reduce distress. Reassurance. Monitoring of presentation including breathing. Physical obs equipment available.	None required	None required	None (no harm caused by the incident)	Closed
GHC74084	07/08/2024	06/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user put on light PMVA holds seated on POD for planned NG feeding.	-Service user put on light PMVA holds, seated on POD. -Reassurance provided through out the procedure. -Continued to offer one to one following the feeding. -Escorted out for a walk after the feeding. -Administered regular medications following the feeding.	Care plan followed and facilitated walk/1:1 as per plan.	N.A	None (no harm caused by the incident)	Closed
GHC74085	07/08/2024	07/08/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Patient refused medication (haloperidol injection). Patient willingly took trousers down, however, was not willing to accept injection. Patient refused to be held in room due to past childhood trauma. Pods used in communal area (peers took into bedrooms)	PBM holds as well as use of pod on legs.	Correct actions were taken at time of incident it was planned and fully discussed with MDT members. This patient is for full review by Dr Kelly on her return on Monday the 12 th August.	none	None (no harm caused by the incident)	Closed
GHC74098	07/08/2024	07/08/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Clinical hold for phlebotomy for medication monitoring. 2-person PBM seated clinical hold on the sofa implemented - pre-planned to meet essential medical need. Proportionate to the risk of harm of not obtaining blood sample, least restrictive option as a last resort. Proportionality agreed with GP and MCA and BI reviewed, discussed and documented.	Home visit attended. Reasonable adjustments and bespoke strategies to minimise distress. Patient sat on sofa where 2x IHOT staff supported using PBM clinical hold as planned, either side of patient. Reassurance. Monitoring of airway and breathing, physcial obs	None required	None required	None (no harm caused by the incident)	Closed
GHC74101	07/08/2024	07/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive of as prescribed NG feed	Patient supported into seated PMVA holds in pod with weighted blanket (2 x nursing staff). Patient administered as prescribed NG feed (2 x GRH nursing staff) Patient released from Holds and facilitated escorted leave (walk) with nursing staff.	care plan followed along with 1;1 walk with staff	N/A	None (no harm caused by the incident)	Closed
GHC74143	08/08/2024	08/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due her prescribed NG feeds	She was placed in light arm holds. No resistance. Engaged in conversation	care plan followed along with 1;1 walk with staff	N/A	None (no harm caused by the incident)	Closed
GHC74150	08/08/2024	08/08/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Patient refused to have oral medication as per Doctor prescription we administer IM. Planned treatment.	medical treatment in her bedroom due to allegations of childhood abuse. Staff closed corridor to bedrooms and used privacy screen to protect patient's dignity. Patient was aware of the timing of the treatment, and walked into the area unescorted. Patient began screaming and asking if the cowards were happy about this. Patient agitated, asking if she needed to sit, where the injection would be taken, should she take her clothes off. Patient asked for staff not to touch her, and took her trousers down independently before taking a seat in the pod. Staff asked patient for the belongings held in her hand, and she threw them onto the ground. Staff used arm hold, and cushion over legs. Injection given and staff broke away safely. staff assessed respiration and her general observation. Patient went into the garden after treatment.	The actions taken by the team after being reviewed were correct. The MDT team were involved in the decision. All attempts for oral medication were tried. Reviewed at MDT plan to be produced re further medication.	none required.	None (no harm caused by the incident)	Closed
GHC74157	08/08/2024	08/08/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned PBM clinical seated hold to facilitate essential medical procedure (blood test), in patient's best interest and the least restrictive option, proportionate to the risk of harm of failing to obtain blood sample. Pre-planned restraint to meet ongoing medical need as requested by GP. Proportionality of hold confirmed by GP, BI decision agreed by all relevant people, as patient lacks capacity to consent to blood test.	As planned, staff attended patient's home, 2x staff sat either side of patient on sofa to implement 2-person seated clinical hold. No evidence of distress or harm caused by incident. Reasonable adjustments and bespoke strategies implemented. Safety maintained. Phlebotomy successfully on first attempt (right elbow crease). After procedure, patient left room with carer, no	None required	None required	None (no harm caused by the incident)	Closed
GHC74167	08/08/2024	08/08/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold in order to take bloods for a urgent medical need. IHOT staff implemented a seated clinical hold using the least restrictive hold for the least amount of time using the least restrictive hold possible blood taken from right hand successfully patient presented as slightly distressed however quickly calmed once blood had been taken.		none required	none required	None (no harm caused by the incident)	Closed
GHC74168	08/08/2024	08/08/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Phlebotomy PBM clinical hold on patient sitting on POD in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC74172	08/08/2024	08/08/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Service user A was prescribed for Depot. Given A's response to depo administration during last admission staff decided to inform service user first offering oral tab and if refuses to administer depo. To maintain familiarity and manage possible escalation, PMVA staff from the ward was arranged on the site. Medics and charge nurse went and spoke to A regarding the depo consideration, clearly providing rationale. A clearly stated he wouldn't have any oral tablets. A then came out to communal area, trying to go to ward garden, however the doors were closed prior to contain A in a safe space. A stated that if staff to try to get meds on him he would kick off and punch staff. A then retired to bedroom. Staff followed given how vital it was for A to have meds. When A saw staff he went in a defensive mode , started throwing punches towards male HCA, requested female staff to back off as he didn't wanted to hit woman.	Female staff immediately tried to remove male HCA from bedroom, and tried to safely contain service user. A tried to headbutt male HCA. Staff managed to safely contain service user into seated holds. A appeared scared, was screaming not to inject him as he believed 'the medication is going to erase his memory. Staff continued to reassure service user. Prescribed depot and RT 2 mg Lorazepam was administered at 13:55. Staff immediately released holds as A assured he wouldn't hurt staff and appeared calm. Offered NEWS, however as declined by A started on non touch observation. Staff apologised for the incident and A accepted apology. A later apologised to the male HCA staff. Service user was asleep afterwards. Debrief to be followed. Post RT Review completed by ward medics.	Patient required depot medications as prescribed by consultant psychiatrist. Due to previous reactions to depot medication administration staff pre-empted reaction and took precautions to maintain safety of patient and colleagues. Staff managed intervention with compassion and sought to use least restrictive method of administration, PMVA techniques implemented (seated holds), however released once administration completed and when patient was able to calm sufficiently / refrain from trying to punch / headbutt / kick out at staff members. Medics reviewed patient following this incident, post RT observations implemented as a means of ensuring patient safety.	Necessary to proceed with depot medication despite patients refusal and agitation, staff sought to work with patient in administering depot, however patient highly distressed and unable to engage in discussion. Staff had predicted this reaction and ensured safety of patient and staff through organising a PMVA team to assist in administration via seated holds. Holds were released as soon as patient had calmed sufficiently so as to avoid injury to staff members. Patient reviewed by medics and staff completed non-touch observations following this incident. Staff completed debrief with patient, offered apologies and rationale for having to proceed against patient wishes. Apology and explanations accepted by patient.	None (no harm caused by the incident)	Closed
GHC74175	08/08/2024	08/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed.	The patient was supported from both sides with light holds by PMVA staff on the Pod while the feed was administered. A weighted blanket was also used on the legs.	care plan followed along with 1;1 walk with staff	N/A	None (no harm caused by the incident)	Closed
GHC74183	09/08/2024	08/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient wrapped a shoe lace around her neck and tensed it. Staff used ligature cutter and cut it off. Service user was swearing at staff when staffs were trying to help the patient. At 06:30 service user made attempts to leave the ward. When staff stopped her from leaving she became racial abusive towards staff and was heard screaming in communal area. Started phoning different people including police to get a lift. When staff requested not to phone others she continued to call others. Placed her on holds and confisticated phone in order to maintain her dignity. She was also seen setting fire on piece of paper using lighter staff took the lighter off from her. She appeared to be evidently distressed , therefore	-Tried to verbally de-escalte however she was disrespectful and verbally abusive to wards staff. -Offered PRN medications throughout the night. -Provided paper and pen to write down her feelings. -Encouraged to relocate if that makes any difference to the level of distress. -Suggested distraction techniques. -Administered RT IM after offering oral tablets which she refused. -RT observations started. -Debrief handed over to early shift staff.	RT policy followed welfare check on all staff involved via email by WM	n/a	None (no harm caused by the incident)	Closed

GHC74204	09/08/2024	09/08/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Pre-planned clinical hold for nail care - agreed as least restrictive approach in proportion to the risk of harm of failing to complete essential care. Agreed by all involved in BI decision for patient lacking mental capacity to consent to the procedure. Fingernails and toenails cut and filed during 5-person clinical hold using POD.	Oral sedation prescribed by GP and administered by carers prior to procedure. Team attended home visit to complete nail care using clinical hold. Patient supported onto POD using PBM escort by 2x staff. 5-person hold on POD. 6 staff held in total (staff on left leg safely swapped with another staff member midway through procedure to respond to patient anxiety). Nail care successfully completed. Patient appeared anxious but this was managed with reassurance and no evidence of lasting distress post-procedure.	None required	none required	None (no harm caused by the incident)	Closed
GHC74213	09/08/2024	09/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed	POD and weighted blanket used.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74230	09/08/2024	09/08/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Seated (other)		The patient became restless and resistive to staff. Walked towards the dinning room and pulled down staff allocation board.	The patient was redirected and put on holds and taken to their room. They were further de-escalated and were offered a cup of tea. They were also administered with 2 mg of lorazepam.	Patient engaged in property damage due to acutely disturbed mental state. Care plans in place to support patient. Patient came to no physical harm.	Risks acknowledged, patients observations increased.	None (no harm caused by the incident)	Closed
GHC74236	10/08/2024	09/08/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		the patient has been refusing all medication so as discussed with the ward manager and MDT and ward consultant nursing team . the use of PBM to administer the depot intermuscular injection safely . the patient was already laying on the floor .for the safety of the patient and staff PBM implemented supine floor restraint utilised to give the	PBM team utilised supine floor restraint implemented . ward manager informed doctor informed . datix completed .entered on RIO RT physical observations commenced.	The correct actions were taken after full discussion with the medics and the patient was offered the alternative prior to using PBM For full review on Monday 12th August on Dr Kelly's return	none	None (no harm caused by the incident)	Closed
GHC74237	10/08/2024	10/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in light holds 2x members of staff on pod to facilitate NG feed		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74243	10/08/2024	10/08/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient has declined his insulin. He had been asked on several occasions throughout the morning by different members of staff however has declined every time. The importance of his insulin has been explained however patient is unable to demonstrate any insight into safe diabetes management. Following his care plan, we called his daughter for her support however she was unable to come to the ward this morning. Continuing his plan, PRN medication was utilised but patient continued to decline. PBM team was established, Patient independently walked to his bedroom however declined a further time when offered his insulin. PBM utilised and insulin	Once insulin was administered, PBM was safely disengaged. Patient was given space in his room. Patient's wellbeing was assessed however he said he wanted us to leave and didnt want to talk. Wishes respected and staff left the room. NEWS2 was not attempted immediately after. Non-touch observations completed, high resps of 26 - evidently distressed.	PBM utilised to administer insulin as per care plan	Managed appropriately	None (no harm caused by the incident)	Closed
GHC74250	10/08/2024	10/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed.	She was put on light PMVA holds on the pod to facilitate the feed.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74266	11/08/2024	11/08/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient was agitated, and in high profile through out the shift. Patient was keep kicking the doors, banging the windows, attempting to abscond from ward for cigarette. When staff attempted to redirect, patient was reluctant to engage and assaulted all staff.	Patient was put on holds and taken back to bed room on several occasions.	Patient engaged in aggressive behaviour due to unsettled mental state and being unable to adhere to boundaries. Staff utilised interventions to ensure the safety of patients and staff.	Risk acknowledged, care plans in place to support patient.	None (no harm caused by the incident)	Closed
GHC74271	11/08/2024	11/08/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Escort		Patient was escorted away from payphone after they was attempting to remove it from the wall.	Patient verbally redirected.	Patient engaged in property damage due to unsettled mental state and being unable to adhere to boundaries. Staff utilised interventions to ensure the safety of patients and staff.	Patient accepted redirection, care plans in place to support patient.	None (no harm caused by the incident)	Closed
GHC74273	11/08/2024	11/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was due her prescribed medication	patient was placed in light arm holds. She was interactive throughout the procedure. No resistance	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC74299	11/08/2024	11/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		light pmva holds used for administration of NG feed.	pod and weighted blanket used. 1-1 walk after	Care Plan followed as required	L/A	None (no harm caused by the incident)	Closed
GHC74310	12/08/2024	12/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was due for her naso gastric tube feeding.	patient was held on light holds. Pod and weighted blanket was used. Bright and chatty during the feed. Not resistive during the feed.	Care Plan followed as required.	L/A	None (no harm caused by the incident)	Closed
GHC74320	12/08/2024	12/08/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned hold for DR's surgery nurse to complete depot IM to deltoid for patient. The patient sat with staff IHOT staff, IM given by practice nurse staff then broke away. Hold only implemented for the shortest amount of time possible using the least amount of force necessary.		none required	none required	None (no harm caused by the incident)	Closed
GHC74334	12/08/2024	12/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in light holds with 2x members of staff on pod to facilitate NG feed as per care plan.		Care Plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74355	12/08/2024	12/08/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Supine (face up)		Patient was found headbanging in her bedroom with good force.	Staff tried put a pillow between the wall and Patient head, patient then grabbed the pillow and tried to hit the staff with the pillow. PMVA team was called, staff put her on hold and stopped her from headbanging tried to seated in the bed which failed and staff managed to shift Patient to the pod and patient was fighting and managed to drag her self down which staff took the pods and let patient on supine position on floor, then patient was head banging in the floor which staff put a folded towels under the head. patient was offered oral RT which she refused and given RT IM Lorazepam 2mg was given. was given. After giving IM Patient was clam down. She stopped fighting and agreed to sit up. Staff done her neurological observation. Later agreed and sat on the bed. Staff cleaned her wound and applied dressing	Mental state and associated risks reviewed Long term risk of self harm identified Care plans in place Self Harm Pathway available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC74364	13/08/2024	12/08/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient used blade to re-open previous wound on arm. Patient was in toilet and PMVA team called. Verbally deescalated. Accepted RT lorazepam 2mg oral. Duty doctor informed. Patient refused to go to A&E. Patient to go to A&E on early shift		Risks, observations and management plan reviewed Long term risk of self harm Care plans in place Self Harm Pathway available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC74366	13/08/2024	13/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		light pmva holds for administration of NG feed.	POD and weighted blanket used. 1-1 walk.	Care Plan followed, no concerns feed safely administered.	L/A	None (no harm caused by the incident)	Closed
GHC74387	13/08/2024	13/08/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		Staff when in to clean unit, patient attacked staff, alarm raised, supine restraint implemented.	restraint, patient reassured and comforted, visibly checked for injury, none apparent	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	None (no harm caused by the incident)	Closed
GHC74392	13/08/2024	13/08/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was placed in PMVA holds after assaulting staff.	Patient taken to bedroom, staff disengaged and patient left to self soothe	Patient engaged in aggressive behaviour due to unsettled mental state and being unable to adhere to boundaries. Staff utilised interventions to ensure the safety of patients and staff.	Risk acknowledged, care plans in place to support patient.	None (no harm caused by the incident)	Closed
GHC74395	13/08/2024	13/08/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient attempting to leave the ward, placed in PMVA holds.	Patient redirected to bedroom.	Patient engaged in aggressive behaviour due to unsettled mental state and being unable to adhere to boundaries. Staff utilised interventions to ensure the safety of patients and staff.	Risk acknowledged, care plans in place to support patient.	None (no harm caused by the incident)	Closed
GHC74412	13/08/2024	13/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for nasogastric feed. Patient was put on light PMVA holds with 2 members of staff. Seated pod and weighted blanket were used for PMVA. Patient was not resistive during the feed. Patient was supported with verbal de-escalation during the feed and facilitated escorted feed after the feed.		Care Plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74418	13/08/2024	13/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PMVA (physical intervention)	Seated (other)		Patient was in the Maxwell suite awaiting transfer to Greyfriars ward. 4x female members of staff attended to support the patient to the ward. Due to extreme levels of distress, holds were implemented to administer RT 2mg Lorazepam medication in order to support a smooth transition to the ward and was unable to accept oral medication due to extreme levels of distress and internal experiences. Patient was supported into a wheelchair due to reporting that she was unable to walk (patient was reporting to be a thalidomide despite being to walk). During the journey to PICU, patient attempted to stand up in the wheelchair so staff supported her to a seated position to avoid her causing accidental harm to herself. She was then wheeled onto the ward with staff walking beside her.		Patient was brought onto the ward and shown to her bedroom. Duty doctor made aware of new admission. Non-touch physical observations were commenced.	None identified.	None (no harm caused by the incident)	Closed
GHC74420	13/08/2024	12/08/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Seated (other)		Patient1 was very angry in mood , made judgemental comments on another patient , used another patient's name unnecessarily in the communal area that triggered third person (patient2) in communal area. Both started commenting on each other , started an altercation. Staff intervened and asked both the patients to go back to their bedroom.Patient2 took herself back to the bedroom , patient1 stayed in communal area and started accusing staffs saying staffs are supporting patient2 and did not stop Patient2. Staff tried to deescalate this situation ; However, Patient1 was getting more escalated.	Tried de-escalation techniques with no effect. Patient1 tried to leave the ward , mobilising on electric wheel chair , staff stopped at the door . Turned the wheel chair off , Patient1 started screaming and shouting at staffs, drove the wheelchair back and trashed tables and chairs in the communal area . PMVA Team called and arrived , cleared the communal area , turned off the wheel chair , put under hold and administered 50mg Promethazine intramuscularly. Debrief did not happen as patient refused to engage . Non -touch RT obs carried out as refused physical observations.	Mental state and risks reviewed Patient struggling to engage with treatment plan and admission appropriately Staff to utilise restrictive interventions when clinically indicated to maintain safety of patient and peers Section status and treatment plan under review with allied professionals	n/a	None (no harm caused by the incident)	Closed
GHC74429	14/08/2024	14/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive to as prescribed NG feed - suport required by nursing staff.	patient supported into seated PMVA holds in pod with use of weighted blanket (2 x nursing staff) As prescribed NG feed administered by 2 x GRH nursing staff while in holds. Once holds released, patient facilitated usual as prescribed morning medication and escorted walk (1:1)	Care Plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74430	14/08/2024	13/08/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient was refusing to return from the ward following a period of leave out the front of the hospital.	Patient placed in holds and returned to the ward in safe holds.	none	none	None (no harm caused by the incident)	Closed
GHC74433	14/08/2024	13/08/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient placed in holds due to attempting to assault staff.	Patient redirected to bedroom in safeholds.	none	none	None (no harm caused by the incident)	Closed
GHC74435	14/08/2024	14/08/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold to take bloods to check ammonia levels, Patient held for the least amount of time possible using the least restrictive holds patient supported by staff who were known to her.		none required	none required	None (no harm caused by the incident)	Closed
GHC74436	14/08/2024	14/08/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		The patient was keep refusing his insulin after several attempts.	According to the care plan, contacted his daughter, however she was unable to come to the ward this morning. PRN lorazepam 1 mg given to him, after 25 minutes offered his insulin again. but he tried to hit staff with his walking stick. PBM hold utilized to administer the insulin. He refused his taken his NEWS.	PBM utilised to administer insulin as per care plan	Managed appropriately	None (no harm caused by the incident)	Closed
GHC74464	14/08/2024	13/08/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		Planned clinical safe hold following best interest decision to cut his finger and toe nails, take a blood sample, and some baseline physical observations. On arrival patient put himself on his bed and did not respond to prompts to get up so clinical safe hold implemented on the bed.	Supine hold used on the bed to achieve nail cutting, done by trained care provider, and some physical observations. several attempts to obtain a blood sample from different sites which were unsuccessful.	none required	none required	None (no harm caused by the incident)	Closed
GHC74471	14/08/2024	14/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient 1 approached Doctor 1 requesting leave. When this was declined they threw yoghurt over Doctor 1 and nearby staff. PMVA standing holds utilised to take Patient 1 to bedroom following continuation of assaultive behaviour. Repeated standing holds used to escort Patient 1 back to their bedroom following repeated assault attempts upon leaving their bedroom and continuing to look for Doctor 1 over the following 15 minutes.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC74480	15/08/2024	14/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient remains chaotic in nature, hostile, argumentative and agitated. Patient made numerous attempts to assault staff, kicking staff, throwing items at staff, numerous attempts to assault peers, spitting at staff members, racist and verbal abuse towards staff and peers. Incident leading to restrictive escort entailed patient attempt to punch peer in the face and had to be removed from the environment to bedroom, second restrictive escort used when Patient threw drink all over seated staff member. Standing restraint utilised when patient attempted to slap staff member multiple times, when patient became verbally and racially abusive towards peer and staff. Further restrictive escort was not utilised due to patient dropping their weight and placing themselves on the floor, staff chose to disengage to avoid further incident to staff and patient.	patient was escorted to bedroom utilising restrictive escort and PRN medication was given.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC74484	15/08/2024	15/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		patient was in communal areas demanding cereal when this wasn't facilitated quickly enough, patient then pushed staff member several times, staff intervened to reduce harm to staff and utilised PMVA restrictive escort to bedroom.	patient spent time in their bedroom.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC74494	15/08/2024	15/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff in her bedroom.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74508	15/08/2024	15/08/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PMVA (physical intervention)	Seated (other)		Patient was offered a 1:1 to discuss planning how she would like to have the depot today. Patient stated she that does not want to have the depot as she is feeling fine and stable, she feels her illness before was caused by a UTI during Covid. Patient was adamant she would not receive the depot and did not wish to discuss how it could be administered. A team was called and we planned a seated restraint with a safety cushion Two ward members went down to offer the depot to patient, when patient refused the 2 staff members sat beside patient on the bed. Patient was calm but vocalised her objection to having the depot,stating she had met someone and wished to have a baby,it was her last chance.	The staff members sat in a light seated restraint,using holds mid forearm and the rest of the team entered the room and placed the cushion on her legsDue to the position of the cushion no leg restraint was utilised. Patient was still verbally protesting the depot at this point but was not resistive.When the depot was administered patient screamed that she did not want it.Depot administered in L thigh and RT Lorazepam given in R thigh,Patient was extremely upset she had been given 2 injections and staff explained it wasLorazepam.Patient asked to be removed from restraints and staff quickly stepped away and left the room patient appeared more agitated and angry at this point accusing staff of bruising her arms and standing on her feet As the final staff member left the room patent placed her hands on staff back and gently pushed, staff asked her not to touch her, then	Restrictive practice required as per treatment plan Patient responding well to treatment Intervention justified and proportionate	n/a	None (no harm caused by the incident)	Closed
GHC74513	15/08/2024	15/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Supine (face up)		Patient distressed and agitated with environmental damage, throwing things ripping books up evident. Unable to self manage these emotions. Had made numerous threats of suicide with letters left for staff and family. Had declined all oral medications and de-escalation attempts. Patient was laying on her side in her bed when the IM came. It was clinically indicated to administer to reduce harm, reduce exhaustion and distress to	1 mg Lorazepam given in light holds. Patient was already laying on bed in foetal position on bed. Service user retired to bed and slept RT obs completed	P&P Followed	N.A	None (no harm caused by the incident)	Closed
GHC74520	15/08/2024	15/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive to as prescribed NG feed	Patient supported into seated PMVA in pod with weighted blanket (2 x nursing staff). Patient administered as prescribed NG feed (2 x GRH nursing staff). Patient out of holds administered usual as prescribed medication. Patient facilitated 1:1 escorted walk (1 hour)	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74526	16/08/2024	15/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient became verbally abusive towards staff, then behaviour escalated and patient became physically assaultive towards numerous staff. Patient dropped his weight to the floor, upon standing patient lunged and smacked staff member to the head, patient continued to kick out at staff, restrictive escort utilised to escort patient to bedroom. patient continued to be verbally abusive, attempting to kick and head butt staff. When in bedroom patient was offered 2mg lorazepam which they declined, at this point it was felt RT administration was necessary and patient was unable and unwilling to accept oral medication. Patient continued to attempt to head butt and kick staff, staff removed themselves from the bedroom. Staff re-entered bedroom and placed patient in seated holds on the bed, where RT IM was given. Patient has assaulted staff by punching and slapping on numerous occasions following RT being	Patient continued chaotic and elevated behaviour.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC74529	16/08/2024	16/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient exhibited escalating behaviour, characterized by increasing agitation and chaotic presentation. During routine hourly checks, it was observed that she was holding a piece of wood with a sharp edge. Two staff members entered her room and attempted to verbally de-escalate the situation, encouraging her to relinquish the wood. However, Patient was resistant to handing it over. In addition, she was observed mixing beads used for diamond art into water and attempting to drink the mixture. Due to the potential risk, staff employed PMVA techniques to safely remove the piece of wood and the water containing the beads. Later, Patient was seen holding two pieces of metal. Upon further inspection, staff discovered that she had obtained the wood and metal by smashing the bathroom door. Her behaviour became increasingly	As a result of her escalating aggression, a planned PMVA intervention was activated. Patient was placed in a clinical seated position, and she was administered 50mg of Promethazine via intramuscular injection. The DMO was promptly informed of the incident.	Managed well by staff RT Policy followed	N/A	None (no harm caused by the incident)	Closed
GHC74539	16/08/2024	16/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.	-Used light PMVA holds. -Engaged with the patient and distracted. -1:1 and debrief after feeds. -Escorted walk after feed.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74542	16/08/2024	16/08/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Patient approached staff member who was sat on the sofa, attempting to grab, pinch and scratch them.	restrictive escort used to maintain safety	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	None (no harm caused by the incident)	Closed
GHC74550	16/08/2024	16/08/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Clinical hold (seated)		Staff checked patients blood glucose, which was 7.2. When insulin was offered he became agitated and grabbed the insulin pen from staff and refused to return it when asked.	PBM hold utilized to remove pen from patient and as he was on hold administered insulin on his abdomen. Hold released after given the insulin. Doctor informed.	PBM utilised as per care plan to administer insulin once removed Dr informed	Managed appropriately to minimise risk	None (no harm caused by the incident)	Closed
GHC74555	16/08/2024	16/08/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Patient grabbed staffs clothing, not letting go and attempting to pull them to floor.		This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	None (no harm caused by the incident)	Closed
GHC74564	16/08/2024	16/08/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		patient held in a clinical seated hold to enable her to receive her depo medication in the safest way	patient held in a seated clinical hold	none required	none required	None (no harm caused by the incident)	Closed
GHC74569	16/08/2024	16/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		light hand holding for administration of NG feed	POD and weighted blanket used	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74578	16/08/2024	16/08/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)		Planned	PBM (physical intervention)	Escort		male patient was physically and verbally aggressive towards family members and staffs.	staff intervened, escorted patient to his bedroom using PBM holds. no injuries sustained after PBM holds	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC74582	17/08/2024	16/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was head banging in her bedroom, against the wall with back of head against the wall. Head banging was of moderate intensity.	Staff tried to verbally engage with her, with grounding techniques, with no effect. as per care plan one head set was removed, provided with distraction techniques which seem not to be worked. PMVA team was called, She was held on seated holds on her bed, with cushion. two staff held on fore arm holds, two staff on cushion and one on head. Ice pack applied on her back. As she was not engaging in any kind of conversation, and showing signs of distress. She was offered with tablet, RT IM Promethazine 50 mg administered. RT physical observations were taken post head banging. Neuro observations were taken. Duty doctor informed regarding the head banging and RT. Encouraged her to spend time in communal area with staff and other peers doing some colourings, which she accepted. Spend time in communal area after.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74585	17/08/2024	17/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in light holds 2x members of staff to facilitate NG feed as per care plan		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74587	17/08/2024	17/08/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient becoming increasingly distressed when staff were trying to administer insulin	PBM holds to facilitate administration of medication as per care plan	Updated to PBM as category	NA	None (no harm caused by the incident)	Closed
GHC74593	17/08/2024	17/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.	-given feeds on light holds. -Distracted the patient . -1:1 -After feed for an hour. -Taken out for a walk and was provided debrief	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74594	17/08/2024	17/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient presented as highly agitated and distressed. For example, they were observed screaming and shouting "I need to be euthanized" and "I should have been aborted". The patient then started to slam their bedroom door against their bedroom wall, resulting in the door's window panel falling out. When staff attempted communication, the patient responded by picking up a packet of CDs and they subsequently threw them against the floor and they shattered into small fragments. Due to the patient's level of distress and disturbance, the decision was made to administer medication, and she was subsequently administered RT Promethazine 50mg, which she accepted in the form of oral tablets. Staff offered a debrief following the incident, however, they responded by saying "I'm OK".		PROCESS FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC74600	17/08/2024	17/08/2024	Tewk Hosp-Abbey View Ward	Tewk Hosp-Abbey View Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Patient showed violent mannerisms towards son (standing up right within his moat personal space) with intense eye contact whilst son attempting to explain why patient's daughter had not come to visit.	Redirection and information techniques used with no success. Visitor asked to leave the room whilst patient was safely applied assisted support PBM techniques for 5 seconds. Physical obs taken and NIC made aware. PRN diazepam given with good effect allowing visit to continue whilst on close observation (patient already on close observations)	patient known to have some challenging behaviours secondary to mental health condition and hypoxic brain injury following heart attack. known to and supported by mental health teams. he was admitted to physical health ward while suitable placement source . trust supported RMN support during his stay on ward. the majority of patient stay he remained calm but on this occasion patient behaviour escalated, demonstrating threatening behaviour toward his son. trained RMN nurses provided 2:1 care intervened to manage situation and prevent harm. situation rapidly resolved. trust policy followed, all observations stable post intervention	trust policy followed, thank you. nil learning identified	None (no harm caused by the incident)	Closed
GHC74610	17/08/2024	17/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient became increasingly hostile and combative towards staff due to not having access to cigarettes as per trust policy. Patient threw a carton of milk over staff, attempted to punch several other members of staff also making contact with one. PMVA holds utilised however patient took himself to the floor. Instantly began to kick staff with force however at this point staff disengaged.		Risk assessment reviewed. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC74617	18/08/2024	17/08/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient found to be using blade to cut their left arm. Staff attempted verbal de-escalation using the five senses and other techniques such as ice pack and lavender spray. Patient continued to engage in behaviour. PMVA team called and RT IM administered in seated restraint.	PMVA team called RT IM administered Verbal de-escalation	Mental state, risk and observations reviewed Long term risk of self harm identities Care plans and Self Harm Pathway in place Room searched for RI and IOC	Staff to implement room search at earliest opportunity	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC74624	18/08/2024	18/08/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		Patient was declining his insulin. Despite reassurance, he continued to refuse. PRN was administered following agreed care plan however had little effect. Patient became hostile, making verbal threats and attempting to hit staff with his walking stick. PBM team was established in order to safely administer insulin.	Patient was verbally encouraged down to his bedroom and sat on his bed. PBM was then utilised and insulin was administered. Once done, staff disengaged from PBM and patient was given space. Patient chose to then walk up into the communal areas with no concerns. NEWS2 declined - none touch observations completed - 23 resps	Managed appropriately in line with care plan	NA	None (no harm caused by the incident)	Closed
GHC74633	18/08/2024	18/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff .		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74634	18/08/2024	18/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.	Feed given on holds, used light holds and pod. Distracted the patient. 1;1 post feed. Debrief whilst on walk	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74636	18/08/2024	17/08/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Staff found patient self harming by cutting right arm with a piece of glass.	Staff intervened, tried to verbal de-escalation, offered PRN which patient refused. Offered distracting techniques, patient refused to engage with staff. Patient continued to harming herself. PMVA team called. Patient refused oral medications. Team managed to remove the glass piece from her and released the hold, however patient started inserting her finger into the wound and make it bleed. PMVA hold utilised, IM promethazine given to her. Dressing completed. Refused further engagement.	Mental state and associated risk reviewed Long term risk of self harm identified Self Harm Pathway being offered Care plans in place	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC74640	18/08/2024	18/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient presented as acutely agitated and distressed, requiring multiple restraints and administrations of medication (both PRN and RT). This involved extensive damage to property, assaults on staff (no harm was caused and it did not appear that this was done with the intention of harming anyone), attempts to abscond and also significant overactivity. Please see RIO for specific times and details, unable to document on datix at present due to the current level of disturbance on the ward.		Door now fixed patient moved bedroom where corridor watch is implemented already due to mixed sex in same corridor. Risk mitigated with staff observations	n/a	None (no harm caused by the incident)	Closed
GHC74654	18/08/2024	18/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient 1 approached Patient 2, calling them racial slurs. Patient 2 was walking in the opposite direction and Patient 1 hit their back with force before shoving them. Patient 1 continued to attempted to hit Patient 2 but staff intervened. Patient 1 continued to shout racist insults towards Patient 2 as they were being led away in PMVA holds. Standing PMVA holds utilised to take Patient 1 to bedroom after which holds were released.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC74659	18/08/2024	18/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Seated (other)		the female lounge. Staff has tried verbal de-escalation to no effect. Service user continued being chaotic, decision made to apply holds. While on holds, service user was verbally abusive towards staff, sexual disinhibition in the form of being verbally inappropriate, stated she want to have sex with staff, making inappropriate sounds. Staff has again verbally de-escalated, boundaries were placed, reassurance was given for which service user became calm. Service user has maxed out all PRN and RT medications before the incident.		processed managed well	patient unwell	None (no harm caused by the incident)	Closed
GHC74663	19/08/2024	18/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient physically aggressive towards staff.	Staff attempted to verbally de-escalate patient but patient was not amenable. Staff administered RT medication.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC74696	19/08/2024	19/08/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		none required	none required	None (no harm caused by the incident)	Closed
GHC74709	19/08/2024	19/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Whilst in a patient room with a colleague attempting to discuss with patient why staff needed to monitor her fluid intake, patient began to escalate in verbal aggression shouting in colleague face and screaming. Colleague informed patient that we would be leaving her room now and she suddenly attempted to punch him in the face. Colleague was able to duck his head out of the way and patient began to run towards us as we exiting her room.	A Charge Nurse was outside the patients room so was able to stop patient and secure her in a right forearm hold whilst Myself (HCA) secured her in a left hand forearm hold. Patient was screaming and thrashing her head around so aforementioned colleague (HCA) secured her in a head hold whilst we directed her back to her room. Once in the room, myself and Charge Nurse sat either side of her in forearm holds.	RT given due to assaults	N/A	None (no harm caused by the incident)	Closed
GHC74710	19/08/2024	19/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		The patient, situated in her bedroom, punched a member of staff in the chest. Staff entered the patient's bedroom and attempted verbal de-escalation, however, unfortunately, this did not prove successful and she made further attempts to punch staff. PMVA forearm holds were utilised and she was transferred into a seated position on the edge of her bed. The patient then attempted to headbutt staff, therefore, a member of staff held her head. The patient then made attempts to kick staff, therefore, the PMVA cushion was used to restrain her legs. Furthermore, whilst in restraint, the patient made several attempts to bite members of staff, on one occasion successfully. Moreover, the patient spat on multiple members of staff. Due to the level of agitation she was presenting with, IM RT Lorazepam 2mg was administered into her left lateral thigh. From here, PMVA holds were slowly released.		RT given	N.A	None (no harm caused by the incident)	Closed
GHC74716	19/08/2024	19/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was in her room, naked after taking off her clothes. Patient was shouting and swearing at staff and had just attempted to attack a staff nurse. De-escalation techniques were attempted to no effect so myself (HCA) and staff nurse (different nurse from one mentioned above)secured her in a forearm hold but patient started kicking and violently moving her body and head and attempting to bite both members of staff.	3 x staff members from other wards came into the patients room and attempted to use the leg cushion whilst myself and staff nurse attempted to sit her down on the bed with us either side of her in a forearm hold. Unfortunately, this could not happen due to the patients escalating behaviour so the pod was bought in and patient was supported with sitting down. Patient had 2 x staff members either side of her in forearm holds, 2 x staff members covering her legs with the cushion as she was kicking out, and one member of staff holding the patients head as she was attempting to bite staff. After around 10 minutes the patient had settled sufficiently to be released.	Policy and procedure followed	N.A	None (no harm caused by the incident)	Closed
GHC74717	19/08/2024	19/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for nasogastric feed. Patient was put on light PMVA holds with 2 members of staff. Seated pod and weighted blanket were used. Service user was engaging well throughout the feed by chatting with staff.	- Verbal de-escalation given. - Facilitated walk after the feed.	Care plan followed	N/A	None (no harm caused by the incident)	Closed

GHC74720	19/08/2024	19/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient was demanding for going on a leave. Patient slapped staff 1's face all of a sudden. Patient then got up of the chair and attempted to assault other staff members. Patient was placed on PMVA holds and escorted to bedroom. Staff attempted verbal de escalation while in the bedroom. Patient was swearing at staff. Patient then accepted PRN medication when offered without any prompting.		Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff member advised they would be supported to report this to the police, should they wish to do so.	None identified.	None (no harm caused by the incident)	Closed
GHC74725	20/08/2024	19/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		NG Feed administered as per care plan	PMVA Holds implemented NG feed administered	CARE PLAN FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC74726	20/08/2024	19/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		-Patient appeared evidently distressed and agitated for a long period of time. patient started shouting, screaming and crying in the communal area. patient slammed the door. -PMVA was activated. -Staff tried verbal de-escalation, which was in effective. She unsettled the ward. -Used all the grounding techniques, which was futile. -Patient was put on PMVA holds with 2 members of staff. -Oral RT was offered which she declined -IM RT lorazepam was given on left thigh on seated clinical holds -Duty doctor was informed. -Post RT physical observations were done.	-Verbal de-escalation given, which was ineffective. -Grounding techniques done, patient was not responding to it. -offered oral RT, Which was declined. - IM RT lorazepam 2mg was administered.	RT Policy followed	N/A	None (no harm caused by the incident)	Closed
GHC74727	20/08/2024	19/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		The service user had been emotionally dysregulated throughout the shift, no PRN or regular medication was to good affect. The Service user left her bedroom not long post previous incident, staff were unable to provide successful de-escalation for the service user to remain in her room. The service then came into communal areas and smashed up the leaflet holder	staff intervened and escorted to female lounge were seated restrained on sofa was implemented. Service user remained agitated dysregulated and abusive throughout spitting and punching staff when opportunity came.	Risk updated Welfare check on staff	N/A	None (no harm caused by the incident)	Closed
GHC74731	20/08/2024	20/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed.	Feeds were given on light holds on pod. Used weighted blanket. Patient was distracted. Given 1:1after feed. Debrief provided.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74748	20/08/2024	20/08/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned Seated clinical hold implemented to allow phlebotomy test. Holds implemented for the shortest amount of time possible using the least amount of force and the least restrictive hold possible.		none required	none required	None (no harm caused by the incident)	Closed
GHC74756	20/08/2024	20/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed light hand holding	pod and weighted blanket used.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74758	20/08/2024	20/08/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold however patient took himself to the floor so staff Knelt down next to patient while maintaining the clinical hold to allow phlebotomist to take blood. Clinical hold implemented for the least amount of time possible using proportionate force in order to maintain the safety of the hold.		none required	none required	None (no harm caused by the incident)	Closed
GHC74776	20/08/2024	20/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		20:15 - 20:25 - Patient overheard headbanging in bedroom. De-escalation, including grounding techniques, attempted, however, proved unsuccessful. 20:25 - 20:25 - PMVA holds utilised. Staff explained that medication may help them to feel less distressed. They were then offered the choice of oral or IM medication, however, they did not respond, therefore the medication was administered IM. 20:35 onwards - PMVA holds were released, RT observations commenced, Duty Doctor reviewed and the patient was escorted to the front of the hospital and had a 1:1 with staff.		Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74778	20/08/2024	15/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was attempting to enter the female area of the ward. A restrictive escort was used to move patient away from the area. Prior to holds being used, patient physically assaulted a member of staff (see separate datix). As the patient moved away from the area, they dropped their weight to the floor and staff disengaged.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC74781	21/08/2024	20/08/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient grabbing/scratching staff, removal from kitchen to chair. Patient Grabbed onto front of staff t shirt. Pulling staff in, attempts to bite face and scratch	Alarms sounded, de-escalation techniques and removal from area staff to decrease arousal of patient.	Incident reviewed in weekly MDT, care plans and risk assessments up to date. Check in with staff, all okay.	That these behaviours persist despite continual formulation to identify alternatives for this patient.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC74789	21/08/2024	21/08/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		male patient has not had any personal care for a week. staff tried on many different occasions to deliver personal care. PRN medication was utilised, with minimal effect. patient was reluctant to accept any personal care.	staff had to PBM patient to the bathroom, holds released once in bathroom and patient recognised environment. patient initially got settled, but continued to be verbally hostile towards staff and was attempting to splash water onto staff. staff managed to support patient with personal care and do a skin inspection. patient had few bruise marks on his right lower arm (which was already present and appears to be dry) and a small scratch marks on his buttocks. no other bruises noticed on patient.	Managed appropriately in line with policy	NA	None (no harm caused by the incident)	Closed
GHC74791	21/08/2024	21/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user on light PMVA holds, seated on pods for planned NG feeding.	-Put on light PMVA holds with two staff members. -Seated on pods. -Administered NG feeding. -Reassurance provided. -Continued to offer one to one. Escorted out for a walk following the feeding. -Administered medications as per prescription	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74801	21/08/2024	21/08/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold implemented by the IHOT team in order to attain bloods as requested by his GP. proportionality for hold agreed with GP and interested parties prior to hold being implemented following a Best interest approach. Clinical hold implemented for the shortest amount of time possible using the least restrictive hold possible		none required	none required	None (no harm caused by the incident)	Closed
GHC74815	21/08/2024	21/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed. No resistance noted. Used pod and as per patient's requested used weighted blanket.	Given feeds on light holds. 1:1 after feed. Taken out for a walk and completed debrief with the patient.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74817	21/08/2024	21/08/2024	LD IHOT	Pullman Place LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Phlebotomy PBM clinical hold on patient sitting on POD in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		none required	none required	None (no harm caused by the incident)	Closed
GHC74818	21/08/2024	21/08/2024	LD IHOT	Pullman Place LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold to take bloods from patient least restrictive hold used for least amount of time. Patient came into the room and was supported by his carer and a member of the IHOT team. Team then implemented the planned hold patient became slightly distressed however calmed quickly following hold.		none required	none required	None (no harm caused by the incident)	Closed
GHC74828	21/08/2024	21/08/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Clinical hold (seated)		patient grabbed staff members clothes	pbm removal attempted but failed so ended up in a seated hold.	Incident reviewed, staff and patient okay. Incident dealt with appropriately and in line with this patient's care plans. All incidents reviewed in our weekly MDT.	That staff are aware of and able to use the techniques needed to de-escalate this patient and when unable to how to use physical interventions.	None (no harm caused by the incident)	Closed
GHC74840	22/08/2024	22/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was due for her Naso-gastric tube feeding.	She had her feeds on light holds. Care plan followed . She had 1-1 walk after and remained on 1-1 for one hour.	Care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74841	22/08/2024	21/08/2024	Montpellier Low Secure Unit	Montpellier Low Secure Unit	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient became aggressive towards staff member. Moved into his personal space, to the point where patient was up against staff member, and used abusive language. Hands were put on patient, precautionary holds	Hands were put on patient, precautionary holds used and he was led back to his bedroom	Understanding triggers in the context of clinical formulation	No further lessons learnt	None (no harm caused by the incident)	Closed
GHC74842	22/08/2024	22/08/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Supine (face up)		Patient became distressed whilst on the floor (had lowered self there), he was being verbally aggressive and violent towards staff who were trying to encourage him to get up from the floor (he had put himself on the floor and led on his front). Patient also refusing all regular and PRN medication.	Patient turn on back and supine PBM used on floor to give IM RT.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC74847	22/08/2024	22/08/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PBM (physical intervention)	Supine (face up)		Patient on floor, putting self at risk of harm (and had already caused one skin tear). Patient voicing he needed the toilet, so staff used PBM to support him to use the Raizer chair, providing constant reassurance. PBM used to then transfer patient to wheelchair from standing.	Patient supported to bedroom to use toilet and have personal care support. Patient now relaxed in bed.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC74850	22/08/2024	22/08/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical hold on bed for cannula in his best interest in proportion to the risk of serious harm.	It was explained to nurse staff/carer, how the procedure will take place and what monitoring would be used to safe guard the patient.	none required	none required	None (no harm caused by the incident)	Closed
GHC74860	22/08/2024	21/08/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		patient held in a seated clinical hold to allow bloods to be taken in the safest manner	distraction techniques used reassurance	none required	none required	None (no harm caused by the incident)	Closed
GHC74878	22/08/2024	22/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for NG feed. -Feeds given on light holds. -Used pod and weighted blanket. -Patient was not resistive. -Debrief was completed after feed. -Taken out for walk.		care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC74879	22/08/2024	22/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Standing		-Patient appeared unsettle in presentation , she requested to use courtyard leave by herself , staff facilitated escorted leave which she refused. -After 15 minutes patient ran off from the ward , two members of staff put her on holds and escorted her back to the ward. - Offered medication which she accepted. -Facilitated debrief but patient doesn't want to talk about it.		process followed	N.A	None (no harm caused by the incident)	Closed
GHC74886	22/08/2024	22/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Escort		-Patient was heard screaming in communal area.Staff tried to verbally de-escalte multiple times with no positive outcome ,she started to unsettled the ward therefore used PMVA holds and escorted her back to her room. -Attempted verbal de-escaltion again with some effect.		managed distressed patient	n.a	None (no harm caused by the incident)	Closed
GHC74893	23/08/2024	22/08/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Supine (face up)		The patient went to the clinic aggressively and spoke to the staff, requesting his medication. The staff explained to the patient to come to the communal area so the staff could safely administer the medication. The patient refused to come out and kicked the observation machine and other things from the clinic away. The team was called to take the	Oral RT 2mg lorazepam was given.	none	none	None (no harm caused by the incident)	Closed
GHC74897	23/08/2024	22/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient became increasingly hostile towards staff due to not having leave to smoke facilitated (cut off for leave 21:00 and maximum section 17 utilised). Patient began to hit out and kick staff. PMVA holds utilise to maintain safety. Patient headbutted a female member of staff with force. Also pulled staff members hair refusing to let go. Seated PMVA holds utilised and RT given via IM into left thigh.		Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff member advised they would be supported to report this to the police, should they wish to do so.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC74906	23/08/2024	23/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for naso gastric tube feeding	patient was held on light holds. Less resistive. 2-1 arm holds applied. Pod and weighted blanket was used. Care plan followed.	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC74914	23/08/2024	23/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was reminded they can not use e-burns in communal areas, and advised to use the e-burn in the garden. patient then hit out with a clenched fist and struck a staff members arm, patient then attempted to kick out at another staff member, but did not make contact. Patient continued to shout verbal abuse at staff members and therefore staff utilized a restrictive escort to return patient to bedroom.		Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff member advised they would be supported to report this to the police, should they wish to do so.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC74919	23/08/2024	23/08/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Staff were sat in patient's lounge with patient. Staff nurse and doctor entered the unit. Patient grabbed staff's clothing not letting go.	Verbal redirection and distraction, staff removing themselves from the area.	Incident reviewed, patient and staff okay. Incident reviewed in MDT. Ongoing formulation of this patient to identify reasons for these behaviours.	That staff are aware of and able to use prescribed techniques and interventions to minimise these behaviours.	None (no harm caused by the incident)	Closed
GHC74920	23/08/2024	23/08/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		patient held in a seated clinical hold to allow bloods to be taken safely. x1 gold bottle from the left elbow crease x1 gold, x1 purple from the right elbow crease.	reassurance through-out	none required	none required	None (no harm caused by the incident)	Closed
GHC74923	23/08/2024	23/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in light holds 2x members of staff on pod to facilitate NG feed as per care plan.		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC74929	23/08/2024	23/08/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		male patient was refusing to collect bloods for investigation. staff had to restrain using PBM holds. a cushion pod was used behind whilst sat on his bed for holds to prevent hitting his head on the wall.	staff restrained the patient using PBM holds to collect blood for investigation. patient already had multiple bruises. patient skin is paper thin and the bruise was bleeding momentarily. an allevyn dressing has been applied. no other concerns has been noticed. patient has been verbally reassured which had minimal effect. patient wanted to lie down in his bed.	nil, managed appropriately to support bloods to check for infection	Managed appropriately	None (no harm caused by the incident)	Closed
GHC74954	23/08/2024	23/08/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Escort		The patient was observed defecating into his hand and smearing the windows, getting the toys that were on his table and throwing them towards the door and removing all cushions from the sofa barricading himself. Staff attempted to redirect the patient to go to his room, so they could remove the toys from the table and pack them away in the toy cupboard. As they were considered potential danger to staff and property damage. the patient allowed staff to come in but instead began to attack staff. PBM was attempted but the patient pulled himself to the floor forcing staff holding him to go down with him. the patient scratched staff in the process	Staff managed to get up from the floor and withdrew and the patient withdrew to his bedroom	Incident reviewed. Incident dealt with appropriately and proportionately to the level of risk being posed at the time.	That this patient can present with very challenging behaviours that pose risks to his environment and those around him.	None (no harm caused by the incident)	Closed
GHC74957	23/08/2024	23/08/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PBM (physical intervention)	Escort		Patient began banging doors and targeting the lights in the bathroom and staff attempted to redirect. The patient began pulling the rim to the bathroom light fitting damaging it, staff attempted to redirect but the patient was not responding and staff applied PBM and escorted him back to his bedroom. The patient managed to scratch staff in the process.	Staff stood in the lounge and staff continued to attempt redirecting the patient whilst waiting for the estates who arrived within 30 mins	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	None (no harm caused by the incident)	Closed
GHC74964	24/08/2024	24/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		-At approximately 01:20 hrs, it was observed that Patient was headbanging in her bedroom. -She was seated beside her bed and repeatedly striking the back of her head against the wall with low-to-medium intensity. - Two staff members attempted verbal de-escalation, but patient was unresponsive and continued vaping, showing no engagement with staff.	At around 01:25 hrs, PMVA was activated, and Patient was placed in clinical holds. During the intervention, staff continued attempts to verbally de-escalate the situation, but Patient remained uncooperative. She resisted during the procedure and made attempts to dislocate her shoulder, prompting staff to lighten the holds. Patient was offered oral medication but continued to be non-compliant. Consequently, she was administered 50 mg of Promethazine via IM to her right thigh. Following the rapid tranquilization, Patients behaviour notably stabilized and holds were released immediately. Two staff members remained with her in her bedroom, where she began to engage with them.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC74966	24/08/2024	24/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC74970	24/08/2024	24/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Standing		Staff, sat in the ward's communal area, observed the patient throwing a dining plate against the floor, resulting in the plate shattering into small fragments. The patient then picked up one of the small fragments and this resulted in a small skin tear forming on their right thumb. The patient then started to scream and shout and attempted to pick up a larger fragment. When they did not respond to redirection from staff, they were placed in PMVA forearm holds. The patient responded well to de-escalation from staff and therefore PMVA holds were released. Following this, the patient's skin tear was attended to and they were administered PRN Lorazepam 2mg.		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC74974	24/08/2024	24/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was restive to their NG feed	patient was restrained on the pod in a seated restraint with the weighted blanket. NG feed was given.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC74986	25/08/2024	24/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		At approximately 22:20 hrs, it was observed that Patient was headbanging in her bedroom. She was seated beside her bed and repeatedly striking the back of her head against the wall with low-to-medium intensity. staff tried to verbally deescalate her however it was futile. she stated to the staff that the trigger for her headbanging was the contents in 1:1 conversation with S/N which she does not wish to disclose.	At around 22:30 hrs, PMVA was activated, and patient was placed in clinical holds. During the intervention, staff continued attempts to verbally de-escalate the situation, but she remained uncooperative. she was offered oral medication but continued to be non-compliant. Consequently, she was administered 50 mg of Promethazine via IM to her left thigh. Following the rapid tranquilization, Patient's behaviour notably stabilised. Holds were released soon after the IM.	Care plan and process followed	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC74987	25/08/2024	25/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		At approximately 12:15 AM, Patient was brought to the front entrance of the hospital by the police. Two staff members were dispatched to meet her. Upon arrival, it was observed that Patient was unclothed from the waist up. Both staff and police encouraged her to wear a dress, but she initially refused. After some reassurance, Christine eventually agreed to put on the dress. Patient then became agitated, shouting and demanding her compression stockings, which could not be located. She refused to exit the police vehicle, and despite efforts by multiple staff and police officers to deescalate the situation, Christine continued to shout. As a result, two staff members applied clinical holds and escorted her back to the ward. During this process, Patient attempted to drop to the ground twice and made efforts to bite and kick the staff. She was safely returned to the ward, and the holds were	At approximately 1:30 AM, Patient began to cause damage in her room by smashing items and attempting to flood the space. She threw her pillow and overturned her bed. Christine then barricaded her door using the mattress and positioned herself on the floor. When staff attempted to verbally deescalate the situation, she became physically aggressive, kicking staff and expressing that she did not want to interact with foreign staff. Despite multiple attempts to calm her verbally, these efforts were unsuccessful. Patient proceeded to climb onto the window, sitting with one leg hanging outside. Staff expressed concern for her safety, but she responded with profanity. A planned PMVA intervention was activated, and Patient was placed in clinical seated holds. During this time, she was resistant and attempted to kick staff, prompting the use of weighted blankets for additional	process followed	n/a	None (no harm caused by the incident)	Closed
GHC74989	25/08/2024	25/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		light pmva holds/hand holding for administration of NG feed	pod and weighted blanket used	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC74994	25/08/2024	25/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient was in their bedroom shouting and screaming and banging the door. Staff entered the room and the patient threw two wet towels(soaked in water) at staff and then attempted to leave their room with only a t-shirt on.	Staff encouraged the patient to go back into their room and encouraged the patient to put underwear on, which they refused to do. The patient attempted to hit out at staff, attempted to bite staff and throw their shoes at the staff members. Staff put the patient in holds and sat them on the pod in a seated restraint.The patient was verbally abusive towards staff and screamed about staff holding their arms which have significant bruising on. staff restrained the patient on the pod in holds for several minutes as staff explained where the patient was and why they was here.The patient was verbally aggressive towards staff and was released to use the toilet which they used but did not pass urine. The patient then came and sat on the bed still being verbally	MANAGED	N.A	None (no harm caused by the incident)	Closed
GHC75005	25/08/2024	25/08/2024	Wotton Lawn-Priory Ward	Public Place / Offsite / Staff working from home (WFH)	AWOL, absconding and missing patients	Patient ran from an escort whilst on leave	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		patient absconded through reception, ran towards train tracks, observed running and hiding behind a tree. then rolled themselves under a car.	attempted de-escalation, successful. patient assisted to move from under car. got into hospital car and was driven back to the hospital. required pmva holds back to the ward.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75010	25/08/2024	25/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patients presentation was not changing despite attempts of de-escalation and prn medication. patient continually self harming. By hitting themselves in the face and biting arms. paitent flipped her bedframe	Clinic decision made to give her RT. PMVA team used seated pod to administer. After this there has been no change in presentation. Staff have utilised PMVA staff as support to manage patient, their safety, the staff safety and the other patients.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75011	25/08/2024	25/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Seated (other)		Service user was seen to hit herself on the side of her face using her hand. She was approached by staff in an attempt to de-escalate. Service user began to scream and shout towards staff. Service user was offered some prn promethazine to help manage her escalating emotions. Medication accepted. 11:38 - Service came to the communal areas and walked into the kitchen. She opened the cupboard and proceeded to hurl plates across the kitchen and down onto the floor. The plates began to smash. There appeared to be no trigger at this point. It was a continuation of her escalating behaviour. PMVA team called and staff on the ward intervened to place service user into holds. Service user was screaming and shouting that staff were abusing her and trying to have sexual intercourse with her. She was escorted from the kitchen back to her bedroom. Seated in her bed. RT lorazepam 1mg tablet was		Care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC75021	25/08/2024	25/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient's nasogastric feed was administered this afternoon. Two members of staff utilised PMVA holds as the nasogastric feed was administered. Patient did not appear agitated or distressed and they engaged in conversation throughout.		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75028	25/08/2024	25/08/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PBM (physical intervention)	Clinical hold (seated)		patient became unsettled in her presentation, escalating in behaviour and verbally insulting and hostile. Expressing loudly that she wanted to attend her brother party. Unable to understand that this cannot take place due to her Section and Section 17 leave not authorised this. She commenced physical aggression towards staff kicking out, attempting to bite staff, and hitting. Staff attempted to distract and divert but she was intrenched in her thoughts of attending party and was not listening to any other topic but the party. Staff contacted DMO for further Lorazepam prescription referring to Dr. Abbey"s entry 24th . MERT called due to her escalating behaviour and PBM safe holds applied to prevent injury to staff and herself . Taken to her bedroom where she did	staff attempted to verbally de escalate, but patient's need of attending party was not being met therefore unable to reach a compromise PBM safe hold used to remove to bedroom	Review by Dr Some observations obtained following RT	Staff to ensure post RT obs are completed - non-touch obs to be used if patient remains in high arousal	None (no harm caused by the incident)	Closed
GHC75033	25/08/2024	25/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Supine (face up)		19:15 - Patient headbanging in bedroom, de-escalation attempted, however, unsuccessful. 19:25 - PMVA holds utilised and RT administered. 19:50 - Patient headbanging in bedroom, de-escalation attempted, however, unsuccessful. 20:15 - PMVA holds utilised and RT administered. 20:30 - Patient headbanging in bedroom, de-escalation attempted and patient agreed to leave their bedroom and engage in a replacement strategy in communal areas. RT and neurological observations		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75036	26/08/2024	25/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient A was in the communal area high profile and chaotic in his presentation. He was verbally redirected several times however he continued to be aggressive and was verbally abusive. He then went to the communal toilet in the communal area and was damaging the toilet bin. He was asked to stop it but he declined. He was then escorted to his bedroom in restraint.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC75047	26/08/2024	26/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient witnessed to threw 2 cartons of milk over windows looking in towards game room from the dining area. The milk covered 2 window pains and the double doors, Patient also threw milk over peer who was lying on a sofa nearby. Staff placed patient in holds and escorted Patient to bedroom. Patient then stepped out of bedroom and threw what is suspected to be toilet water all over staff members.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC75051	26/08/2024	26/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was being racially abusive towards peer in communal areas, and was unaccepting of staff placing firm boundaries around this. Patient then walked over to staff member who was sat on the sofa, as staff member tried to stand up as patient was walking towards her with purpose, Patient then used his elbow with significant force to push the staff member back down onto the sofa. patient was then escorted back to his bedroom. Patient re-entered communal areas, and attempted to slap 2 x staff members, and charged towards another and was again redirected to his bedroom using restrictive escort holds. patient returned to communal areas and attempted to hit staff once more, during this incident while escorting patient to bedroom he grabbed another staff members arm and twisted it pinning her body between the PMVA team and the door.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff members advised they would be supported to report this to the police, should they wish to do so.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC75053	26/08/2024	26/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		NG Feed administered under PMVA holds as per care plan.	NG Feed administered under PMVA holds as per care plan.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75057	26/08/2024	26/08/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold in order to take patients bloods. IHOT team implemented a clinical hold in order to take patients bloods hold implemented for the shortest period of time possible using least restrictive hold possible.		None required	None required	None (no harm caused by the incident)	Closed
GHC75060	26/08/2024	26/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was heard head banging in their room. Staff went in to try and de-escalate with verbal de-escalation, staff attempted this for around 15 minutes, the patient carried on head banging throughout the . This did not appear to have any effect so a team was called.	Staff went into the the bedroom and restrained the patient onto the pod and used the cushion. Staff tried to verbally interact with the patient but the patient would not engage. Duty doctor Greg came to assess patient and engaged with the patient. Staff offered patient PRN oral morph as they appeared to be in pain, the patient accepted this. Staff members dis-engaged and left the room. The patient sat with sn	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75061	26/08/2024	26/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		light hand holding used for administration of NG feed	pod and weighted blanket used 1-1 after	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75062	26/08/2024	26/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient heard to be headbanging Staff attempted verbal de-escalation Attempted for 15 minutes Futile despite 2 staff attempts Pt continued to head bang PMVA team called and pt put into restraint	PMVA staff entered the room Pod used Patient moved to pod Restraints used Oral medication offered Patient declined IM administered	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75071	26/08/2024	26/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient has been continuously attempting to provokingly assault staff such as attempting to slap, punch or kick multiple staff members throughout the shift. PMVA utilised, patient dropped their weight to the floor.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC75074	26/08/2024	26/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient has been continuously attempting to provokingly assault staff such as attempting to slap, punch or kick multiple staff members throughout the shift. PMVA utilised, patient dropped their weight to the floor. Patient taken in the ECA and restrained on the pod		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC75082	26/08/2024	26/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient headbanging in room, de-escalation unsuccessful	PMVA - leg cushion used and RT administered 1-1 physical obs DMO aware	Care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC75085	26/08/2024	26/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Standing		patient was heard to be headbanging in room, moved away from window using pmva.	holds disengaged patient communicated with staff 1-1 initially declined physical obs until dr review DMO aware and reviewed. physical obs taken	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed

GHC75090	26/08/2024	26/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient threw a cup with significant force across the communal areas which hit several staff members and scared fellow patient. Patient A was placed into standing holds and escorted to their bedroom. Whilst being taken to his room they attempted to hit out and kick at staff. Patient A was throwing their weight around and trapped a staff member against the door/window in the communal area. They punched Nurse in the side of the of the head. Patient B punched Patient A in the back of the head. Patient A dropped their weight to the floor, they was in supine restraint for a minute or so whilst staff tried to verbally de-escalate them. Neuro observations commenced, physical		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC75103	27/08/2024	27/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient was due for her naso gastric tube feeding .	patient was held on light arm holds 2:1 . pod and weighted blanket was used. care plan followed. 1-1 post feed for 1 hour, escorted for a walk after . She had her prescribed medications after	Care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC75111	27/08/2024	27/08/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PBM (physical intervention)	Seated (other)		Patient has been high profile throughout the morning, throwing food, water, flooding her bedroom on multiple occasions and is increasing risk of harm to her peers. Patient will not accept verbal boundaries but does appear to benefit from 1:1 time to express how she is feeling. Patient has only accepted her water tablets this morning. Patient requested to be let into the garden however given the presence of rats she was let out in to the courtyard. Patient was unsupervised in the court yard as at this time she presented as settled in mental state, pleasant and polite and wanted fresh air. However patient began picking up plant pots to throw. Fortunately Chestnut staff observed this and prevented further harm. Patient continued to present with increased risk of harm to others and not taking oral medications or	Patient ran to her bedroom and barricaded the door; staff entered and offered oral medications, patient threw this so staff held patient in seated restraint and administered IM Lorazepam 1mg in left thigh. Medic on the ward and informed that the patient had been PBM and RT. Patient also complaining of left shoulder pain prior so requested review of shoulder also. RT observations commenced.	Nursing team managed incident appropriately MDT aware Prompt medic review Post RT obs attempted but declined	Staff to use non contact ob form rather than NEWS2 chart if patient declining	None (no harm caused by the incident)	Closed
GHC75117	27/08/2024	27/08/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical seated hold in order to safely take bloods		None required, this was a routine planned intervention	N/A	None (no harm caused by the incident)	Closed
GHC75120	27/08/2024	27/08/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC75122	27/08/2024	27/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive to administration of as prescribed NG feed.	Patient supported into seated PMVA holds (2 x nursing staff) in pod with use of weighted blanket on knees. As prescribed NG feed facilitated by 2 x GRH nursing staff. Once out of holds, patient facilitated usual as prescribed oral medication. Patient 1 hour 1L:1 including facilitated escorted	Care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC75124	27/08/2024	27/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient headbanging attempted de-escalation and distraction but unsuccessful	pmva, leg cushion used and oral RT physical and neuro obs dmo reviewed	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75125	27/08/2024	27/08/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (standing)		The patient was in front of the hatch between the dining area and the kitchen. He took his trousers round his knees and squatted down. Ward staff tried to encourage him to go to the nearest communal toilet, but he became highly agitated.	Ward staff decided it was in John's best interests to use PBM arm holds to escort him to the toilet. He was resistive, but staff eventually managed to escort him to the toilet. Holds were released as he urinated in the toilet, but the patient refused to allow staff to put on clean pad and trousers. PBM arm holds were reapplied to enable staff to change his clothes. Holds were released as soon as care was completed. John was given PRN 1 mg lorazepam and quickly seemed to forget the source of his agitation.	PBM utilised to support personal care in patients best interests	Managed appropriately as per personal care /pbm care plan	None (no harm caused by the incident)	Closed
GHC75132	27/08/2024	27/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Standing		patient using phone to call police. was distressed, pressured in speech and expressing delusional and paranoid speech content	attempted de-escalation not successful standing arm holds used to removed phone. holds then disengaged.	MANAGED	N/A	None (no harm caused by the incident)	Closed
GHC75144	28/08/2024	28/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		light hand holding for administration of NG feed	pod and weighted blanket used 1-1 after	Care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC75150	28/08/2024	28/08/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient ran at staff with his foot raised and grabbing at clothing.	Verbal redirection tried and failed. Patient continued to grab at staff. PBM removal to sofa then breakaway. Staff then left patient area. Patient settled.	Incident reviewed, care plans and risk assessment recognise this behaviour as risk and appropriate interventions are in place. All incidents are reviewed in our weekly MDT.	That staff are aware of the approaches and interventions to use with this patient when he is escalating.	None (no harm caused by the incident)	Closed
GHC75164	28/08/2024	28/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		The patient was overheard and then observed headbanging in her bedroom. Staff entered and attempted verbal de-escalation, however, the patient did not respond. Staff then transferred the patient in PMVA forearm holds onto the PMVA POD. From here, staff re-commenced verbal de-escalation and the patient's level of agitation slowly decreased. For example, there breathing rate decreased and they started to communicate verbally. With this reduction in agitation, PMVA holds were released and the patient was administered PRN Lorazepam 1mg.		Care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC75166	28/08/2024	28/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff .		Care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC75176	28/08/2024	28/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user was heard head banging in her bedroom. Staff immediately intervened, she was using forehead against the wall. Service user was using ear pods, has been removed, tried verbal de-escalation to no effect. Staff suggested grounding techniques, also she was encourage to go to communal areas however service user was not engaging. She continued to head bang, decision made to activate PMVA. Staff utilised clinical holds, she was seated on pod and a cushion was used. Ice pack was used on back. Patient was quiet resistive while on holds, she has been offered with oral RT for which she refused. Rapid tranquilisation: Lorazepam 1mg injection was administered at right thigh. Physical observation and non-touch has been done. Thereafter, service user appeared calm. Released on holds. Patient was debrief. Doctor on duty came to see her but patient was not engaging.	Verbal de-escalation Suggested grounding techniques. PMVA activated, utilised clinical holds. Ice pack was applied on back Rapid tranquilisation medication was administered	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75183	29/08/2024	28/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient threw cup towards staff, hitting the office and getting drink over them. Patient proceeded to attempt assaults on staff and was banging on the doors. Patient was placed into PMVA holds (standing) and was redirected to their bedroom.	PMVA techniques. Patient redirected and given PRN.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC75193	29/08/2024	29/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due her prescribed NG feeds	Placed in light arm holds. No resistance and she engaged in conversation with staff throughout the procedure	Care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC75204	29/08/2024	29/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff .		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75219	29/08/2024	29/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Service user who does not have any leave tried to abscond from the ward (tried to leave the front door) .	Staff approached him , stopped him from going out . He was very resistive and during the attempt to redirect him back to ward , he put himself to the floor with staff.	PROCESS FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC75225	30/08/2024	29/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		-Patient was heard and later observed banging front of her head against bedroom wall at 22:00hrs check. -Staff promptly went to support her to cope with the distress , she was seen vaping and head banging , very light banging/tapping, the space between her forehead and the wall is less than 5 cm and has forehead dressing on.	-Staff used verbal de-escaltion with no avail , patient did not engage verbally. -Used ice pack on her back and placed folded towel carefully on her forehead without hindering airway which she pushed away. -Offered PRN which she did not accept. -Suggested distraction techniques such as colouring and deep breathing exercises . -She was offered escorted leave to the courtyard for vaping and 1:1 time ,she denied all the offers and suggestions. -Plan made to administer RT. -PMVA team was called ,she was informed about the RT administration. -Team put her on holds and transferred the patient to the edge of the bed and administered IM promethazine 25 mg at 22:42 after she refused to take oral tablets. -She was resistive but was manageable. -Holds used for 05 minutes and released it when it was appropriate to do so. -Staff taken sets of neuro observations. DMO	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75229	30/08/2024	29/08/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was labile in mood, highly demanding and disruptive on the ward. Patient entered the office asking to use the telephone to ring 101 to report a case. They also insist on not leaving the office unless staff allowed them use the computer. Patient became physically aggressive, they hit the fire and door panel on the office wall forcefully. Patient broke the door	Staff tried to verbally deescalate patient but they continued with their behaviour. Patient was put in safe holds. prescribed RT administered orally.	none	none	None (no harm caused by the incident)	Closed
GHC75233	30/08/2024	29/08/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (other)		Patient displayed chaotic behaviour. Attempted to hit staff with large wooden chair. Not receptive to verbal de-escalation and redirection. PMVA team called. Patient barricaded herself in the garden blocking the chair on the door whilst seated on it. PMVA team tried verbal de-escalation but futile. Put on holds whilst seated. Offered with oral RT lorazepam 2 mg,	Verbal de-escalation and redirection.	none	none	None (no harm caused by the incident)	Closed
GHC75234	30/08/2024	29/08/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was pulling her JEJ tube and disconnected from the main tube. Tried to pull out the main tube.	Staff intervened. She throw the bag which contains her feed to the floor and tried to pull the main tube. Staff hold her both arms. patient was shouting with staff. PMVA team called. Patient continue to escalate, shouting at staff. Patient stated pain in her tube site. Released the hold. Tried verbal de-escalation. Patient tried to move forward on wheel chair and go out off the ward. Staff managed to stop her. Verbal de-escalation continued. Eventually she calm down and accepted RT lorezapema through tube. Dr informed and reviewed.	Patient seen at GRH to ensure JEJ insitu correctly-required minimal treatment Risks, treatment and management plan reviewed Patient now detained under Section 3-ongoing risk of self harm Restrictive interventions required to maintain safety of patient and others	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC75237	30/08/2024	30/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient came to the communal area, patient was appeared as irritable. Patient then started banging the dayroom door with significant force. Patient was asked to stop doing this and informed that this was criminal damage. Patient then went to the dinning area and started threatening staff members. Lorazepam 2mg was offered, however declined. Patient was threatening staff, telling them to go in to the office. Invading personal space of staff and continued threatening. Staff called a Psychiatric emergency. Patient was placed in to PMVA holds and was seated on POD. Cushion was used on legs. Medication was offered again and patient accepted it orally on holds.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC75239	30/08/2024	28/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was observed to be engaging in self harm behaviour(head banging) at multiple occasions. -at around 13:45 Patient was seen to be headbanging. -PMVA was activated again -Patient was placed on clinical holds along with leg cushions. -at the time of the holds Patient stated that she would like to have the lorazepam again. staff reiterated that she had lorazepam already and could have promethazine instead which she refused. -Patient was given 25mg Promethazine IM on holds. -at around 14:30 Nicola was observed to be headbanging in her room. she stood up in her bed and was head banging against her window. -Staff implemented holds and placed Patient on the POD. -holds were disengaged as soon as Patient was on the POD.	- Activation of PMVA -completion of non-touch post RT observations. - DMO review.	Care plan and process followed	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC75241	30/08/2024	29/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Clinical hold (seated)		-Patient was seen to be headbanging in her bathroom at around16:00 . x2 staff and tried to verbally deescalate however it was futile. - Staff implemented holds and escorted her back to her bedroom. she was resistive at the time of the holds and was trying to dislocate her arm along with taking herself to the floor. -Patient was reminded by the staff that if she is taking herself to the floor it will potentially injury the staff along with her, she stopped being resistive at the holds and was much more settled. - holds were disengaged at that time. -later at around 17:00 Patient climbed the wardrobe in her bedroom and was reluctant to climb down. - PMVA was activated and staff placed POD under the wardrobe as part of safety if she falls. -Later through verbal de-escalation Patient came down by herself with out holds. - at around 19:10 Patient was observed to be headbanging in her bedroom. she was headbanging by standing on her bed against the wall. PMVA was	-Staff implemented holds and guided her to the pod. Staff did not hold her while at the time on the POD. she was much more settled afterwards and requested staff for lorazepam 2mg which was facilitated.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75252	30/08/2024	30/08/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive depot injection - in proportion to the risk of serious harm/illness if any undetected medical condition or known psychotic symptoms are not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC75254	30/08/2024	29/08/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Supine (face up)		Patient escalated, aggressive to staff. Kicking and throwing punches at staff therefore PBM supine implemented	PBM supine implemented.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC75262	30/08/2024	30/08/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was escorted to her room by staff members - HCA and SNA due to physical aggression towards staff member	Escorted to room by staff, verbal de-escalation.	none	none	None (no harm caused by the incident)	Closed
GHC75275	30/08/2024	29/08/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Staff went into check on the patient and found in the toilet trying to reopen a previous wound . Staff managed to intervene , stopped from further harm. Tried verbal de escalation which seem good effect . Patient came to bedroom , had time with staff	Utilised verbal de escalation , ice packs and Oral RT Promethazine 50MG.	Mental state, risks and observations reviewed Long term risk of self harm No change in management plan Self harm pathway available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC75276	30/08/2024	30/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		light pmva / hand holding for administration of NG feed	pod and weighted blanket used 1-1 after	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75279	30/08/2024	30/08/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was agitated through out the shift and was given STAT DEPOT by calling a planned PMVA. After the depot patient was released from holds as appeared as settled. Soon after patient ran towards the communal and went inside to Ward Manager's office. When staff attempted to verbally de escalate and redirect patient back to room, patient grabbed staff's collar tight and started to challenge. Attempted to verbally de escalate which was failed and then lead to PMVA holds to release the collar and escort back to room. Patient was continued the aggressive behaviour, attempted to head butt staff when on holds and became verbally abusive also threatened staff. Patient also attempted to spit on	Patient was put on holds and eventually de escalated.	none	none	None (no harm caused by the incident)	Closed
GHC75280	30/08/2024	30/08/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Patient A did not consent to the Depo Injection which was advised by the treating team, hence a PMVA team was called to put her on holds for the drug administration.	Team took her to room and administered the medication.	none	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC75283	30/08/2024	30/08/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		At around 16:30, the patient, who had just had 1mg PRN lorazepam as he was trying to break down doors with his hips, hit an HCA in the back of the head. He walked in to the garden and tried to break through the gate to Chestnut Ward. I tried to talk to him but he became aggressive and started swearing. He walked towards me and tried to hit me. I called for help and asked for the MERT alarm to be pulled. PBM arm holds were utilised. It was very difficult for the nurse and the HCA and the nurse to manoeuvre him into his room, he was highly agitated (shouting) and very strong.	He was initially held in a seated position on his bed (with the large cushion behind). Holds were swapped as it was extremely physically demanding trying to maintain holds. It became unsafe to maintain holds in a seated position so a pod was sourced from a neighbouring wards and the patient was lowered (as gently as possible) into it. Holds had to be released as despite swaps staff were exhausting themselves. The patient mobilised in the communal area. After some confusion with liaising with the Dr's over if IM lorazepam can be given, it was decided to prescribe him IM 50 mg promethazine. The patient remained angry, trying doors and shouting. The pod was utilised again and the patient was lowered into it. Leg cushion was also utilised, IM promethazine 50 mg was administered into his right thigh by another Nurse. He was helped up and eventually encouraged to have tea in his room as he talked to tow staff. He	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC75288	30/08/2024	30/08/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		Patient was assisted to have a bath and appeared settled initially but once in the bath he was offered a shave and patient became very aggressive and started trying to hit staff and splashing them with water. Staff had a razor in her hand which when	PBM arm holds were utilised for around 30 seconds and released when patient was calm enough to be assisted from the bath. He was given some time alone in his room, which helped him calm.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC75290	30/08/2024	30/08/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Precautionary hold		Patient entered the office while following behind a staff member whom she was targeting with fists raised in the air ready to punch	Staff immediately intervened with verbal de-escalation which was futile at the time Patient was put in PMVA safe holds and was safely escorted to the communal areas	none	none	None (no harm caused by the incident)	Closed
GHC75293	31/08/2024	30/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient was headbanging. Initial verbal escalation was successful however she resumed headbanging again. Declined Oral medication	Placed in PMVA holds and Injection Lorazepam 2mg administered	Care plan and process followed	N./A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC75300	31/08/2024	31/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient to be administered as prescribed NG feed	Patient supported to loose seated PMVA holds in pod with use of weighted blanket (2 x nursing staff). As prescribed NG feed facilitated by 2 x GRH nursing staff while patient in holds. Once released from holds as prescribed usual morning medication administered. Patient facilitated escorted leave with nursing staff	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75302	31/08/2024	30/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for feeds, called planned PMVA. Light holds utilised on both arms, service user was seated on a pod and a weighted blanket was used.		Care plan and process followed	n/a	None (no harm caused by the incident)	Closed
GHC75309	31/08/2024	31/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient was at the front of the ward utilising escorted leave with 2 x HCPS. Patient was due to return to the ward however they refused. Staff attempted to support as use guided escort to return patient to the ward, patient refused and dropped their weight to the floor and continued to refuse to return to the ward. patient was supported by staff to stand, and staff utilised PMVA holds and restrictive escort to return patient to the ward.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	TO continually review periods of leave off the ward and balancing this with the patients dignity.	None (no harm caused by the incident)	Closed
GHC75319	31/08/2024	31/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		At approximately 16:30, Patient was observed engaging headbanging in her behaviour . Two staff members attempted verbal de-escalation techniques, which were ultimately ineffective. Patient was seated against the wall, repeatedly striking the back of her head against the wall with low to medium force. She was disengaged throughout the incident and continued to vape. Staff attempted grounding techniques, but Patient	PMVA was activated, and Patient was placed in clinical holds with the use of leg cushions for her safety. She was offered oral medication, which she declined. As a result, she was administered 25mg of Promethazine intramuscularly. The clinical holds were promptly released following the administration of rapid tranquilization .	Care plan and process followed	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC75322	31/08/2024	31/08/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Multiple staff member spoke patient in attempt to promote her understanding of type of depot, rationale for it being prescribed as well as area of administration. Patient continued to state that they did not want any pharmaceuticals and stated that staff were being paid by mafia to administer medication. In presence of team patient uncrossed legs and placed legs over end of bed. Staff utilised	Depot administered into lateral aspect of thigh Debrief to be offered to patient Debrief taken place with staff attending PMVA	none	none	None (no harm caused by the incident)	Closed
GHC75326	01/09/2024	31/08/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was headbanging. verbal deescalation was futile	PMVA team called. Placed in holds. Very resistive and staff struggled to maintain holds. She would not engage. RT Promethazine administered. Holds released and soon after team left resumed headbanging. Holds placed again. Verbal deescalation continued and willing to engage in distraction techniques. Neurological and RT Post observations started.	Care plan and process followed	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC75330	01/09/2024	31/08/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Person 1 (patient) maintained high profile in the ward, chaotic in presentation, invading personal space of staff, verbally and racially abusive, hitting, kicking and punching every staff present in the ward.	Verbal de-escalation Verbal Redirection Precautionary holds RT medication	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Patient spoken with around racial abuse and how this	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC75331	01/09/2024	01/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (bed)		during personal care the patient became aggressive and was hitting out and swearing and was also attempting to scratch staff PBM bed based technique implemented for personal care as the patient was incontinent of urine . the p[patient was assisted to	PBM bed based techniques implemented for personal care . nurse in charge informed datix completed. the patient refused physical observations .	Patient was monitored after pbm- no concerns	to monitor patient	None (no harm caused by the incident)	Closed
GHC75337	01/09/2024	01/09/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient A targeted patient B with an intention of assaulting the latter, A was stopped by staffs.	Patient A was put on PMVA holds to prevent her from advancing further.	none	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC75338	01/09/2024	01/09/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Supine (face up)		The service user was in the wet room, smacking things and blocking the toilets, the staff approached him and asked him to get out of the wet room as it was overflowing. He pushed the staff and became verbally hostile towards the staff. He was then redirected to his bedroom, while he entered the kitchen trying to lock the door putting cutlery between the door. PMVA team was called and put him on holds by 2 staff. He then hit a staff on head and be more restrictive . Therefore, he was led on floor on holds by 4 staffs; 2 on hands and 2 on legs. He still became verbally hostile and restrictive. Staff tried de-escalating him which was on no effects, later he accepted the reassurance and was led to the TV lounge. He was distressed and aggressive; therefore, provided reassurance which he accepted. He was	Provided re-assurance, put him on holds and administered regular medications along with PRN Promethazine 50mg. Physical observations was also done to make sure his health is good.	Patient had become distressed and due to blocking toilet & flooding wet-room staff intervened - in doing so patient became aggressive and physically assaulted staff members. PMVA team called due to level of distress and aggression from patient. During the ensuing PMVA intervention patient dropped to floor, face up, however continued in aggressive and threatening manner, therefore staff maintained safe-holds in a supine position. Patient was able to calm sufficiently for staff to remove safe-holds, and was able to walk to tv lounge where he remained for a period. on call medic contacted for review of patient, no injury found.	Staff acted to manage a difficult situation, during which staff members were hurt. Patient was able to calm following interventions and was able to spend time in lounge to further relax. Verbal de-escalation attempted however minimal result from this.	None (no harm caused by the incident)	Closed
GHC75341	01/09/2024	01/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due for her naso gastric tube feeding	She had feeds on light holds. Pod and weighted blanket was used. Not resistive during the feed. care plan followed.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75343	01/09/2024	01/09/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient was keep pushing the boundaries and demanding also being verbally abusive towards staff. Patient called the staff and when opened the door to enquire patient stood in between the doors and not willing to move and pushing the staff. Put patient on holds to move safely from office door. Later released holds Patient attempted to leave the ward and	Put on holds to ensure safety.	none	none	None (no harm caused by the incident)	Closed
GHC75345	01/09/2024	01/09/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient A tried to approach patient B when the latter was unsettled and crying over an issue related to her food, staffs stopped A from approaching B, as she was not co-operating staffs had to put her on PMVA holds and moved her away.	Staffs had to put her on PMVA holds and moved her away.	none	none	None (no harm caused by the incident)	Closed
GHC75346	01/09/2024	01/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient shouting, verbally abusive towards staff, threatening and kicking the airlock doors demanding to leave.	Verbal de-escalation attempted. Patient continued so asked to move to his bedroom which he refused. Restrictive escort required to move patient to his bedroom.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC75350	01/09/2024	01/09/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Escort		Patient was with staff to the courtyard and then while returned patient was attempting to abscond and refusing to come back. Team decision made to call a team and bring patient back, and escorted patient back to ward and gave PRN eventually.	Accepted PRN eventually.	none	none	None (no harm caused by the incident)	Closed
GHC75356	01/09/2024	01/09/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		The service user barged to the front door of the ward, and tried to get off the ward. Staff ran back him and was put on holds and was taken back to the ward. He was then kept on holds while on the ward in the communal area for a bit longer.	He was given RT 2mg Lorazepam orally and re-assured him. He was then re-directed back to his bedroom.	Vulnerable patient had become agitated and ran towards ward doors in efforts to abscond from ward. Staff followed and prevented patient from leaving hospital, PMVA techniques implemented to escort patient back to ward.	Staff prevented patient from leaving hospital, safe-holds used to escort patient back.	None (no harm caused by the incident)	Closed
GHC75362	01/09/2024	01/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive to as prescribed NG feed.	Patient supported to loose seated PMVA holds in pod with weighted blanket. As prescribed NG feed administered in holds. As prescribed regular afternoon medication administered out of holds. Patient facilitated escorted 1:1 / walk with nursing staff	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75367	01/09/2024	01/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Seated (other)		patient was verbally threatening and hostile towards staff, shouting and becoming increasingly aggressive towards staff members in communal areas. Patient was asked to return to their bedroom, which they said they would walk to themselves, when in bedroom oral PRN was attempted to be given, patient refused oral several times. Patient was then placed in seated holds on the bed, due to continued verbal hostility towards staff, staff placed patient in holds and at this time in order to administer medication. at this point oral RT was given.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC75370	01/09/2024	01/09/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient in ensuite where he was in the bathroom fully unclothed. He was disorientated and required direction and support with getting dressed. Staff attempted to support, and patient started to punch out at staff, staff managed to block each punch using arms. Patient also kicked staff in the leg when he was being supported back to bed.	Staff called for help and PBM utilised to complete personal care succesfully.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC75382	02/09/2024	01/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Person 1 (patient) maintained high profile, following staff in communal area and made attempts to assault them. Person 1 has been kicking and banging various doors and windows with significant force, continued as verbally abuse and threatened staff invading their personal spaces. Various attempts made to administer his regular medications along with PRN medications; which failed as Person 1 threw medications and refused to take it. As the shift progressed person 1 became more chaotic and presented as assaultive towards staff (kicking and charged towards staff with clenched fist); RT option considered to manage his presentation and to prevent further de-escalation. Person 1 has been offered with oral tablets; which he threw towards staff. Therefore, 50mg Promethazine was		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff members advised they would be supported to report this to the police, should they wish to do so.	None identified.	None (no harm caused by the incident)	Closed
GHC75384	02/09/2024	01/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Standing		patient was sitting in the lounge, staff went in the lounge to open the toy door and prompted patient to pack his toys to enable patient continued with his night routine, patient attempted to attack staff chased staff agitated and heightened, staff withdrew quickly from the flat. patient slamming the toy door aggressively towards the entrance door of the flat in the lounge continually in other to cause damage to the property.	verbally redirection was utilised but no effect, physical intervention (using figure four hold; RMN FO was on the right hand, HCA TA and KJ) was used to redirect the patient towards bedroom space FOR less than five minutes, whilst the area was cleared to reduce the risk to damage property.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC75385	02/09/2024	01/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		The patient was seen to be headbanging in her bedroom with the back of head. Staff attempted to verbally de-escalate the patient but it was futile. PMVA team was activated. The patient was removed from the wall and was guided to seated clinical holds along with the use of a leg cushion. Oral Rt tablets were offered, but the patient refused it. Therefore, IM RT promethazine 50mg was administered on the thigh. PMVA holds were released right after the administration of the RT as the patient started to calm down. Patient came out to the communal areas and remained settled	Post RT physical observations and post headbanging neurological observations were started and continued. Duty doctor was informed for review. The patient was given a debrief about the incident.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75390	02/09/2024	01/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was increasingly hostile and challenging requiring the use of holds - to prevent him from assaulting staff and preventing property damage.		Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff member advised they would be supported to report this to the police, should they wish to do so.	None identified.	None (no harm caused by the incident)	Closed

GHC75397	02/09/2024	02/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Clinical hold (seated)		communal area. The patient suddenly became aggressive without any reason and threw his glassed at a staff member who was entering the ward through the main door. Following this, he swore at another staff member who was sitting in the communal area. 04:30 –Three staff members approached the patient and offered him prn medications. The patient suddenly became aggressive and slapped the hand of the staff member who offered him the medication, tipping off the tablets on to the floor.	contacted duty doctor. RT lorazepam 2mg was prescribed. The patient continued to be threatening and unsettled. Called a planned PMVA. Staff initially offered oral rt tablets which the patient refused and continued to swear at staff in an aggressive manner. Therefor, Patient was guided to seated clinical holds along with the use of a leg cushion. RT lorazepam 2mg IM was administered on the thigh. Post RT non-touch observations commenced to reduce the likelihood of aggression. Duty doctor was informed for review.	Care plan and process followed	n/a	None (no harm caused by the incident)	Closed
GHC75402	02/09/2024	02/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and	Physical intervention and/or rapid tranquilisation	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for feeds, called planned PMVA. Staff utilised light holds on both arms, service user was sat on a pod and a weighted blanket was used on legs.		Care plan and process followed	n/a	None (no harm caused by the incident)	Closed
GHC75410	02/09/2024	02/09/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-other inside	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Escort		Patient left the ward without an escort as per their section 17 leave. Patient was followed by x2 staff members. Patient did not leave the hospital. They was encouraged back to the ward multiple times but was declining to and was beginning to show staff faces on facetime, stating they wanted to film staff. A PMVA team was called as it is known that the patient responds better in the presence of the more staff. Patient was escorted back to the ward. No		Will raise missed debrief in staff meetings and discuss management of multiple incidents in teaching session(s)	none	None (no harm caused by the incident)	Closed
GHC75411	02/09/2024	02/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Standing		Patient was in communal areas shouting to be let out, was informed that he was to remain settled in communal areas as other patients and staff were engaging. Cory was asked to go to his room were he was escorted by HCA and HEXP, as he was escorted he began calling HCA "Monkey Boy" several times, he was asked not to be racially abusive toward anyone whilst here but continued saying it toward HCA until his door closed.	Escorted to his room in holds.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff member advised they would be supported to report this to the police, should they wish to do so.	None identified.	None (no harm caused by the incident)	Closed
GHC75417	02/09/2024	02/09/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient has been increasingly agitated throughout the shift, has declined use of PRN multiple times. Patient has been increasingly verbally aggressive to staff and invading the personal space of peers. Patient attempted to leave the ward multiple times but was stopped by staff. The decision was made to administer RT as patient was refusing PRN despite recognising the potential benefits it provided on previous shifts. Patient was put in arm holds for 10 minutes. Patient fought staff, resulting in staff being injured.		none	none	None (no harm caused by the incident)	Closed
GHC75427	02/09/2024	02/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Seated (POD used)		Second incident of extreme emotional dysregulation and aggression: Service user remains chaotic, went out to communal areas shouting and screaming, she also stripped off her clothes. She was guided back to her bedroom however service user has been very resistive, hardly banging her bedroom door for multiple times. Staff tried verbal de-escalation to no effect, service user has spit on staff's face. PMVA was activated, clinical holds were utilised. She was seated on a pod and a cushion was used. RT Olanzapine 5mg tablet was administered. Third incident of extreme emotional dysregulation and aggression: Immediately just after the PMVA staffs left the ward. Service user again was shouting and screaming, flipped off the chairs in the communal areas. Verbal de-escalation was futile, she grabbed staff's shirt. PMVA was again activated clinical holds applied, service user was very resistive, tried to kick the		Care plan and process followed	n/a	None (no harm caused by the incident)	Closed
GHC75430	02/09/2024	02/09/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was talking to ward manager outside their office. Patient started to become verbally aggressive in her demands and attempted to push their way into the office - staff attempted multiple times to verbally redirect patient out of office but became more demanding and attempted to raise hand to hit staff.	Staff members put patient into a restrictive holds to go to her bedroom where she was released and told staff to get out	none	none	None (no harm caused by the incident)	Closed
GHC75432	02/09/2024	02/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient on ward pay phone to parent. Started shouting/screaming, ran to dining room, threw chairs, tried toss table 2-3 times, scratching, hitting and kicking at nursing staff with physical contact being made continually shouting has been badly treated in this hospital.	Verbal de-escalation utilised to no effect. Patient taken into standing PMVA holds x 2 (please see progress note) Patient taken into escorted PMVA holds + 1 nursing staff at head. Patient taken into seated PMVA holds in pod with use of cushion. Patient administered RT Lorazepam 2 mg IM to left thigh. DMO informed. RT Non-touch observations initiated with physical NEWS 2 to be completed when patient is de-	process followed	n/a	None (no harm caused by the incident)	Closed
GHC75444	02/09/2024	02/09/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Service user grabbed the water bottle of a member of staff . he was reluctant to return the bottle, and was targeting staff. When staff was calling around the ward for help, he hit two staff .	He was held on holds, he put him self to floor . He was held on arm holds and staff held his legs secure, as he was trying to kick the staffs who was on arm holds. he was released from holds, when he said that he wont attack staff . He returned back to his bedroom soon after. returned the water bottle after prompting . he was in communal area after and was high profile after. No PRN utilized .	Staff members sought to de-escalate patient, in line with behavioural support plan, however efforts proved ineffective and patient continued to escalate, becoming violent towards staff members and assaulting staff members. Decision reached to assemble PMVA team, safeholds used as a means of preventing further assaults against staff. Once patient was able to assure staff he would cease hitting staff safe-holds were released. Patient returned to bedroom area where he	Staff implemented PBS plan, used verbal de-escalation techniques, and reached decision to proceed with PMVA safeholds as patient striking out at staff / assaulted x2.	None (no harm caused by the incident)	Closed
GHC75450	02/09/2024	02/09/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient escalating in behaviours. Patient attempted to assault one member of staff, which staff were able to block. Patient did however rip staff members uniform. PBM holds commenced to escort to bedroom, however patient dropped weight to the floor in the	Staff disengaged due to it being unsafe for staff and patient. Discussion with Dr, agreed plan to offer regular 6pm dose of Lorazepam early, if refusing consider RT.	Incident managed appropriately by nursing team. Manager discussed incident with those involved as debrief. MDT aware, ongoing development of effective treatment plan.	No further actions identified	None (no harm caused by the incident)	Closed
GHC75453	02/09/2024	02/09/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Seated (other)		Patient was offered regular medications early due to incidents and escalating behaviours. Patient threw the medications over staff, including liquids. Decision made to administer RT medications due to patient's presentation. Planned PBM, patient taken to the meeting room and given 0.5mg Lorazepam IM RT in seated hold in right thigh. 2x staff on arms, 2x staff on legs. When staff released and left the room, patient attempted to assault one staff member, but staff were able to block. Another staff member was able to verbally de-escalate the patient and move them	Planned PBM as patient still agitated. Staff released after incident. Staff spent time de-escalating patient.	Incident managed appropriately by nursing team MDT aware and ongoing development of appropriate treatment plan	No further actions identified	None (no harm caused by the incident)	Closed
GHC75454	02/09/2024	02/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Escort		Patient displayed chaotic behaviour. She was observed in the kitchen consuming multiple glasses of water. When staff intervened, Patient became aggressive and attempted to punch S/N in the face. Staff successfully utilized breakaway techniques to deflect the punch. Patient then attempted to bite staff members, leading to two staff members applying safe holds to guide her to her room. During the holds ,Patient jumped and brought herself to the floor, causing S/N and HCA to fall alongside her. [Both	-T/C to police to log the incidents that happened from the early and late shift.	Care plan and process followed	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC75457	02/09/2024	02/09/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and	Physical intervention and/or rapid tranquilisation	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient placed in safe holds after attempting to assault staff.	Patient redirected to their bedroom.	none	none	None (no harm caused by the incident)	Closed
GHC75459	03/09/2024	02/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient charging towards staff in an attempt to assault after continuous assaults, PMVA holds utilised to redirect patient to their bedroom, and seated PMVA used briefly for verbal de-escalation.		Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff members advised they would be supported to report this to the police, should they wish to do so.	None identified.	None (no harm caused by the incident)	Closed
GHC75460	03/09/2024	02/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was headbanging. Declined to engage with staff	PMVA called and placed in holds. Very resistive. RT Lorazepam administered.	Care plan and process followed	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC75481	03/09/2024	03/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient slightly resistive to as prescribed NG feed.	Patient supported into seated PMVA holds in pod with use of weighted blanket. As prescribed NG feed administered while in holds. As prescribed regular medication administered out of holds.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75484	03/09/2024	03/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive to as prescribed NG feed.	Patient supported to seated PMVA holds in Pod with use of weighted blannket NG feed facilitated in holds. Regular as prescribed medication administered out of holds.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75490	03/09/2024	03/09/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and	Physical intervention and/or rapid tranquilisation	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		patient appeared to be unsettled and staff was trying to provide verbal reassurance. patient tried to assault staffs and squeezed the fingers of staffs. PRN was given, however did not have any immediate	staff had to utilise PBM holds and escort patient to his bedroom.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC75498	04/09/2024	03/09/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Clinical hold (seated)		SERVICE USER WAS SAT IN THE COMMUNAL AREAS WHERE USER WAS SHOUTING AND THREATENING STAFF TO PUNCH IN THE HEAD ON TWO OCCASIONS .STAFF TRIED TO PLACE FIRM BOUNDARIES BUT USER CONTINUED TO ESCALATE.SERVICE WAS REDIRECTED BACK TO HIS BEDROOM WHERE USER WAS ADAMANT AND REFUSING TO ACCEPT REDIRECTION. PMVA TEAM WAS CALLED FOR SUPPORT IN-ORDER TO REDIRECT AND OFFER ORAL RT MEDICATIONS WHERE USER THREW SPOON AT THE STAFF'S HEAD AND CUPS.USER GOT UP FROM THE SOFA IN ORDER TO ATTACK THE STAFF AND TRIED TO SWING HIS ARMS TO PUNCH THE OTHER STAFF	SERVICE USER WAS PUT ON SEATED CLINICAL SAFE HOLDS.STAFF CONTINUED TO VERBALLY DE-ESCALATE WHERE USER WAS VERBALLY HOSTILE AND REFUSED TO ACCEPT ORAL RT HENCE IM RT 50 MG OF PROMETHAZINE WAS ADMINISTERED.USER WAS RELEASED FROM THE SAFE HOLD AND OFFERED A DRINK.AFTER WHICH USER WAS GUIDED TO THE BEDROOM.	Patient became aggressive and threatening violence towards staff members. Staff sought to implement de-escalation, and implemented aspects of positive behaviour support plan, however proved ineffective and patient continued to make threats. PMVA team assembled and safeholds implemented as a means of reducing risk to others.	Staff followed care-plan, PBS plan and administered medications	None (no harm caused by the incident)	Closed
GHC75505	04/09/2024	04/09/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		SERVICE USER CAME RUNNING OUT OF THE BEDROOM WITH THE BAG ,TRYING TO LEAVE THE WARD AND STAFF INTERVENED ,TRIED TO STOP THE USER .USER BECAME PHYSICALLY AGGRESSIVE WHERE USER STARTED KICKING AND PUNCHING STAFF AT THE SAME TIME CONTINUED SHOUTING ,SWEARING.USER WAS PUT ON HOLDS IN SUPINE POSITION AND PMVA TEAM WAS CALLED FOR SUPPORT.USER CONTINUED PUSHING THE BOUNDARIES AND BEING PHYSICALLY AGGRESSIVE.USER WAS PUT BACK IN SEATED HOLD USER WAS SHOUTING,SWEARING AND THREATENING TO ASSAULT THE STAFF.WHEN HOLDS WERE RELEASED USER CONTINUED TO EXHIBIT AGGRESSION AND TRIED TO LEAVE THE WARD.USER WAS PUT IN SAFE CLINICAL HOLDS ON THE POD AND STAFF CONTINUED TO VERBALLY DE-ESCALATE .USER REFUSED THE ORAL RT HENCE IM RT 2 MG OF LORAZEAPM WAS ADMINISTERED. STARTED KICKING THE STAFF WHEN TRIED TO RELEASE THE HOLDS. WHILST IN HOLD REASSURANCE WAS GIVEN AND OFFERED JUICE AND TOAST USER WAS TAKEN BACK	Staff intervened to prevent patient leaving ward. Staff implemented safeholds as a means of reducing risk to others. PMVA team called. Medications administered. Post incident observations completed. Medics informed - patient reviewed. Referral to PICU completed. Food and drink prepared for patient post incident.	Staff acted to prevent patient absconding from ward. Patient referred to PICU Patient reviewed by medics.	Staff followed care-plan, risk management plans and PBS plans in managing patient behaviours.	None (no harm caused by the incident)	Closed
GHC75514	04/09/2024	04/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient came to the communal area asking for leave. Staff informed her that she will have to wait a bit as other patients requested for leave first. Patient then became verbally abusive towards staff members, demanding for cigarette and leave. Patient then went to staff 1 and invaded his personal space and started being abusing him verbally. Patient then called staff 1 a '' Black B****** ''. Patient was then escorted to her bedroom on PMVA holds.		Patient was spoken to about racial abuse and how this is not acceptable and will not be tolerated. Staff member advised that they would be supported to report this to the police, should they wish to do so.	None identified.	None (no harm caused by the incident)	Closed
GHC75526	04/09/2024	04/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and	Physical intervention and/or rapid tranquilisation	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in light holds x members of staff to facilitate NG feed on pod.		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75528	04/09/2024	04/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Staff went to inform patient A in their room of increases to their current medication. This discussion cause Patient A some distress whereby they came out of their room screaming and invading the personal space of others. Patient A was encouraged back to their room to discuss this further, Patient A continued in their presentation. Patient A was escorted back to their room in standing holds where staff tried to de-escalate them. Patient A told staff to F*** Off, so staff disengaged.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC75547	04/09/2024	04/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and	Physical intervention and/or rapid tranquilisation	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for feeds, called planned PMVA. Staff utilised light holds, she was seated on a pod and a weighted blanket was used.		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75552	04/09/2024	04/09/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and	Physical intervention and/or rapid tranquilisation	98 - Other (not listed)	Planned	PBM (physical intervention)	Assisted support		Patient appeared distressed while holding on to another patients Zimmer frame and not wanting to let go.	Staff retrieved the Zimmer frame from the patient while he was temporary held using PBM techniques.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC75554	04/09/2024	04/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		service user was seen headbanging in her bedroom using back of her head against the wall. Staff intervened, tried verbal de-escalation to no effect. All grounding activities were suggested, also she was encouraged to go to communal area however service user was not engaging to staff. She continued to head bang, decision made to activate PMVA. Staff applied holds at both arms, she was sat on a pod and a cushion was used. Service user was very resistive, head was on hold. RT oral lorazepam tablet was offered which she declined. RAPID TRANQUILISATION: RT lorazepam 2mg injection was administered IM at right thigh through clothes. Post RT physical observation has been started Neurological observation completed To be reviewed by the doctor	PMVA was activated, clinical holds applied, she was sat on a pod and a cushion was used, Rapid tranquilisation of lorazepam 2mg injection was administered intramuscularly.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75555	04/09/2024	04/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Person 1 (patient) escalated in her behaviour and requested to bring her cousin to her room where she wanted show her room. Person 1 was informed that this could not be facilitated and became very agitated towards staff. She made threats of violence and was verbally hostile. Person 1 was placed into PMVA holds and redirected to her bedroom and was subsequently offered 2mg Lorazepam, however only accepted 1mg.	*Verbal de-escalation *PMVA holds *PRN medication	Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC75569	05/09/2024	05/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and	Physical intervention and/or rapid tranquilisation	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for feeds, called planned PMVA. Staff utilised light holds, she was seated on a pod and a weighted blanket was used.		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75577	05/09/2024	05/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient has been pacing in front of the main door. Patient was distressed, shouting very loudly, swearing and demanding to let him out. Patient was getting more elevated when staff attempted to de escalate him. Because of his chaotic presentation staff requested him to spend some time in his bedroom. Patient continued to swear at staff. Patient was then escorted to his bedroom on restrictive holds. PMVA holds were released. Staff offered medications as RT oral, patient refused to take it. Patient continued to escalate, threatening and swearing at staff demanding to let patient out/ discharge. Staff decided to administer medication as IM RT which he had. Patient was sitting on the bed, staff held patients hand on holds and sit with patient just to		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC75589	05/09/2024	05/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		First incident: At 12: 43, service user was heard headbanging in the reflective space, staff went into the room. Service user was using back of her head against the wall in low level. Staff tried verbal de-escalation to no effect. All grounding activities were suggested, also she was encouraged to go back to the ward however service user was not engaging with staff. She continued to head bang, decision made to activate PMVA. Staff applied seated clinical holds at both arms, service user was very resistive. RT oral lorazepam tablet was offered which she declined. RAPID TRANQUILISATION; RT lorazepam 2mg injection was administered IM at left thigh through clothes. Post RT physical observation has been started Neurological observation completed To be reviewed by the doctor She has returned to ward with her crutches.		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75591	05/09/2024	05/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Second incident; Head banging inside bedroom service user was again heard headbanging inside her bedroom, staff went into the room. Service user was using back of her head against the wall in low level. Staff tried verbal de-escalation to no effect. All grounding activities were suggested, also she was encouraged to go to communal areas however service user was not engaging with staff. She continued to head bang, decision made to activate PMVA. Staff applied holds at both arms, service user was very resistive. She was seated on pod, while on pod service user appeared calm. Cushion was not use. She was encouraged to go to communal area which she did. Neurological observation completed Doctor has been informed for review.		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75593	05/09/2024	05/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user has been emotionally dysregulated, she keeps on slapping her face and wanted to leave the ward. She was redirected to her bedroom. Whilst in bedroom , service user was hardly banging her bedroom door, she was not engaging to verbal de-escalation, stripped off her trouser and went out to female corridor. She was redirected back to her bedroom. Decision made to activate PMVA, staff applied holds on both arms and a cushion was used on legs. Rapid Tranquilisation: RT of lorazepam 2mg tablet was administered for which she accepted without holds Post RT physical observation and non touch has been started		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75595	05/09/2024	05/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and	Physical intervention and/or rapid tranquilisation	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed.	The patient was put on light PMVA holds on the pod to facilitate the nasogastric feed.	Care plan and process followed	n/a	None (no harm caused by the incident)	Closed
GHC75600	05/09/2024	05/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient became agitated in communal areas, shouting at staff members and shouting loudly in response to unseen stimuli. Became aggressive and hostile towards staff members and unresponsive to verbal boundaries. Staff utilised PMVA holds to return patient to bedroom, patient was able to self-settle in bedroom for a period of time. Patient then returned to communal area, shouting and swearing and made verbal threats towards staff members, and refused to return to bedroom. Staff placed in PMVA holds and escorted patient to bedroom, when in bedroom patient continued to threaten female staff and kicked shoe into the back of staff member, staff utilised seated holds on bed and oral medication was offered.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC75602	05/09/2024	05/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient observed raising their voice and verbally threatening staff in communal areas, continued to escalate in behaviour and increasingly hostile. Patient was asked to return to their room which they refused. patient escorted back to bedroom utilising restrictive escort.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC75603	05/09/2024	05/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient A observed, in an unprovoked attack, to punch Patient B 4-5 times in the face before punching nursing staff once in the face when nursing staff attempted to intervene.	Patient taken into seated PMVA holds on bed. Patient taken into supine PMVA holds on bed due to level of combativeness and resistance. RT Lorazepam 2 mg IM administered as clinically indicated to good effect. RMO review requested. RT Non Touch observations commenced and completed.	PROCESS FOLLOWED PATIENT DECLINED TO INFORM POLICE REF TO PICU	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC75608	05/09/2024	05/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		back of her head against the wall in her bedroom. Staff attempted to intervene but the patient did not respond to the crisis de-escalators. PMVA was activated. The patient was guided to seated clinical holds on the bed along with the use of a leg cushion to prevent her from shuffling back to the wall. Patient continued to be resistive and did not engage with staff. Oral Rt tablets were offered to which the patient gave no response and became more resistive. Therefore, IM Rt promethazine 25 mg was administered on the right outer thigh. Patient seemed to become less resistant and started to engage with staff right after the RT. As the patient became more settled, the PMVA holds were released.	Duty doctor reviewed. Post Rt physical and neurological observations were started. Debrief given.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75609	05/09/2024	05/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient started to confront female staff in communal areas and voiced 'you're marked, ill fucking have you, you're marked' and proceeded to make threatening hand gestures and threatened to hang staff. Patient continued to posture towards staff, staff placed patient in holds and escorted patient to bedroom.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC75611	05/09/2024	05/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Supine (face up)		patient appeared to be visited by family were they became very unsettled in mood were the patient became verbally aggressive pushing furniture and kicking, grabbing, swearing, spitting at staff. staff requested for family to leave the ward as this was escalating them as they wanted to go home with them ,the family then left and the patient proceed to continued to show behaviour's as already stated and also becoming incontinent of urine and faeces and also taking their clothes off various times were staff had to change her using pbm with various breaks in	pbm used several times, with breaks in between, which took five staff on each time for four separate occasions. mert assessor also present throughout. normal breathing with no other concerns on every clinical hold. 10 minutes of clinical hold on every occasion (4 times). 40 minutes in total with breaks during the late shift.	No further actions taken	How to approach and engage with a distressed patient and good communication.	None (no harm caused by the incident)	Closed
GHC75614	06/09/2024	05/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was headbanging. De-escalation techniques were futile as she would not engage.	PMVA activated and Placed in holds. She was resistive during holds. Grounding techniques encouraged. RT Promethazine 50mg administered. Hold released afterwards. Post RT and neuro observations started. Medic	Care plan and process followed	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC75616	06/09/2024	05/09/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient had fallen asleep on sofa, noted by staff to be in an awkward position with concern that muscle pain would occur if left in position. Staff woke the patient, at which time the patient became highly agitated and began throwing items at staff. Staff called PMVA team and patient was escorted to bedroom with holds in place. On release of holds patient charged at and punched a female staff member about her head. Staff intervened again and used safe holds to escort patient back to bedroom. A short while later patient ran from bedroom and charged at staff, punches and a headbutt made contact with staff, verbal de-escalation did not prove effective. PMVA team called and pod cushion used with holds to maintain safety of patient and staff involved. Medication was administered whilst patient was on pod.	Staff sought to implement verbal de-escalation however this proved ineffective. Staff called PMVA team several times over course of this incident as a means of maintaining safety of patient and staff members. Patient escorted to bedroom as a low stimulus environment. RT medication administered, post RT observations implemented. Patient reviewed by duty doctor. Debrief with patient once had calmed sufficiently to allow discussion.	Staff sought to wake a patient whom was sleeping in an awkward position on ward sofa. When touched the patient reacted with violence and aggression. Verbal de-escalation attempted, not effective, therefore PMVA team called and techniques used to keep situation safe. Staff hurt during the incident. Medication was administered and aided patient to calm. Debrief took place with patient once calmed.	* where possible staff to avoid physically touching patient as reacts badly to physical contact. * Staff sought to de-escalate with verbal techniques. * PMVA team called to aide in maintaining safety. * Medication administered with good effect. * Staff debriefed with patient once calm enough to do so.	None (no harm caused by the incident)	Closed
GHC75619	06/09/2024	06/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Supine (face up)		Patient uncooperative during personal care (incontinent of urine in bed) Although initially cooperative patient ended up increasing agitated and attempted to assault such as attempting to scratch, spit at staff and bite. Stating she will through out of the bed onto the floor from	Patient was offered oral lorazepam initially, which she refused whilst agitation and aggressiveness continued to escalate. Due to risks to others and herself, decided to utilize safe holds and administer rapid tranq of 0.5 mg IM lorazepam. Duty Doctor contacted after this. Non contact observations carried	risks adn observation level reflect current mental state need	NA	None (no harm caused by the incident)	Closed
GHC75622	06/09/2024	05/09/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Supine (face up)		SERVICE USER WAS AGITATED AND ERRATIC .ASSAULTED STAFF AND CONTINUED THREATENING STAFF TO PUNCH THEM.PMVA TEAM WAS CALLED FOR SUPPORT .USER WAS OFFERRED ORAL RT WHICH HE THREW ON THE FLOOR.USER WAS OFFERRED ORAL RT AGAIN WHICH USER REFUSED HENCE RT IM 50MG OF PROMETHAZINE WAS ADMINSITERED IN CLINICAL PMVA HOLDS .	Efforts to verbally de-escalate patient - not effective. Staff maintained a safe distance. PMVA team called. Patient had medications administered.	Staff sought to de-escalate patient, this proved ineffective, patient continued making threats and attempting to assault staff. PMVA team called and attended, decision reached to administer RT medications as a means of aiding patient to calm.	Patient highly agitated, staff sought to implement least restrictive methods of calming situation, however decision reached to administer RT medications as a means of calming.	None (no harm caused by the incident)	Closed
GHC75635	06/09/2024	06/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		patient was in the communal area started escalating , put herself on floor , verbally abusive to staff ,fighting and kicking staff .Refused offers to oral regular medications and PRN and continue escalate with aggression in the communal area despite giving multiple verbal reassurance and redirecting.	consulted with ward consultant, agreed to give 1mg Lorazepam RT and administered . Patient continued on physical observation asper the RT policy	medication reviewed and staffing continues to be reviewed	NA	None (no harm caused by the incident)	Closed
GHC75647	06/09/2024	06/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and	Physical intervention and/or rapid tranquilisation	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Planned PMVA holds to facilitate NG feed as per care plan	supported with light hold with two member of staff Provided distraction techniques by engaging in topical conversation	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75648	06/09/2024	03/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient was seen to be headbanging in her bedroom. staff approached her and removed her earphone. she was engaging with the staff at the time of the incident and when asked about the trigger she stated that the new admission was too over stimulating on the ward. -Patient verbalised to staff that she can"t stop banging my head. - Staff implemented grounding techniques however it was futile. -PMVA was activated and Nicola was placed on clinical holds with the use of leg cushion. -Patient was resistive at the time of the holds. -oral medication was offered however she refused to take the medication.		Care plan and process followed	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC75653	06/09/2024	06/09/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and	Physical intervention and/or rapid tranquilisation	13 - Lawfully administer medicines or other medical	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC75664	06/09/2024	06/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was pacing near the front door. Patient was making verbal threats towards staff members. Patient was also demanding for leave, ordering staff to let him out. Staff members attempted verbal de escalation, however was not responding to any. Patient then got hostile towards staff members, staff escorted patient to his bedroom on PMVA holds. Patient continued to threaten and be hostile towards staff. Patient was offered medication which he took.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC75669	06/09/2024	06/09/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PBM (physical intervention)	Assisted support		Patient grabbed the knitting needle from the communal area while other patient was using it. Staff tried de escalation techniques to get the needle from her however, patient was not ready to give it back. Patient tried to open the ward door with knitting needle as well as tried to fold the needle. Therefore, staff applied PBM holding techniques to take off the	Tried verbal de-escalation however not effective Applied PBM holding technique Removed the knitting needle from patient and kept it in the ward activity cupboard. Offered lorazepam 0.5 mg which was accepted	Incident managed appropriately MDT aware Effective treatment plan being developed	No further lessons identified	None (no harm caused by the incident)	Closed
GHC75670	06/09/2024	06/09/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		When staff was coming out of the handover room. Patient stood in front of the door and tried to push back staff by saying that "you are the one who took that off". However, staff prevented that by stepping back. Patient tried to attack staff and staff call for help. Two different staff approached and PBM the	PBM the patient and tried to take her to her room however patient put herself on the floor therefore staff disengaged.	Nursing team managed incident appropriately No evidence medic was asked to review post PBM MDT aware and ongoing formulation of appropriate treatment plan	Nurse to ensure they request medic review post PBM	None (no harm caused by the incident)	Closed
GHC75678	06/09/2024	06/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient head banging in own bedroom. Patent physically resistive and not responding verbal de-escalation once ear pod removed. Patient continued to be resistive in seated PMVA holds attempting to punch self with fists.	Patient supported into seated PMVA holds on bed with use of PMVA cushion. Patient administered RT Lorazepam 2mg IM as clinically indicated to good effect. DMO informed and review requested. News 2 neuro observations taken and recorded. RT Non touch observations to be commenced as necessary.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75683	07/09/2024	30/08/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	AWOL, absconding and missing patients	Patient attempted to abscond	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient left the ward and staff intercepted her on the doors outside the ward. She vocalised that she wanted to go out of the hospital and end her life. She refused to come back on the ward and sat on the floor outside and was saying that she is not coming back on she ward.	Staff attempted to verbally de-escalate patient with minimal success. Rapid tranquilisation medication administered.	Patient has been in GRH since consuming batteries, due back today No harm caused Risks and management plan reviewed Long term risk of self harm, care plans in place Psychological therapy and Self Harm Pathway available	n/a	None (no harm caused by the incident)	Closed

GHC75694	07/09/2024	07/09/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (POD used)		Patient declined the medication as depot was due today: reassurance was given to prompted her but she refused. PMVA was planned.	Staff (RN) and HCA waited to explained the effect of the medication verbally and she can report any other concern she felt for not taken it. She insisted not to accept the depot.	none	none	None (no harm caused by the incident)	Closed
GHC75695	07/09/2024	07/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (POD used)		07.30: Patient was from the start was screaming and shouting in her bedroom . She was banging on her bedroom door. Staff tried to check how she is , but she jumped towards staff to the female corridors. She was escorted her back to her bedroom with light holds . 08.45 : 2 staff went into her bedroom to administer her morning medications. she jumped on to staff . Grabbed arm of staff and started kicking the other staff . She was tightening her holds on both staffs hands one after the other when tried to get back from her. She was screaming and shouting at staff . Her teeth and lips were stained with blood. She was telling repeatedly" not to inject and kill her. You dont know what you are doing . Medications are made by him to kill her .	09:00 : Contacted other wards for a planned PMVA in order to administer her medications in order to reduce distress. 09:20 : She was held on light holds with use of pod and cushion. She was resisting, but considering her age and strength , lights holds were only applied. " RT IM lorazepam was administered . Holds were released. She stayed in her bedroom . She continued to bang on her window and door. 09: 30 : Informed duty doctor for Post RT review. Had a long conversation with her . She was much more able to interact and articulate during review. But she was delusional in speech content and was paranoid about staff , people outside hospital . She thinks that staff here works for him(not specifying who and his name) to kill her by medicating with poison . Reassured her, but was not acknowledging. RT non touch physical observations started. debrief	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75699	07/09/2024	07/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		- Service user was due for Nasogastric feeding. Patient was put on light PMVA holds by 2 members of staff. Patient was administered with nasogastric feed and facilitated walk after the feed.	- verbal deescalation given.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75700	07/09/2024	07/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Service user started screaming and shouting while she was in her bedroom .She was banging on her bedroom doors. Banging on bedroom windows . She was agitated . Rude and was shouting at staff . She moved her bed and thrown her mattress. she was banging her arms and head against the wall and door.	PRN tablets offered . She had PRN Lorazepam , when she started to be loud . with no immediate effect . She was pointing towards male staff telling to f*** her . When she was moving the bed and getting more agitated towards staff she was held on arm holds with use of cushion on her bed. She was making sexually inappropriate voice while she was on holds. She was asked to not make noises like that but she refused to listen . She was released from holds as she was making more inapporite sexually disinhibited actions and staff left her in her bedroom and observed through window. She spent time in communal area after . No epidoes of agitation after releasing the	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75704	07/09/2024	07/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		12:10 –The patient was seen to headbanging with her forehead against the wall in her bedroom. Member of staff attempted to verbally de-escalate the patient but she said 'I don't want to talk about it'. Staff continued to use crisis de-escalators and grounding techniques but they were futile. 12:20 – Activated PMVA and the patient was removed from the wall and guided to seated clinical holds on the bed along with the use of leg cushion. The patient continued to be resistive and tried to hit her head with her hands whilst on holds. As the patient seemed to get more agitated, nursing staff offered oral Rt tablets, but she refused and continued to be more resistive. Therefore, decision made to administer RT promethazine 25 mg IM. However, when the needle was inserted on the thigh and pushed, there was a high pressure on the syringe that prevented the medicine from going in. Therefore, the	By the time the staff member returned back, the patient became settled and the holds were released. Hence, the plan for RT was aborted. 12:30 – Following this, the patient came out to the communal areas on her wheel chair and sat there doing some colour works. Staff double checked the syringe and confirmed that the syringe had the same amount of medicine before and after the attempt. This had been discussed with the on call duty doctor. Therefore, RT was not documented on the prescription. Debrief given to the patient Duty doctor reviewed and the patient was reviewed about the incident. Post headbanging Physical and neurological observations were continued.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75708	07/09/2024	07/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient had NG feed with 2 members of staff		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75714	07/09/2024	07/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was heard headbanging in her room. Attempted engagement however unsuccessful.	1546- placed into seated arm holds with use of leg cushion. Ice pack used and removal of one headphone to encourage communication. Declined distraction techniques, declined change of environment. 1550- RT oral promethazine was offered, no response from patient so IM promethazine was administered. 1551- disengaged holds due to no resistance. Accepted physical observations to be taken.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75715	07/09/2024	07/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was heard headbanging in her room. Attempted engagement however unsuccessful.	pmva, seated with leg cushion de-escalation unsuccessful, disengaged due to ineffective communication.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75723	07/09/2024	07/09/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		The service user tried to run off the ward, the staff attempted to get the user back to the ward, when the user grabbed the staffs hand and tried to push the staff on to the floor. The user then run to the front of the hospital, a PMVA team was called and put the user on hold and returned the user back to the ward. The user was kept on clinical hold, attempted de-escalation but the user was restrictive and tried assaulting the staff. The user was then re-directed	Staff sought to de-escalate the patient. Staff sought to prevent patient from leaving ward. PMVA team called to assist in directing patient back to ward.	Staff implemented de-escalation techniques to reduce patient agitation. Staff sought to prevent patient leaving ward, called PMVA team to assist in returning patient. PMVA safeholds implemented to return patient to ward.	Patient has been agitated despite medications and verbal de-escalation techniques. Staff implemented safe-holds as a means of returning patient to ward.	None (no harm caused by the incident)	Closed
GHC75737	08/09/2024	08/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user is due for feeds, called plan PMVA. Staff utilised light holds. She was sat on a pod and a weighted blanket has been used on legs.		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75745	08/09/2024	08/09/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user tried to abscond from the ward. Staff tried to stop him and he became resistive, continuing to push past staff and attempting to open the doors. Service user began shoving, kicking and threw his bag at staff.	Staff called for PMVA assistance. With the support of PMVA team, the service user was put in holds and moved to the pod to prevent the service user from leaving the ward. Service user accepted PRN 50mg promethazine and holds were released.	Staff sought to prevent patient leaving the ward. Staff acted to return patient.	Staff followed care-plan and risk assessment.	None (no harm caused by the incident)	Closed
GHC75747	08/09/2024	08/09/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user attempted to the leave ward. Pushing against staff, kicking and shoving.	Staff were unable to redirect service user and he was becoming increasingly aggressive pushing and kicking staff. Staff put service user in holds and walked him to the pod until safe to release.	Staff sought to prevent patient leaving ward, patient returned with use of safe-holds as remained firm that would not return.	Staff followed care plan and risk management plans.	None (no harm caused by the incident)	Closed
GHC75749	08/09/2024	08/09/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user attempted to leave the ward. Pushing and shoving at staff to try and get past them to leave. Pulled at one staff member's hair for a few seconds before staff were able to remove the hair from his grip.	Service user was put in holds and walked to the pod until safe to remove holds. Service user accepted his regular medications at this time.	Staff intervened to prevent vulnerable patient leaving ward. Safe-holds implemented to escort back to ward.	Staff followed care-plan and risk assessment.	None (no harm caused by the incident)	Closed
GHC75754	08/09/2024	08/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75770	08/09/2024	08/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		Patient has been unsettled, chaotic and charging towards peers and staff in attempt to strangle and assault. Patient has not been responding well to boundaries.	Patient refused oral tablets and staff administered RT injection on holds in a seated position.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC75777	08/09/2024	08/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was unsettled for most of the shift. She was seen to be shouting and screaming in her room . She declined all her meds . Staff approached her multiple times for giving meds , but she was not ready to take . 20:10 - Staff approached her for giving her meds . She grabbed his lanyard and tried to attack him.	Discussed made with doctor about RT ,which he agreed.Decision made to activate PMVA and gave her RT as she is not ready to take any oral meds and continued screaming and shouting . 20:40 - Staff approached her in the room .She was seen to be naked . Staff helped her to put her clothes. She was crying and shouting in the room. She was put in seated POD , leg cushion was also used . 20:45- Encouraged her to take oral medicines several times but refused to take oral RT : therefore , RT Lorazepam 1 mg IM administered under holds. 20:47- Holds were released one by one . She was again shouting, crying and screaming in her	PROCESS FOLLOWED PT SUPPORTED	N/A PT UNWELL	None (no harm caused by the incident)	Closed
GHC75778	08/09/2024	08/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Seated (other)		17:10 –The patient attempted to walk off from the ward without an authorised leave, he attacked HCA who was sitting in the communal area who tried to stop him. He became very aggressive and dismissive of staff and started shouting loud in the communal area. Staff attempted to verbally de-escalate and asked him to go back to his bedroom. However, the patient became more agitated and refused to leave the communal area. Shortly after, he suddenly got up and charged towards another staff member to attack him, thus the patient was put on PMVA holds on the sofa on the communal area along with the use of a leg cushion. He continued to be aggressive and made abusive comments. PMVA was activated. However, by the time the team arrived, patient became more settled and agreed to accept oral RT tablets. Therefore, oral RT lorazepam 2mg was administered for which the holds were released. Patient became settled and sat in the communal area.	Patient was de-briefed. Post RT physical observations were started. Duty doctor was informed for post RT review.	PROCESS FOLLOWED	N.A	None (no harm caused by the incident)	Closed
GHC75782	09/09/2024	09/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient sat in the communal areas and was provoking fellow patient. Patient was verbal abusive towards staff She was physical abusive towards staff by throwing a laundry basket towards staff.	She verbal de-escalated She was put on holds and moved to her bedroom.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC75789	09/09/2024	08/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient was seen by staff banging her head in her bedroom during checks 21:30. Low level banging using back of her head.	-Two members of staff went to support her. -Attempted verbal de-escalation ,she engaged with the staff infrequently and head banging intermittently whilst staffs were in her room. -Used ice pack , offered PRN multiple times, suggested distraction techniques , used crisis escalator , asked ways in which staffs can support to alleviate the distress all efforts to de-escalate became futile. -Offered 1:1 time ,encouraged to relocate , provided pen and paper to write down her feeling with no avail. -Used PMVA. -Offered oral tablets which patient decline. -Administered RT IM. -Debrief completed.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75790	09/09/2024	09/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient poured water on staff Patient slapped staff on head patient was racially abusive	Patient was put on holds and staff disengaged	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff member advised they would be supported to report this to the police, should they wish to do so. MDT review. Patient was spoken to about racial abuse and how	None identified.	None (no harm caused by the incident)	Closed
GHC75796	09/09/2024	09/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was due for their nasogastric feed.	The patient was put on light holds on the pod to facilitate the nasogastric feed.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75798	09/09/2024	09/09/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Non-standard hold	Placed hand against mid back to guide patient out of room	Patient shouting at staff in nursing office, asked to leave and refused. Staff placed hand against back to guide out of office.	Patient responded by placing self on floor slowly. Staff had ongoing discussion with patient till they stood up shouting at staff and left office.	Appropriate action taken at time of event with least restrictive	Always keep the office door shut Ensure that a post PBM review has been completed by medic	None (no harm caused by the incident)	Closed
GHC75813	09/09/2024	09/09/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical hold on patient in their own bed, for the purpose of receiving medical examination by qualified practitioner, in their best interest and in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC75828	09/09/2024	09/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC75840	09/09/2024	09/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		17:20 - Service user was seen to be headbanging in her room at low intensity with back of her head against the wall with earphones on .	Staff approached her . Attempted verbal de-escalation. Removed one earphone as per careplan. Offered distraction techniques . When asked about the trigger she told me that ""My brain is telling me to headbang"".Reassurance given. She was not ready to engage with staff :however ,she responded to questions . Used grounding techniques. She was not ready to stop . Decision made to activate PMVA. 17:25- She was put on PMVA holds, seated POD and leg cushion was also used. She was very resistive . 17:30 - Offered oral medicines but she refused .IM Lorazepam 2 mg administered through clothing under holds. 17:35 - Holds were released one by one . She came out in communal area after the incident .	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75850	10/09/2024	09/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient was observed to be head banging in their bedroom.	staff entered the room and attempted the distraction techniques, which did not work. A PMVA was called and the patient was IM'd with RT 25mg promethazine with good effect. Patient was held on the pod and the injection was given in the left thigh.	care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75866	10/09/2024	09/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient undressed and naked in own bedroom, dancing in front of bedroom window. Not responding to nursing staff verbal de-escalation. Refused to put clothes on. Slapped PRN medication and cup of water out of staff nurse hand. Attempted to slap and hit at nursing staff with hands. Stood in front of bedroom door and would not move, would not let staff out.	Patient supported to seated PMVA holds in pod with use of PMVA cushion. Patient administered RT Lorazepam 1 mg IM to right outer thigh as clinically indicated initially to some effect. DMO informed and review requested. Due to then presentation, non-touch observations initiated and completed.	process followed to support patient and dignity	N.A	None (no harm caused by the incident)	Closed
GHC75874	10/09/2024	10/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user is due for feeds, called planned PMVA. Staff utilised light holds on both arms, service user was sat on the pod and a weighted blanket was used.		CARE PLAN FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC75886	10/09/2024	10/09/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC75887	10/09/2024	10/09/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was frustrated that their ward round had not taken place. Began to invade the personal space of the charge nurse an responsible clinician. Patient began shouting, expressing that staff was breaking their human rights.	Two staff members took the patient by their arms and escorted patient into their room. Staff sat with patient for a short while to allow for de-escalation. No harm came to staff or patient.	none	none	None (no harm caused by the incident)	Closed
GHC75893	10/09/2024	10/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		transfer to another ward Staff then attempted to guide patient towards the lift when they hit out at staff. PMVA holds whilst standing patient was resistive, repeatedly hitting out at staff and raising their legs. patient made a comment of "lets making this fucking worth it then shall we". Whilst trying to secure holds the team and patient fell to the floor in a scuffle, and landed in supine position. The team were in supine position for approx. 2 minutes. patient then agreed to get up off the floor, holds released and he walked down to		process followed	Staff sustained injuries- RIDDOR N/A	None (no harm caused by the incident)	Closed
GHC75896	10/09/2024	10/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Escort		patient escorted onto kingsholm ward after refusing to go onto ward.		Hands on required	N.A	None (no harm caused by the incident)	Closed
GHC75899	10/09/2024	10/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was heard headbanging in room, upon entering room, patient was sat on bed and hitting the back of head against wall. One headphone removed, attempted engagement however unsuccessful. PMVA called and patient was placed into seated holds on bed, using leg cushion and ice pack. RT oral promethazine offered, no response therefore IM promethazine 50mg given. Holds reduce very shortly after.	Physical observations taken as well as neurological. DMO informed via t/c and aware of need to review.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC75900	10/09/2024	10/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		light pmva holds/hand holding for administration of NG feed	pod and weighted blanket used 1-1 after for 1hour	care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC75923	11/09/2024	11/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using light PMVA holds by 02 members of staff.		Care plan followed along with process	N/A	None (no harm caused by the incident)	Closed
GHC75926	11/09/2024	11/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (other)		Service user was unsettled from the start of the shift . She was seen to be pacing through the corridors , dancing in communal area . She appeared changeable in mood. She was prescribed with depot injection flupentixol decanoate as stat dose . Offered depot multiple times by 03 members of staff but she refused. She was seen to be following other patients and trying to whisper things to them	Decision made to administer depot injection and RT under holds as she was really unsettled . 10:15 - Staff redirected her into bedroom with support .Explained procedure to her. 10:20 - She was put into light PMVA holds in her bed (seated),leg cushion was used for support by 04 members of staff..She was not resistive. 10:23 - Administered RT Lorazepam 1 mg on her left leg and depo injection on her right leg through clothing.	process followed to support patient	N.A	None (no harm caused by the incident)	Closed
GHC75931	11/09/2024	11/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient A came into the communal areas and called staff a "Dickhead", staff did not engage in a response to the patient. Patient squared up to this staff member and patient placed their head against staff members chest. staff informed the patient to give staff space and remove their head from against the staff member. Patient A then spat in the face of staff member, patient was escorted back to their room in PMVA holds. standing holds and escorted back their room.		Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff member advised they would be supported to report this to the police, should they wish to do so.	None identified.	None (no harm caused by the incident)	Closed
GHC75939	11/09/2024	11/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient distressed, needed prn medication- PBM techniques implemented.	patient safely held- medication given as prn	to prevent harm to self and others.	We have learnt how to proactively use medication before the patient escalates so we reduce any restrictive interventions such as pbm techniques.	None (no harm caused by the incident)	Closed
GHC75941	11/09/2024	11/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		patient agitated and escalating. Throwing things at staff and swearing. Highly distressed	clinical hold to administer prn medication after de-escalation techniques had failed. MERT assessor present-	no further action required	How to deescalate distress by offering 1:1 time, reassurance and prescribed medication.	None (no harm caused by the incident)	Closed
GHC75975	12/09/2024	12/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		As a staff member entered patient unit, patient ran into the corridor and then into the staff toilet. He threw two bins which staff were able to remove safely. He then sat on the floor initially hitting out at staff, PBM breakaway was utilised and then a BPM non-standard hold. Patient then attempted to kick out, a PBM two person was implemented to escort	As described above, staff intervened and managed the situation safely ensuring no harm to the patient or themselves.	Incident reviewed during our weekly MDT, staff acted appropriately and in line with this patient's PBS Plan.	That this patient's behaviour remains unpredictable but that staff are aware of the interventions required to manage him in these situations.	None (no harm caused by the incident)	Closed
GHC75977	12/09/2024	11/09/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Incident 1 Patient was very agitated, Attempted several times to leave the ward. Declined PRN medication Redirected away from ward doors. He began following staff around communal areas in an intimidating manner. Planned PMVA was called to offer more staff support . Declined PRN offered repeatedly. Verbal de-escalation was futile as he would not engage. He kicked staff on the leg without any provocation and was escorted in holds to his bedroom to his bedroom in holds. Incident 2 After being released from holds, he was disruptive in communal areas. He ran out of the ward. He attempted to assault a patient on another ward and was brought back in holds.	Incident 1 RT Lorazepam 2mg and Haloperidol 5mg administered by injection with little effect. He was very resistive during and after medication administration Incident 2 PMVA Called Medic consulted again and advised to administer Injection promethazine which was administered in holds. Attempted to headbutt staff whiles in holds and was very resistive	Patient had become aggressive and agitated, staff implemented verbal de-escalation techniques, however minimal affect. Decision made to implement restrictive intervention to maintain safety of staff, patients and aggressor. Patient referred to PICU following incident.	staff followed care-plan and risk management plan.	None (no harm caused by the incident)	Closed
GHC75978	12/09/2024	11/09/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient attempted to leave the ward multiple times . Patient was still disruptive on the ward. He lifted a chair in communal areas and attempted to hit staff with this	PMVA team called and placed in holds. Verbal descaltaion continued	Staff sought to verbally de-escalate patient. PMVA team called and techniques implemented to maintain safety of staff and patient. Patient referred to PICU	Staff followed care-plan and risk management plan.	None (no harm caused by the incident)	Closed
GHC75979	12/09/2024	12/09/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was pacing in communal areas, still very agitated. He attempted to punch staff, which was blocked. He then proceeded to kick staff on the shin. Went out of the ward again. Attempted to use the lift and also lifted up a chair to throw against the reception doors.	PMVA team was called. He was very resistive . Medic informed of presentation. Approval for RT Lorazepam 2mg prescribed and administered.	Staff sought to de-escalate with verbal techniques. PMVA team called and techniques implemented to maintain safety of staff and patient. Patient referred to PICU	staff followed care-plan and risk management plan.	None (no harm caused by the incident)	Closed
GHC75980	12/09/2024	11/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient came into communal areas to start their colouring to find that some one had spilt a drink on their paper. patient then went into the female lounge and sat on the window sill and start to head bang using the back of their head against the side of the wall around the window.	Staff went into the female lounge and spoke to the patient and attempted to de-escalate them but with no avail. patient carried on head banging. staff called a team and patient was given IM Rt under restraint with good effect.	CARE PLAN FOLLOWED	N.A	None (no harm caused by the incident)	Closed
GHC75989	12/09/2024	12/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for Nasogastric feed. Patient was put on light PMVA holds with 2 members of staff using seated pod and weighted blanket. Patient was not resistive during the feed. Patient was calm and had good conversation with staff. Patient was facilitated escorted walk with staff after the feed	- Verbal de-escalation given.	CARE PLAN FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC75996	12/09/2024	12/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient became unsettled in the communal area - shouting, verbally threatening towards staff.	Verbal de-escalation attempted however unsuccessful. Decision made to escort patient to room due to level of disruption. Patient became invasive and therefore precautionary holds used. Patient taken to room.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC76002	12/09/2024	12/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Assisted support		Staff went in to have an assisted seated support to administer Buccal Midazalom to get blood for physical health intervention (CT Scan).		Staff have been trained to carry out a clinical hold in order to safely support individuals that may lack capacity or understanding of the support required and the consequences of not having the technique completed. This is done as a last resort and under best interest, all other least restrictive options were tried prior to using this technique.	Staff have been trained to carry out a clinical hold in order to safely support individuals that may lack capacity or understanding of the support required and the consequences of not having the technique completed. This is done as a last resort and under best interest, all other least restrictive options were tried prior to using this technique.	None (no harm caused by the incident)	Closed
GHC76007	12/09/2024	12/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Assisted support		Patient had an assisted seated support hold to have a blood test for health interventions.		Staff have been trained to carry out a clinical hold in order to safely support individuals that may lack capacity or understanding of the support required and the consequences of not having the technique completed. This is done as a last resort and under best interest, all other least restrictive options were tried prior to using this technique.	Staff have been trained to carry out a clinical hold in order to safely support individuals that may lack capacity or understanding of the support required and the consequences of not having the technique completed. This is done as a last resort and under best interest, all other least restrictive options were tried prior to using this technique.	None (no harm caused by the incident)	Closed
GHC76010	12/09/2024	12/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient went up to another patient and kicked him with force.	Staff intervened and placed patient into precautionary holds.	Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Patient who was victim to the assault advised they would be supported to report this to the police, should they wish to do so.	None identified.	None (no harm caused by the incident)	Closed
GHC76027	12/09/2024	12/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Seated (POD used)		13:00 - 13:30 - Patient presented as acutely agitated, distressed and disorientated. 13:30 - 14:00 - Patient attempted to pull a lanyard from staff and he attempted to pull them towards him (not done with the intention of causing any harm). Due to repeated attempts to take lanyards from staff and his level of agitation evidently increasing, PMVA holds were utilised to move the patient to a quieter area of the ward. Whilst in this escort, the patient kicked another patient in the shin and he became resistive to the holds in place. The PMVA POD was then used to restrain the patient and the PMVA cushion was also used to restrain his legs. Staff provided reassurance and support, however, patient continued to present as acutely agitated and disorientated. Due to the decision was made to administer RT medication to relieve the patient's agitation. 14:00 - PO RT Lorazepam 2mg was administered. 1:1 support was provided and non-touch observations commenced.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC76054	13/09/2024	12/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		At 21:10hrs :patient was overheard banging in her room. Low level headbanging using back of her head against bedroom wall. At 21:49hrs : patient was overheard banging in her room.Low level headbanging using back of her head against bedroom wall. At 22:35hrs: patient was overheard banging in her room.Low level headbanging using back of her head against bedroom wall.	During all the incidents. -Staff tried to verbally de-escalte. -Used crisis escaltor. -Offered pen and paper to write down her feelings. -Offered 1:1 tiime. -Encouraged to relocate. -Suggested distraction techniques. -Used ice pack. -Tried to place folded towel behind her head carefully , made sure it wouldn't affect her breathing or make any discomfort. -Used PMVA holds during 21:10hrs and 21:49hrs incident. -RT IM lorazepam at 22:10 given. -Neuro and RT observations completed. -DMO reviewed	Care plan followed along with process	N/A	None (no harm caused by the incident)	Closed
GHC76059	13/09/2024	13/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient attempted to abscond	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Escort		- Service user repetitive regarding leave to town and wanting to be discharged as he has been paid a total £450 and feels that he will be able to obtain accommodation via Hotel. Then repetitive regarding leave and obtaining CBD, then making demands for cigarettes. The patient ran off the ward and ran to down corridor and hid in the disabled toilet - staff was able to verbally redirect to the ward on this occasion. Soon after returning to the ward, the service user was than ran off the ward again stating "I am discharging myself", Due to increased risk of vulnerability and under a section 3 of the MHA PMVA team called.	Jordan was followed PMVA holds implemented and returned to the ward in holds. Verbal de-escalation to good affect. PRN offered - declined.	policy and procedure followed ref to PICU	N/A	None (no harm caused by the incident)	Closed
GHC76085	13/09/2024	13/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient became verbally aggressive and assaultive in communal areas, making threats towards staff. Unable to lower voice, patient chose to remove himself to his bedroom with staff guiding him, upon re-entering communal areas, Patient continued to shout loudly at staff, make threats of violence, shouting loudly in the personal space of staff, attempting to intimidate staff. Staff attempted to re-direct patient to his bedroom, patient then stepped towards female staff member in an attempt to assault this staff member, staff were able to intervene and palced patient in holds and removed patient to bedroom.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC76090	13/09/2024	13/09/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Patient A hallucinating and approached patient B swearing and shouting (patient B was aware of the situation and staying back). Staff tried to direct patient A away, and he became increasingly distressed and tried to punch patient B.	Patient A escorted away by staff	Managed appropriately - harm prevented	NA	None (no harm caused by the incident)	Closed
GHC76093	13/09/2024	13/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient was attempting to hit and kick staff	PBM escort implemented	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	None (no harm caused by the incident)	Closed
GHC76098	13/09/2024	13/09/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC76100	13/09/2024	13/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient came at the independent support worker and grabbed their clothing trying to drag them to the floor.	Staff pulled the alarm, others came to help and a two person escort was carried out to take the patient to their chair.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC76104	13/09/2024	13/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient came at staff, grabbing their clothing and tried to drab them to the floor, scratching their neck, hand and wrist.	Staff pulled the alarm, others came to help and a two person escort was carried out to take the patient to their chair.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and in MERT and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and in MERT and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC76117	13/09/2024	13/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient presented as agitated and threatening toward staff. He invaded the personal space of staff, gesturing as though he was going to headbutt a staff member. Due to threating and increasing escalatory behaviour, patient was escorted to his bedroom in PMVA holds.	Patient re-directed to a place of lower stimulus Patient has already been given PRN medication to support mental state.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC76121	13/09/2024	13/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was observed headbanging sat on the bed. Staff tried to de-escalate for about 15 minutes sat on the bed, continued to resist.	Patient was moved on the pod, RT 25mg Promethazine administered with good effect.	Care plan followed along with process	N.A	None (no harm caused by the incident)	Closed
GHC76123	13/09/2024	13/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient escorted to bedroom due to continuing threatening behaviour and targeting verbal abuse towards a staff member. Patient was redirected to their bedroom.	Patient re-directed. Patient prescribed and administered prn Haloperidol orally, this was following the patient being in PMVA holds. Patient accepted the medication with reassurance and prompts.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed

GHC76125	13/09/2024	13/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		The Nurse in Charge enter the unit to administer the patients medication. The patient chased the nurse in charge and their clothing trying to drag them to the floor.	Staff x2 entered to help, with one staff member taking hold of the patients arm. However, they then proceeded to lift their feet off the floor and pulling with intent. The second staff member assisted until the patient let go and carried a two person restraint to the patients chair but their did not want to sit down and began trying to scratch at staff and	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and in MERT and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and in MERT and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC76130	13/09/2024	13/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was in the communal area escalating in his presentation. Patient has been openly responding to unseen stimuli, talking loudly. Patient then saw patient 2 walking through the communal area and called him a ''Fucking Niga'', this was unprovoked and was witnessed by the staff. Staff informed patient that this behaviour is unacceptable. Patient then got more unsettled and started to escalate further. PRN was offered which patient refused. Because of patients escalating behaviour staff suggested patient to spend some time in his bedroom. Patient refused, escalating further. Staff escorted patient to his bedroom on PMVA holds. Patient came to the communal area after 5 minutes, continued the same presentation. Offered oral medication again, however refused. RT IM medication was administered. Patient became more settled after this.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Patient was spoken to about racial abuse and how this is not acceptable and will not be tolerated. Staff member advised that they would be supported to report this to the police, should they wish to do so.	None identified.	None (no harm caused by the incident)	Closed
GHC76131	14/09/2024	13/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient attempted to hit staff	patient put in holds and escorted to bedroom.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC76135	14/09/2024	13/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Standing		-At 21:30hr patient walked off the ward. -At 21:36hr patient demanded for cannabis roll , staff informed him that he can't have cannabis which escalated the patient, he tried to leave the ward. -At 21:40hr patient made attempt to leave the ward.	-At 21;30hr: two members of staff immediately followed him and found him in front of the hospital , he was encouraged to return which he did. -At 21:36 and 21:40hr, staff used verbal de-escaltion and redirection with no effect, patient appeared to be aggressive in demeanour therefore called psychiatric emergency to manage escalation, used PMVA holds arm holds and provided oral RT at 21:44. -Rt observations taken. -Debrief completed with staffs and the patient involved.	policy and procedure followed	N.A	None (no harm caused by the incident)	Closed
GHC76138	14/09/2024	13/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		-21:35 : Patient demanded for his cannabis roll , staff reiterated about the hospital policy and the patient's current escorted leave status which promptly escalated the patient. Patient quickly barged into nurses office, staff attempted verbal redirection and de-escalation with no effect. He started shouting at staff saying " that's my property , you have no right to keep them with you". All efforts to de-escalate became futile . Patient tried to use office door to leave the ward, therefore ,placed him on holds ,moved the patient from the office to communal area.	-Verbal de-escaltion -Redirection -Placed boundaries -PMVA -Debrief	POLICY AND PROCEDURE FOLLOWED	Pt accessed cannabis	None (no harm caused by the incident)	Closed
GHC76145	14/09/2024	13/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient escalating throughout the shift. Hostile, aggressive, verbally abusive and physically assaultive towards staff and peers. * Tried to gain access to airlock when staff were leaving. Clung onto the door and refused to let go which allowed another patient to run into the airlock. * Kicked HCA during relocation with force (ARS4) * Kicked peer without antecedent who was lying on the sofa. * Racially abusive towards son who was shouting at her from Priory Ward bedroom overlooking PICU garden	Patient was placed into precautionary holds multiple times and relocated to her bedroom. RT medication given.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Patient was spoken to about racial abuse and how this is not acceptable and will not be tolerated. Staff member advised that they would be supported to report this to the police, should they wish to do so.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC76152	14/09/2024	14/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PBM (physical intervention)	Assisted support		Nurse administering medication walked into the unit without notifying staff working with patient. Patient attacked nurse, pulling clothing.	This required staff supporting to intervene and physically hold patients hands enabling the nurse to use break away. Medication was administered and all staff left safely, without any issues for the patient.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly	None (no harm caused by the incident)	Closed
GHC76158	14/09/2024	14/09/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient A recognised patient B as someone else and was calling them a different name, saying "I'm going to kick him out this house". Patient A was making threats towards patient B and then stood up and grabbed patient B's ears and pulled his head.	Staff intervened and were able to remove patient A's hands from patient B. Patient A continuing to escalate, shouting at patient B so staff utilised PBM holds to escort patient A to the ladies lounge so the visual stimuli of patient B was not distressing him anymore. During the PBM escort, patient A dropped himself to the floor and was supported to do this safely. Staff then utilised the Raizer chair to support patient to stand. Patient A is now in Ladies Lounge and appears	Managed appropriately Staff to be mindful of communal area allocation RAG plan to be formulated	NA	None (no harm caused by the incident)	Closed
GHC76160	14/09/2024	14/09/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in patients best interest in order to safely take bloods		None required	None required	None (no harm caused by the incident)	Closed
GHC76162	14/09/2024	14/09/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Seated (other)		Patient being physically violent towards staff, putting others and himself at risk (separate datix completed).	PBM holds utilised and RT given.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC76164	14/09/2024	14/09/2024	CAMHS Outreach	Patient's own home	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (community)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	Other form of physical intervention	Seated (other)		YP entered bathroom and locked herself in. Used cards to untwist lock from outside. YP was stood on bath with her top hooked over the shower railed with her hands. Staff supported her to come down. YP was safe held to gain access to her pockets. 5 items were found on her person. During a safe hold by staff Lucy was held at the neck and shouted out 'get off my neck'.	Unlocked the door and support YP to come down. Stepped back to allow space for the safe hold. Removed items from flat. Verbal reassurance given. Follow up email to child social worker and to private care provider owner sent re incident, see email attached in documents for DATIX	Care ICB with Children social care Assistant Director (Specialist Services) copied into email to understand/learn how patient was transferred from Private placement provider to new temporary placement with a several items on their personal possession given their risk history. PNA session arranged for 29/10/24 for CAMHS Outreach and CAMHS staff involved in carers development. Trust Behavioural Support and Training team invited to team meeting	Learning is for outside of GHC as incident occurred when	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC76174	14/09/2024	14/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Supine (face up)		Service user has been requesting escorted leave to front to smoke, staff has told him to wait for due time (19:00) as he has just returned back from leave 30mins. ago. However service user was very rude towards staff, swearing, making racist comment, Staff attempted to verbally de-escalate patient but he didn"t want to wait, he tried to leave the ward. Staff has stopped him from going out however, service user has pushed, punched and kicked staff.	Activated PMVA, staff utilised holds on both arms. Service user has been very resistive, he tried to bite and grabbed the neck of staff. As Service user was massive in size staff have struggled to contain him. He landed off to one of PMVA staff whilst remained being resistive and trying to punch and kick staff. Situation needed more staff to restraint Service user , eventually staff were able to put him on a pod at communal area. Verbal de-escalation has been done to good effect, patient has appeared calmer. He has been offered oral RT lorazepam 2 mg tablet which he accepted.	POLICY AND PROCEDURE FOLLOWED	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC76175	14/09/2024	14/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		18:00 - The patient was seen to head banging with her forehead against the mesh of the windows in her bedroom. Staff attempted to verbally de-escalate but the patient continued with the headbanging. Activated PMVA. Patient was guided to seated holds on the POD. Patient started to respond to verbal de-escalation and stopped being resistive. Therefore, holds were released. Offered prn medication but she refused them. Patient remained settled in her bedroom. No RT was used. 19:45 - Patient started headbanging again with her forehead. Attempted verbal de-escalation for several minutes but it was futile. Therefore, activated PMVA. Guided to seated holds on the pod. Patient continued to be resistive. Refused to take all the medications. Staff attempted to verbally de-escalate her using different crisis de-escalators but she did not respond to any. Offered oral RT tablets but the patient said she	IM RT Lorazepam 2mg was administered on holds at 20:20. Patient became more settled after the RT, hence, the holds were released. Staff stayed with the patient to provide assurance and suggested her to come to the staff when she is struggling. Post Rt not-touch observations were started. DMO reviewed.	Care plan followed along with process	N/A	None (no harm caused by the incident)	Closed
GHC76181	15/09/2024	15/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Prone (face down)		Patient charging at staff making multiple attempts to assault. PMVA techniques utilised, patient resistive and still attempting to assault, during PMVA patient and staff went to the floor in prone very briefly. Once more assistance was sought within a minute patient moved to supine. Patient continued to make threats of violence towards staff during restraint, when patient was amenable to some level of verbal de-escalation patient moved to the ECA and seated PMVA in the pod was utilised until patient was able to give reassurances that they would no longer attempt to assault staff.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC76182	15/09/2024	14/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		The patient was seen to be doing low intensity headbanging in her bedroom. Staff went in to the room and attempted verbal de-escalation but it was futile. Patient continued to be more resistive and pushing the staff away. Activated PMVA and guided the patient to seated clinical holds on the pod along with the use of a leg cushion. Ward staff again continued making attempts to verbally de-escalate the patient but she was not responding to any. Offered oral promethazine 25 mg, but the patient refused the tablet and said that she does not need any medication. As the patient continued to be more	The holds were released after the administration of RT. Post Rt physical observations and post headbanging neurological- observations were initiated. DMO was informed for post RT and post headbanging review. Staff provided reassurance and offered support. The patient was de-briefed after the incident.	staff followed care plan and process	N.A	None (no harm caused by the incident)	Closed
GHC76212	15/09/2024	15/09/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (other)		Patient was admitted to the ward Patient was shouting, unsettled, talking constantly for over an hour. She had thrown water and prn oral medication in the corridor Staff attempted to de-escalate, patient was not able to focus on staff and would not move from their position Patient was placed on arm holds Patient was resistive Patient sat on bed and cushion placed on legs as patient was still resistive	Patient was released from holds Patient de-escalated Physical observations commenced	Mental state reviewed Physical health compromised by mental state Risks assessed Restrictive practice currently required to prevent deterioration in mental state and physical health RT likely required daily until improvement evidenced State to follow hospital policy and relevant legal frameworks	n/a	None (no harm caused by the incident)	Closed
GHC76222	15/09/2024	15/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		patient left the ward and led on the floor outside dean ward. Patient started to scream and shout and then knocked a plant over and barged their way down the stairs.	Staff called for a PMVA and caught up with the patient outside Kingsholm A team was assembled to stop the patient leaving the hospital. patient became physically hostile throwing punches and swearing at staff. patient was brought back to the ward in holds and accepted PRN	ref to OOC Picu	N/A	None (no harm caused by the incident)	Closed
GHC76226	16/09/2024	16/09/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Clinical hold (seated)		pts behaviour escalating - becoming increasingly louder causing distress to others on ward, pt also becoming increasingly distressed. Refused oral PRN therefore following consultation with on call Dr and ward team DECIDED TO ADMINISTER RT LORAZEPAM.	Pt placed in safe holds and Lorazepam administered.	Mental state reviewed Physical health compromised by mental state Risks assessed Restrictive practice currently required to prevent deterioration in mental state and physical health RT likely required daily until improvement evidenced State to follow hospital policy and relevant legal	n/a	None (no harm caused by the incident)	Closed
GHC76228	16/09/2024	16/09/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Seated (other)		Patient was shouting and screaming in her bedroom. Staff planned PMVA to give RT IM Promethazine. Patient was standing beside the window, Staff put hold on seated. Injection was given to the patient and disengaged.	Patient was put on holds and given RT IM Promethazine on Right Thigh. Staff disengaged	Patient distressed and agitated due to mental state and lack of capacity regarding admission and treatment Medication administration required, restrictive practice utilised to deliver treatment safely	n/a	None (no harm caused by the incident)	Closed
GHC76249	16/09/2024	16/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Standing		1. 08.10 hours: Patient pushed their way off the ward and went to hospital foyer by Kingsholme and was observed to be sitting on sofa by locked door. When locked door opened for nursing staff to enter foyer from Reception, patient pushed their way through the locked door. 2. 08.30 hours: Patient informed by nursing staff he would not be provided E/L to town so patient immediately ran off the ward and down to	1. Verbal de-escalation initially employed to no effect. Once patient was out of the locked door, patient taken into standing PMVA holds. Patient agreed to return to the ward and PMVA holds were released. Patient returned to the ward without further issue. 2. Verbal de-escalation utilised to good effect. Patient agreed to return to the ward.	process followed	n.a	None (no harm caused by the incident)	Closed
GHC76266	16/09/2024	16/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient was heard to be headbanging at approx. 1744. I entered patients room to find her sat on her knees and headbanging facing the window grate. There was a lot blood coming from her forehead wound, that was dripping onto her arm and the window sill. De-escalation attempted, one earpod but unsuccessful. patient would not respond to my questions or interact with distraction techniques. 1745 PMVA called. patient was moved into the POD	Ice pack used. Oral RT offered however patient did not respond, RT IM given at 1755. Holds reduced at 1757. patient was non-communicative throughout. DMO present and aware of need to review. Physical observations and neurological observations taken.	care plan followed along with process	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC76270	16/09/2024	16/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Patient in bedroom headbanging on the walls, causing some skin tear and reopening of old wound and bleeding on the fore head. Alarms activated for team support which arrived shortly support.	Alarms activated for team support which arrived shortly support. Staff applied PMVA holds to stop her from further headbanging Oral PRN medication 50mg promethazine was offered but patient declined it RT promethazine IM injection was administered whilst in restraint RT physical health observations commenced in line with RT protocol and there were concerns at the time	care plan and process followed	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC76271	16/09/2024	16/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Seated (other)		during incident patient tried to walk onto Kingsholm ward, where they was stopped by staff and redirected back to the sofa in seated holds, lasted less than one minute.		managed	N/A	None (no harm caused by the incident)	Closed
GHC76272	16/09/2024	16/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	Other form of physical intervention	Non-standard hold	patient was stopped from absconding by using reasonable force to take patient to the floor	When the sliding door was open patient took this as an opportunity to head through the main reception doors.	patient was stopped by staff by using reasonable force due to risk of absconding.	PROCESS FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC76275	17/09/2024	16/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Service user became agitated due to his needs being met, quick enough. Became aggressive and hostile to Staff member, went to hit staff with a crutch that he obtained and shouting racial abuse.	Standing holds implemented to restrict harm. PMVA TEAM CALLED Verbal De-escalation to good affect. Patient then put self to floor, due to being in pain with ankle which was a from earlier today. Staff released holds Verbally encouraged to a chair, which he managed. PRN offered and accepted.	awaited OOC PICU	N/A	None (no harm caused by the incident)	Closed
GHC76284	17/09/2024	16/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Staff and doctor on duty went into service user bedroom for post headbanging review, service user was found head banging against the wall using forehead in moderate intensity. Staff attempted verbal de-escalation however service user was not engaging, staff also encouraged her to go to communal area and or courtyard and to do some grounding activities but service user didn't respond, she continued to head bang.	holds,she was sat on a pod, a cushion was used on legs. Service user was not resistive during holds, grounding techniques was used which helped service user to calm down a bit. Eventually, holds were released, an ice pack was used. Staff stayed in her bedroom, had 1:1 with her. Thereafter,service user appeared more settle. She has been encouraged to go to communal but she said she wants to stay in her bedroom. Neurological observations was completed with GCS 15/15 DMO was informed.	care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC76285	17/09/2024	17/09/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		The patient came out of the ward with their backpack and suitcase and attempted to leave the hospital. Staff ran after them, caught them outside the hospital grounds, and persuaded them to come back to the hospital. The patient insisted they would not come back to the ward; they were on their way to the American embassy because we did not have the right to detain them in the hospital as they were American citizens. the PMVA team was called, and the patient was guided back by two members of the staff to the	They were assured that would be escorted back to the ward; the PMVA team was called but was guided back to the ward by the ward staff. Declined 1-1 with staff after the incident.	none	none	None (no harm caused by the incident)	Closed
GHC76298	17/09/2024	17/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was observed to take another peers phone and place in underwear, patient refused to return to staff, and denied having the mobile phone on their person. Patient became hostile, and verbally aggressive towards staff. Patient made verbal threats to assault staff, staff felt it necessary to place patient in holds and remove to bedroom, in order to de-escalate patient and request the phone back which		Information handed over Debrief offered to all involved Review of risk and observation level	Review PBS care plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC76323	17/09/2024	16/09/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Supine (face up)		Patient A has been declining oral medications so the NIC and the Team decided Patient A to have a RT. Patient A appeared quite hostile and loud on her presentation.	Planned PMVA. Female team called. Discussed the plan and the reason behind. RT 50mg Promethazine given to the Patient for good effect.	Mental state reviewed Physical health compromised by mental state Risks assessed Restrictive practice currently required to prevent deterioration in mental state and physical health RT likely required daily until improvement evidenced State to follow hospital policy and relevant legal	n/a	None (no harm caused by the incident)	Closed
GHC76324	17/09/2024	17/09/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (other)		Patient A been declining oral medications so the NIC and the Team decided Patient A to have a RT. Patient A appeared quite hostile and loud on her presentation.	PMVA team called. Staff attended. Informed the duty doctor for review. 50mg Promethazine RT (IM) for good effect.	Restrictive practice required to deliver care and manage symptoms of psychosis Patient now discharged	n/a	None (no harm caused by the incident)	Closed
GHC76327	17/09/2024	17/09/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Precautionary hold		Service user was due for prescribed dose of depot injection.User was offered 1:1 and explained about the depot due today.User continued to explain staff that wont accept prescribed treatment as user believes ,doesn't have any mental health issues. PMVA team was called for support and staff continued to explain the user .After several prompts user requested to go back to the bedroom in order to have the depot .User continued to say during the depot administration ,user is going to resist and tried to resist hence user was put in very light precautionary holds .User was administered depot	Negotiation and encouragement offered. Patient continued declining depot medication therefore PMVA team assembled as a means of escorting patient to have depot. Medications administered to patient.	Staff sought to gain patients consent to administer medications. Lots of negotiation and encouragement offered to patient. PMVA team assembled as patient remained firm in his view that he did not require medications. Administration went ahead after PMVA team escorted to bedroom area.	Staff worked to resolve this situation and gain patients understanding and consent, however despite best efforts it became necessary to escort patient to bedroom to receive medications.	None (no harm caused by the incident)	Closed
GHC76328	17/09/2024	17/09/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (other)		Patient A been high profile - shouting, screaming. Patient A appeared quite hostile and loud on her presentation.	PMVA team called. Staff attended. Informed the duty doctor for review. 2mg Lorazepam RT (IM) for good effect.	Mental state reviewed Physical health compromised by mental state Risks assessed Restrictive practice currently required to prevent deterioration in mental state and physical health RT likely required daily until improvement evidenced State to follow hospital policy and relevant legal	n/a	None (no harm caused by the incident)	Closed
GHC76331	17/09/2024	17/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient A was in the communal area by the airlock doors when he started becoming more responsive, kicking doors and starting to shout loudly. Patient wanted the doors to be opened so that they could leave, when spoken to by staff to say that this is not possible, patient began to become verbally aggressive towards staff members. Patient was asked to go back to their room, where they refused becoming more and more agitated and aggressive and PMVA assistance was required from other wards. Patient required standing PMVA holds back to their room. The patient refused any PRN and instead threw the tablets away. PMVA required to escort patient back to their room. PRN was offered to the patient, who refused. Patient required RT IM injection, placed in a seated hold on the bed with the leg cushion used.		Debrief offered to all involved Review of risk assessment and observation level Information handed over	Review of care plans, including PBS plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC76340	18/09/2024	17/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user was head banging in her bedroom against window mesh. Verbal de-escalation and care plan followed to no affect. PMVA Holds implemented onto POD from bed.	Action taken at time of incident: Ice pack / Vape given as per care plan. Oral RT offered -patient declined. RT IM 25mg Promethazine given in left leg. Neuro obs completed DMO requested review. RT observations commenced. Debrief completed.	Care plan and process followed as documented below	N/A	None (no harm caused by the incident)	Closed
GHC76345	18/09/2024	18/09/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Seated (other)		-Service user left the ward and was sat outside nearby the sliding door with an intention to abscond from the hospital.Staff approached user and tried to explain about current leave status ,but user was not willing to return back to the ward.Staff tried to guide and put on precautionary holds but user continued to resist .PMVA team was called for support and user was resisting and fighting to be released form the holds .User was put on standing holds and brought back to the ward.User continued to be distress and agitated hence was put back on sitting hold .Staff continued verbally calm down but user was distressed .IM RT 2 mg of Lorazepam was administered and holds	Staff sought to explain need to remain on ward. Attempts to escort patient back to ward. PMVA team assembled and techniques implemented to return patient to ward. Continued efforts to reassure patient. Medication administered to aide in calming.	Staff sought to verbally de-escalate and return patient to ward. Ongoing efforts to verbally reassure patient. PMVA team assembled to aide in return of patient to the ward. Medication administered as means of calming patient.	Staff sought to resolve incident with verbal de-escalation techniques and reassurances, provided information to aide patient understanding. PMVA team assembled to aide in returning patient to ward. Medications administered to aide in calming patient.	None (no harm caused by the incident)	Closed
GHC76373	18/09/2024	18/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient was observed to be head banging in their bedroom. Staff entered the bedroom and attempted to engage with the patient. The patient remained mute and would not engage with staff. a PMVA team was called.	Staff entered the room and placed the patient on the pod. seated hold on the pod was used.	Care plan and process followed as documented below	N/A	None (no harm caused by the incident)	Closed
GHC76375	18/09/2024	18/09/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Supine (face up)		Patient has underwent a major physical operation and has not been cooperating with staff to clean her wound or undergo any physical examiniations. She also required a depot as she has been refusing medication Team called, situation explained Went into patient's room, patient screaming and shouting and refusing to get out of bed Moved patients bed away from the wall Patient placed on supine holds RT and Depot IM was administered Physical health nurse changed wound dressings Bloods completed by physical health nurses and doctor Holds removed	Staff went to check, patient did not complain of the incident to staff, she accepted physical observations and food and fluids from staff	Mental state reviewed Physical health compromised by mental state Risks assessed Restrictive practice currently required to prevent deterioration in mental state and physical health RT likely required daily until improvement evidenced State to follow hospital policy and relevant legal frameworks	n/a	None (no harm caused by the incident)	Closed
GHC76393	18/09/2024	18/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient heard to be head banging in bedroom, sitting on bed, against wall with back of head - low to moderate intensity.	Ear pod removed. Patient not responding to verbal intervention. Patient not responding to blue cue cards. Patient supported to edge of bed and into seated PMVA holds with use of PMVA cushion on legs. Ice pack placed on patient"s neck and then on IM site. Patient encouraged to engage in breathing exercise. Patient did not acknowledge 2 x offer of oral RT medication from nursing staff. Patient administered IM RT Lorazepam 2 mg to left outer thigh through clothing. DMO requested for patient review - completed. RT NEWS 2 and neuro observations initiated and completed. Patient supported by nursing staff with saline and	Care plan and process followed as documented below	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC76405	19/09/2024	18/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Unplanned	PMVA (physical intervention)	Supine (face up)		Service user was receiving first aid due to a cut she obtained from self harm. Due to the depth and severity of the cut staff were required to apply pressure to the wound. The service user was laying on the bed on her side whilst first aid was being administered and verbal de-escalation was occurring the service user was distressed post cutting her self, banging her head against the mattress and declining treatment at GRH.	RT 2mg Lorazepam given in the hope this would help reduce distress so we could transfer to ED for emergency treatment in best interest of the service user as DMO highlighted risks of internal bleeding.	managed	changed from no harm to LOW harm	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC76409	19/09/2024	18/09/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		pbm Clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer how the procedure will take place and what monitoring would be used to safe guard the patient. Mca was completed.	None required	None required	None (no harm caused by the incident)	Closed
GHC76411	19/09/2024	19/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient A was in communal area kicking doors and being verbally aggressive. Patient A then walked up to HCA and put his hands around her neck with force. Patient A was put in holds and taken to his room whilst in holds Patient A pushed SNP and HCA in to the wall with force.		Debrief offered to all involved Information handed over Review of risk assessment and care plans	Review PBS plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC76417	19/09/2024	19/09/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC76419	19/09/2024	19/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient came out of bedroom, verbally hostile and threatening towards staff members, he attempted to assault male staff member, pushing and laying hands on staff member, pushing and pulling staff to get in the personal space of staff, patient then pressed his head to the forehead of staff member, with staff holding patient from further assaulting staff member. Patient continued to be verbally threatening towards staff members and was escorted to his bedroom in		Debrief offered to all involved Review of risk assessment and observation level Information handed over	Review of care plans, including PBS plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC76421	19/09/2024	19/09/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Clinical safe hold used in patients best interest to allow community dentist to examine his teeth.	Seated clinical safe hold implemented by 2 staff and 3rd IHOT staff member held his head still for the later portion of the intervention due to increasing head movement.	None required	None required	None (no harm caused by the incident)	Closed
GHC76422	19/09/2024	19/09/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safeguard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC76428	19/09/2024	19/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Standing		Patient was escorted to her bedroom using PMVA techniques due to hostility and unsettling fellow patient.	3 person team escorted patient to her bedroom.	Debrief offered to all involved Information handed over Review of risk assessment and care plans	Review PBS plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC76458	19/09/2024	19/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient assaulted staff needing re-direction to her bedroom. When in holds patient attempted to be resistive and kicked out at staff.		Debrief offered to all involved Review of risk assessment and observation level Information handed over	Review of care plans, including PBS plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC76468	19/09/2024	19/09/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Service user was due for prescribed dose of depot injection.User was explained about the depot due today.User continued to refuse the prescribed treatment despite of explanation by staff. PMVA team was called for support and staff continued to explain the user the need for medication administration .User started swearing at staff,asked staff to leave the room and unable to accept any reassurances hence user was put in seating seated holds on the bed .User continued to resist.User was administered depot injection along with IM 2 mg of	Patient required depot medication, objected and refused this treatment therefore decision reached to proceed with PMVA team assistance.	Patient prescribed depot medication. Patient declining to accept despite verbal explanations and reassurances. Decision reached to proceed with depot with PMVA team to aide in administration.	Staff followed care-plan and risk management plans.	None (no harm caused by the incident)	Closed
GHC76469	19/09/2024	19/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient has presented as highly agitated and assaultive throughout the shift. Placed in holds numerous times.		Debrief offered to all involved Information handed over Review of risk assessment and care plans	Review PBS plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC76473	20/09/2024	20/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient came out in the communal area with a lighter on hand which he reported he had in possession today. He then started shouted asking the staff to open the door to the garden so he can have his cigarette. Staff denied, asking for the lighter back reinstating the policy around smoking. He became very agitated refusing to hand the lighter threatening staff. He reported if staff try to take his lighter he is going to fall backwards and hurt himself and later come back with a team to get staff in trouble. Staff tried to rationalise and deescalate him but he adamantly stated "I don't care, all I want is to go out in the garden like I did today and smoke a cigarette". Staff explained about the policy to which he responded that "I go by the English law and not (insert staff names) law. He was still holding on to the lighter refusing to give it.	Patient sat on the sofa reluctantly but disagreed to give his lighter, shouting loudly that he was going to use it in his room. Staff requested him to maintain some peace due to the hour of the night and the presence of other residents he responded he does not care. Staff requested a male member of staff from next door to assist to get the lighter. PBM hold maintained on his arms while he was sat RN SS on left hand with HCA AV supporting due to insufficient holding strength HCA MF in right hand while and lighter was taken away from a firm grasp of Glenn by HCA SR. became very abusive towards that male member of staff using racial slurs , threatening to spit on his life and pointing fingers stating "I will remember you, I will not forget you mate, I will end you" while using derogatory language, curse words and very insulting language. He was asked to not use	spoken to patient- Possible infection causing current agitation	NA	None (no harm caused by the incident)	Closed
GHC76474	20/09/2024	19/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Escort		Toy cupboard door was open for the services user to pack away his toys, he failed to comply and stat to slam the door aggressively against the other adjacent door.	Toy cupboard door was open for the services user to pack away his toys, he failed to comply and stat to slam the door aggressively against the other adjacent door. Staff intervene and try to deescalate it verbally by redirecting the service user. All attempts failed and to minimised damage to property, the service user was was restrained by 3 staff 2 HCA and one RMN allowing the forth (HCA) to pack away all toys and securely looked the door. Staff disengaged when all toys was packed away and the door was looked in place.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	None (no harm caused by the incident)	Closed
GHC76479	20/09/2024	20/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient was very agitated and was banging her head on the wall, biting, punching and pushing staff away, slapping staff and shouting that they want to go home refused oral PRN offers on all account.	Duty doctor informed. PRN oral lorazepam offered once again before PBM hold, refused.1 mg lorazepam injection administered on left thigh through seated PBM hold using a pod. HCA SR on left arm , HCA AV on right arm and RN JK on the legs. Staff on arms maintained hold in her arms till she resettled as she was still throwing her body backwards and around. NEWs score was taken very discreetly , scoring 2, temp 35.9, pulse 102, RR 15, BP 142/101, Pulse 99.	Risks and care plans reviewed regularly	NA	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC76480	20/09/2024	19/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user was heard banging her head. Service user was banging the back of her head against the wall a faster rhythm than normal but at a low level intensity. Whilst trying to place a soft item against the wall to minimise the impact and attempting to engage in redirection and de-escalation as per care plan, the service user was resistive. throughout the intervention - the service user was very combative on the left side and not on the right. Trying to shift body weight to her right side whilst attempting to place left arm in odd angles and trying to apply pressure in odd angles. When challenged the service user stated "NAME RETRACTED, is stronger and am trying to break my arm". when asked why she replied "pain is pain". hold on left side were loosened due to no physical attempts to harm staff, yet she remained to try and place her arms in odd angles in attempt to apply her	PMVA Team Called Removed from bed and transferred to POD. Declined oral medications, IM administered into left thigh below recent self harm wound. RT OBS Commenced GCS completed score of 15 / no concerns noted. DMO contacted and reviewed. RT non touch obs completed when in bed. MERT Assessor Presnet	care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC76482	20/09/2024	20/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Escort		patient slamming bedroom door to remove from hinges, door broken	patient redirected from bedroom. PMVA team called, utilised pod no holds PRN lorazepam given.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed

GHC76485	20/09/2024	20/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient attempted to abscond	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Seated (other)		service user had been chaotic, paranoid, thought blocked, distressed. Verbal de-escalation and redirection to minimal affect. All normal medication and PRN promethazine was to no affect throughout the former part of the night. At 03:45 service user remained to presnet distressed and restless manner so PRN 2 mg Lorazepam Oral was given and accepted. Around 04:05- The service user attempted to leave the ward in distressed and agitated state.	Restrictive escort to sofa was implemented in lounge area were we sat in holds for around 5 minutes. PMVA team called but not required. After 5 minutes holds were released as no longer proportionate, no evidence of resisting. However due to presentation staff remained seated with service user to ensure PRN medication that was prior given would take affect. We sat on sofa around 20 mins with no further need of restraint and Service user concordant with verbal request to remain with us for a period of time. Soon after the service user presented as tired so was encouraged to bed where she settled and managed to sleep for around 4 hours.	supported and managed following process	N.A	None (no harm caused by the incident)	Closed
GHC76495	20/09/2024	20/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient making verbal and racist remarks towards staff. Escalated and proceeded to invade personal space, make threats to kill and spit at staff. Also kicking the doors with force.	Patient placed into standing restraint before being placed into seated restraint on the POD. RT oral medication administered.	Debrief offered to all involved Information handed over Review of risk assessment and care plans	Review PBS plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC76500	20/09/2024	20/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Escort		Following racial abuse and patient refusing to go to their bedroom, precautionary PMVA holds were used to escort patient to their bedroom.		Debrief offered to all involved Information handed over Review of risk assessment and care plans Staff offered support to report to the police	Review PBS plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC76501	20/09/2024	20/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Person 1 (patient) became agitated and ran to kick off doors when staff tried to prevent the incident by verbal de-escalation, person 1 charged towards staff in order to assault them.	PMVA holds are applied by staff to prevent assault and further escalation. While in holds, staff tried verbal de-escalation as well.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC76502	20/09/2024	20/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Supine (face up)		Named patient was highly agitated requiring x4 PBM Supine Restraints. These restraints were after extensive attempts to de-escalate the patient by the use of known interventions detailed in his PBS Plan including distraction, a change of face, PRN medication. PBM was used when he attempted to arm himself with bricks that were on the site at Berkeley House.	Despite a lengthy process of negotiation and de-escalation staff had to intervene when this patient became physically aggressive towards staff, pushing and striking out at them and attempting to arm himself with bricks which he would use as weapons against staff and his environment. It was proportionate to the level of risk he was presenting with at the time.	This was a very long and drawn out incident with resultant damage to this patient's vehicle and his environment by him and injuries to several staff. Incident reviewed by MDT with a further more detailed review of incident on 26th September 2024, the following was discussed and agreed: That the high risk times are when the patient is outside of his flat often transitioning from one activity to another such as moving to the computer room. That his behaviours have caused significant restrictions to now be in place as he cannot access the community due to damaging his vehicle, that he cannot use the computer as he pulled down the internet cable and that he cannot access his garden due to damaging his garden door to such an extent that it cannot be opened. Considerations include: Improved access to the internet through his own discreet package through a private provider meaning he does not have to rely on the Trust Intranet. Procurement of a vehicle that can be used whilst his is repaired. Identify works that need to be completed in a vacant flat to enable this patient to move there to allow his flat to be repaired. Removal of left over building supplies around the	That this patient remains a high risk towards his environment and those tasked with looking after him.	Moderate (significant but not permanent harm e.g. takes up to 1 year to rectify)	Closed
GHC76515	20/09/2024	20/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was unaccepting of redirection to her bedroom following the ongoing incidents on the ward, patient became verbally hostile towards staff members and was refusing to leave communal areas. Staff placed patient in holds and was then escorted to their bedroom. patient re-entered communal areas, continued to be verbally abusive to staff and threw drink over a staff members face and was escorted to		Information handed over Debrief offered to all involved Review of risk and observation level	Review PBS care plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC76517	20/09/2024	20/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient came out room in t-shirt and underwear, and charged towards male member of staff, asking if staff member wanted to fight and making verbal threats to staff member, patient grabbed hold of staff member and placed hands to put staff member in head lock, staff member was then headbutted by patient to the corner of the eye, both patient and staff member ended on the floor with the support of staff assisting to place patient in PMVA supine holds on the floor. Patient was then escorted to the ECA area with the support of staff. MERT and PMVA teams called due to patient falling hard on the floor backwards. Patient placed in seated holds in the POD when in the ECA. Patient then exited the ECA, continued to show extreme aggression and verbal abuse, threatening staff members and continued to charge at staff members. Patient picked up a tub chair and threw this towards staff. restrictive escort and patient was escorted back to the ECA and PMVA		Information handed over Debrief offered to all involved Review of risk and observation level	Review PBS care plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC76530	20/09/2024	20/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient kicking out and attempting to hit staff	PBM removal to sofa so that staff could withdraw	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all	None (no harm caused by the incident)	Closed
GHC76536	21/09/2024	21/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient had previously been abusive towards staff, was redirected back to bedroom however continued to escalate. Patient was banging door against wall causing property damage and was making verbal attempts to kill and harm staff.	Patient placed in holds, given stat dose of RT. Estates called to remove door, patient refused to leave room therefore 2:1 team covered door areas.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC76538	21/09/2024	21/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Escort		Patient was attempting escalated peer, refused to disengage and making threats	Patient escorted back to her bedroom, given PRN	Debrief offered to all involved Information handed over Review of risk assessment and care plans	Review PBS plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC76542	21/09/2024	21/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was in the communal area escalating in behaviour. Patient was attempting to wake another patient who was asleep. Patients was also racially and verbally abusive towards staff members. Patient was blowing her vape in to staff's face when staffs were trying to verbally redirect patient. Staff members escorted patient to her bedroom on multiple occasions for the same. Patient kept coming to the communal area and presenting with with same behaviour. Patient then throwed a drink at a staff member when staffs were attempting to redirect her to bedroom.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff member advised they would be supported to report this to the police, should they wish to do so. Patient was spoken to about racial abuse and how	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC76553	21/09/2024	21/09/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Supine (face up)		Patient was refusing medication after being offered several times- due to being agitated, paranoid, aggressive towards staff.	staff entered patients room and explained to patient that she would be taking medication via RT, patient refused- Patient places in holds, led down on bed- minimal resistance from patients, light holds from staff involved. Medication administered, staff left room. Staff to	Restrictive interventions required to provide essential care and treatment Patient at risk of deterioration of mental and physical health Patient now discharged from hospital	Treatment given had positive outcome for patient	None (no harm caused by the incident)	Closed
GHC76557	21/09/2024	21/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Patient entered kitchen , grabbed staff collar and attempted to pull to floor. Grabbing/scratching staffs arms and chest area.	Grab hold fixed , asked patient to let go . Without success. Patient removed to chair . staff withdrew.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all	None (no harm caused by the incident)	Closed
GHC76566	21/09/2024	21/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		16:20: Patient was observed sitting beside her bed, engaging in headbanging behaviour, repeatedly striking the back of her head against the wall. Two staff members attempted verbal de-escalation and utilized grounding techniques, but Patient was unresponsive and reluctant to engage. She was vaping while continuing the headbanging. Interventions: Staff consistently employed various distraction techniques and adhered to her care plan; however, Patient did not engage. PMVA Activation: 16:35: Due to a lack of response, PMVA was activated. Despite further efforts by staff to de-escalate the situation, Patient remained uncooperative.	Patient was placed in a seated POD position, with leg cushions applied lightly to avoid aggravating the laceration on her left leg. Medication Administered: Patient was administered 50mg of Promethazine IM into her right thigh. Once RT was administered, all holds were released. Post-Incident: Patient chose to remain in her bedroom and was reluctant to join the communal area. 17:15: Patient was observed headbanging again in her bedroom. Two staff members attempted verbal de-escalation , but their efforts were unsuccessful. Second PMVA Activation: 17:31: PMVA was activated again, with staff continuing verbal de-escalation efforts. Patient ceased headbanging and agreed to join the communal area for the scheduled movie night. Patient participated in the movie night and remained in the communal area thereafter. Documents maintained: -Non-touch observation was maintained following RT.	care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC76569	21/09/2024	21/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was escalating in communal area and walked toward a member of staff in an aggressive manner, making threats of violence and invading their personal space. It was felt that the patient was going to physically assault the member of staff therefore PMVA holds were used to escort patient back to his bedroom. Patient was in a seated restraint for roughly 4 minutes before holds were released and patient		Information handed over Debrief offered to all involved Review of risk and observation level	Review PBS care plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC76571	21/09/2024	21/09/2024	CRHT Liaison s135 s136	Robert Maxwell s136 suite	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was head banging and attempting to lash out at staff. Team assisted with standing hold initially and went into a sitting hold. Patient was agitated required oral medication declined this therefore team called to assist in giving RT . RT given and patient appeared to be less agitated	On call Dr informed to assess when able Non touch Observation will be completed	Unfortunate incident that appeared to be handled well by team at the time of incident with good outcome	None, Correct processes followed to good effect	None (no harm caused by the incident)	Closed
GHC76574	22/09/2024	21/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (other)		Patient A manic, restless attempted to abscond	Escorted to room in simple hold, RT oral 2mg Lorazepam administered.	process followed	N/A	None (no harm caused by the incident)	Closed
GHC76578	22/09/2024	21/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (POD used)		-Patient was observed to be chaotic in observation. she was pacing through out ward and trying to kick the fire door so she can leave the ward. -staff tried to redirect her at numerous occasions and then she began to escalate further trying to leave the ward through the ward door. - Patient was then trying to enter other peers bedroom and invading their personal space and touching their hands. - staff offered her medication however she stated that she had Vitamin K before as injection hence there was no need for medication. - she was guided to her bedroom on light holds by staff due to the concerns of Patient screaming and crying in the communal area. - she was offered medication orally however she declined.		supported patient	N.A	None (no harm caused by the incident)	Closed
GHC76598	22/09/2024	21/09/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		The patient became frustrated during lunchtime, when staff were trying to encourage him to eat his dinner when he started grabbing staff by the wrist and squeezing staff. Staff tried gently holding his hand but this did not calm him and he started to lash out. He grabbed a staff members wrist and the staff member escaped using a Trust approved breakaway technique. He then tried to lash out at another	Ward staff decided to utilise PBM arm holds to escort the patient down to his room. The large cushion was sort and the holds were maintained while the patient was sat upright on the bed. He accepted oral 0,5 prn lorazepam. Holds were released about a minute afterwards and staff left the room. The patient then lay on his bed and appeared calmer.	Managed appropriately Case discussion completed, RAG plan being formulated from discussions - should be completed this week	NA	None (no harm caused by the incident)	Closed
GHC76602	22/09/2024	22/09/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Seated (other)		The patient was trying to open doors in the female corridor. He was frustrated and aggressively approaching staff when they tried to verbally de-escalate him. The patient was also constantly swearing and punching furniture when he got close to it. He had recently had PRN 0.5 mg lorazepam, so I consulted with the Duty Dr if it was ok to give further lorazepam. She agreed that it would be a positive move.	Ward Staff spent three minutes trying to direct the patient to his room. His level of agitation and frustration was still high, so it was decided to use PBM arm holds to escort him to his bed. The large brown cushion was utilised for the patient, and ward staff, to rest against as they sat on the bed while maintaining holds. The patient remained highly agitated so it was decided to utilise PRN IM 1 mg lorazepam. It was administered into his left thigh through his clothes. Holds were released and the cushion removed. and the patient lay on his bed. Non contact physical observations were utilised initially and no major concerns were raised. At about 14:30 a full set of NEWS2 observations was obtained. The patient's score was 4 for a respiration rate of 24 bpm and blood pressure 0f 92/59. Duty Dr was informed	Managed appropriately RAG plan being formulated following case discussion	NA	None (no harm caused by the incident)	Closed
GHC76610	22/09/2024	22/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient slammed his door in the opposite direction causing it to come away from the hinges.	Patient placed into precautionary holds before being moved to the POD in a seated restraint.	Information handed over Debrief offered to all involved Review of risk and observation level	Review PBS care plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC76615	22/09/2024	22/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Patient had continued to make multiple threats to harm staff including threats to kill. Earlier medication had no effect. Patient still driven to invade staff personal space.	Male PMVA team assembled and patient placed into POD so RT medication could be administered.	Debrief offered to all involved Information handed over Review of risk assessment and care plans	Review PBS plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC76620	23/09/2024	22/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient assisted to get changed as incontinent of urine. She initially cooperated however began to request her husband to come to see her as sh wants to go home, whilst pushing sarah steady and attempting to scratch staff and putting herself at risk	Information and reassurance given, oral sedation offered but declined. Violent mannerisms and agitation continued so RT with sitting position safe holds was administered. Visual close observations followed up to this and Duty	All procedures followed care plans and risks are reviewed	NA	None (no harm caused by the incident)	Closed
GHC76626	23/09/2024	23/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Escort		Patient started to headbang. verbal de-escalation was futile and she declined prn medication offered.	Placed in arm holds to facilitate moving her out of bedroom. Released when in the corridor	supported by staff	N.A	None (no harm caused by the incident)	Closed
GHC76628	23/09/2024	22/09/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Clinical hold (seated)		Disturbed patient becoming increasingly hostile and disordered. She had refused to accept regular oral meds and could not be settled by 1-1 staff intervention. Escalating, patient was shouting and screeching pulling things off walls, trying to pull curtains down and then picked up and went to throw a china cup. S/N intervened and was threatened with aggressive response and then patient tried to bite the nurse's arm. Patient has badly bitten a member of staff previously during this admission	2X HCA took patient to her bedroom with 2 person removal. Whilst staff sat with patient on her bed 1mg lorazepam IM administered. Staff remained with patient for approx. 10 minutes but she did not settle at all and was taken back to the lounge as she was disturbing other patients trying to sleep	Nursing team managed incident appropriately Medic review following day MDT aware and treatment reassessed	No further lessons identified	None (no harm caused by the incident)	Closed
GHC76629	23/09/2024	23/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient managed to hit member of staff in her hand/wrist as he was agitated and unable to deescalate with reassurance and redirection.	Safe hold PBM utilized to escort patient to a low stimuli environment. staff declined medical review at the time. Advised to avoid further strain to hand (PBM, etc) for the rest of	On high level observations due to current risk level	NA	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC76633	23/09/2024	22/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		the patient was wandering in the lounge and was becoming agitated and aggressive towards staff attempting to grab staff around the neck and grab staff clothes and hit out at staff . redirection de-escalation to no avail. PBM implemented the patient	PBM implemented two person removal the patient was escorted to his room .nurse in charge informed datix completed entry made on RIO	All correct actions followed- Pt currently under investigation for a physical health deterioration which may be contributing to current behaviour	NA	None (no harm caused by the incident)	Closed
GHC76635	23/09/2024	20/09/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Young person attended CAMHS LD Phlebotomy Clinic/Acorn House. Young person encouraged to sit on POD. x4 staff from physical intervention team supported young persons arms and legs in clinical hold for bloods.	Once young person was comfortable and secure phlebotomist attended, achieving blood sample for analysis.	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC76639	23/09/2024	20/09/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Young person attended CAMHS LD Phlebotomy Clinic/Acorn House. Young person encouraged to sit on POD. x4 staff from physical intervention team supported young persons arms and legs in clinical hold for bloods.	Once young person was comfortable and secure phlebotomist attended, achieving blood sample for analysis.	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC76641	23/09/2024	20/09/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Young person attended CAMHS LD Phlebotomy Clinic/Acorn House. Young person encouraged to sit on POD. x4 staff from physical intervention team supported young persons arms and legs in clinical hold for bloods.	Once young person was comfortable and secure phlebotomist attended, achieving blood sample for analysis.	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC76642	23/09/2024	20/09/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Young person encouraged to sit on POD. x4 staff from physical intervention team supported young persons arms and legs in clinical hold for bloods.	Once young person was comfortable and secure phlebotomist attended, achieving blood sample for analysis.	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC76644	23/09/2024	20/09/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Young person attended CAMHS LD Phlebotomy Clinic/Acorn House. Young person encouraged to sit on POD. x4 staff from physical intervention team supported young persons arms and legs in clinical hold for bloods.	Once young person was comfortable and secure phlebotomist attended, achieving blood sample for analysis.	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC76649	23/09/2024	20/09/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		Young person attended CAMHS LD Phlebotomy Clinic/Acorn House, transitions are known to be difficult for them. Young person made way from acorn reception supported by LD CAMHS FSP/Nursing and parent. Young person dropped to the floor in narrow corridor outside family therapy room.	Audience effect reduced by managing number of supporting staff. Intensive interaction appeared to be somewhat effective. x1 attempt to stand young person and support to therapy room unsuccessful, young person took themselves to the floor again in corridor. Young person shuffled themselves across floor and into family therapy room. Due to overrun of appointment and apparent distress of young person discussion had between clinicians with regards to abandonment of appointment. Young persons parent requested the appointment continue. Supine clinical hold for bloods actioned.	planned intervention	planned intervention	Low (minor harm, e.g. takes up to 1 month to rectify)	
GHC76655	23/09/2024	20/09/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Young person attended CAMHS LD Phlebotomy Clinic/Acorn House. Young person encouraged to sit on POD. X3 staff from physical intervention team supported young persons arms and legs in clinical hold for bloods.	Once young person was comfortable and secure phlebotomist attended, achieving blood sample for analysis.	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC76656	23/09/2024	23/09/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		Patient becoming physically aggressive towards staff, putting others at risk of harm. He was shouting, appearing to believe staff were going to hurt him.	PBM used to escort patient to bedroom. Staff stayed seated in holds with patient until safe to let go, and then patient remained in bedroom.	Managed appropriately Meds reviewed RAG plan being formulated	NA	None (no harm caused by the incident)	Closed
GHC76658	23/09/2024	20/09/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Young person attended CAMHS LD Phlebotomy Clinic/Acorn House. Young person encouraged to sit on POD. X4 staff from physical intervention team supported young persons arms and legs in clinical hold for bloods.	Once young person was comfortable and secure phlebotomist attended, achieving blood sample for analysis.	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC76659	23/09/2024	23/09/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Personal care (standing)		Planed clinical hold carried out in order to allow AMU bay Nurse to take preadmission bloods from the patient. IHOT staff carried out clinical holds on patients arms while a staff member from chalton lane bridged over patients legs. Lorazepam was also given PRN prior to clinical hold being implemented Nurse successfully took bloods from patient and		None required	None required	None (no harm caused by the incident)	Closed
GHC76661	23/09/2024	20/09/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Young person attended CAMHS LD Phlebotomy Clinic/Acorn House. Young person encouraged to sit on POD. X4 staff from physical intervention team supported young persons arms and legs in clinical hold for bloods.	Once young person was comfortable and secure phlebotomist attended, achieving blood sample for analysis.	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC76664	23/09/2024	20/09/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Young person attended CAMHS LD Phlebotomy Clinic/Acorn House. Young person encouraged to sit on POD. X4 staff from physical intervention team supported young persons arms and legs in clinical hold for bloods.	Once young person was comfortable and secure phlebotomist attended, achieving blood sample for analysis.	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC76665	23/09/2024	23/09/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		Patient A attempted to assault another patient.	PBM holds were used to escort patient A to his bedroom. RT Oral Lorazepam given.	Managed appropriately Meds reviewed RAG plan	NA	None (no harm caused by the incident)	Closed
GHC76666	23/09/2024	20/09/2024	CAMHS Learning Disability	Acorn House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Young person attended CAMHS LD Phlebotomy Clinic/Acorn House. Young person encouraged to sit on POD. X4 staff from physical intervention team supported young persons arms and legs in clinical hold for bloods.	Once young person was comfortable and secure phlebotomist attended, achieving blood sample for analysis.	planned intervention	planned intervention	None (no harm caused by the incident)	Closed
GHC76670	23/09/2024	23/09/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC76672	23/09/2024	23/09/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive B12 injection - in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC76675	23/09/2024	23/09/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in a proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC76680	23/09/2024	22/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Escort		-Patient appeared evidently anxious, distressed and agitated with persecutory beliefs and paranoia , unable to retain information , stood in courtyard for 40 minutes refused to return to ward. -Patient was wearing not appropriate clothes to weather. -Expressed wish to leave the hospital to see her	- Verbal de-escalation and constant redirection with no effect initially. -Put arm holds to escort for 30 seconds. -RT given. -Continued verbal de-escalation and redirection.	supported by staff	N/A	None (no harm caused by the incident)	Closed
GHC76684	23/09/2024	23/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient was observed head banging in their room. Staff called a PMVA team	patient was restrained on to the pod and given prn 2 mg oral lorazepam.	care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC76688	23/09/2024	23/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		-Around 13:45 Patient was observed to be headbanging with back of her head to the bedroom wall. staff attempted verbal de-escalation and utilized grounding techniques, various distraction techniques and adhered to her care plan; however, Patient did not engage. -Around 14:00 PMVA was activated. -Staff put her on seated PMVA holds on the edge of the bed. Staff offered her oral RT , which she declined and she was given IM RT promethazine 50mg to the right thigh at 14:14. -Around 14:17,Patient started headbanging again with back of her head towards the bedroom wall. Staff had to put her back on PMVA holds, Patient was placed in a seated POD position, with leg cushions applied lightly as Patient had wound on left leg. Staff tried to verbally deescalate her, offered her to go courtyard, encouraged to do grounding techniques,	PMVA Team Called, used seated POD and cushion. Declined oral RT medications, IM administered into Right thigh. RT OBS Commenced. GCS completed score of 15 / no concerns noted. DMO was informed. RT non touch physical observations completed when patient declined to do physical observation. MERT Assessor Present	care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC76689	23/09/2024	23/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Standing		patient being verbally aggressive towards staff and patients, slamming doors, damaging property	Patient had to be put in holds and taken to her bedroom, PRN administered with little to no effect.	Information handed over Debrief offered to all involved Review of risk and observation level	Review PBS care plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC76693	24/09/2024	23/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient blocking entrance/exit to nursing office Patient declined to move away after numerous requests/redirection by staff, shouting & hitting out. Patient encouraged to move, offered regular medication including prn initially accepting, however began to throw the water around, spitting medication out, hitting out & shouting at staff. Due to escalating behaviours decision made to support patient away from the door in holds to both arms. Patient assisted into female lounge becoming increasingly agitated/resistive while supported to sit on the pod. Cushion placed over legs. Patient declined the offer of oral RT medication. Patient encouraged to take medication continued to decline. Patient informed RT IM medication would be administered to right upper thigh. RT IM administered Cushion removed. Holds to both arms released shortly after. Patient declined full set of physical observations. RT non touch obs commenced.	Patient assisted away from the door in holds to both arms into female lounge area, supported to sit on the pod becoming increasingly agitated/resistive. Cushion placed over legs. Patient encouraged to take oral RT medication, continued to decline. Patient informed RT IM medication would be administered to right upper thigh. RT IM administered. Cushion removed from legs. Holds to both arms released shortly after. Patient declined full set of physical observations. RT non touch obs commenced.	patient unwell managed well	N.A	None (no harm caused by the incident)	Closed
GHC76694	24/09/2024	23/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Clinical hold (seated)		Patient on 1-1 observation is with staff member. Patient stood up from his bed and approach staff without saying anything to staff and started hitting out to staff, another staff member responded to call bell came to assist staff. Patient could not express his needs but was agitated kicking and trying to slap staff. Contact was made to supporting HCA face.	PBM safe arm hold was used to stop patient from hitting out and PRN was offered but patient declined. Staff tried staying away to reduce stimulus to see if that was the cause of agitation but patient seems not to want staffs to leave.	All risks and care plans reviewed regularly. Due to current mental state	NA	None (no harm caused by the incident)	Closed
GHC76701	24/09/2024	24/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient verbally assaulting other patients in communal areas and exhibiting aggressive behaviour towards other patients, threatening staff and patients.	Patient had to be put in holds and redirected to her bedroom, PRN offered	Information handed over Debrief offered to all involved Review of risk and observation level	Review PBS care plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC76705	24/09/2024	24/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		patient distressed and not taking oral medication. Not eating and drinking. Becoming aggressive trying to push staff away.	decision made with the psychiatrist to give IM prn lorazepam 0.5mg- No RT, only prn. capacity assessment completed.	pt reviewed regularly- referrals made to LDISS for support	NA	None (no harm caused by the incident)	Closed
GHC76708	24/09/2024	24/09/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient being physically violent and racist towards staff (see separate datix). PBM holds used to support patient to room, staff remained seated in loose holds and offered reassurance and support. Patient accepted oral RT at this point. Patient appeared settled so staff left the room. Shortly after, patient went out into corridor and was being physically violent to staff again, so PBM used a	Non-contact obs commenced Dr. made aware	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC76722	24/09/2024	24/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Personal care (standing)		HCA L B was on a 1 to 1 with patient P G They were standing up in the dinning area,he began hitting staff across the face	HCA called out for help staff did a pbm removal for patient P G to his room	risks and management reviews. Is on high level observation due to risks	NA	None (no harm caused by the incident)	Closed
GHC76723	24/09/2024	24/09/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient refusing to have depot	Multiple different staff attempted to discuss and persuade patient to agree to depot. Consistently declined. PBM holds use to safely hold patient and depot administered	Appropriate action taken at time of the incident. No post PBM review taken.	Nursing team to ensure that they have requested a post PBM review from medics.	None (no harm caused by the incident)	Closed
GHC76740	24/09/2024	24/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient headbanging in bedroom	Attempted de-escalation unsuccessful PMVA seated POD and leg cushion. oral RT physical and neuro obs completed dmo aware	care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC76742	24/09/2024	24/09/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient was unsettled pacing around the ward shouting and screaming, attempting grab staff members ID badges and lanyards not accepting reassurance from staff. Patient was taken into the garden for fresh air but returned soon after and remained very driven. Patient was offered oral meds but declined. Patient behaviour escalated and	PBM alarm was pulled Patient was PBM to the ladies lounge Seated holds on sofa with large PBM cushion that is used on beds Verbal Descalation was attempted with no effect RT injection was administered Duty Doctor informed	All staff involved in the PBM was trained for holding. Incident was escalated properly and doctor was informed. Non touch assessment was documented properly Staff was informally debrief by the nurse in charge. Patient was debrief during the Post RT review.	No lesson to be learnt	None (no harm caused by the incident)	Closed
GHC76749	24/09/2024	24/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient was observed to be high profile at the end of the shift. She was observed to be restless and screaming through her window. She was screaming "help, help". she was chaotic in presentation staff offered her oral medication however she declined. Planned PMVA was activated. She was placed on clinical holds with the support of leg cushion. She declined the oral medication hence IM was rationalised. She was screaming at the time of the IM.	-PMVA IS ACTIVATED -IM on holds	IM given as lacked capacity and distressed, IM to reduce distress	N/A	None (no harm caused by the incident)	Closed
GHC76750	24/09/2024	24/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other outside	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient head banging in courtyard	PMVA team supported back to ward	Care plan followed alongside policy	N/A	None (no harm caused by the incident)	Closed
GHC76751	25/09/2024	24/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Staff tried to verbally de-escalate without success. PMVA intervention required. Patient assisted off the bed, supported to sit on the pod in holds to both arms. Cushion placed over legs. Staff successfully verbally de-escalated the patient. Cushion removed from legs. Holds to both arms released shortly after. Patient supported to sit in the communal area. Set of physical observations taken. Duty doctor informed.	Patient assisted off the bed, supported to sit on the bed in holds to both arms. Cushion placed over legs. Staff verbally de-escalated the patient. Cushion removed from legs. Holds to both arms released shortly after. Patient supported to sit in the communal area. Physical observations taken. Duty doctor informed.	Care plan followed alongside policy	N/A	None (no harm caused by the incident)	Closed
GHC76752	25/09/2024	24/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Escort		Patient was unsettled banging fixtures and fittings, in particular targeting the lights with a heavy plastic toy. Staff attempted redirection and patient then attempted to attack staff with the toy. Physical intervention implemented to keep staff and patient safe while flat was cleared of other items	Patient monitored throughout restraint,	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all	None (no harm caused by the incident)	Closed

GHC76753	25/09/2024	24/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient became verbally hostile and verbally threatened members of staff in communal areas, patient started kicking and banging on doors. Patient was asked to return to their bedroom, he refused and continued to be verbally hostile to staff members and making threats to kill staff. Patient was then escorted to bedroom using PMVA restrictive escort.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC76754	25/09/2024	24/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Cupboard door in patients flat had been unlocked - due to risk to patient, staff and environment staff went in to lock the cupboard, Patient ran at staff, pushed into corridor and attempted to attack staff. Physical intervention implemented to minimise risk to staff and patient while cupboard was locked.	environment made safe, patient monitored during restraint	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	None (no harm caused by the incident)	Closed
GHC76755	25/09/2024	24/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Prone (face down)		Patient presented as hostile in communal areas, pacing the ward, verbally abusive towards staff and increasing in their hostility towards staff members. Patient then attempted to charge towards HCA with clenched fists, staff member was able to intervene. Patient continued to punch and as staff were attempting to stop the assault and defend themselves, staff and patient were pulled to the floor. Additional staff intervened and patient was placed in PMVA holds in the prone position, then moved into the supine position with the support of additional staff after calling a Psychiatric emergency. Staff then support patient in holds to the sofa. Patient when released from holds, continued to pace the communal areas, threw a bin at RMN and then pushed a HCA in communal areas and was guided back to their		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff member advised they would be supported to report this to the police, should they wish to do so.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC76764	25/09/2024	25/09/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold on a patient in his interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers, how the procedure will take place and what monitoring would be used to safeguard the patient. The MCA paperwork was reviewed and copies given to the carers	None required	None required	None (no harm caused by the incident)	Closed
GHC76766	25/09/2024	25/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		Patient was declining his medication and all diet and fluids. He was also very restless and hitting out at staff, PRN-0.5 Lorazepam IM was utilised inline with agreed management care plan. Seated holds utilised.		medical review and plan agreed due to risks to others	NA	None (no harm caused by the incident)	Closed
GHC76767	25/09/2024	25/09/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Pbm clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC76770	25/09/2024	25/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		patient highly distressed. Assaulted one of the nurses-separate datix. Trying to kick and punch staff.	clinical hold- prn lorazepam IM given as per care plan and best interest.	no further intervention	continue to review medication asked everyone involved if they were ok	None (no harm caused by the incident)	Closed
GHC76774	25/09/2024	25/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient distressed in communal areas, trying to assault staff-	Patient had to be removed from communal areas to their bedroom- PBM techniques utilised	Continual review of treatment plan	NA	None (no harm caused by the incident)	Closed
GHC76794	25/09/2024	25/09/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Seated (POD used)		Planned clinical hold in family home patient sat in the pod he became slightly agitated but talked to staff throughout the hold phlebotomist managed to take arm from left elbow crease. Hold implemented for the least amount of time possible using the least restrictive holds possible.		None required	None required	None (no harm caused by the incident)	Closed
GHC76795	25/09/2024	25/09/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold on patient - on POD - in best interest in order to receive finger and toe nail cutting from District Nurse - in proportion to the risk of harm if nails left unattended.		None required	None required	None (no harm caused by the incident)	Closed
GHC76796	25/09/2024	19/09/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (other)		Patient due depot IM and RT IM Patient refused oral medication Patient was shouting, swearing and screaming throughout Staff put on holds, patient was resistive Staff gave reassurance, patient calmed and remained calm in holds RT IM administered and IM Depot administered	Non-contact observations initially completed as patient refused, then later accepted for physical observations	Patients mental state and associated risks reviewed Treatment indicated, management plan in place Staff to use restrictive practice as required to ensure treatment is given. Patient at risk of further deterioration of mental state, and physical state without nursing intervention Patient now discharged	n/a	None (no harm caused by the incident)	Closed
GHC76798	25/09/2024	22/09/2024	LD IHOT	Pullman Place LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		patient held in a clinical hold to enable bloods to be taken safely		None required	None required	None (no harm caused by the incident)	Closed
GHC76801	25/09/2024	25/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		the patient had grabbed a female member of staff around the neck PBM removal from behind implemented the patient was removed to his room to calm . the patient was wandering the corridor and entered a female patients bedroom staff had to utilise PBM removal and the patient was removed to his room to calm	PBM implemented the patient was removed to his room to calm datixc completed nurse in charge informed . Entered on RIO	reviewed risks LDISS currently helping	NA	None (no harm caused by the incident)	Closed
GHC76810	26/09/2024	25/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient became increasingly hostile on interaction with staff, continued to raise their voice and shout at staff members, patient was unable to accept verbal redirection. Patient entered the personal space of staff on multiple occasions. Patient made verbal threats to assault and cause harm to staff. Stepped towards staff in an intimidating manner while making threats to harm. Patient refused to go to bedroom when requested by staff, due to his level of hostility and loud shouting while other patients are sleeping and continuous threats. Staff placed patient in holds		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC76816	26/09/2024	26/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient 1 came out of bedroom antagonising patient 2. Altercation began and patient 2 pushed patient 1. Patient 1 was then escorted to their bedroom using PMVA holds.	Patient escorted to their bedroom using PMVA escorted holds.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to both patients to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed for both patients. Medication review for both patients.	None identified.	None (no harm caused by the incident)	Closed
GHC76822	26/09/2024	25/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient was unsettled grabbed at staff. Staff implemented PBM removal, due to patients focus on both staff members, staff swapped and patient removed to lounge area.		This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	None (no harm caused by the incident)	Closed
GHC76832	26/09/2024	26/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Non-standard hold	Patient was lying on their left side	Patient was continuously refusing their depot medication, this was also causing an increasing in agitation and violence. Decision made by nursing staff to place patient in PMVA holds to administer. Patient agreed to sit down and was encouraged to lie on their side.	Depot administered	depot administered	N/A	None (no harm caused by the incident)	Closed
GHC76864	26/09/2024	26/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		headbanging with forehead to the bedroom window. staff attempted verbal de-escalation and utilized grounding techniques and adhered to her care plan; however, Patient did not engage. -Around 16:50 PMVA was activated. -Staff put her on Patient was placed in a seated POD position, with leg cushions applied lightly as Patient had wound on left leg.Staff offered her oral RT , which she declined and she was given IM RT promethazine 50mg to the right thigh at 16:58. -Patient was released from holds immediately after giving IM RT Injection.	PMVA Team Called, used seated POD and cushion. Declined oral RT medications, IM administered into Right thigh. GCS completed score of 15 and no other concerns noted. DMO was informed. RT physical observations completed. MERT Assessor Present	care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC76871	26/09/2024	26/09/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient continues to be on 1:1. She was in her bedroom with the staff when the Nurse went to give medication. Patient was observed to be agitated, shouting and screaming. Staff try to de-escalate her however no effect. Staff offered her medication and she declined it, she became more irritable and tried to grab staff's hand and ID tag. She tried to hit staff. Therefore, staff call for her and other HCA's came in, hold patient om PBM holds. Staff offered her oral RT however patient was not ready to accept. Therefore, RT lorazepam IM given on her right thigh. When she appeared a bit calm staff release her from the holds.	Tried verbal de-escalation- No effect RT lorazepam IM given	Nursing team managed incident appropriately MDT aware and formulating appropriate treatment plan	No documentation that medic reviewed post PBM/RT although further RT was prescribed - medics to clearly document review, nursing team to clearly document request to review - brought up in team meeting 30/10	None (no harm caused by the incident)	Closed
GHC76878	27/09/2024	26/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		22:20: The patient was seen to be headbanging with their forehead on to the mesh on the window. The patient's face, arms and the window mesh were covered in blood. Activated PMVA and the patient was guided to seated holds on the pod along with the use of a leg cushion. Staff attempted to verbally de-escalate the patient using grounding techniques and crisis de-escalators but the patient did not respond. Staff continued to make attempts for about 10 minutes but it was futile. Therefore, staff offered oral RT promethazine 25 mg tablets but the patient refused it. Therefore, IM RT promethazine 25mg was administered on the right thigh. The patient seemed to settle down right after the RT, hence the holds were slowly released. Patient disclosed to staff about using a glass piece to make a small cut on her head before headbanging which resulted in the bleeding. The glass piece was	The wound was cleaned after the incident. Allowed the patient to use the bathroom to wash the head. Window mesh was wiped and cleaned. Post Rt physical and post headbanging neurological observations were started. DMO reviewed the patient. Patient was de-briefed after the incident and allowed a 1:1 to ventilate.	Care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC76881	27/09/2024	27/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (other)		Patient became visibly distressed, chaotic in presentation, attempting to access male corridor, pulling other patients doors open, attempting to access doors into the nursing station when closing behind staff. Became increasingly distressed, appeared confused and mute when staff attempted to engage in conversation. Patient continued to disturb other patients sleeping, attempting to open doors. Appeared visibly more distressed and chaotic. Unaccepting of medication and patient had not slept in over 24 hours. Planned PMVA in order to		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC76887	27/09/2024	26/09/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC76896	27/09/2024	27/09/2024	LD IHOT	Pullman Place LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC76901	27/09/2024	27/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Named patient was presenting as unsettled in mood grabbed named staff scratching the staff member on the neck. PBM removal used to redirect to sit in their chair.		This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC76904	27/09/2024	27/09/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated Clinical Safe Hold used to support administration of depot medication.		None required	None required	None (no harm caused by the incident)	Closed
GHC76913	27/09/2024	24/09/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Staff found patient on hourly checks self harming and making wound with end of metal spoon Patient was resistive and not responding to verbal de-escalation Team called and placed on holds Patient resistive and not de-escalating. Spoon removed from patient Patient was getting sweaty and hot and had stopped resisting as much Staff removed holds Staff checked on patient after 10 minutes, patient was continuing to make another wound on arm with metal spoon Patient was resistive to staff. At one point, patient had a hold of staff's hand and the spoon in a tight grip and did not release holds. Team called and placed on arm holds.	Staff continued to verbally de-escalate and give 1:1 support Patient de-escalated Patient reviewed by the duty doctor	Mental state, risk and management plan reviewed Long term risk of self harm identified Patient engaged in Self Harm Pathway Psychology groups available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC76922	27/09/2024	27/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Escort		patient in the lounge handed over plate to staff started banging the door aggressively immediately after handing over the plate, staff attempted to verbally de-escalation, with no effect, patient continued banging the door, using toys, and dinner chair against the door, staff approach from a distanced, attempted attacked staffs, physical intention was used to prevent damage to the	physical intervention (patient was place on figure four hold) used to redirect him towards bedroom space, toys and dinner chair was removed and the e for the toys.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	This is a historical behaviour; all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patient's behaviour. All incidents are monitored and reviewed on a weekly basis. During PBM training staff are made aware of this and proxemics are discussed for working will all service users.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC76940	28/09/2024	28/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was dis regulated, attempted coming to communal areas naked, screaming and shouting. Staff attempted to intervene and scratched her arm, kicked her in teh groin and knee.	Place d in PMVA holds and was verbally deescalated	Care plan followed and supported	N.A	None (no harm caused by the incident)	Closed
GHC76944	28/09/2024	21/09/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient was mobilising through the communal area initially, he put himself on the floor and lied down over there, when he was supported to get up he became agitated, started to head bang with his fist. Patient was given sometime to settle and staff tried to verbally reassure him. But he was not calming down for any reassurance or redirection, he started became more and more agitated, started to bang a	He was directed to his room but he was not able follow the instructions. Therefore he was physically restrained to the male corridor. Hold was removed once he reached the corridor, he was supported to his room later. He was constantly observed by a staff member after the incident but was too distressed to accept physicals NEWS2.	Managed appropriately Staff to utilise RAG plan Harm level updated to NONE	NA	None (no harm caused by the incident)	Closed
GHC76950	28/09/2024	27/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		Patient was guided to her bedroom with staff and then a seated restraint was used to administer a depot medication.	Depot administered, 1:1 offered.	Patient was offered 1:1 time for a debrief following the administration of the depot. Staff offered debrief.	None identified.	None (no harm caused by the incident)	Closed
GHC76955	28/09/2024	28/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Whilst walking to the vehicle to go for a drive, patient grabbed staff members clothing.	PBM standing restraint used along with verbal redirection. Patient let go of clothing and went ahead with their drive	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	None (no harm caused by the incident)	Closed
GHC76958	28/09/2024	28/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient began headbanging	Verbal de-escalation attempted - little effect PMVA team, holds and RT implemented	care plan and process followed	N.A[po ewsaq	None (no harm caused by the incident)	Closed
GHC76962	29/09/2024	28/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PBM (physical intervention)	Escort		After having dinner in the lounge, patient climb the dinning chair, banging on the ceiling light, presented irritable and heightened in mood, staffs attempted to verbally deescalate and redirect him several times, with no effect, patient throwing faeces at staffs. Patient moved the chair to the bathroom, climbed on the dinning chair, attempted to damage property in the bath room	Physical intervention (safehold techniques) was used for less than a minute to redirect patient to his bedroom space due to his presenting increased risk to patient and the property, chair was removed and staff swift withdrew from the flat, continued to observed patient via cctv.	Incident reviewed, dealt with appropriately by staff and in line with this patient's care plans and PBS plan.	That staff are skilled in dealing with the complexities of this patient.	None (no harm caused by the incident)	Closed
GHC76964	29/09/2024	28/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		22:45: Service user was found on her bed with arms extended from bed by staff when doing observations. Service user was bleeding from a cut made with a piece of plate from fore arm. Wound was around 5-6 cm long. When intervened she made one more cut on the same fore arm. Both cuts were not deep. 23:00: when DMO came to review the wound, she was found to be in her toilet floor with more cuts on same arm on extensor aspect of fore arm. 23:30: When staff was cleaning her wound and bedroom floor. She started to shout at staff and increased the voice level. She Grabbed her breast and bite. She tried to attack staff. Lifted her bed upside down. She was making sexual comments and making inappropriate sounds.	22:45: Staff intervened her immediately. Enquired about the sharp. Bleeding was stopped by applying pressure. Wound was cleaned and applied dressing. Duty doctor was informed. She denied possession of any more sharps and told that she saved that piece from earlier. 23:00: Staff applied pressure, immediately after cleaning the wounds stopped bleeding. All cuts were superficial. She was asked to hand over the sharp, which she did and asked for the rest of the pieces and need for doing search as this is the second incident. She handed over a pillow case of broken pieces of plate. Quick room search completed. Was unable to find any other sharp. 23:30: PMVA Team was called. She was held on arm holds as she tried to attack staff again. She was held on arm holds on her bed, with the use of cushion. Administered 2 mg of lorazepam as RT Oral. She	policy and procedure followed	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC76971	29/09/2024	28/09/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Standing		Patient run out off the ward. Staff managed to get her from in- front of the ward. Patient refused to return to ward and was fighting with staff.	Staff called PMVA team, utilised holds. Patient refused to return to ward and was shouting at staff. Staff tried to de-escalate patient. Offered tablets to patient which she refused to take. Staff released the holds. Patient crawled towards the stairs, staff blocked her from moving forward. Patient eventually calm down, retired to ward without any holds. Had 1:1 time with staff. Accepted Lorazepam tablet.	Mental state reviewed Absconding risk reviewed Patients leave restricted due to risk of harm to self Care plans in plans	n/a	None (no harm caused by the incident)	Closed
GHC76988	29/09/2024	29/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient was seen gently knocking her head into the wall in her room. She then came out of her room and hit her head into the doors of the female corridor. Patient ran back to her room slamming the door several times screaming. Staff attempted to redirect however she ignored them. Dysregulated behaviour increased as patient tipped her bed over screaming continuously. Staff tried to redirect her however she screamed at them to "f**k off ++. Staff retreated as Patient pulled her trousers down, urinating & defecating on the floor she proceeded to scoop some up of the floor run to the doors of female corridor putting it in her mouth & wiping it over her face. Patient took herself back to her room starting to slam the bedroom door	Staff tried to redirect Patient however she ignored this. PMVA assistance required as Patient continued to escalate. Staff explained RT IM medication was going to be administered. Patient accepted this & sat on the bed with staff in holds to both arms, cushion to cover legs. RT IM administered. Holds released shortly afterwards. Duty doctor informed.	mitigated by staff	N.A	None (no harm caused by the incident)	Closed
GHC76996	29/09/2024	25/09/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Self- Injurious behaviour 1903 - Staff found patient self-harming (cutting) left hand wrist with a broken spoon .	Staff went in, tried to de -escalate and remove the sharp object . However ; Patient was very resistive and fighting with staffs . PMVA Team called and arrived , put patient on hold , removed the sharp object . Staff tried grounding techniques with no effect . Offered PRN promethazine 50 mg , which patient accepted to take but spat it out fully . 1924 : Administered RT Promethazine 50 mg with good effect . De-brief given . Post RT observations taken (non - touch)	Mental state and risks reviewed Ongoing risk of self harm, care plans in place Self Harm Pathway available, patient engaging to an extent Patient CRD	N/A	None (no harm caused by the incident)	Closed
GHC77006	30/09/2024	30/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was escorted back to bedroom after a potential attack on SN.	Patient escorted in holds to bedroom.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC77010	30/09/2024	27/09/2024	CAMHS Outreach	Patient's own home	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (community)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Escort		Two attempt's to jump from 3rd floor stairwell on leaving home. Multiple attempts to abscond. Five ligature attempts fixed and non fixed. Head banging. These incidents were due to YP needing to be taken to hospital for medical review and was distressed due to previous traumatic experiences of being in hospital/secure transport/	On two attempts of trying to jump from 3rd floor stairwell I placed my hands in a bear hug position around her tummy whilst talking to her and reassuring her that this was what I was doing. In all other incidents staff intervened in the least restrictive way to support her and to be safe. YP was given reassurance and support to settled throughout incidents. - Child social worker informed of the above incident as visited young person after they had returned from	- PNA supervision session arranged 29/10/24 for CAMHS Outreach and CAMHS care team involved with caring for young person as this incident is part of several incidents over a short period of time.	- Feedback following the incident from the Trust Behavioural support and training team confirmed that Outreach member of staff behaved appropriately in supporting young person, see attached email in documents. The Behavioural support and training team have been invited to attend Outreach team meeting to clarify with team their role when visiting/supporting children in care with private support staff employed by private provider.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC77014	30/09/2024	30/09/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-other inside	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Escort		Patient left the ward, and was sat outside another ward. Patient had a backpack on with all of their belongings in. Patient was declining to return to the ward voluntarily. Patient was given multiple chances to return to the ward before a PMVA team was called.	PMVA was called, and patient still declined to return to the ward. Decision made to put hands on to escort the patient to the ward.	none	none	None (no harm caused by the incident)	Closed
GHC77015	30/09/2024	30/09/2024	LD IHOT	Quayside House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive scan of abdomen by Sonographer in hospital outpatients setting - in proportion to the risk of serious harm if any undetected medical condition is not treated		None required	None required	None (no harm caused by the incident)	Closed
GHC77016	30/09/2024	30/09/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		Patient not accepting oral medication so IM lorazepam given as per chart and care plan. PBM techniques used to administer this.	PBM techniques used with 3 x staff IM lorazepam given as prescribed	Current plan regularly reviewed - Requested LDISS involvement	NA	None (no harm caused by the incident)	Closed
GHC77019	30/09/2024	30/09/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient was in the communal area-side room under 1:1 observation. Ward doctor came to take bloods for the patient. Patient was appeared drowsy and sitting in the sofa with her eyes closed. Patient appeared confused and disoriented therefore a planned PBM was called and hold the patient for safety of patient and staff. There was no resistance during the procedure from the patient side however as a safety	Put the patient on slight PBM holds as a safety precaution. Doctor tried to take blood from the patient however unsuccessful on both attempt. Patient observed to be dehydrated therefore will try again later.	Appropriate intervention Managed effectively by nursing team Medic present to review	No further lessons identified	None (no harm caused by the incident)	Closed
GHC77042	30/09/2024	30/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient A was in the communal area. He was verbally abusive towards staff and he was shouting. He was threatening staff and also made threats to kills the staff's family members. Patient A was not responding to verbal de-escalation and was agitated. He staring at staff intensively and was not responding to verbal redirection. Staff put firm boundaries in place and asked him to spend some time in his bedroom. He was not compliant with this so staff redirected him in. He has been targeting certain members of staff throughout the shift.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC77046	30/09/2024	30/09/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient made verbal threats, pulled a electric toothbrush with the toothbrush head removed, and brandished it like a weapon, clenched in his hand with a stabbing like motion, continued to make verbal threats and threats towards staff family members. Making statements regarding a previous fatal stabbing against a member of staff at Wotton Lawn Hospital. Patient then assaulted staff member by forcefully punching staff member to the face. Staff placed patient into PMVA holds and escorted patient to bedroom.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff member advised they would be supported to report this to the police, should they wish to do so. Toothbrush was removed from patient and stored in ward safe, where it will remain until the patient is	On discussion, it has been decided that if a patient is deemed to be a medium or high risk to violence, they will not have access to an electric toothbrush. This will be until they have been assessed and their risk of violence is reduced to low.	None (no harm caused by the incident)	Closed
GHC77047	30/09/2024	30/09/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PBM (physical intervention)	Escort		Patient requested for bedtime story after having routine, staff came in to the flat with a chair to read the story, patient presented as instantaneously heightened and agitated in mood, attacked staff, staff had to quickly withdrew, leaving the chair behind, patient got hold of the office chair, smashing it against the wall causing damage to the wall and breaking the chair into pieces, staff intervene due to the presenting risk, patient threw the chair toward staffs aggressive with the intent to hit staff and missed, staff swiftly picked the pieces of the chair and withdrew from the flat. Patient went in bathroom, continuously agitated and heightened in mood and manic, attempted to pull out toilet from the wall and basin in the toilet. Staff stood by the door adjacent to the bedroom, window panel opened as staff continued to verbally deescalated him. patient remained heightened and agitated, banging on the white rock	Patient finally pull part of the wall just underneath the basin. staffs had to go into the flat to prevent further damage to the wall and reduce the risk to harm self. On getting into the flat, patient was holding the broken pieces of the white rock wall in his right hand with blood stain on the hand. Patient attacked staffs as staffs approaches to deescalate him, using the broken pieces of white rock wall. Physical intervention was used to redirect him, broken pieces where taken, environments was cleared, staff let go of patient and swiftly withdrew, whilst redirected patient towards bedroom.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC77050	30/09/2024	30/09/2024	LD Inpatients - Berkeley House	Berkeley House	Accidents and injuries (not falls or sharps)	Collision or contact with an object	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PBM (physical intervention)	Escort		During an escalation in behaviours where patient was causing environmental damage (removing white rock from wall), he sustained an injury to his right hand	Patient finally pull part of the wall just underneath the basin. staffs had to go into the flat to prevent further damage to the wall and reduce the risk to harm self. On getting into the flat, patient was holding the broken pieces of the white rock wall in his right hand with blood stain on the hand. Patient attacked staffs as staffs approaches to deescalate him, using the broken pieces of white rock wall. Physical intervention was used to redirect him, broken pieces where taken, environments was cleared, staff let go of patient and swiftly withdrew, whilst redirected	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a known behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	Staff follow care plans and risk assessments to manage periods of escalation.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC77067	01/10/2024	30/09/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient was observed to be head banging in their room. they were sat on their bed head banging with the back of their head.	Staff members attempted to verbal de-escalate but this was not successful, staff restrained patient on the pod and used the pillow on their legs.	Care plan followed along with process	N/A	None (no harm caused by the incident)	Closed
GHC77073	01/10/2024	01/10/2024	LD IHOT	Southgate Moorings (dental service)	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Pbm clinical seated hold on a patient for dental check in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the (N.O.K), how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paperwork was reviewed and copies given to carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC77074	01/10/2024	01/10/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Escort		Patient was noted to be suddenly aggressive with their body language, pushing staff and grabbing onto staff tightly, staff tried to give some spare to no avail, trying to charge onto staff and other patients. Shaking heads and hands toughly	PBM hold on both arms to take to his room, Loraz 0.5 mg given orally.	working with PBM and LIDISS team known behaviours when ajitated	NA	None (no harm caused by the incident)	Closed
GHC77082	01/10/2024	01/10/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC77091	01/10/2024	01/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user was noted to be headbanging in her room. Fast pace but moderate intensity De-escalation to little affect Holds implemented on bed until Pod arrived then transferred to POD.	Verbal De-escalation PRN offered - declined PMVA team called Holds implemented and transferred to POD RT IM Administered RT OBS and GCS commenced. DMO Review requested	Care plan followed along with process	N.A	None (no harm caused by the incident)	Closed
GHC77092	01/10/2024	01/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient attempted to leave ward	Did not respond to verbal re-directed Placed in light forearm holds, verbally redirected and released	process followed	N.A	None (no harm caused by the incident)	Closed
GHC77117	02/10/2024	02/10/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for blood test in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the N.O.K, how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC77136	02/10/2024	01/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was observed to be engaging in SIB during the hourly checks. Staff managed to put on slight holds , and get the sharp from the patient hands (tail of a spoon) Patient was responding to staff during the incident , was resistive and fighting , trying to insert fingers into the wound to bleed . Staff managed to hold Patient to avoid the above . No bleeding observed , patient verbalised the trigger a chat with mum . stated that doesn't want to be alive , Guilt is eating alive Staff tried to reassure , eventually patient started settling down . Had PRN Diazepam 5 mg .	Verbal de escalation . Had PRN Diazepam 5 mg . Wound was cleaned , steri stripped and dressed .	Mental state, risk and management plan reviewed Long term risk of self harm identified Patient engaged in Self Harm Pathway Psychology groups available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC77149	03/10/2024	02/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was headbanging and attempts to engage with her was futile.	PMVA team called and placed in holds. Initially resistive however later engaged. Wound cleaned. Neurological observation done. Medic reviewed post headbanging	care plan followed along with process	N/A	None (no harm caused by the incident)	Closed
GHC77150	03/10/2024	02/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Self - Injurious behaviour	2240 - Staff found patient cutting the right side of neck using a piece of broken spoon . Staff tried de-escalating the situation , distraction and grounding techniques with no effect . Staff tried to remove the sharp from hand to stop patient cutting the wound deeper . However ; patient was very resistive which resulted in calling PMVA Team . Team arrived , Patient was siting on the floor and refusing to give back the sharp , continued to try digging in to the wound . Staff put patient on hold , removed the sharp object . Put patient on hold while patient sitting on the floor . Patient was very resistive , remained mute , not engaging with staffs ,kept eyes closed . Staffs managed to remove the sharp from hand . offered oral RT which patient refused . therefore , RT Lorazepam 2 mg was administered . Staff cleaned and steri-stripped the wound. Post RT observation carrying on . Informed duty doctor . De-brief given to the patient .	Mental state and risks reviewed No change in presentation, self harm risk is identified as long term Care plans in place Psychological therapy available Restrictive practice utilised to reduce harm to patient	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC77159	03/10/2024	28/09/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient took lighter from her pocket and held out towards staff	Staff asked patient to drop the lighter to floor. patient refused and kept the lighter on her palm. Patient was put on PMVA holds and removed the lighter. Offered PRN which patient refused and RT IM lorazepam given to patient.	Mental state, risks and management plan reviewed Management plan reviewed Treatment plan amended Staff to utilise restrictive practice to prevent harm to patient and others Patient referred to PICU	n/a	None (no harm caused by the incident)	Closed
GHC77161	03/10/2024	03/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		PBM clinical seated hold on a patient for blood test in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to N.O.K, how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paper work was reviewed and copies given.	None required	None required	None (no harm caused by the incident)	Closed
GHC77193	03/10/2024	03/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		- Staff overheard banging sound coming out from patient's room. -Immediately went to support the patient ,found patient banging back of her head against bedroom wall. -After IM injection ,she resumed low level head banging at 17:10 , which was stopped by verbal de-escalated.	-Attempted verbal de-escalation. -Grounding techniques , crisis escalator. -Offered pen and paper to write down her feeling. - Encouraged to use courtyard leave and to come out to communal area which she refused. -PRN was offered. -All above mentioned grounding techniques became futile therefore used restrain and administered RT IM after she denied to accept oral RT. -RT and neuro observation started , DMO reviewed.	Care plan followed along with process	N.A	None (no harm caused by the incident)	Closed
GHC77194	03/10/2024	03/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Clinical care, treatments and procedures	Treatment or procedure - delay / failure	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Clinical hold (seated)		Pt was recently prescribed new medication by her Doctor following their non-compliance. Patient was declining to comply with new medication. Pt requested to see and talk to doctor which was facilitated by ward staffs. Pt advised by their Doctor to accept oral medication as prescribed and offered by the nursing team. However, Pt continued to refuse the medication despite, and as observed y staffs on the ward appeared to deteriorate in their mental presentation by being anxious, nervous, restlessness, argumentative, with paranoid delusions in their speech. Dr was contacted and informed. The Dr advised the nursing team to utilise PRN IM of the medication if Pt had continued to refuse the newly prescribed medication. Pt offered their oral medication but kept refusing. Following multiple refusal of their oral medication, The the team was assembled and called in. With the plan devised by the NIC, the Pt was supported on sitting PMVA holds, and	-Dr contacted and informed of pt refusing to comply with their medication. -Pt had 1:1 session with Dr to encourage the to comply with their medication -Team was called when pt continued to decline their medication -Pt was supported into sitting PMVA holds, reassured and IM injection medication administered. Staff continued to reassure the Pt -Pt offered and accepted PRN 500mg paracetamol for pain on IM site.	Circumstances of incident reviewed Staff adopted all possible measures to avoid IM treatment Restrictive practice justified to prevent further deterioration of mental state and risk of harm to others-agreed intervention within MDT Patient unable to engage with staff due to lack of insight	Nursing staff followed treatment plan	None (no harm caused by the incident)	Closed
GHC77195	03/10/2024	03/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Prone (face down)		Person 1 (patient) maintained a high profile in communal areas, extremely chaotic, overly involving in other patients care. Person 1 has also been verbally abusive towards staff, calling names and using offensive slang throughout. Staff tried verbal de-escalation techniques and distraction strategies but failed. Staff applied PMVA techniques to redirect Person 1;however person 1 pushed her weight towards the floor and ended up in prone PMVA. Following, staff administered RT.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC77196	03/10/2024	03/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient became verbally abusive and argumentative with staff during hand over, staff were attempting to put boundaries but Patient continued to escalate, the night staff got involved in attempt to de-escalate the patient and patient would not accepted boundaries, she became physically aggressive towards staff and attempted to physically assault staff. Patient was placed in holds, taken in bedroom and moved to seated holds.	Patient was offered some PRN, accepted oral medication with good effect.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed

GHC77197	04/10/2024	03/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was headbanging in her bedroom. De-escalation techniques used was futile.	PMVA Team called. De-escalation techniques continued however she was still very resistive and would not engage therefore RT Lorazepam injection 1mg administered	Care plan followed along with process	N/A	None (no harm caused by the incident)	Closed
GHC77204	04/10/2024	03/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Person 1 (patient) presented as chaotic and agitated in communal areas. Person 1 forcefully entered to male corridor when another peer opened the door. Person 1 refused to come out from male corridor and started shouting there. Verbal de-escalations failed. As person 1 continued to shout, refused to leave male corridor and was verbally abuse staff requiring PMVA holds and redirected back to her bedroom. While on PMVA holds Person 1 continued to be physically and verbally aggressive towards staff involved, like calling names, swearing at the and pushing staff towards walls.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC77218	04/10/2024	04/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive Covid & Flu vaccinations injection from district nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated and as standard precautions against illness		None required	None required	None (no harm caused by the incident)	Closed
GHC77220	04/10/2024	04/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical hold on patient in best interest in order to receive Covid & Flu vaccinations injection from district nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated and as standard precautions against illness		None required	None required	None (no harm caused by the incident)	Closed
GHC77221	04/10/2024	04/10/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Assisted support		Patient walking in and out of manager office- clapping hands. Then sat on staff member needing to be re directed off. Then lent back against staff member against the door again needing directing away.	PBM arm holds to re direct	No new action; patient subject to enhanced observations due to clinical presentation.	This contributed to the current risk assessment and enhanced observations plan .	None (no harm caused by the incident)	Closed
GHC77222	04/10/2024	04/10/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM seated clinical hold on patient in their Best Interest, in proportion to the risk of serious harm if essential medical procedure is not completed - immunisation to protect against risk of serious harm from illness due to health vulnerabilities.	Explained to carers how the procedure would take place and what monitoring would be used to safeguard the patient. Collaborative MCA and BI process, documentation completed by care home manager, copies shared with those involved in procedure. Clinical hold implemented in a controlled manner following risk assessment in order for the medical procedure to take place - 2-person PBM seated clinical hold on the sofa in the patient's home environment for administration of IM vaccinations in left and right deltoid muscles. Monitoring of physical and emotional wellbeing by	None required	None required	None (no harm caused by the incident)	Closed
GHC77224	04/10/2024	04/10/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical hold using the POD on patient in their Best Interest, in proportion to the risk of serious harm if essential medical procedure is not completed - immunisation to protect against risk of serious harm from illness due to health vulnerabilities.	Explained to carers how the procedure would take place and what monitoring would be used to safeguard the patient. Collaborative MCA and BI process, documentation completed by care home manager, copies shared with those involved in procedure. Clinical hold implemented in a controlled manner following risk assessment in order for the medical procedure to take place - 4-person PBM clinical hold on the POD in the patient's home environment for administration of IM vaccinations in left and right deltoid muscles. Monitoring of physical and emotional wellbeing by	None required	None required	None (no harm caused by the incident)	Closed
GHC77240	04/10/2024	04/10/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		patient held in a clinical hold to enable seasonal vaccinations to be given safely.	verbal reassurance through-out	None required	None required	None (no harm caused by the incident)	Closed
GHC77244	04/10/2024	04/10/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		Clinical Safe Holds used, in patients best interest, to support District Nurses administer Flu and Covid vaccines.	Seated hold used initially for first vaccination but patient slid off chair to the floor where a supine safe hold was used to administer second vaccine.	None required	None required	None (no harm caused by the incident)	Closed
GHC77257	04/10/2024	04/10/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (other)		Patient presented as chaotic, attempted to push his way into the office area, while at the same time attempted to grab office equipment and snacks, invaded on other patient personal space by trying to physically grab them. He was safely moved to the communal area, later patient thew drinks and cup of tea on the friday night snacks placed in the communal area to the annoyance of other patient. Patient also attempted to leave the ward. Patient clearly presented as chaotic, disturbed and distressed.	Patient was offered anti-anxiety oral PRN medication but declined as a least restrictive measure. However, because patient continues to present as risky to self and others, RT 1mg lorazepam was given with the application of PMVA technic.	none	none	None (no harm caused by the incident)	Closed
GHC77258	05/10/2024	04/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient A became increasingly agitated in communal areas, continuing to stare at another peer while they were eating food, and was not accepting of redirection. Patient A then attempted to grab several items of another peer. patient was escorted back to bedroom, patient became increasingly confused and agitated, accepted medication offered but continued to throw items around male corridor and attempted to access another peers bedroom, which currently does not have a lock. Patient was escorted back to bedroom on a second occasion.		Review risk and observation level Debrief to all involved	Discussion during MDT Review treatment plan Shared during handover	None (no harm caused by the incident)	Closed
GHC77277	05/10/2024	05/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient was observed to be head banging in their room. they were knelt on their bed banging their forehead against the metal grill. Staff attempted verbal de-escalation, the patient did interact briefly then carried on headbanging with more intensity	PMVA team was called patient put in holds on the pod and used the pillow on their legs. RT 50mg promethazine given with good effect. staff disengaged and then encouraged patient to come and sit in communal areas	Care plan followed along with process	N/A	None (no harm caused by the incident)	Closed
GHC77307	06/10/2024	06/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		escort holds to bring patient back onto the ward following attempting to abscond.		process followed pt supported by staff	N.A	None (no harm caused by the incident)	Closed
GHC77310	07/10/2024	06/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		21:40 –The patient was seen to be standing on the bed and headbanging against the mesh on the window in her bedroom with the forehead. Staff member went in there and attempted verbal de-escalation for around 7 minutes using the crisis de-escalators. However, the patient responded to none and increased the intensity of the banging. 21: 50: Activated PMVA. The patient was moved from the window and was guided to the seated holds on the pod along with the use of the leg cushion. Staff continued to attempt verbal de-escalation but the patient became more resistive by twisting her arms from the PMVA holds and pushing away the staff. As verbal de-escalation was futile. RT promethazine 50mg was offered but she refused them. Therefore, due to continued agitation, IM RT promethazine 50 mg was administered on the right thigh. The patient became settled and less resistive right after the RT. Hence, the PMVA holds were slowly released. Patient	After the 1:1 the patient came out to the communal areas and requested for her night medications which was administered. Post Rt physical observations and post head banging neurological observations were started. Duty doctor reviewed. Debrief provided. Applied dressing over the wound on the forehead.	Care plan followed along with process	n/a	None (no harm caused by the incident)	Closed
GHC77315	07/10/2024	07/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold to take bloods running from 09:00- 09:18 IHOT staff implemented a clinical hold after the patients staff member had encouraged the patient to move to a smaller sofa suitable for completing a seated clinical hold and helping them to remove a Jumper. IHOT staff then implemented the seated clinical hold for the least amount of time possible using the least restrictive hold possible. The hold was implemented for around 10 minutes as attempts to take blood from patients right elbow and hand were tried without success and the final attempt from the back of patients left hand was successful. Patient was settled for most of procedure becoming slightly unsettled on last attempt patient calmed following bloods being taken.		None required	None required	None (no harm caused by the incident)	Closed
GHC77329	07/10/2024	07/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive Covid & Flu vaccinations injection from district nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated and as standard precautions against illness		None required	None required	None (no harm caused by the incident)	Closed
GHC77331	07/10/2024	07/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold due to Patient nearly coming home historically when medical professionals tried to complete procedures the decision was made to complete the hold in the patients best interest and explain and answer his questions once the hold was safely implemented. Staff known to patient encouraged him to sit IHOT staff implemented hold patient seemed happy with the hold and the information given Practice nurse gave vaccinations. IHOT staff broke from the hold at the earliest opportunity using the least restrictive holds possible for the least amount of time. Following the procedure the patient seemed very happy telling everyone how he had been vaccinated		None required	None required	None (no harm caused by the incident)	Closed
GHC77332	07/10/2024	07/10/2024	LD IHOT	Selwyn Care (Matson House), Matson Lane, Gloucester, GL4 6ED	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical Safe Hold used to support patient to have Flu and Covid vaccines		None required	None required	None (no harm caused by the incident)	Closed
GHC77334	07/10/2024	07/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive Covid & Flu vaccinations injection from district nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated and as standard precautions against illness		None required	None required	None (no harm caused by the incident)	Closed
GHC77335	07/10/2024	07/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Non-standard hold	Canulation hold used patient was supine x2 staff placed inside hand across forearm to fix into position second outside hand cupped the ball of the shoulder and as the patient pushed up met the force with equal pressure to keep the patient safe as they pushed up away from the mattress while practice nurse vaccinated left Deltoid. 3rd member of staff wrapped the patients legs to prevent them	Planned clinical hold in order for Practice nurse to Administer covid and Flu vaccinations to a patient without capacity to consent to the procedure. Patient was in bed IHOT staff used a Canulation hold x2 staff used appropriate pressure to meet the upward pressure which patient was using to keep patient in place for the few moments the practice nurse needed to vaccinate the patient in his left deltoid. A further member of IHOT staff wrapped patients legs to prevent him from lashing out with his legs. IHOT staff carried this technique out for the least amount of time possible using well trained staff and the least restrictive option of hold for the circumstance. No harm came to patient following intervention the patient rolled over and went back to sleep		none required	none required	None (no harm caused by the incident)	Closed
GHC77336	07/10/2024	07/10/2024	LD IHOT	Selwyn Care (Edward House), Matson Lane, Gloucester GL4 6ED	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM Clinical Safe Hold used to support practice nurse with administration of Flu and Covid vaccinations.		None required	None required	None (no harm caused by the incident)	Closed
GHC77351	08/10/2024	07/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		At approximately 21:25, Patient was observed engaging in headbanging while sitting beside her bed, displaying low-intensity. Staff intervened by employing verbal de-escalation techniques, including grounding methods and the use of ice packs, in accordance with her care plan. Initially, Patient responded positively to prompts for deep breathing exercises; however, her intensity of headbanging increased shortly thereafter. Due to the escalation in behaviour, PMVA were activated at around 22:00. Patient was guided into seated holds with the support of leg cushions, although she displayed resistance and attempted to dislocate her shoulder during this process. she was administered 50 mg of IM Promethazine in her right thigh. The holds were released immediately following the administration of medication.	-PMVA ACTIVATION -VERBAL DEESCALATION ALONG WITH UTILSATION OF GROUNDING TECHNIQUES	Care plan followed along with process	N/A	None (no harm caused by the incident)	Closed
GHC77366	08/10/2024	08/10/2024	LD Inpatients - Berkeley House	Berkeley House	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Patient walked towards staff member with arms raised as if to grab clothing	Held onto Patients hands briefly to guide them away	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	None (no harm caused by the incident)	Closed
GHC77400	08/10/2024	08/10/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		the patient was in the corridor and rushed towards staff and attempted to hit and kick staff to hit and kick staff. PBM removal implemented for the safety of patients and staff . the patient was removed to his room to calm .the patient continued to attempt to hit and kick staff he was removed to his room again to calm	PBM implemented patient was removed to his room to calm . as discussed with the nurse in charge and nursing team . datix completed notes entered on RIO	all appropriate actioned followed	NA	None (no harm caused by the incident)	Closed
GHC77404	08/10/2024	08/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient was observed to be head banging in their bedroom. They were sat on their bed with their back to the wall banging the back of their head. staff attempted to verbally de-escalate and they did start talking but continued to head bang	Staff members asked what they could do to help and the patient would not engage and started to head bang harder. staff called a team and put patient in holds on the pod and offered medication which they took oral. 2 mg Lorazepam Rt	Care plan followed along with process	N/A	None (no harm caused by the incident)	Closed
GHC77412	09/10/2024	08/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		22:33: Patient was observed headbanging in her bedroom, seated against the wall near her bed. The force of the headbanging was assessed to be of low to medium intensity. 22:35: I entered Patient's bedroom to initiate verbal de-escalation using grounding techniques. Initially, she did not respond but gradually began engaging with me, although she continued headbanging during the conversation. During our 1:1 conversation, Patient expressed concerns about an apparent "whistle-blower" on the ward, reporting issues related to the cultural review and other ward matters. I redirected the conversation. 22:50: Patient agreed to move to the communal area, where she participated in craft activities. 23:15: Patient returned to her bedroom, where she resumed headbanging. Staff followed and attempted further verbal de-escalation using grounding	23:35: PMVA was activated. Patient was placed in a seated hold with leg cushions. Despite multiple attempts by staff to verbally de-escalate the situation, she remained uncooperative and attempted to dislocate her right hand. As a result, holds were adjusted and reimplemented to ensure her safety. Patient was resistant during the PMVA intervention. 23:40: Patient was offered oral medication, which she declined. She was subsequently administered 50mg of Promethazine via intramuscular injection in her right thigh. The holds were released shortly after the medication was administered. Documents Maintained -Non touch observations due to the refusal of physical observations. - Patient refused to do neurological observations Post headbanging.	Care plan followed along with process	N/A	None (no harm caused by the incident)	Closed
GHC77420	09/10/2024	09/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient became extremely distressed in communal areas, making threats of harm towards others and became fixated on the meeting room door, expressing that his mother and father were inside. It was decided that holds were necessary to move the patient to their bedroom as they were not responding to verbal redirection. Restrictive escort was utilised and then patient was in seated holds on their bed for a short period of time.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC77421	09/10/2024	09/10/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	Other form of physical intervention	Non-standard hold	no holds used datix doesnt allow option	Patient escalating throughout morning 1:1 time ineffective in supporting de-escalation Repeated attempts to assault staff and abscond from ward Declining offers of PRN	RT Oral Lorazepam administered Non contact obs commenced Medics informed to review and consider re-prescribing if appropriate	Appropriate action taken at time to de-escalate and medicate the patient	Given that patient had previous secreted oral medications shortly beforehand consideration to be made toward appropriateness of IM instead of oral medications.	None (no harm caused by the incident)	Closed
GHC77440	09/10/2024	09/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC77448	09/10/2024	09/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient became verbally abusive and threatening towards another peer and staff members. Patient continued to escalate in their presentation and behavior, staff had to intervene and attempted to verbally deescalate, patient then continued to step towards another patient, so staff intervened and placed in PMVA holds an escorted to ECA.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC77456	09/10/2024	08/10/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Following on from GHC77452 and PMVA team called patient was offered support in a bid to de-escalate and staff requested they go to their room, which they did. On entering room staff offered oral medication and patient refused. They were dismissive of staff reasoning and declined oral several times.	Staff explained they would have to be placed in holds and patient continued to be resistant to clinical reasoning and patient was placed in holds. Whilst in holds the patient lunged forward and headbutted one of the female members of staff and whilst RT IM was being delivered spat on NIC hair and face several times.	none	none	None (no harm caused by the incident)	Closed
GHC77459	09/10/2024	09/10/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient was playing pool with other peer, suddenly patient walk off and attempted to enter in to the lift which goes upstairs to priory ward. Which was seen by staff and redirected patient, but patient was keep insisting that he want a hug from RMN (female). When other male staff offer patient a hug, patient keep asking from RMN. Patient then attempt to go out, which was led to put patient on safe holds to prevent him from leaving the hospital and redirected back to ward, which patient was resistive first then	Keep patient safe in communal area and offered PRN Lorazepam which patient accepted gradually.	none	none	None (no harm caused by the incident)	Closed
GHC77460	09/10/2024	09/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient found to have barricaded bedroom with bed base. When staff entered patient was found with ligature around their neck and cutting there L forearm with a piece of broken cutlery.	Staff attempted verbal de-escalation - patient allowed staff to remove ligature using ligature cutters. Known coping strategies utilised such as ice pack and cold drinks - Unsuccessful. PMVA required to prevent further injury and to administer RT IM	Mental state and risks reviewed Treatment plan under review Long term risk of self harm Care plans in place Self Harm Pathway available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC77461	09/10/2024	09/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient found to have barricaded bedroom using bed base, when staff gained access, patient found to be sat on floor. Ligature around neck using bedding and cutting L arm using broken cutlery.	Verbal de-escalation attempted and successful in removing ligature - however further coping strategies were utilised with no success. PMVA and RT IM administered.	Mental state and risks reviewed Long term risk of self harm identified Care plans in place Patient engaging with Self Harm Pathway Psychological therapy available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC77477	10/10/2024	10/10/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Seated (other)		The patient had been agitated for most of the previous hour. He shouted out when staff tried to assist him to walk safely with his zimmer frame or assist him with his breakfast. During the latter assistance he tried to lash out at staff and scratched the forearm of a nurse. Overt and covert PRN and regular medication was offered without success. Verbal reassurance appeared to make the patient to shout more. The patient spat out the medication on at least one attempt. His shouting out drew the ire of another patient who approached him and shouted back at him in a threatening manner.	It was decided to utilise prescribed IM medication to help him become less agitated. He was encouraged to his room and directed to sit on his bed. He was informed that he would be having a injection to try to help calm him. Loose PBM arm holds were applied and only briefly tightened as the patient became briefly agitated. He had the injection through his pyjama trousers in his left thigh. Holds were immediately released. The patient asked to be, and was assisted into bed. He only briefly stayed there. He was still sorting out so non-contact physical observations were utilised for around an hour. He consented to NEWS 2 observations at around 09:45. He scored 0. He continues to mobilise and shout out if staff try to engage with him.	managed appropriately	staff to utilise rag charts to document escalating behaviours to identify cause/trigger and efficacy of techniques used to de-escalate	None (no harm caused by the incident)	Closed
GHC77479	10/10/2024	10/10/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Please see Datix GHC77478		PBM intervention required to support distressed behaviour. No further action required.	none- this has featured recently often in line with the current clinical presentation.	None (no harm caused by the incident)	Closed
GHC77482	10/10/2024	10/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient X acutely disturbed after a family visit, threatening staff and pushing his weight into staff. PMVA holds utilised, patient resistive and dropped to the floor. Holds shortly released to encourage patient to take themselves to their room and de-escalate. Oral RT given but not in holds.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC77485	10/10/2024	10/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient making threatening, abusive and derogative statements towards staff. Patient redirected to the female area in holds.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring.	None identified.	None (no harm caused by the incident)	Closed
GHC77490	10/10/2024	10/10/2024	LD IHOT	Selwyn Care (Matson House), Matson Lane, Gloucester, GL4 6ED	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		MCA and best interest paperwork completed for planned clinical hold. IHOT staff were supported by staff who knew the patient well in order to help the patient to self regulate by calmly talking to the patient. IHOT staff used the prescribed clinical hold which was deemed to be the least restrictive possible at the time. The hold was implemented for the shortest amount of time and Vaccinations were drawn up and prepared prior to the hold being implemented to ensure the holding time could be reduced to least amount of time possible. Patient appeared un affected by clinical hold as the		None required	None required	None (no harm caused by the incident)	Closed
GHC77491	10/10/2024	10/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive Flu & Covid vaccination injections from Practice Nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated, and as standard precaution against illness. MCA/BI paperwork completed prior to procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC77493	10/10/2024	10/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive Flu & Covid vaccination injections from Practice Nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated, and as standard precaution against illness. MCA/BI paperwork completed prior to procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC77496	10/10/2024	03/10/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		The patient was held in a personal care hold to enable seasonal vaccinations to be given in the person's best interest. Proportionality for clinical holds received from GP. Discussion around patient Capacity and Best Interests undertaken with Family / Carers. IHOT MCA / Best Interests paperwork completed by Jasper house staff which has been uploaded to RIO	verbal reassurance given through-out	None required	None required	None (no harm caused by the incident)	Closed
GHC77497	10/10/2024	10/10/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		The patient was held in a seated clinical hold to enable the patient to be given his vaccinations in the safest manner for the least amount of time. Proportionality for clinical holds received from GP. Discussion around patient Capacity and Best Interests undertaken with Family / Carers. IHOT MCA / Best Interests paperwork completed by Jasper house staff which has been uploaded to RIO	reassurance given	None required	None required	None (no harm caused by the incident)	Closed
GHC77509	10/10/2024	10/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		15 :30 - Service user was seen to be headbanging in her room with back of her head at medium intensity with vapes and earphones on .	Staff approached her .Attempted verbal de-escalation .Offered distraction techniques .Removed one earphone as per careplan . Meanwhile psychologist also came into her room to call her for psychology session however she was not ready to engage with anybody . She stated that ""everything is going to be different "" . Reassurance was given . 15:40 - Decision made to activate PMVA . 15:43 - She was put into holds , seated POD and leg cushion was also used . She was very resistive , trying to twisting her arms . Decision made to administer RT inorder to prevent further harm . Administered RT promethazine 25 mg at 15:50	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC77512	10/10/2024	10/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in holds with 2x members of staff to facilitate the change and replacement of patient NG bridle and tube. Patient was kept in holds during the insertion to prevent patient from attempting to remove the tube. Patient remained in holds to facilitate NG feed once tube was reinserted.	Patient remained in holds for extended period due to it taking three attempts to insert NG tube.	care plan followed	N/A	None (no harm caused by the incident)	Closed
GHC77513	10/10/2024	10/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient headbanging in room, attempted de-escalation and engagement although unsuccessful.	pmva with pod and leg cushion and RT administered physical observations taken DMO aware	care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC77520	11/10/2024	10/10/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (standing)		Patient found to be incontinent of urine during skin bundle checks, while staff were trying to change the pad patient became increasingly agitated, tried to punch staff. Therefore PBM holds were used on both arms to do personal care in standing position.	Patient's arms were held by 2 members of staff in a standing position in patient's room to do personal care. Holds were released as soon patient's pad was changed. Patient refused to take NEWS2 observation and seems to be agitated and verbal reassurance given . Therefor non contact observations were carried out. Patient appeared to be mobilising as usual, no injuries or redness noted over arms after	PBM utilised as per care plan to facilitate personal care	N/A	None (no harm caused by the incident)	Closed
GHC77521	11/10/2024	10/10/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Staffs were doing personal care to Patient 1 in his room, patient 2 enters to patient 1 room and tried to punch staff. Patient 2 appeared to be agitated and verbally shouted at staff, PBM Holds were used to protect staff and patient 1 from physical assault. Patient 2 was held on his arms ,directed to his room and holds were removed once patient 2 became settled.	Patient 2 was directed to his room by holding his arms. Patient 2 became settled soon and hold were removed. Verbal reassurance given. Patient refused to do physiological observation, therefore non contact observations done. No injuries or redness noted on arms and patient appeared to be in his usual presentation. Patient was offered with a drink and directed to communal area as patient was not ready stay in his bed	Managed appropriately	N/A	None (no harm caused by the incident)	Closed
GHC77525	11/10/2024	11/10/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Personal care (bed)		Patient was resting in bed with a strong smell of urine coming from room. when approached by staff and offered a bath/support patient began shouting non-sensical and delusional content such as calling staff a actress and not a real person as they came from down the road and asking staff to leave the room. Patient allowed support from 1 member of staff so other staff stayed outside the room. 1 staff began to support with a bed wash, patient remained agitated but didn't direct this at staff. patient due to poor mobility found it difficult to roll in bed and when doing so came dose to the edge of the bed, 1 member of staff was struggling to maintain patient safety so staff intervened to support. x4 staff explained patient needs personal care due to incontinence, patient declined. staff supported to roll the patient and wash private areas. patient voiced 'do what you want' but remained verbally aggressive and physically	Staff had hands on patient to prevent kicking and hitting out as threatened. patient asked to wash their self and patient began throwing wash wipes at staff. staff covered patient with blanket which they then threw on the floor and remained shouting. staff asked to support with dressing patient declined (patient does spend time in room/bed undothed). staff disengaged and allowed patient time to calm.	The restrictive hold happened because there were concern on the patient's health as she was laying on bed soiled with urine and it was foul smelling and client was not willing to engage to attend to her personal care. The restrictive hold was to help the client be comfortable and clean	No lesson to be learnt	None (no harm caused by the incident)	Closed
GHC77526	11/10/2024	11/10/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Patient had declined oral medication and starting to escalate. Dr prescribed stat dose of Lorazepam IMI which was given under seated restraint using the pod and cushion on knees	PBM used for safe administration of IMI Staff broke away safely afterwards	Medication reviewed and risks	NA	None (no harm caused by the incident)	Closed
GHC77527	11/10/2024	11/10/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient trying to get hold of patient property pulling on there walkers and grabbing there arm	PBM holds to remove from area	patient with complex dementia presentation required enhanced observations to protect the risk identified in this incident. patient now transferred to dementia ward.	no lessons learnt- this incident reflected the need to transfer to dementia ward.	None (no harm caused by the incident)	Closed
GHC77528	11/10/2024	11/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold requested from Neurology team. MCA and Best interest paperwork completed. IHOT team completed seated clinical hold using the least restrictive hold possible for the least amount of time possible. Patient was sat at breakfast table we implemented the clinical hold once the phlebotomy equipment had been assembled and was ready to use. We had talked to care home staff who reassured patient and had agreed it was in patients best interest to take bloods. Patient did not resist and Phlebotomy took around two minutes staff then broke away at earliest opportunity after successfully obtaining bloods.		None required	None required	None (no harm caused by the incident)	Closed
GHC77532	11/10/2024	11/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive depot injection - in proportion to the risk of serious harm/illness if any undetected medical condition or known psychotic symptoms are not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC77534	11/10/2024	10/10/2024	LDISS	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PBM (physical intervention)	Assisted support		Patient was doing a lot of pacing around and unsteady on his feet , walking up and down the corridor. Tried to grab out at staff and patients (not aggressively)and trying to enter patients room. Assisted support implemented at times to keep him steady whilst walking up the corridor and to prevent him entering patients bedroom	Gentle redirection given	care plan review	patient requires extra support currently	None (no harm caused by the incident)	Closed
GHC77536	11/10/2024	11/10/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		the male patient was in the corridor near a female patient and grabbed hold of her arms staff intervened and utilised PBM to move the male to another area	PBM utilised patient was removed to another area	Risks reviewed and observation-	NA	None (no harm caused by the incident)	Closed
GHC77549	11/10/2024	11/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold for blood test for calcium profiling Mental Capacity Assessment and Best Interest information completed prior to intervention being completed IHOT staff held the patient for the least amount of time using the least restrictive hold possible. IHOT staff completed a clinical hold bridging across patients forearm and presenting the arm for the phlebotomist. IHOT phlebotomist then took patients blood from the back of her right hand. IHOT staff then ended the hold at the earliest opportunity.		None required	None required	None (no harm caused by the incident)	Closed
GHC77561	11/10/2024	11/10/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Clinical hold (seated)		Patient wandering the corridors, taking off his clothes, walking naked. Another incident where patient tried to grab another patient in the communal area.	To maintain his dignity, the two staff used a safe hold and another member of staff to put his clothes back on. Another incident the patient tried to grab another patient, so two staff used a safe hold on patient to re-direct him away from other patient on ward.	All actions followed and aware of risks medication reviewed	NA	None (no harm caused by the incident)	Closed
GHC77562	11/10/2024	11/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		18:40, Service user was heard headbanging in her bedroom, staff immediately intervened. She was using back of the head against the wall in low intensity. Staff has removed her ear pods for communication. Staff has tried verbal de-escalation to no effect. Staff has offered distraction techniques, she was encouraged to go to communal areas however service user was not engaging.	PMVA was activated, she was seated on bed and holds applied to both arms, cushion was used on legs. Service user was resisting whilst on holds, required hold on head. Staff continued verbal de-escalation to good effect. Service user has appeared calmer. Eventually, holds were released. Neurological observation was completed with GCS - 15/15 Reviewed by DMO Debrief done	care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC77568	12/10/2024	12/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient has attacked staff, been verbally aggressive, attempted to assault patient and required PMVA holds to redirect situation.	Patient placed in holds, given RT medication.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Vape care plan considered to avoid this situation was	None identified.	None (no harm caused by the incident)	Closed
GHC77571	12/10/2024	12/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was resistive to their NG feed. Patient attempted to leave the ward, staff redirected them to their room as the nurses were in the clinic preparing the NG Feed.	Patient was very tearful and upset. Staff had to restrain patient in the pod with the weighted blanket. patient was tearful and upset throughout the feed. Prn lorazepam was given with regular medication after the feed. Patient requested it	care plan followed	N.A	None (no harm caused by the incident)	Closed

GHC77587	12/10/2024	12/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient 1 was in the communal area verbally provoking Patient 2. Patient 2 then stood up and waked up in to patient 1's personal space. Both patients where exchanging verbally abusive words. Staff stood in between them, attempted verbal redirection. However patient 1 was not responding to redirection. Patient 1 then raised hands towards staff member (Did not made any contact). Staff members placed patient 1 on precautionary holds and escorted to the bedroom.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review	None identified.	None (no harm caused by the incident)	Closed
GHC77592	12/10/2024	12/10/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Clinical hold (seated)		A male patient was assisting with personal care . He becomes agitated ,pushed staff away . Staff managed to check for incontinence and let patient free. Later, he followed staff and attempted to kick staff on leg. And pushed another staff member towards wall.	Verbal reassurance with minimal effect .PBM hold utilised and make him seated. He attempted to headbutt staff while he was on PBM holds. When staffs breakaway from him he was following staff. PRN utilized for the patient covertly. Given him free space to walk around female corridor. He eventually calm down.	Managed appropriately as per PBM guidance	Staff to document escalating/aggressive behaviour on rag chart to identify triggers and possible solutions	None (no harm caused by the incident)	Closed
GHC77597	13/10/2024	12/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		22:20 –The patient was found to be head banging in her bedroom against the wall with the back of her head(medium intensity). Staff attempted to verbally de-escalate the patient for around 10 minutes using breathing techniques, crisis de-escalators and grounding techniques but the patient did not respond to any and continued to head bang. 22:32: Patient was removed from the wall by the planned PMVA staff and was guided to seated holds on the bed along with the use of a leg cushion. One person supported the head from the back. Patient remained very resistive and tried to twist her arms off from the PMVA holds and to shuffle back to the wall. Staff continued to make attempts to verbally de-escalate and offered oral RT tablets which was futile.	22:42- As the patient continued to be resistive and did not engage, IM RT promethazine 50 mg was administered on the right thigh. PMVA holds were slowly released right after the RT administration when the patient. After few minutes of 1:1 after the incident the patient became more settled. Post RT physical and neurological observations were started. DMO reviewed the patient after the incident. De-brief provided after the incident.	CARE PLAN AND PROCESS FOLLOWES	N/A	None (no harm caused by the incident)	Closed
GHC77599	13/10/2024	13/10/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PBM (physical intervention)	Escort		Patient highly distressed in communal area. PBM techniques used to take him to his room.	Patient comfortable in his room. PRN given	Risks reviewed and and observations reviewed	NA	None (no harm caused by the incident)	Closed
GHC77602	13/10/2024	13/10/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient had wandered down male corridor, clearly agitated. Staff tried to encourage her back to the communal areas which she followed. However, then patient put her arms around staffs shoulder and attempted to pull alarm off. Whilst staff were trying to prevent this, patient pulled staffs lanyard off and refused to let go of door fob, voicing that she wanted to be let out. Patient had cut her finger from holding	Emergency alarm pulled for more assistance. PBM used to remove fob from patient's hands. Finger has been cleaned.	Incident was handled appropriately. Staff reacted according to the situation that they had to apply restrictive intervention. Alarm was activated and team responded. There was post review by the doctor within 24 hours and within 48 hours post incident. The staff involved was trained for PBM holds Informal debrief done for all the staff involved.	No lesson to be learnt	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC77603	13/10/2024	13/10/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		Patient grabbed staffs phone out of their pocket. Staff tried to collect this back however patient got more agitated. Staff called for assistance. Patient then grabbed another patient's lanyard and he was trying to get it out of her hand, staff were able to remove this. Patient hit one staff in the groin and dug her nails into their hand and slapped another member of staff in the face.	Emergency alarm pulled. PBM used to take patient to meeting room. RT 1mg Lorazepam administered to left thigh. Duty Dr informed to complete post PBM/RT review. Post RT observations taken NEWS 0	Staff during the shift handled the situation appropriately. They were able to administer RT appropriately and doctor was able to review post RT.	Lesson to be learnt is that there was evidence that Physical observation were done but it was only for 2 hours. Qualified were emailed that POST RT Physical observation should be done for 4 hours whether is touch or non touch approached and to document the reason as to why the physical observation was discontinued after 4 hours.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC77606	13/10/2024	11/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		20:40, Service user was heard headbanging in her bedroom, staff immediately intervened. She was using back of the head against the wall in moderate intensity. Staff has removed her ear pods for communication. Staff has tried verbal de-escalation to no effect. Staff has offered distraction techniques, she was encouraged to go to communal areas however service user was not engaging. PMVA was activated, she was seated on bed and holds applied to both arms, cushion was used on legs. Service user was quiet resistive whilst on holds, required holds on head. Staff attempted again verbal de-escalation to no effect. Oral rapid tranquilisation has been offered for which she declined. Therefore decided to administer rapid tranquilisation of promethazine 50mg intramuscularly. Thereafter service user has appeared calm. Eventually, holds were released.		care plan and process followed	n/a	None (no harm caused by the incident)	Closed
GHC77619	13/10/2024	13/10/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		patient assisted with personal care.	pbm holds utilised to facilitate this.	Patient risks reviewed and care plans implemented to reflect personal care	NA	None (no harm caused by the incident)	Closed
GHC77636	14/10/2024	13/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		-At 22:15 staff overheard banging sound coming out from patient's room ,staff immediately went to support the patient. Upon entering observed patient banging back of her head against bedroom wall with minimal force while vaping and listening to music. - At 22:55 patient resumed low level head banging using back of her head which was stopped by verbal de-escalation.	-Staff attempted verbal de-escalation with no effect. -Tried to engage grounding techniques, followed crisis escalator. -Placed ice pack on her shoulder, placed folded towel behind her head which she pushed away. -Offered pen and paper to write her thoughts and feeling. - Encouraged to relocate to communal area. -Offered PRN and 1:1 time multiple times. -She did not engage with staff therefore plan made to administer RT. -Called psychiatric emergency, put her on holds with leg cushion. -Administered RT IM promethazine 50 mg in her right thigh at 22:40. -RT and neuro observations started. -DMO was informed.	care plan and process followed	n/a	None (no harm caused by the incident)	Closed
GHC77638	14/10/2024	13/10/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Supine (face up)		At approximately 23:30 hours, the patient was awake in her bedroom, appearing confused, disoriented, and distressed. She attempted to remove her clothes and repeatedly placed her hands on her private area and smelled them. The patient then sat on the edge of her bed, leaning forward with her eyes closed, which posed a significant fall risk. Shortly afterward, she became agitated and started shouting, causing a disturbance to other patients. For her safety and to minimize disruption, staff escorted her to the communal area using a wheelchair. However, her behaviour remained unchanged, and she continued to exhibit restlessness and agitation. Staff tried verbal de-escalation however patient became more irritated In response, staff guided her to the ladies' lounge, where she lay down in a supine position on the sofa. Due to her ongoing distress, RT lorazepam was administered	RT lorazepam was administered with a slight PBM holds. Though it's important to note that at the time of administration, the patient was not exhibiting overt agitation or restlessness. The holding technique was employed as a precautionary measure to ensure her safety. The patient remained in the ladies' lounge under close observation. We provided a low-stimulus environment with dim lighting to help her settle. Non-touch observations were completed as she continued to appear restless. Respiration 18, even and unlaboured. Informed Duty Doctor and completed Post RT review. Continue to monitor her.	Non-touch observations were completed hourly since the incident.	No lessons to be learnt.	None (no harm caused by the incident)	Closed
GHC77662	14/10/2024	14/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure.		none required	none required	None (no harm caused by the incident)	Closed
GHC77688	15/10/2024	14/10/2024	CRHT Liaison s135 s136	Wotton Lawn-other inside	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (community)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	Other form of physical intervention	Clinical hold (seated)		Beth hit her head against the wall of the room in the maxwell suite as well as the door, hitting with her hand in addition, staff went in to support her to start with and she also hit her head when staff were not present. police were on the scene too as brought her in and prevented her hitting her head.	Extra staff member was organised to sit with Beth. two staff were in and out with her to support until assessment commenced at which time the head banging stopped and she was not taken on for home treatment.	CC updated of pt's detention and presentation in Maxwell Centre.	Will discuss with clinician the need to ensure more details records are made on RIO and DATIX system. Offer of supervision as required.	None (no harm caused by the incident)	Closed
GHC77689	15/10/2024	14/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Escort		Service user was high profile and chaotic in presentation She grabbed another peers' personal belongings, which triggered the other peers. She remained to be chaotic and disruptive even after staff managed to move her safely from an argumenta and fight. When offered PRN medication, she threw the cup of water onto staff, and pushed staff.	Offered PRN medications including her regular medications, which she continued to refuse. Staff tried to verbally manage her and warned her that taking other peers' properties is not appropriate. Which she denied of doing, and constantly said that staff are acting and need to believe that she hasn't done any thing. She was held on arm holds, as she pushed staff. Escorted on arm holds to her bedroom. She was released from arm holds, while in her bedroom. Staff explained the importance of taking her medications, and why it is needed at this time. With several prompting, she accepted to take her regular medication's, including PRN medications. She remained bedroom base after. And appeared to	managed well by staff	N/A Patient very unwell and chaotic, lacks capacity	None (no harm caused by the incident)	Closed
GHC77690	15/10/2024	14/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		22:00 –The patient was found to be head banging in her bedroom against the wall with the back of her head(medium intensity). Staff attempted to verbally de-escalate the patient for around 10 minutes using breathing techniques, crisis de-escalators and grounding techniques but the patient did not respond to any and continued to head bang. 22:15: Activated PMVA. Patient was removed from the wall by PMVA staff and was guided to seated holds on the bed along with the use of a leg cushion to stop from shuffling back to the wall. One person supported the head from the back. Patient remained very resistive and tried to push the staff away. Staff continued to make attempts to verbally de-escalate and offered oral RT tablets which the patient refused	23:28 -As the patient continued to be resistive and did not engage, IM RT promethazine 50 mg was administered on the right thigh. PMVA holds were slowly released right after the RT administration when the patient. After few minutes of 1:1 after the incident the patient became more settled. Post RT physical and neurological observations were completed. DMO reviewed the patient after the incident. De-brief provided after the incident.	CARE PLAN AND PROCESS FOLLOWED	n.a	None (no harm caused by the incident)	Closed
GHC77695	15/10/2024	15/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Service user was awake early in the morning. remained in communal area saying that she needs to leave the hospital, as she does not belong here, and need to go home. We all the staffs and doctors are mocking and acting drama. Which she does not want to be part it. She denied being under section and having mental illness. When another patient opened the front door of the ward. She grabbed one of the doors and kept the fingers between. When staff stopped her, she was asking staff that are we going to press her hand in between the doors. She skipped managed to get through the door. She stayed in front of Kinghsholm ward, she was not willing to return back to ward, staying for the doors to be open.	Staff tried to verbally deescalate back to ward, as she was rude and unwilling to come back. She was held on arm holds upto lift . She walked back to ward with staff by her own after. she remained in communal area. She was waiting for the doors to be open and to leave. the hospital.	process followed and managed	N.A	None (no harm caused by the incident)	Closed
GHC77708	15/10/2024	15/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Service user was seen to be shouting in communal area ,aggressive , distressing other patients by inappropriate talks , racially abusive towards staff and challenging staff .	Staff asked her to go back to the room several times but he continued shouting and intimidating others . Offered PRN but she refused. Staff put light forearm holds (escorted) and brought her back to room from communal area.	managed by staff WM spoke to patient about conduct and checked in with staff	N/A Mentally unwell	None (no harm caused by the incident)	Closed
GHC77713	15/10/2024	15/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was becoming increasingly agitated and hostile. He was offered PRN proactively to deescalate the situation. Patient spat the tablet and threw the bottle of juice that he had with him at the staff. Patient continued to use derogatory language. Staff placed firm boundaries and asked the patient to spent time in his room. Staff had to place in him holds to escort him to his room.		Debrief to all involved, Review of risk and observation level, Review of PBS care plan,	Information handed over, Discussion during MDT,	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC77745	16/10/2024	15/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient was heard headbanging, staff attended and attempted de-escalation to no avail team called.	PMVA holds utilised RT medication given	care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC77757	16/10/2024	16/10/2024	LDISS	Cheltenham General Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Assisted support		Patient disorientated and unsteady on his feet, refused to remain seated, required assisted support to help him walk around the corridor and car park while waiting for their physical exam	Assisted support utilised	care plan reviewed	Patient needs extra support currently	None (no harm caused by the incident)	Closed
GHC77787	16/10/2024	16/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		The patient entered the ward's communal area and pushed another patient, who was sat on one of the sofa's, before attempting to punch him. Staff intervened and transferred the patient in PMVA forearm holds to a quieter area of the ward.		Debrief to all involved, Review of risk and observation level, Review of PBS care plan,	Information handed over, Discussion during MDT,	None (no harm caused by the incident)	Closed
GHC77795	17/10/2024	16/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for Bloods test/covid/flu vaxes in his best interest in proportion to the risk of serious harm.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paperwork was reviewed and copies given to carers.	none required	none required	None (no harm caused by the incident)	Closed
GHC77796	17/10/2024	16/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for blood test, covid/flu vax a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers how the procedure will take place. Mca paperwork was reviewed and copies given to the carers.	none required	none required	None (no harm caused by the incident)	Closed
GHC77798	17/10/2024	16/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient for blood test, covid/flu vaxes in her best interest in proportion to the risk of serious harm.	It was explained to the paid carers how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paperwork was reviewed and given.	none required	none required	None (no harm caused by the incident)	Closed
GHC77802	17/10/2024	16/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for Blood test,Covid/flu vax on a patient in his best interest in proportion to the risk of serious harm.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC77803	17/10/2024	16/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		headbanging with back of head to the bedroom wall. staff attempted verbal de-escalation and utilized grounding techniques and adhered to her care plan; however, Patient did not engage. -Around 20:45 PMVA was activated. -Staff placed Patient in a seated POD position, .Staff offered her oral RT , which she declined. -Staff continued to engaged with her , which she responded well. After utilising grounding techniques, she became more calmer. Patient was released from holds immediately ,when she started engaging with staff. -Physiological and neurological done -DMO was informed -Debrief to be done	PMVA Team Called, used seated POD. Declined oral RT medications, Utilised grounding techniques. GCS completed score of 15 and no other concerns noted. DMO informed RT physical observations completed. MERT Assessor Present	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC77804	17/10/2024	16/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for Blood test, covid/flu vax on a patient in his best interest in proportion to the risk of serious harm.	It was explained to the paid carers, how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paper work was given to carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC77807	17/10/2024	16/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient for blood test, covid/flu vax in his best interest in proportion to the risk of serious harm .	It was explained to the the paid carers, how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paper work was given.	None required	None required	None (no harm caused by the incident)	Closed
GHC77809	17/10/2024	17/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical Hold using PBM technique's MCA and BI decision work completed prior to clinical hold. IHOT staff carried out clinical hold for the shortest amount of time using the least restrictive holds available in order for staff to attempt to take bloods bloods not successfully taken on this occasion. Patient was calm throughout and only minimal force was used to ensure the procedure was safe following the procedure the patient did not seem to be concerned or upset and smiled then walked off to find her staff.		None required	None required	None (no harm caused by the incident)	Closed
GHC77831	17/10/2024	16/10/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM seated clinical hold on patient in their Best Interest, in proportion to the risk of serious harm if essential medical procedure is not completed - immunisation to protect against risk of serious harm from illness due to health vulnerabilities.	Explained to carers how the procedure would take place and what monitoring would be used to safeguard the patient. Collaborative MCA and BI process, documentation completed by care home management team, copies shared with those involved in procedure. GP (decision maker) present, who confirmed that the hold was proportionate to the risk of harm of failing to complete the procedure. Clinical hold implemented in a controlled manner following risk assessment in order for the medical procedure to take place - 2-person PBM seated clinical hold in the patient's home environment for administration of IM vaccinations in deltoid muscles. Monitoring of physical and emotional wellbeing by objective observer throughout procedure.	None required	None required	None (no harm caused by the incident)	Closed
GHC77832	17/10/2024	17/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient raised his fists at staff member in a threatening manner so they were escorted to their room by staff in restrictive escort. Patient has been escorted to their room in restricted escort on multiple occasions throughout the shift.		Debrief to all involved, Review of risk and observation level, Review of PBS care plan,	Information handed over, Discussion during MDT,	None (no harm caused by the incident)	Closed
GHC77833	17/10/2024	16/10/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM seated clinical hold on patient in their Best Interest, in proportion to the risk of serious harm if essential medical procedure is not completed - immunisation to protect against risk of serious harm from illness due to health vulnerabilities.	Explained to carers how the procedure would take place and what monitoring would be used to safeguard the patient. Collaborative MCA and BI process, documentation completed by care home manager, copies shared with those involved in procedure. GP (decision maker) present, who confirmed that the use of a clinical hold was proportionate to the risk of harm of failing to complete the procedure. Clinical hold implemented in a controlled manner following risk assessment in order for the medical procedure to take place - 2-person PBM seated clinical hold in the patient's home environment for administration of IM vaccinations in deltoid muscles. (COVID and Flu vaccinations).	None required	None required	None (no harm caused by the incident)	Closed
GHC77835	17/10/2024	16/10/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM seated clinical hold on patient in their Best Interest, in proportion to the risk of serious harm if essential medical procedure is not completed - immunisation to protect against risk of serious harm from illness due to health vulnerabilities.	Explained to carers how the procedure would take place and what monitoring would be used to safeguard the patient. Collaborative MCA and BI process, documentation completed by care home manager, copies shared with those involved in procedure. GP (decision maker) present, who confirmed that the use of a clinical hold was proportionate to the risk of harm of failing to complete the procedure. Clinical hold implemented in a controlled manner following risk assessment in order for the medical procedure to take place - 2-person PBM seated clinical hold in the patient's home environment for administration of IM vaccinations in deltoid muscles by GP and practice nurse.	None required	None required	None (no harm caused by the incident)	Closed
GHC77839	17/10/2024	17/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Seated (POD used)		Planned clinical hold DR requested that IHOT team complete hold as a urgent need to take bloods due to a change in patients presentation Best interest decision and MCA carried out prior to IHOT attending the provider. IHOT staff carried out the intervention using the least restrictive holds for the least amount of time possible. Patient looked relaxed following intervention and		none required	none required	None (no harm caused by the incident)	Closed
GHC77850	18/10/2024	17/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Service user was observed to be head banging with low to moderate intensity in her bedroom against the wall with the back of her head. Staff went in there and attempted to verbally de-escalate Service user using breathing techniques, crisis de-escalators and grounding techniques, but Nicola did not respond to any and continued to head bang with her eyes closed.	Staff spent around 15 minutes with patient in an effort to verbally de-escalate, applied ice pack on her neck which was ineffective. As the intensity of the head banging increased staff activated PMVA. patient was removed from the wall by the PMVA staff and was guided to seated holds on the bed along with the use of a leg cushion to prevent shuffling back to the wall and one person supported the head from the back. her left arm was held on proper arm holds as she have a burn over , which was freshly dressed. remained very resistive, trying to push the staff away and tried to shuffle back to the wall. Staff continued to make attempts to verbally de-escalate and offered oral RT tablets which she refused. Administered IM Lorazepam 1 mg .	CARE PLAN AND PROCESS FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC77852	18/10/2024	18/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient 1 was in the communal area provoking other patients. Patient was also verbally abusive towards other patients. Patient then escalated further. Staff requested patient to spend some time in the bedroom which patient refused. Staff placed patient on PMVA holds and escorted to his bedroom.		Debrief to all involved Review risk and observation level Discussion during handover	Review PBS care plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC77861	18/10/2024	27/09/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to paid carers how the procedure would take place and the monitoring used to safeguard the patient.	none required	none required	None (no harm caused by the incident)	Closed
GHC77874	18/10/2024	18/10/2024	LD IHOT	Residential care home	Clinical care, treatments and procedures	Adverse reaction to treatment or procedure (excluding adverse drug reactions)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated. Investigating deterioration and assessment prior to medication changes.	It was explained to the paid carers how the procedure will take place and what monitoring would be used to safeguard the patient. The MCA and BI discussions were held and documented. Planned 2person seated clinical hold on the sofa at patients home for blood test. Monitoring of Physical and emotional well being	None required	None required	None (no harm caused by the incident)	Closed
GHC77882	18/10/2024	18/10/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers , how the procedure will take place and what monitoring would be used safeguard the patient. A 2person seated clinical hold was done to support Chiropodist to cut patients nails. Discussion around patients Capacity and BI undertaken with family/carers and paperwork was completed	None required	None required	None (no harm caused by the incident)	Closed
GHC77903	18/10/2024	18/10/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Escort		Patient had no section 17. Patient left the ward and was watched by staff as previously would return on own record when by the pool table. Patient walked up the corridor and sat outside another ward. Patient verbalised they wanted to walk home to their parents house. Reminded patient that they had no section 17 and if they wanted to discuss this, they could in their ward round in a few days. Patient refused to return to the ward after given multiple	Patient required restrictive holds to return to the ward. Patient dropped to the floor in holds, which required the patient to be lifted up and another attempt to return to the ward.	none	none	None (no harm caused by the incident)	Closed
GHC77908	18/10/2024	18/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (POD used)		Patient has presented as hostile, shouting and displaying aggressive behaviour and was reported to not taking medication in the community during admission, patient was offered PRN upon arrival and has refused.	Patient was encouraged to the ECA and given RT in holds.	Debrief to all involved, Review of risk and observation level, Review of PBS care plan,	Information handed over, Discussion during MDT,	None (no harm caused by the incident)	Closed
GHC77910	18/10/2024	18/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient attempting to assault staff and displaying aggressive behaviour in communal areas, throwing water on electrical appliances.	patient was removed from communal areas in holds.	Debrief to all involved, Review of risk and observation level, Review of PBS care plan,	Information handed over, Discussion during MDT,	None (no harm caused by the incident)	Closed
GHC77912	18/10/2024	18/10/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Use of restrictive holds for the incident described in datix reference GHC77911. Patient attempted to punch a staff member whilst in the garden.	Wider nursing team brought patient in to their bedspace.	none	none	None (no harm caused by the incident)	Closed
GHC77915	18/10/2024	18/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Multiple episodes of PMVA restrictive interventions due to a continuation of violence and aggression towards staff and peers.	Verbal de-escalation attempted but unsuccessful. Patient relocated to bedroom using restrictive interventions. All interventions have been brief (up to 1 minute each time).	Debrief to all involved, Review of risk and observation level, Review of PBS care plan,	Information handed over, Discussion during MDT,	None (no harm caused by the incident)	Closed
GHC77918	19/10/2024	18/10/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Escort		Patient was standing on their chair attempting to damage the camera in the shower room, verbal redirection not effective. Staff entered the flat and as they entered the patient ran at staff attempting to hit and scratch. Staff physically intervened, removed the patient using restrictive escort and then held the patient in a standing restraint while the environment	Chair removed, room assessed for damage. patient monitored throughout hold.	Incident reviewed, staff acted appropriately and in line with this patient's care plans. Check in with staff, all okay. Incident reviewed during weekly MDT. Debrief with patient, mother informed of incident.	1. That staff are aware of the interventions detailed in this person's PBS plan and use them accordingly. 2. That this patient continues to present as a risk to himself, his carers and his environment.	None (no harm caused by the incident)	Closed
GHC77920	19/10/2024	19/10/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		Patient was up in his bedroom , incontinent of urine . Staff assisted with wash and change , but patient started getting aggressive and kicking staff during personal care . patient is on 1 to 1. After 5-10 minutes patient came to the communal area started shouting aggressively calling 'MOM' and started banging all the corridor door ,when tried to give verbal redirect and reassurance patient started slapping and hitting staff to face and chest , patient was observed particularly aiming towards staff neck. PRN lorazepam 1mg given given with no effect. Patient was getting more unsettled in the communal area and started violently attacking on staffs therefore PBM clinical technique used	Verbal reassurance and redirection given with no effect PRN lorazepam 1mg given with no effect . PBM seated holding technique used for continues 15 minutes until patient started to calm down	Risks and care plans reviewed	NA	None (no harm caused by the incident)	Closed
GHC77924	19/10/2024	18/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was observed head banging with the back of her head against the wall with low to medium force. After the PMVA team dispersed, she resumed headbanging against the wall. The PMVA team was reactivated. Nicola did not respond to verbal de-escalation and resisted the holds.	Staff initiated verbal de-escalation using grounding techniques, but she did not respond. The PMVA team was activated . PMVA staff also attempted verbal de-escalation; however remained non-responsive and continued headbanging. Continued verbal de-escalation and she then began cooperating with staff and responded to the verbal intervention. After the PMVA team dispersed, she resumed headbanging against the wall. The PMVA team was reactivated. She did not respond to verbal de-escalation and resisted the holds. She declined oral medication therefore RT injection was administered. Post RT AND NEUROLOGICAL OBSERVATIONS STARTED	care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC77925	19/10/2024	19/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		23:55 Patient found headbanging in the room, tried to de-escalate with no effect. 00:05 PMVA team called, RT Lorazepam given with no effect. Staff tried to de-escalate, patient was not communicating ,continued to be elevated. 00:55 RT promethazine 25mg IM WAS GIVEN	Patient was put on seated holds and given RT promethazine IM on Right thigh.	Mental state, risks and management plan reviewed Patient now engaging in crisis planning Restrictive practice needed to prevent harm Ongoing risk of self harm identified, likely triggered by trauma Self Harm pathway and psychological interventions available	n/a	None (no harm caused by the incident)	Closed
GHC77931	19/10/2024	19/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		From the commencement of the shift, Patient A has required multiple periods of PMVA holds to escort them to their room, the ECA or onto a chair. Patient A has attempted to assault staff, getting into their personal space in an intimidating manner with clenched fists. Patient A has thrown their fist towards staff often making contact which has required staff to place patient in restrictive escort.		Debrief to all involved Review risk and observation level Discussion during handover	Review PBS care plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC77947	19/10/2024	19/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient noted to be distressed and head banging at walk round this afternoon	Patient unable to settle despite reassurance . Patient placed on a 5 4 pmva team called patient refusing oral medication	Mental state and associated risk reviewed Patient currently at GRH, 2:1 staff to maintain safety Risk management plan to be reviewed on patients return to Wotton Lawn Psychological interventions will be offered	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC77951	19/10/2024	19/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient A was sat at the dining area after a previous altercation with a fellow peer who was re-directed away from the the area. Patient B entered to collect his dinner from staff. Patient A then shouted at Patient B "You Paki Prick, do you want to go?". Patient A was informed by staff that racial abuse is not tolerated on this ward. Patient A stood up in a threatening manner and staff intervened and Patient A was placed in holds and escorted to their bedroom	Patient A was escorted to his bedroom in holds and released upon entry, accepted medication offered by the nursing team.	Debrief to all involved Review risk and observation level Discussion during handover	Discussion during MDT	None (no harm caused by the incident)	Closed
GHC77963	20/10/2024	19/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was in the communal area verbally abusive towards staff members and other patients. Patient then came in front of another male patient and removed her top exposing her body parts. Staffs attempted to verbally redirect her, however she was not responding. She continued to be abusive towards staff members. Staff had to place patient in PMVA holds and escort her to her bedroom. Patient was very resistive throughout the PMVA escort. Patient attempted to punch staff member and pushed staff members on to the wall while escorting to bedroom. Patient was then placed on seated hold in bed. Patient then spat at staff members who were involved in PMVA holds. Patient accepted oral RT medication while in PMVA holds. PMVA holds were removed after administering medications.		Debrief to all involved Review risk and observation level Discussion during handover	Review PBS care plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC77967	20/10/2024	19/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		22:15 Patient A was in the communal areas presenting as aggressive and assaultive. He was verbally redirected and de-escalated on multiple occasion but his behaviour continued to a certain level where the staff have to use PMVA holds. He was escorted to his bedroom. 06:20 Patient A and Patient B were having verbal altercation. Patient A provoked Patient B. Patient B then threw a punch on Patient A's face which made contact. Patient B was escorted to his bedroom in		Debrief to all involved Review risk and observation level Discussion during handover	Review PBS care plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC77976	20/10/2024	20/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient A threatening violence towards patient B, patient A redirected towards their bedroom in light holds.		Debrief to all involved, Review of risk and observation level, Review of PBS care plan,	Information handed over, Discussion during MDT,	None (no harm caused by the incident)	Closed
GHC77999	20/10/2024	20/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		15:30 Staff observed patient head banging in bedroom. Patient sat on the floor and was banging on the side wall of bedroom.	Staff tried de-escalation, patient continue to headbang. Patient was put on hold and applied ice pack on hand. Patient was transferred from floor to bed. Patient continues to bang head on knees. Staff offered bowl of ice water and ice on hand, which calm down the patient. Patient was given sensory item to smell and was de-escalated. Patient had de-brief, requested prn and came out to communal area. Wound on forehead cleaned. Duty doctor informed. Neurological	Mental state and associated risk reviewed Patient currently at GRH, 2:1 staff to maintain safety Risk management plan to be reviewed on patients return to Wotton Lawn Psychological interventions will be offered	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC78003	20/10/2024	20/10/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient became distressed during dinnertime, was initially fiddling with a bin that she almost broke, so staff managed to take this away. Patient then started calling for help. Staff tried to give her PRN medications both overtly and covertly but patient refused and becoming more and more agitated. Patient started to smash the garden door with a heavy arm chair when staff tried to redirect her tried to threw the armchair towards staff and tried to assault the staff. Patient pulled another staff's hair when the staff was trying to enter in to the kitchen, staff stuck in between the kitchen door. Staff used PBM hold on both arm of patient to direct her to the room. Holds were removed when patient entered to her room, patient again started to smash the television and window in her room with an arm chair, PBM hold used again on arm to redirected patient and arm chair and television was removed	Tried to give reassure patient, offered with PRN medication initially, not accepted. Patient directed to her room to calm down with no success. Later on patient accepted RT Lorazepam 1mg tablet. Patient was given one to one time with staff and given debrief about the situation. Patient was brought to the communal area with 1:1 staff support. Physiological observations were BP 127/64, SPO2 97, HR 82, RESP 17, TEMP 36.7. Duty doctor informed.	Managed appropriately	NA	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC78012	21/10/2024	21/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		00:10- Staff found patient was headbanging in the bedroom, staff went in tried to de-escalate with no effect. Ice packs ,ice dive and other grounding techniques given with no effect. offered oral prn promethazine , refused	00:15- PMVA called, put on holds 00:25- RT Promethazine 50 mg given- left thigh, staff spent time with the patient	Patient now at GRH 2:1 observations to maintain safety On return to Wotton Lawn staff will complete a review of mental state and associated risks, management plan will be implemented Ongoing risk of self harm identified, Self Harm Pathway will be offered	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC78031	21/10/2024	21/10/2024	LD IHOT	Public Place / Offsite / Staff working from home (WFH)	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Unplanned	PBM (physical intervention)	Assisted support		PBM clinical seated hold on a patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	Patient was seated on the wheelchair and 2 person kneeled on her sides to support the dental appointment. It was explained to paid carers how the procedure will take place and what monitoring would be used to safeguard the patient. MCA paperwork was reviewed and copies were send to IHOT by the GP and documented	None required	None required	None (no harm caused by the incident)	Closed
GHC78038	21/10/2024	21/10/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Seated (other)		Patient became increasingly distressed throughout morning, hallucinating and thinking staff were dead. Patient then became physically aggressive, appearing threatened. He punched 2 members of staff, slapped one, and hit 2 patients (1 of which hit him back)	PBM used to support patient to bedroom and staff remained in holds attempting to reassure the patient, but this was unsuccessful. RT given and holds released, and non-touch obs being taken - no concerns currently.	Managed appropriately	NA	None (no harm caused by the incident)	Closed

GHC78041	21/10/2024	21/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient became increasingly distressed in communal areas, declined regular medications, declined PRN, screaming in the face of staff, patient was asked to lower their voice or return to their bedroom. patient continued to yell and became increasingly agitated, staff placed patient in PMVA holds and attempted to escort to patients bedroom, patient then dropped their weight and remained on the floor in a prone position. Staff asked patient to move due to becoming a trip hazard and they continued to refuse. Patient was placed in a supine position, further offered medication and declined oral but asked for injection, RT IM medication was administered		Debrief to all involved Review risk and observation level Discussion during handover	Review PBS care plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC78051	21/10/2024	21/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		patient became increasingly hostile, making verbal threats towards doctors and staff on the ward, stepped towards the doctor in an intimidatory manner and continued to make verbal threats, including knifing staff, smashing faces in and voiced he would slit the staff members throat, staff felt necessary to avoid further escalation to place in hold and escort to bedroom		Debrief to all involved, Review of risk and observation level, Review of PBS care plan,	Information handed over, Discussion during MDT,	None (no harm caused by the incident)	Closed
GHC78053	21/10/2024	21/10/2024	LD IHOT	Selwyn Care (Matson House), Matson Lane, Gloucester, GL4 6ED	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		This is a Planned clinical hold all MCA and Best interest paperwork completed by provider and uploaded to RIO. Service user was encouraged to come downstairs from his bedroom and sit With IHOT staff by his staff the IHOT staff then implemented a seated clinical hold on the sofa for the least amount of time possible using only the force necessary to ensure the service user was kept safe during the procedure.		none required	none required	None (no harm caused by the incident)	Closed
GHC78055	21/10/2024	21/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive Covid & Flu vaccinations injection from district nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated and as standard precautions against illness. MCA/BI and Proportionality paperwork previously completed prior to procedure.		none required	none required	None (no harm caused by the incident)	Closed
GHC78058	21/10/2024	21/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive Covid & Flu vaccinations injection from district nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated and as standard precautions against illness. MCA/BI and Proportionality paperwork previously completed prior to procedure.		none required	none required	None (no harm caused by the incident)	Closed
GHC78060	21/10/2024	21/10/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC78061	21/10/2024	21/10/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC78067	21/10/2024	21/10/2024	Charlton Lane-Inpat OT	Charlton Lane-other outside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PBM (physical intervention)	Escort		When outside the building in the car park supporting patient to go for walk. Patient saw people getting into their car and tried to gain access to their car. Doors were open on the car. HCA and OTT used verbal distraction techniques which did not work to distract or calm patient. Patient let go of the hands of staff members and the patient continued to try to get to car. The OTT stood between patient and car, patient was trying to push past OTT & HCA. When the car doors were closed by people the patient stopped their attempt to get to the car. Then the patient went over to coffee cart where there were people standing, we didn't know if patient was approaching cart or people. OTT and HCA were blocking the way to the coffee cart with their bodies and calling for help on the radio. At this point patient escalated in agitation, shouting repetitively and re-direction and blocking by the OTT and HCA wasn't working	Manager of willow ward came to assist and took hold of patients left arm and OTT took hold of patients Right arm. OT approached and offered their hand to guide him he held their thumb and HCA supporting/guiding at the back as patient has the tendency to pull/lean back when walking. Patient remained agitated and shouting repetitively out but didn't resist guiding back onto the ward safely.	Patient continues to be nursed on a 1:1 basis. Consideration for male staffing to support escorts outside of the hospital where appropriate in support staff to manage any need for PBM techniques and redirection.	ongoing assessment - staff utilising radios and planning for escort continues to be considered and planned within positive risk assessment and management.	None (no harm caused by the incident)	Closed
GHC78077	21/10/2024	21/10/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		The patient started to become tense and was asking and looking for exits. She was also taking chairs towards windows with the legs level and facing the windows. A Nurse tried to give her PRN medication and she slapped the spoon out of her hand and tried to attack her with a chair.	It was decided that it was in the patient's best interests to take her to an area with less stimulus, as it was busy in the communal area as dinner was being served, as well as reducing the risk of retaliation from other patients. PBM arm holds were applied and she was escorted to her room. She was assisted to sit on her bed than holds were released. Staff them left the room. In the next 20 minutes she started trying to dismantle her chest of draws and try to remove the mattress pump (this has since been removed), but she did seem a little calmer. She was given PRN 25 mg promethazine, covertly, with her prescribed medication. She has since come back up to communal areas and deems generally calmer.	Wrong patient details corrected	NA	None (no harm caused by the incident)	Closed
GHC78079	21/10/2024	21/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient attempted to punch staff in their room but missed, patient put their hand round staff's neck causing scratches to the back their neck. another staff member was present and they were trying to encourage patient to remove their hands from staff neck. Staff called for help were another 2 staff came to assist. patient let go of staff's throat and staff were able to place patient in seated restraint. Patient kept being verbally abusive towards staff and making threats so they left the room. three staff were left in the room attempting to verbally deescalate patient. After some time, they were able to verbally deescalate them and they spent time in the garden		Debrief to all involved Review risk and observation level Discussion during handover	Review PBS care plan Discussion during MDT	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC78080	21/10/2024	21/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		From the commencement of the shift, Patient A has required multiple periods of PMVA holds to escort them to their room or onto a chair, Patient has dropped themselves to the floor on occasion to avoid being escorted to their room. Patient A has attempted to assault staff, getting into their personal space in an intimidating manner with clench fists and attempting to headbutt others. Patient A has thrown their fist towards staff often making contact which has required staff to place patient in restrictive		Debrief to all involved Review risk and observation level Discussion during handover	Review PBS care plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC78081	21/10/2024	21/10/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		The patient was held in a clinical hold to enable both COVID-19 and seasonal flu vaccinations to be given as the patient is vulnerable. MCA and BI documents uploaded to RIO- completed by care provider, Proportionality for clinical hold agreed by GP	reassurance given throughout	None required	None required	None (no harm caused by the incident)	Closed
GHC78087	21/10/2024	21/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Service user was head banging in moderate to severe intensity. She was not engaging with staff, when staff tried to verbally de-escalate her. She crisis de-escalators and grounding techniques were used, She did not respond to any and continued to head bang with her eyes closed.	Staff in an effort to verbally de-escalate, applied ice pack on her neck which was ineffective. As the intensity of the head banging increased staff activated PMVA. She was removed from the wall by the PMVA staff and was guided to seated holds on the bed along with the use of a leg cushion to prevent shuffling back to the wall and one person supported the head from the back. her left arm was held on proper arm holds as she have a burn over. offered oral RT tablets which she refused. RT IM lorazepam 2 mg was administered on left thigh. DMO aware about the incident. She had started head banging soon after the staff left her bedroom. Staff tried to intervene her , but was resistive. She was held on holds , RT promethazine 25 mg was administered . She had an episode of vomiting in between the head banging . DMO was informed about the incident of vomiting . Unable to finish the physical observations, as she stayed in her bedroom and was distressed.	care plan followed along with process	N/A	None (no harm caused by the incident)	Closed
GHC78092	22/10/2024	21/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient was assaultive towards staff multiple times across the early part of the night shift.	Verbal de-escalation Precautionary holds to prevent further assaults	Debrief to all involved, Review of risk and observation level, Review of PBS care plan,	Information handed over, Discussion during MDT,	None (no harm caused by the incident)	Closed
GHC78116	22/10/2024	22/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient has been hostile, threatening to staff using offensive language about wanting to harm staff. Patient reported on wanting to harm their children , murder them whilst she is out of the hospital. She reported to be a nurse killer and wanting to stalk nursing staff when she is out of hospital and will murder them in their houses. Due patient unaccepting of any firm boundaries being placed , she was asked to go and spend time in her bedroom. Patient declined and was escorted to her bedroom. During a seated restraint on her bed, she was screaming into staff's face and	Patient declined oral medication and was administered 2mg lorazepam IM.	Debrief to all involved Review risk and observation level Discussion during handover	Review PBS care plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC78117	22/10/2024	22/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PMVA (physical intervention)	Prone (face down)		Patient was being hostile towards staff. She was laying on the floor , rolling around and communicating with the camera. She was making unrealistic demands, making threats and demanding that we should call police. Patient was presenting as unsettled and agitated. She was offered some oral prn in managing her distress levels. She escalated in making	She was administered 5mg haloperidol RT IM after declining orals , three times.	Debrief to all involved Review risk and observation level Discussion during handover	Review PBS care plan Discussion during MDT	None (no harm caused by the incident)	Closed
GHC78121	22/10/2024	22/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive Covid & Flu vaccinations injection from district nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated and as standard precautions against illness. MCA/BI and Proportionality paperwork previously completed prior to procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC78124	22/10/2024	22/10/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated Clinical Hold used in best interest to support administration of Flu and Covid vaccinations by the practice nurse.		None required	None required	None (no harm caused by the incident)	Closed
GHC78125	22/10/2024	22/10/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC78129	22/10/2024	22/10/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC78135	22/10/2024	22/10/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient being physically aggressive to staff, other staff around used PBM to escort patient away from the staff member	Holds released to support patient to sit in chair ABC chart started	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC78141	23/10/2024	22/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PMVA (physical intervention)	Standing		Patient was refusing to go to GRH and it was important that she does go. Patient put on PMVA holds and take to GRH in hospital car.	Staff verbally communicated with patient in patient's distressed state. Reassurance given and patient taken to hospital.	Patient required admission to GRH due to severely low BM and compromised physical state as a result of poor mental health and food restriction Restrictive practice required to complete transfer for treatment	n/a	None (no harm caused by the incident)	Closed
GHC78150	23/10/2024	22/10/2024	Wotton Lawn-Inpatient Physio	Wotton Lawn-Gym	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient attended the therapy department requesting to use the gym. OTT TF answered door and requested for patient to return at time of group session (1400hrs). Patient declined to do this, walking past OTT into the department, proceeding to make her way down toward the gym. Further advised by PTA DA that she would need to return to the ward until time of session. Patient refused to leave the department and continued to attempt to gain access to the gym. Patient presented as confrontational and argumentative with therapy staff. PMVA team called. Further attempts to verbally deescalate without success therefore patient was returned to the ward in	PMVA team called. Further attempts to verbally deescalate without success therefore patient was returned to the ward in loose holds.	No new actions required.	No new lessons.	None (no harm caused by the incident)	Closed
GHC78160	23/10/2024	23/10/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure.		none required	none required	None (no harm caused by the incident)	Closed
GHC78184	23/10/2024	23/10/2024	LD IHOT	GP Surgery	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Seated (POD used)		Planned clinical hold MCA and Best interest paperwork completed prior to procedure. Procedure carried out in order to allow Dr to examine patients right arm pit and head. Patient remained settled throughout and Dr successfully examined patients head. IHOT confirmed with Dr he had completed his examination and then broke away from hold. IHOT staff used the least restrictive hold for the least		none required	none required	None (no harm caused by the incident)	Closed
GHC78188	23/10/2024	23/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient had taken another patient belongings, when staff asked the patient to return the other patients belongings, she became aggressive towards staff and attempting to hit out at staff, She was placed into holds and taken to her bedroom , where staff removed the staff that belonged to another patient, She was offered some PRN and she declined	She was placed into holds and taken to her bedroom , where staff removed the stuff that belonged to another patient, She was offered some PRN and she declined, RT injection was administered.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC78194	24/10/2024	23/10/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	18 - Undertake a search of the patient's clothing or property to ensure the safety of others	Planned	PMVA (physical intervention)	Escort		Patient repeatedly use their vape in their room, setting the fire alarm off multiple times.	Patient was encouraged to use the garden for vaping but refused. Staff tried to reinforce boundaries. Patient was non receptive and carry on with their behaviour. PMVA team was called, search was conducted and vapes taken off patient.	none	none	None (no harm caused by the incident)	Closed
GHC78195	24/10/2024	23/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Seated (POD used)		Head Banging	PMVA was in place, Medication given to calm,1-1 given, Duty Doctor was call to informed. Physical observation was completed.	care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC78203	24/10/2024	21/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was found headbanging in bedroom.	Tried de-escalation. Followed crisis escalator plan. Patient was not responding PMVA team called and RT lorazepam administered Duty doctor informed, Started neurological observation	Mental state and associated risks reviewed Patient not engaging in treatment plan Transferred to GRH to manage physical health 2:1 staffing provided to maintain safety and prevent self harm Staff to review risks and management plan, and offer psychological intervention on return to Wotton Lawn	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC78208	24/10/2024	21/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		on the floor on the corner of her bedroom. PMVA team was called, tried de-escalation, used ice-dive and tiger balm. She was de-escalated and patient requested for promethazine which was offered. Patient verbalised she was experiencing physical trauma. Staff prompted her to spent time in the communal area but she refused. 19:30 Staff found patient on floor of bedroom with a ligature using bra strap. She was conscious and responding. Ligature was cut off and staff offered her 1:1. She then came out to communal area and was engaged in activity. Duty doctor informed.	Neurological observation continued	Mental state, risks and management plan reviewed Patient currently at GRH on 2:1 observations On return to Wotton Lawn staff will review risks again and offer psychological interventions Restrictive practice to be utilised if safety compromised	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC78210	24/10/2024	23/10/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PBM (physical intervention)	Escort		Patient went to visit mum at their Gloucester house address and asked about toy from ebay. Mum explained that the toy was ordered online and will be arriving next week. After the visit, patient was told that they were returning back to Berkeley house. On driving away from Mum's house, about 200 metres away, patient grabbed the member of staff face, sat in front of him and shouting 'toy, ebay', scratching the staff face and then proceeded to damage the vehicle. Staff pulled over to a safe place. All attempts to deescalate proved abortive. Staff contacted Berkeley house to request for help. Mum was contacted and she came over. Two member of staff returned with patient to Berkeley house in patient's vehicle while the other two returned with the staff from Berkeley house in her vehicle. On returning to Berkeley house, patient was encouraged to come down from the vehicle. Patient came down and ran to the garden. He made attempt	Staff managed to safe hold patient. However, as the ground was wet and with patient unsteady on their tiptoe, patient fell forward pulling the staff to the ground with them. Patient continued to attack staff. Staff managed to secure the situation and encouraged the patient to stand. Staff then supported the patient to their flat. Patient was calm and safe in their flat afterwards.	Incident reviewed. This was a very difficult incident which started off-site away from Berkeley House. Staff dealt with the incident appropriately and proportionately showing good collaboration between two organisations tasked with providing care to this individual. Well-being of staff checked, care plans and risk assessment up to date. Patient's mother informed.	That staff are aware of the interventions to use when this patient behaves in this way. That this patient continues to present as a high risk to his environment and those tasked with providing care to him.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC78211	24/10/2024	24/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	AWOL, absconding and missing patients	Patient attempted to abscond	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Standing		Patient X used his escorted leave with 3 x members of staff after roughly 5 minutes patient attempted to abscond. Staff were able to catch him however patient was extremely resistive, PMVA was utilised to stop patient trying to abscond and return him to the ward as he was driven in his attempt. Patient risk if able to abscond high to self and others.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	Patient has not been re-granted his leave due to ongoing concerns around his absconding risk.	None (no harm caused by the incident)	Closed
GHC78225	24/10/2024	24/10/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		Patient refusing admission blood, and has been offered serval time but declined. Due to Patient currently lacking capacity and the team decided act in her best interest to restrain her and get bloods	PBM team called to support in taking blood, unfortunately blood taken was unsuccessful. declined physical observation but Reps.18. Debriefing completed by staff.	Incident managed appropriately and was in the patients best interests	No further lessons identified	None (no harm caused by the incident)	Closed
GHC78253	24/10/2024	24/10/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient was in the garden and asking for Jen picture. Staff explained that Jen does not work here anymore. Patient responded 'why no Jen picture'. Patient was becoming dysregulated and heightened. As staff was trying to redirect patient, patient attack staff, throwing one of the staff to the floor	Patient was escorted back into his flat using safe hold. No staff injuries.	Incident reviewed. Staff acted appropriately and proportionately to the level of risk presented. Their actions were in line with this patient's care plan and risk assessment , both of which are up to date. For further review in weekly MDT.	1. That staff are aware of interventions to follow when this patient behaves in this way. 2. That despite our extensive knowledge and care plans for this patient he continues to present as a high risk to others and to his environment.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC78258	24/10/2024	24/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		-Patient was observed to be headbanging at around 14:00 staff attempted verbal de-escalation, she stated to staff that she was in pain and people are not looking after her. Staff provided reassurance and Patient agreed to come and sit in the communal area. -shortly after when Deputy Directors A and B came to visit the ward, Patient resided back to the bedroom and headbang. Staff initiated verbal de-escalation however it was futile. Patient stated the trigger at that time was Deputy Director A used to work with her dead sister. Staff member was informed about the matter and the person left the ward. -PMVA was activated. Patient was placed on holds along with the use of leg cushions -Staff initiated verbal de-escalation and Patient stated that if she had the pain relief she will try to stop headbanging. -holds were released and she was offered oral morphine. She accepted the medication and came to the communal area.	- Verbal De-escalation -PMVA activation -Utilisation of analgesic medication	care plan and process followed	N.A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC78271	25/10/2024	25/10/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient aggressive towards staff, throwing furniture, kicked office door in, kicked call alarm leaving exposed wire, threatened to kill staff.	Patient placed in holds, escorted to room, supine holds on bed, RT medication given	none	none	None (no harm caused by the incident)	Closed
GHC78285	25/10/2024	25/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold all MCA and BI paper work completed prior to intervention. IHOT staff Joined professional from CLDT who was administering a Depo to patients left thigh. IHOT staff performed clinical hold a few moments before depo administered to patient by CLDT staff. IHOT staff broke from hold at the earliest opportunity and only used the necessary proportionate force in order to keep the hold safe and prevent the patient from		none required	none required	None (no harm caused by the incident)	Closed
GHC78290	25/10/2024	25/10/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PBM (physical intervention)	Clinical hold (seated)		As per Best interest, patient was due for some blood investigation, it requires restrictive intervention(PBM Hold) in order to collect some bloods as part of her admission bloods and before commencing new medications.	Team was organize and planning was done in order to properly do the procedure. As per doctors advice she was given PRN lorazepam tablet first. 30 mins after the administration. Doctor tried to verbally convince client if she will agree to have her bloods done, but she refuses. So as per plan, PBM hold done in sitting position then blood was extracted. Post PBM doctor tried to debrief patient. Then informal debrief done among the staff that was involved in hold	Incident managed appropriately and was in the patients best interests	No further lessons identified	None (no harm caused by the incident)	Closed
GHC78308	25/10/2024	24/10/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was being verbally aggressive towards staff and peers. Boundaries were given with minimal effect. Patient was told several times to go to their bedroom, declined.	Patient was put in loose holds and taken to room to self-soothe.	none	none	None (no harm caused by the incident)	Closed
GHC78318	26/10/2024	25/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient was headbanging. She declined to engage	Planned PMVA called. Placed in holds . Verbal de-escalation continued and she started to engage. Released from holds. Neurological observation done and she was reviewed by the medic	Care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC78326	26/10/2024	23/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient became agitated and verbally aggressive towards Greyfriars HCPs attending the ward. As patient not responding to verbal de-escalation from nursing staff, Patient requested to accompany nursing staff to their bedroom to be supported back to baseline. Patient raised right hand and intentionally smacked SN on the top of their left hand.	Patient taken into escorting PMVA holds to their bedroom. Patient taken into seated PMVA holds on bed. Patient administered RT Lorazepam 2mg IM to outer left thigh through clothing as clinically indicated and to some effect. Due to patient's aggression and wanting to be left alone, RT Non-Touch observations commenced. Handed over for NEWS 2 observations to be completed later. DMO requested to review - review completed.	process followed staff checked on welfare	N.A	None (no harm caused by the incident)	Closed
GHC78333	26/10/2024	25/10/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		The patient was held in a clinical hold to enable bloods to be taken safely. MCA,BI and proportionality documented on rio	verbal reassurance, distraction techniques	none required	none required	None (no harm caused by the incident)	Closed
GHC78349	27/10/2024	25/10/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		The patient was held in a seated clinical hold to enable her to have her bloods taken. Bloods were successfully taken from the back of her right hand. proportionality agreed by GP MCA and BI documentation on RIO	De-escalation and distraction techniques.	none required	none required	None (no harm caused by the incident)	Closed
GHC78377	27/10/2024	27/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Escort		Patient was observed to the chaotic in presentation. he was screaming in the communal area along with playing his harmonica. staff tried to redirect and verbally deescalate the situation however it was futile. he kept on playing his harmonica and started to distress the whole ward at the time of the communal dinner. he began to escalate much more in presentation, hence staff placed him on holds and escorted him back to his bedroom. soon after the incident he kept on exhibiting signs of paranoia and agitation. staff advised him to take the oral medication or alternatively an IM would have to be administered, he verbalised that he would choose IM over oral tablets. he took himself to the bed and lied on the bed. he was given 2mg of lorazepam as IM	-Administration of medication reactively. -verbal de-escalation	PROCESS FOLLOWED	PATIENT WISHED FOR IM RATHER THAN RT	None (no harm caused by the incident)	Closed
GHC78380	27/10/2024	27/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Escort		Patient A requested to come inside clinic to have a look at her prescription. She was SOP3 so 2 staff were with her at that moment. She requested for Nicotine patch along with her regular medication. When this was offered she said, he had a smaller patch earlier so she wants the same one. Staff nurse attempted to explain her about the dose of patch but she was inpatient and repetitive in her speech. She then took her clothes off and refused to put them back on. She eventually had her nicotine patch however, she continued to be naked even with significant encouragement. She was then helped by staff to put her clothes back on and was taken to bedroom in		Risk assessment reviewed. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC78384	27/10/2024	27/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		18:30 Patient A was in the communal areas and followed by dinner he become escalated in his mood, banging in the nursing door windows, kicking staff, punching staff, verbally and physically threatening, aggressive and assaultive. He did not responded to verbal redirection nor firm boundaries. He was then escorted to his bedroom in precautionary PMVA holds. 18:50 Patient A attempted to punch staff and kick staff. He also managed to push staff in the back with a significant force. 18:55 Patient A kicked and slapped at staff's face		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff members assaulted advised they would be supported to report this to the police, should they wish to do so.	None identified.	None (no harm caused by the incident)	Closed
GHC78388	27/10/2024	27/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Patient refusing to attend Emergency Department. Patient provided opportunity but refused to leave bedroom under own volition	Patient taken into light PMVA holds, supported from bed to wheelchair and with use of PMVA cushion on legs and light PMVA hold on right arm patient taken from ward to hospital transport in wheelchair. Once at hospital transport, patient provided some time to vape and take a moment, before being supported in light PMVA holds into hospital transport. Escorting staff sat on either side of patient in hospital transport. No holds utilised at GRH ED.	supported patient process followed	patient didn't require PMVA whilst at GRH or in the car	None (no harm caused by the incident)	Closed
GHC78393	28/10/2024	27/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient was headbanging in her bedroom. Two staff attended attempted to verbally deescalate her however she did not engage.	Planned PMVA called, placed in holds. Encouraged to engage in grounding techniques but was initially reluctant. Later engaged with deep breathing exercises and came out to communal areas. She later returned back and started to headbang again. 2nd PMVA called. Placed in holds. Still not engaging She declined oral RT Lorazepam offered therefore IM Promethazine 25mg administered to right thigh. Released from holds afterwards and came to	Care plan and process followed	N.A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC78406	28/10/2024	27/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Standing		The patient was refusing to come back onto the ward after having been escorted on leave. The patient sat at the entrance door and refused to come even after several prompts.	The patient was put on PMVA holds and directed onto the ward with some resistance.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC78416	28/10/2024	28/10/2024	LD IHOT	Pullman Place LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC78425	28/10/2024	28/10/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		The patient was appeared to be very distressed and followed staff member to the kitchen. She was not accepting redirection from the staff. She grabbed the fire extinguisher from the kitchen and tried to attack the staff.	Hand hold utilised to take her out from the kitchen, but she become agitated and slapped one of the staff member and was banging the door. PBM utilised to escort her to room. She was too distressed to accept oral medication when offered. RT lorazepam 1 mg given to Left thigh. PBM hold released after the injection. Doctor informed regarding the incident. Non contact physical	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC78431	28/10/2024	28/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was in the communal areas shouting at staff, using derogative language and accusing them of being rapist and wife beater. Patient had another altercation with patient B over a tv remote control. Patient B threw the tv remote on the floor, whereby patient A picked it up. At this point she continued being verbally aggressive towards staff. Staff attempted to verbally de escalate, but she declined and carried on shouting and screaming. Patient herself on the floor and and hid the remote close to her chest. She gave the remote control and left behind 1 battery. She placed it in mouth, refusing to give it	Patient as escorted to her bedroom on PMVA holds.	Risk assessment reviewed. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC78433	28/10/2024	28/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient A grabbed Patient B cap and threw it in the bin, stating that it belongs into the bin as it is rubbish. Patient A was approached by staff in trying to find out what had happened for him to do so. Patient A became arrogant and dismissive. He then stood by the nursing station door where he was knocking constantly on the door and windows demanding for prn medication and batteries for his vape. The batteries were charging on the system. When staff were entering the office, he took advantage of the open door and barged his way in the office and to grabbed the batteries which were on the charger and quickly ran out the office placing them in his pocket refusing to handover over them	He was escorted on PMVA holds to his bedroom. Patient was very resistive and combative throughout.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC78436	28/10/2024	28/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient came from the garden and stated that patient B had just assaulted them. Patient B was approached by staff and was asked if they had actually assaulted patient A. However, patient B did not respond but charged towards patient A who was now lying in the communal sofa. Patient B went on to threaten A stating that they would kill them. Patient B also went on to threaten to assault staff and when they were being escorted to their room they kicked staff member on their leg.	The patient was put on PMVA holds and escorted to their room. Patient was administered with 2mg lorazepam IMI RT	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC78439	28/10/2024	28/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient was in the communal area presented as high profile, very chaotic in behaviour. Patient has been raising his hands towards everyone who was in front of him attempting to punch and kick. Patient has been verbally and racially abusive towards staff members. Patient was demanding to let him out of the ward. When staff explained the reason why patient cannot go out of the ward, patient attempted to assault staff by punching. As staffs were attempting to place patient on PMVA hold, patient then headbutted staff which caused staff's nose to bleed. Patient was then placed on PMVA holds, patient dropped his weight on to the floor. PMVA holds were released.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Patient was spoken to about racial abuse and how this is not acceptable and will not be tolerated. Staff member advised that they would be supported to report this to the police, should they wish to do so.	None identified.	None (no harm caused by the incident)	Closed
GHC78449	29/10/2024	29/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was in toilet, sat on the floor trying to cut right arm using a razor blade	Tried de-escalation and grounding techniques - Offered prn Offered 1:1 but declined PMVA Team contacted and offered RT lorazepam 2 mg	Mental state, risks and management plan reviewed Long term risk of self harm identified Self Harm Pathway and Psychological interventions available Care plans in place Room search conducted	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC78468	29/10/2024	29/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive Covid & Flu vaccinations injection from district nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated and as standard precautions against illness. MCA/BI and Proportionality paperwork previously completed prior to procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC78473	29/10/2024	29/10/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		The patient was in a highly agitated and was trying to pull away a laundry trolley from one of the ward's cleaners. Verbal reassurance was ineffective and the nurse was concerned about the high risk of the patient attacking the cleaner. It was decided that it was in the best interests of all involved to use PBM to safely remove the patient from the situation.	PBM arm holds were applied for approximately 10 seconds, which was enough to give the cleaner time to exit the situation safely. Holds were released, and staff decided to give the patient some space to calm. She mobilised up and down the corridor for around a minute then sat and verbally vented her feelings (safely) to another member of staff.	Managed appropriately ABC chart commenced RAG plan to be formulated	NA	None (no harm caused by the incident)	Closed
GHC78490	29/10/2024	29/10/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Seated (other)		Patient becoming distressed and physically aggressive to staff, putting self and others at risk (separate datix completed with more detail on violence/aggression)	PBM used to take patient out of communal areas and RT given. Duty doctor informed about the incident and RT. Started non-touch observation as she remain high	Full names of staff added to PBM section	NA	None (no harm caused by the incident)	Closed
GHC78491	29/10/2024	27/10/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		The patient was held in a seated clinical hold to enable blood to be taken safely. bloods were successfully taken from right hand Proportionality agreed by GP	reassurance through-out	None required	None required	None (no harm caused by the incident)	Closed

GHC78494	29/10/2024	29/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient headbanging in room	de-escalation pmva pod and weighted blanket used 1-1	Care plan and process followed	escalation in behaviours as birthday approaching	None (no harm caused by the incident)	Closed
GHC78495	29/10/2024	29/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient headbanging in room	de-escalation pmva pod and leg cushion. RT IM Debrief 1-1	care plan and process followed	birthday approaching escalation in behaviours	None (no harm caused by the incident)	Closed
GHC78496	29/10/2024	29/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		14:55 – The patient was seen to be head banging against the wall in her bedroom with low intensity. Staff attempted verbal de-escalation for about 5 minutes which was futile.	15:00 – Activated PMVA. The patient was guided to the pod and put on PMVA holds along with the use of a leg cushion. Patient was very resistive at the start. Staff continued with the verbal de-escalation for around 15 minutes. 15:20 - Patient started responding to the verbal de-escalating and stopped resisting the staff. As the patient started to become more settled, staff released the holds slowly. The patient agreed to come out to the gym with a member of the staff. Remained settled afterwards.	care plan and process followed	birthday approaching	None (no harm caused by the incident)	Closed
GHC78504	30/10/2024	29/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient returned to the ward distressed. Patient supported down to bedroom. Patient commenced to hit forehead with knees, unable to verbally de-escalate started to hit head harder. Patient put self to floor hitting forehead repeatedly. PMVA assistance required. Patient supported up off the floor in holds to both arms. Patient supported to sit on the pod in holds to both arms, cushion placed over legs. Decision to administered RT IM. Patient informed RT IM would be administered to upper right thigh. Verbal de-escalation continued Cushion removed from legs. Holds to both arms released shortly after. Physical observations taken. Duty doctor informed. RT observations commenced.	PMVA assistance required. Patient supported up off the floor in holds to both arms. Patient supported to sit on the pod in holds to both arms, cushion placed over legs. Decision to administered RT IM. Patient informed RT IM would be administered to upper right thigh. Verbal de-escalation continued Cushion removed from legs. Holds to both arms released shortly after. Physical observations taken. Duty doctor informed. RT observations commenced.	PATIENT DISTRESSED DUE TO TIMES OF FEED BEING CHANGED AND FEELING OVERWHELMED WITH THIS	SEDU BED IS REQUIRED NOT INPATIENT SETTING	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC78505	30/10/2024	29/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		18:40 - The patient was exhibiting chaotic behaviour and started shouting in the communal area. Staff redirected him back to his bedroom as he was unsettling other patients and himself. Patient kept on coming back even after constant redirection. Offered prn medications many times which he refused. At one point he became very unsettled and started playing unpleasant screaming and groaning voices in his phone at the top of the volume in the corridor. Staff redirected him to turn the volume down asked to stay in his bedroom to allow him time to settle down. Then the patient suddenly became violent and slapped the staff member on the face who was	Following this, PMVA was activated. Nursing staff offered oral RT tablets which he refused and requested for an IM injection instead. IM RT lorazepam 2mg was administered on light forearm holds on both sides. The holds were released right after the administration of the RT. Post RT non touch observations were initiated as the patient refused physical observations. Informed DMO for review. Attempts made to provide de-brief which the patient refused.	WM Spoke with patients around mutual expectations, his conduct and how this is not acceptable. Patient apologies but WM advised to apologies to staff hurt. Also informed that police would be contacted should this happen again	N.A	None (no harm caused by the incident)	Closed
GHC78516	30/10/2024	30/10/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Non-standard hold	The patient had managed to pull the staff to the floor with one hand and the other staff had to hold all the other limbs from the side bedding over to allow the staff who was on the floor to come out of the tight	The patient had flooded the unit, his bedroom and bedding were soaking wet which suggested that he might have left one of the taps running in his bathroom. Staff went to clean and make it safe. As staff were drying his bedroom, he was asked to sit on his bed so that staff could clean and dry the opposite side of the bedroom and the patient attacked the staff saying "don't say sit down" and he grabbed the staff with one hand pull him down to the floor and scratched the staff on his face. These words appear to	The staff had to restrain him in order to help the staff move away from the enclosed area and all withdrew when it had become safe to do so.	Incident reviewed. Staff acted appropriately and proportionately to the risk presented by this patient at this time. Their interventions were in in line with this patient's PBS plan. For further review and discussion in weekly MDT.	1. That staff are aware of and able to follow the interventions detailed in this patient's PBS plan when he is behaving aggressively towards them. 2. That despite our extensive knowledge of this patient and our detailed risk assessments, care plans and PBS Plans he remains a high risk to others and to his environment.	None (no harm caused by the incident)	Closed
GHC78519	30/10/2024	30/10/2024	LD IHOT	Pullman Place LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC78528	30/10/2024	30/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Clinical hold (seated)		-Staff offered regular medication which include 1 mg lorazepam which threw the lorazepam in the floor and said sorry. -Staff brought the lorazepam which repeated the same. Staff redirected to the bedroom. came out of bedroom shouting and agitated staff redirected to bedroom. -Staff planned for PMVA and was due for depot which was also planned by the staff to administer under the holds.	-Staff called the psychiatric emergency and was put on hold in seated position and administered RT lorazepam 2mg and Depot was also administered. - When staff approached in the bedroom, patient was holding a pencil in hands which was removed by the staff. -stated that will accept the promethazine while staff was about to gave the lorazepam. Staff continued to go with plan and administered lorazepam.	Patients mental state, risks and treatment plan reviewed Antipsychotic medication increased Patient not yet able to understand treatment plan and engage Restrictive intervention utilised to administer treatment safely	n/a	None (no harm caused by the incident)	Closed
GHC78530	30/10/2024	30/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Clinical hold (seated)		-Staff offered regular medication which include 1 mg lorazepam which through the lorazepam in the floor and said sorry. -Staff brought the lorazepam which repeated the same. Staff redirected to the bedroom. came out of bedroom shouting and agitated staff redirected to bedroom. -Staff planned for PMVA and was due for depot which was also planned by the staff to administer under the holds.	-Staff called the psychiatric emergency and was put on hold in seated position and administered RT lorazepam 2mg and Depot was also administered. - When staff approached in the bedroom, patient was holding a pencil in hands which was removed by the staff. -stated that will accept the promethazine while staff was about to gave the lorazepam. Staff continued to go with plan and administered lorazepam.	Patients mental state and associated risk require treatment and restrictive intervention to administer safely. Patient lacking insight, paranoid and fearful. Patient only able to engage partially in treatment planning Staff to administer medications proactively to minimise risk to others and reduce agitation	n/a	None (no harm caused by the incident)	Closed
GHC78531	30/10/2024	30/10/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Non-standard hold	The patient used one hand to pull the staff down and the other staff had to hold the left arm, left leg and right leg to give the staff being held, space to come out of the tight area	The patient had flooded the unit, his bedroom and bedding were soaking wet which suggested that he might have left one of the taps running in his bathroom. Staff went to clean and make it safe. As staff were drying his bedroom, he was asked to sit on his bed so that staff could clean and dry the opposite side of the bedroom and the patient attacked the staff saying "don't say sit down" and he grabbed the staff with one hand pull him down to the floor and scratched the staff on his face. These words appear to	The staff had to restrain him in order to help the staff move away from the enclosed area and all withdrew when it had become safe to do so.	Incident reviewed. Staff acted appropriately, proportionately and in line with the interventions described in this patient's PBS plans, care plans and risk assessments. For further discussion and review in our weekly MDT.	1. That staff are aware of and able to use the interventions described in this patient PBS Plans, care plans and risk assessment when behaving aggressively towards others and his environment. 2. That despite our extensive knowledge and detailed risk assessment, care plans and PBS plans this patient remains a high risk to others and to his environment.	None (no harm caused by the incident)	Closed
GHC78532	30/10/2024	30/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Seated (other)		Patient become highly agitated and abusive towards staff. Patient offered PRN medication and she accepted 1mg out of the 2mg offered, she then was verbally encouraged to go to her room to de-escalate and spend time in a lower stimulus environment. Patient went to her room, however moments after entered communal areas in a state of undress, wrapped only in a sleeping bag. As a means of maintaining her dignity, patient was escorted round to her bedroom by staff. She became highly disturbed at this time, attempting to bite and assault staff. Placed in seated holds on her bed and when calm, accepted a further 1mg of lorazepam.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC78533	30/10/2024	30/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Seated (other)		Patient become highly agitated and abusive towards staff. Patient offered PRN medication and she accepted 1mg out of the 2mg offered, she then was verbally encouraged to go to her room to de-escalate and spend time in a lower stimulus environment. Patient went to her room, however moments after entered communal areas in a state of undress, wrapped only in a sleeping bag. As a means of maintaining her dignity, patient was escorted round to her bedroom by staff. She became highly disturbed at this time, attempting to bite and assault staff. Placed in seated holds on her bed and when calm, accepted a further 1mg of lorazepam.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC78542	30/10/2024	30/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Staff found patient was headbanging in the room. Staff went in and tried to de-escalate, with no effect. Staff called PMVA team	Staff called PMVA team and put on holds. Tried to de-escalate with grounding techniques, which work Offered prn promethazine 25 mg , which was accepted	Mental state, risks and care plans reviewed Treatment plan reviewed Patient now transferred to another ward	n/a	None (no harm caused by the incident)	Closed
GHC78547	30/10/2024	30/10/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Clinical hold (seated)		Ward staff were concerned that a patient had been incontinent of urine. He had been sat in a lounge chair during the nearly hours of the morning and had not moved since. He was able to be woken from his sleep when staff talked to him, but he refused to move from the chair so staff could offer him bath and fresh clothes. He lashed out and shouted at staff who tried to assist him from the chair	The Charge Nurse thought it was in the patient's best interests to have his pad check for incontinence to see if he then required assistance with personal care. The patient became agitated and attempted to hit staff so PBM holds were used to quickly check the patient's pad in the most discrete way as possible. Holds were released after around 20 seconds. It was established that the pad was slightly damp, but this was unlikely to cause skin damage in the short term so it was decided to try and assist the patient to the bathroom after he had calmed. Around 40 minutes late, after a lot of encouragement from staff, he consented to be assisted to have wash.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC78555	30/10/2024	29/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Unplanned	PMVA (physical intervention)	Escort		Patient was in courtyard with HCA. Patient was asked to return to the ward for NG feed to be facilitated as per care plan. Patient refused to return to ward, HCA attempted verbal prompts and reassurance to no affect. SN arrived and attempted verbal prompts and reassurance, again to no affect.	Decision made to place patient in light holds to return to ward, patient was resistive and patient dropped to the floor before full forearm holds could be implemented. staff allowed patient to drop to floor safely. CN arrived and convinced patient to return to ward under light holds by HCA and CN. Patient became more resistive as approaching ward so forearm holds implemented and patient escorted to bedroom.	Care plan followed along with process	N/A	None (no harm caused by the incident)	Closed
GHC78568	30/10/2024	30/09/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient was sat on the floor, she was restrained on both of her arms as she was trying to harm herself. She was quickly restrained on the floor (supine) as staff needed to attend to a serious wound to her arm.	PMVA techniques were used.	Harm caused low, required medical attention to close wounds Long term risk of self harm and accidental death identified Care plans formulated in collaboration with patient Engaging in self harm path way Engaging with treatment planning	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC78571	30/10/2024	30/10/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Clinical hold (seated)		Patient attempted to kiss peer in communal area and when staff approached attempted to physically attack staff.	Staff put patient in PBM holds. Staff verbally de-escalated patient and spent time with patient in patient room.	Current risks and care plans reviewed- Staff reminded to be present in communal areas	NA	None (no harm caused by the incident)	Closed
GHC78574	30/10/2024	30/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient found in between observations self harming within bedroom. Patient had caused laceration to inside of L upper arm roughly 7cm in length penetrating down to subcutaneous fat tissue. PMVA team called to support. Patient was sat on bathroom floor with piece of razor used still within their hand. Patient supported to stand by staff members holding arms and patient sat on bed. Staff attempted to engage in verbal deescalation, distraction techniques, use of ice packs and offers of 1-1 support however did not prove successful. Patient offered PRN however not amenable to this offer. Patient remained within arm holds sat on bed during this time due to continued attempts to worsen wound of left arm using fingers and patient kept sharp item in right hand. Holds increased due to level of agitation with use of "pillow" and support from head however holds were reduced to seated arm holds only as attempt to	Dressing applied to wound. Patient continued to express they had no item in their possession - PMVA team left room due to presence appearing to further increase agitation. 2x staff members remained with patient continuing to encourage patient to hand over item used to harm themselves and providing psychological support post incident. Staff member checked with patient that they were ok post restraint and patient denied any new injuries as result of restraint.	mental state, risk and management plan reviewed Long term risk of self harm identified Care plans in place Self Harm Pathway and psychological interventions available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC78577	31/10/2024	30/10/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		-During 23:00 checks patient was seen banging back of her head against bedroom wall with minimal force while vaping and listening to music. -Staff promptly went to support the patient. -Used verbal de-escalation and followed crisis escalator which were unsuccessful. -Offered 1:1 time ,paper and pen , ice pack , PRN medication with no positive result. Patient was non-verbal during the incident. -Plan made to administer RT, patient was informed about the decision. - Psychiatric emergency was called , PMVA staffs were made aware about the burns and cuts on her body. -Initially she was very resistive she wriggled backwards to hit her head , a member of staff held her head and used cushion . -Administered RT promethazine 50 mg on her right thigh. -She was given 1:1 time after the incident. -Neuro and RT observations started.		Care plan and process followed	n.a	None (no harm caused by the incident)	Closed
GHC78580	31/10/2024	31/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold implemented MCA and Best interest paperwork completed prior to hold. IHOT staff carried out clinical seated hold for the least amount of time using the least restrictive holds available.		None required	None required	None (no harm caused by the incident)	Closed
GHC78591	31/10/2024	31/10/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical safe hold used in best interest to enable a blood sample to be taken		None required	None required	None (no harm caused by the incident)	Closed
GHC78599	31/10/2024	30/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Suicide attempts	Attempted suicide - inpatient who is or is liable to be detained under MHA	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Escort		Staff went into patient's room to offer 1:1 time as patient has engaged in headbanging on the previous shift. Patient sat on bed facing wall, and when staff went was trying to hide something under the blanket Patient refused to show it at first but with prompts agreed. Patient was hiding empty packet of Venlafaxine 225mg box which contain 3 empty strips (10 medication each strip) Medication box was dispensed on patient's own name and the date of dispensing was on 25th October 2024 Patient was not willing to engage initially but later admitted to have overdose. Stated she took the medication box from GRH while being an inpatient there recently. Not disclosed how m any tablets ingested Patient was advised to transfer to GRH and was informed to her Staff observed patient tied ligature using the cable of pedal fan Patient refused to go to GRH		Datix ported to GHFT, including the AAR and the outstanding concerns listed.	We await updates from GHFT.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC78603	31/10/2024	31/10/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		IHOT staff x2 performed planned clinical hold MCA and BI decisions completed prior to intervention staff completed the last restrictive hold possible unfortunately due to the complexity of getting the blood from the patient hold lasted for 8 minutes. Patient was reassured throughout by staff who knew him well. After eight minutes decision made to stop phlebotomy. Patient was calm and settled following procedure as		None required	None required	None (no harm caused by the incident)	Closed
GHC78610	31/10/2024	31/10/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient A was headbanging on the wall in her bedroom. NIC called the PMVA Team.	PMVA Team attended. Patient A was being very resistive. Ice pack was placed around her face. 2mg Lorazepam was administrated on the Patient's Right Upper Thigh for good effect. 1:1 was again offered. Accepted it. NIC did the dressings.	Mental state, risks and management plan reviewed Long term risk identified Patient engaging in crisis planning Self Harm Pathway available Psychological interventions available	n/a	None (no harm caused by the incident)	Closed
GHC78611	31/10/2024	31/10/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient A was found removing the grip socks of patient B. This was making patient B angry and a Charge Nurse walked in between them. The charge nurse absorbed kicks from patient B that were most likely aimed at patient A. Patient A refused to give the socks back, claiming that they belonged to a relative of hers, and lashed out at staff.	The Charge Nurse thought that it was in the best interests of the patient to escort her to her room, where she may more easily calm in less stimulating environment. PBM arm holds were utilised on Patient A, which were released as soon as she was in her room. The patient was initially frustrated, but seemed to calm as she started to make her bed. She came back to her room and seemed more relaxed	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC78620	01/11/2024	01/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was in the communal area presented as very distressed. Patient started shouting at staffs face, verbally abusive. Staff attempted to verbally de escalate patient, however patient did not respond. Patient started making unmeetable demands and started to abuse staff verbally when needs are not met immediately. Patient was offered oral medications. Staff requested patient to spend some time in her bedroom. Patient refused this. Patient was continuing the same presentation in the communal area. Staff placed patient on PMVA holds and escorted to bedroom. Patient was on seated holds in bedroom. Staff offered oral medications which patient refused. Patient was making several threats, patient was screaming at staff saying that patient is going to find staff when she gets discharged and is going to kill staff. Patient was given IM RT. After		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC78622	01/11/2024	01/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient became verbally abusive towards other patients, very hostile and verbally aggressive, staff intervened and separated the patients, Patient then started targeting staff, walking towards staff in an aggressive manor screaming and shouting.	Staff placed patient in PMVA holds, redirected to their bedroom, offered some oral medication but declined and asked for injection.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC78667	01/11/2024	01/11/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold MCA and Best interest completed prior to visit Patient was prompted to sit by staff from home, after phlebotomy equipment was set up phlebotomist took patient bloods while IHOT staff performed a seated clinical hold. Proportionality talked through with GP via phone prior to hold and other medical professionals on site as well as carers. Clinical hold implemented for the shortest period of time possible only using proportionate force to reduce the risk of patient harming themselves by accident and using the least restrictive hold possible.		None required	None required	None (no harm caused by the incident)	Closed
GHC78673	01/11/2024	31/10/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient (A) was sitting on the sofa which is situated along the garden corridor minding their on business when suddenly patient (B) who was walking past patient (A) attempted to kick them. Patient A got so angry and immediately followed patient (B) who was almost by the garden door. Patient A caught up with patient (B) before they went into the garden and a scuffle ensued. Patient A head locked patient (B) with their hand.	Several staff members approached the patients as soon as possible and manage to separate the 2. Verbal de-escalation was done to both patients and they were both redirected to their rooms. Both patients were offered prn meds which they took	Risk assessment reviewed for both patients. Debrief for staff involved. Debrief offered to both patients to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed for both patients. Medication review for both patients.	None identified.	None (no harm caused by the incident)	Closed
GHC78674	01/11/2024	01/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Escort		The patient was distressed and got hold of a zimmer frame, which they began hitting against the window. It appeared that the patient was doing this to try and get out of the ward.	Verbal de-escalation and reassurance proved ineffective, the patient started to turn aggression towards staff. Ward staff thought it was best to escort her to a calmer environment so using PBM holds she was taken towards her room. She decided to try and sit down while in PBM holds so she was assisted to gently lower to the floor. She was helped to get up by two staff after around a minute, but the patient was still agitated and lashed out at staff but did not make physical contact. PBM arm holds were used again to escort the patient to her room. Holds were released once she was in her room and ward staff left the vicinity. She came back up to the communal areas by herself around five minutes later, and sat at a lounge table venting her emotions to staff. She calmed enough to have a good dietary	Managed appropriately RAG plan to be formulated with Psychologist/case discussion	NA	None (no harm caused by the incident)	Closed
GHC78675	01/11/2024	01/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Seated (other)		Untoward incident of Absconding leading to implementation of PMVA techniques and Administration of Rapid Tranquilisation. -At approximately 17:58, Patient requested to be escorted to the front of the hospital for a cigarette, which was facilitated by a staff member. -After smoking, Patient informed the staff member of his intent to leave the ward. He was immediately followed by staff members . -Patient entered the maternity unit entrance and proceeded to the A&E area, where staff continued to follow and attempted verbal de-escalation, though without success.	-PMVA was issued via radio. -The PMVA team engaged Jordan near the A&E entrance. Despite attempts to verbally deescalate, he remained resistant. -Holds were applied as Jordan voluntarily moved to the ground, after which he was guided back to a vehicle in restraint. -Jordan was then escorted back to the front of the hospital and walked back to the ward without further holds. -Upon return, he stated his intent to leave the ward when unobserved and exhibited hostility towards staff. -A planned PMVA intervention intervention was activated. -Jordan was guided to a seated hold with the use of light support, including a leg cushion. -He was offered oral medication, which he declined; therefore, 50mg of Promethazine was administered as IM. -Holds were released immediately following medication administration. Shortly thereafter	POLICY AND PROCEDURE FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC78679	02/11/2024	01/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was observed to be head banging in their room. Staff went into the patients room and attempted to engage the patient in verbal de-escalation. the staff member sat and spoke to the patient for around 15 minutes and the head banging carried on. Staff member then called a PMVA.	patient was put in seated holds on the bed and staff attempted to engage with the patient verbally, they did accept 1mg of Lorazepam orally. Staff released the holds and the patient sat with SN Leaver and chatted. Duty Doctor came and assessed the patient. A set of neuro observations were completed then non touch observations were also completed.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC78680	02/11/2024	01/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was observed to be head banding in their room. Staff entered the room and spoke with the patient, the patient spoke with staff but continued to head bang. Staff then called a team.	The staff team restrained the patient in seated holds on the bed and an ice pack was applied to the back of their neck. patient managed to be deescalated with verbal de-escalation to good effect.	Care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC78681	02/11/2024	01/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Sharps, splashes and contamination incidents	Injury - dirty / contaminated / unknown sharp or needle	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was in their bedroom with staff member after being de-escalated and given Rt. patient got up from their seat on the bed and started rummaging in their arts bag. staff noticed that the patient had something in their hand and would not open their hand to show staff	staff called a team, as previously in the evening the patient had disclosed to the staff member that they had kept several shards from a bottle that they had smashed previously. The team managed to get the secreted shards of glass from the patient and dispose of them safely. the patient was upset but the staff members reassured the patient.	Care plan and process followed, no risk associated with this	N/A	None (no harm caused by the incident)	Closed
GHC78682	02/11/2024	02/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient was appeared as restless through out the shift, need constant reassurance. Patient was appeared as pacing and attempting to go out from the ward several times. When staff attempted to redirect, became agitated and resistive. At 00:19 patient managed to go out while staff were doing the cleaning. Patient was observed near to the frond sliding door near to kings Holm ward. Staff followed and attempted to redirect, which patient denied to return. 2 members of staff tried to return patient back, patient keep saying that, '' there is a car in front, and need get in there''. Appeared as not getting what staff trying to explain. Staff from kings holm also helped with the situation. And on the basis of patients vulnerability, team decided to take	Returned back to the ward on safe holds as patient was very vulnerable.	Pt returned to ward with staff	none	None (no harm caused by the incident)	Closed
GHC78685	02/11/2024	01/11/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient grabbed staff by neck and attempted to pull them to the ground. Staff took hold of patient and two person escort out of unit kitchen back into lounge.		This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis	None (no harm caused by the incident)	Closed
GHC78694	02/11/2024	01/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		The patient brought soiled sanitary pads to the office. Staff approached the patient and told them to go and dispose the sanitary pads. However, the patient became angry and verbally aggressive. They then threw the sanitary pads towards staff member who were in the office. Soon after the patient forced herself into the office and took the bag with the pads and threw them into the corridor. The patient was told to remove the bag with the pads but they declined.	When the patient refused to remove the pads they were put on PMVA holds and taken to their room. A few minutes later they came out of their room and came to the communal area where they became verbally aggressive towards staff. They were put on holds for the second time and taken to their room.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC78697	02/11/2024	01/11/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid of carers how the procedure will take place and what monitoring would be used to safeguard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC78698	02/11/2024	02/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (standing)		Patient required support with personal care. he became agitated despite constant reassuring	Staff pulled the attack alarm and 2 extra staff went to support. staff held patient in holds while bottom half of the patient was cleaned and changed. Staff voicing throughout what they were doing and asking if this was okay and patient said yes. Staff released patient after and said sorry. Patient settled and followed staff up to the communal area.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC78702	02/11/2024	01/11/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC78720	02/11/2024	02/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		-Patient asked the nursing staff that could he be going by himself to the courtyard. The nursing staff agreed to this, shortly after he was observed to be leaving through the front of the hospital. -2x staff went after him and caught up with him in the front of Greyfriars. -Staff tried to verbally deescalate the situation however it was futile.	- PMVA was activated. -Patient was resistive and pushed the staff members leading to the implementation of forearm holds. -he pushed staff member ZS into the bushes and spat on the staff member. - he was escorted with the implementation of forearm holds to the ward. - he was placed on seated hold position. -he was offered oral 2mg lorazepam which he accepted. -holds was disengaged after the administration of medication. -DMO was informed about the incident.	process followed	Patient now on OCC PICU	None (no harm caused by the incident)	Closed
GHC78723	03/11/2024	02/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		patient had absconded from the ward, staff had attempted to encourage the patient not to leave but they had run away from staff. Staff then followed the patient down towards the main entrance and called a PMVA. Patient then went and vaped in the court yard. The team assembled in the main entrance as the patient had verbalised about wanting to leave the hospital and buy drugs.	patient came back into the area outside Kingsholm and started to shout and gesticulate towards staff. The sliding doors opened and the patient made a run through them. Staff requested verbally for the patient to stop, but they did not so staff put them in holds and attempted to restrain the patient. The patient struggled and used their weight to unbalance staff and the staff member on the right arm fell backwards and the patient fell on top of them. Staff then removed the staff member from the floor and the patient went and got up and started shouting and thumped the glass out of door that leads into the hotel services area. The staff then called the police.	process followed	Patient now OOC PICU	None (no harm caused by the incident)	Closed
GHC78727	03/11/2024	03/11/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		THE SERVICE USER WAS UNSETTLED FROM THE START OF THE SHIFT, LOUD AND SHOUTING, TRYING TO GO OFF THE WARD	HE WAS BROUGHT BACK TO THE WARD ON HOLDS	Patient experiencing a relapse of bi-polar disorder had attempted to leave the ward / hospital when unauthorised to do so. Staff intervened and sought to verbally encourage patient to return to ward - patient not willing / able to accept staff encouragement to return, therefore safe-holds implemented to escort patient back to ward. Staff released safe-holds as soon as patient was back	Staff acted to prevent an abscond from the ward, following care-plan and risk management plans.	None (no harm caused by the incident)	Closed
GHC78732	03/11/2024	03/11/2024	Wotton Lawn-Priory Ward	Public Place / Offsite / Staff working from home (WFH)	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		patient ran through the doors when the opened at 0700, heading towards GRH and London Road. Consistently verbally abusive.	staff followed. longer incident involving assaults and restraint. eventually was brought back to the hospital.	PROCESS FOLLOWED	Patient now at OOC PICU	None (no harm caused by the incident)	Closed
GHC78733	03/11/2024	03/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Seated (other)		-patient absconded from the ward leading to activation of PMVA and seeking support from the police.	- Patient was brought by staff and escorted by police back to the ward. - Patient was placed on holds and RT was administered. - patient was not resistive at the time of the RT due to the Prescence of the police -holds released soon after -DMO reviewed patient.	process followed	Patient now at OOC PICU	None (no harm caused by the incident)	Closed
GHC78734	03/11/2024	03/11/2024	Wotton Lawn-Priory Ward	Public Place / Offsite / Staff working from home (WFH)	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		patient hitting out at staff attempted to place holds to stop.		patient brought back to hospital	N/A	None (no harm caused by the incident)	Closed
GHC78762	03/11/2024	03/11/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		In the communal area Patient 1(male) was tried move the furniture and tried to touch patient (female) 2 legs . staff tried to redirect him . suddenly patient 1 grabbed patient 2 top and hit her on right breast area . patient 2 have a small nail mark on right chin	Staff Alerted MERT . patient 1 wasn't releasing his hands from patient 2 top. Therefore PBM clinical holding done and removed patient from the communal area to his bedroom .Patient 1 was given with PRN 0.5mg lorazepam orally with some effect	Patient's current mental state- risks and care plans reviewed	NA	None (no harm caused by the incident)	Closed
GHC78767	04/11/2024	04/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was appeared as anxious, appeared in the communal area, reported that demons are keep coming in to her flat and make her feel threatened all time. Reassurance was given, with good effect but doesn't last for longer time. Later she pop out naked several times more than 7 to the communal area, appeared as naked (stripped all her clothes)shaking her necks and hands and voicing in bass sound (responding). He reporting that the demons telling her to strip the clothes otherwise they kill her. Went to both male and female fire doors and kicked it with force several times. Threatening staff verbally that ''every one touches her will get punished''.	Called PMVA several occasion and given RT Haloperidol 5 mg on occasion.	none	none	None (no harm caused by the incident)	Closed
GHC78776	04/11/2024	04/11/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Patient slapped member of staff across the face patient slapped member of staff across the face in the sensory room	pbm techniquess used 2nd incident Staff pressed the alarm he was escorted out of the sensory room and back on to the ward.Prn medication was given	Patient is on high level observations due to unpredictable behaviours	NA	None (no harm caused by the incident)	Closed
GHC78810	05/11/2024	04/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		21:55 - Patient was seen to be head banging in her bedroom against the wall with the back of her head attempted to verbally de-escalate Patient using breathing techniques, crisis de-escalators and grounding techniques, but Patient did not respond to any and continued to head bang. Staff attempted verbal de-escalation for 10 minutes. 22:00: As the intensity of the head banging increased staff activated PMVA. Patient was removed from the wall by the PMVA staff and was guided to seated holds on the pod along with the use of a leg cushion to prevent shuffling back to the wall and one person supported the head from the back and used an icepack. Patient remained very resistive, trying to push the staff away and tried to shuffle back to the wall. Staff continued to make attempts to verbally de-escalate. Staff were cautious while using PMVA techniques considering the burn wound on the left	23:20- Due to continued self-injurious behaviour nursing staff offered oral RT promethazine 50 mg which Patient refused. As patient continued to be resistive and did not engage, IM RT promethazine 50 mg was administered on the right thigh after making sure that there were not lumps present. Patient continued to be resistive for a short period of time after the RT administration then became less resistive and appeared to be calming down. Hence, the PMVA holds were slowly released. When the PMVA staff left patient again went back to the wall started to headbang with slow intensity. But this time patient stopped it after few minutes when a staff member sat with patient for a 1:1. Following this patient came out to the communal areas and remained in there doing colouring till she went back to bed at around 01:00. Post RT physical and neurological observations were completed.	care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC78815	05/11/2024	05/11/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient was sitting on sofa whilst staff were changing and cleaning the patients bed. The patient got up and ran at staff attempting to hit and scratch them.	Staff physically intervened and held the patient while everyone else withdrew	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis	None (no harm caused by the incident)	Closed

GHC78833	05/11/2024	05/11/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive depot injection - in proportion to the risk of serious harm/illness if any undetected medical condition or known psychotic symptoms are not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure.		none required	none required	None (no harm caused by the incident)	Closed
GHC78842	05/11/2024	05/11/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure.		none required	none required	None (no harm caused by the incident)	Closed
GHC78844	05/11/2024	05/11/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC78846	05/11/2024	05/11/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		Staff offered service user A his due depot at the tv lounge. Service user A was argumentative towards staff regarding the dose that he will be receiving. Staff explained that it has been prescribed by the doctor that is the correct dose to be administered. Service user A went off to his bedroom, again, became more argumentative, expressing that service user A will not accept it. Service user A threatens as well that he will fight the staff then throw a punch to	PMVA holds been implemented. Flupentixol Decanoate Depot injection administered along will Lorazepam 2 mg IM RT.	Patient was not willing to accept prescribed medication in form of depot. Much negotiation and encouragement offered, however patient remained firm in his view that he would not accept the depot medications. Staff proceeded with assistance from PMVA team as patient had threatened violence towards staff. Safeholds implemented and medications successfully administered.	Staff sought to encourage patient to accept depot, remained firm in view that he would not accept therefore decision made to proceed with PMVA team to administer the required medications.	None (no harm caused by the incident)	Closed
GHC78848	05/11/2024	05/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		The patient was heard on two different occasions threatening to kill two patients on the ward whilst talking to someone on their phone.	On first occasion the patient was approached and was advised not to talk about other patients on the ward. Patients' information was confidential, and it is breach of privacy to talk about other patients without their concern. Furthermore, the patient was reminded that threatening to kill someone was a safeguarding issue and that the police would be involved. The patient then promised not to repeat the same issue but after about 5 minutes the patient was heard threatening to kill the same patient whilst talking to someone on their phone. It was agreed that the patient's phone being removed from them. The patient was approached by staff and was requested to hand over the phone. This was after it was explained to them why they had to surrender the phone to staff. However, the patient refused with the phone and threatened to assault staff. PMVA team was called, and the patient was put on PMVA holds	Phone was removed for 24 hours. Appropriate phone use was discussed with the patient following this to avoid this incident from reoccurring. Patient was given their phone back after 24 hours, with an explanation of expectations around phone use while in hospital, which the patient understood and agreed with.	None identified.	None (no harm caused by the incident)	Closed
GHC78860	06/11/2024	05/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		-At 21:35 staff overheard banging sound coming out from patient's room. Two members of staff went to support the patient, found patient banging forehead against window grate while standing on er bed. -Moderate level head banging , staff made attempts to engage and to de-escalate the patient which went futile , put her on arm holds due to the intensity of head banging however she became resistive therefore released holds and activated psychiatric emergency. -Team was called , reinstated holds and moved her onto pod ,staff tried to de-escalate whilst she was on holds , as patient remains resistive and appeared to be distress she was offered RT tablets which she refused therefore administered IM RT Lorazepam 2mg in her right thigh at 21:53 with some effect. -Staff cleaned her wounds, superficial abrasions noted on her forehead which has been covered with soft pore. -DMO reviewed the patient. -RT observation started		Care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC78864	06/11/2024	06/11/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Phlebotomy PBM clinical hold on patient sitting on POD in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC78880	06/11/2024	06/11/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient distressed needing staff to hold his arms shouting	given food and staff sat with him	perhaps we could have taken him somewhere else where he is safe and not needing safe holds.	we have his routine in plan- seems calmer	None (no harm caused by the incident)	Closed
GHC78886	06/11/2024	06/11/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient refused morning medication. Was agitated and angry heard to be shouting in his room mostly of a psychotic nature. Decision made to offer PRN - which was refused orally so IM administered with PBM use	to be discussed with nurses	If patient was distressed and escalating in his behaviour- it should be given as RT unless there is a care plan specifying prn . I have checked the medication chart and it was given as RT	discussion with nurses about rt/prn	None (no harm caused by the incident)	Closed
GHC78911	07/11/2024	06/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (other)		Patient was in the communal areas shouting and screaming that she was that devil and that no one was going to sleep until she gets arrested by the police. Patient was also shouting that she was going to kill someone and wanted to be injected	Verbal de-escalation attempted with little effect Patient was encouraged to go her room, however, she declined and continued shouting and upsetting peers As a last resort, patient was put in holds and escorted to her room where verbal de-escalation was continued as patient continued shouting In the end, Lorazepam 1mg IM was administered with good effect after a shirt while Patient apologised to staff for their behaviour and	none	none	None (no harm caused by the incident)	Closed
GHC78915	07/11/2024	06/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		22:25 – The patient was headbanging with low intensity in her bedroom against the window mesh using the forehead. Forehead was bleeding. 22:28- Activated PMVA. Patient was removed from the wall and was guided to seated holds on the pod along with the use of leg cushion. Staff attempted verbal de-escalation using breathing techniques, crisis escalators and grounding techniques, but it was futile. PMVA staff continued to hold for around 20 minutes to allow patient to calm down. Patient continued to be resistive and distressed. Refused to engage and continued to engage in self-injurious behaviour.	22:45 – Offered oral RT tablets which she refused. Nursing team decided to administer IM RT promethazine 50 mg on right thigh. Although care was taken to check for scar tissues, there was high resistance on the syringe when the needle was inserted first time which prevented medication from going in. Thus, the needle was removed and changed to a new one and the RT was administered on a different site on the right thigh itself through the cloth. Patient continued to be resistive for a short period of time after the RT administration then became less resistive and appeared to be calming down. Hence, the PMVA holds were slowly released. When the PMVA staff were about to leave patient tried to go back to the wall to headbang, PMVA staff re-instated forearm holds but the patient was less resistive this time and the holds were released after a very short period. Post RT physical and neurological observations done. DMO reviewed. Wound on the forehead dressed. Provided debrief.	care plan and process followed	N.A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC78922	07/11/2024	07/11/2024	LD IHOT	Nursing home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	Pre planned clinical seated hold, it was explained to the paid carers, how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paperwork was received before the incident	None required	None required	None (no harm caused by the incident)	Closed
GHC78923	07/11/2024	07/11/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for Covid/flu vax on a patient in her best interest in proportion to the risk of serious harm.	It was explained to the paid carers, how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paperwork was given to carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC78925	07/11/2024	07/11/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for covid/flu vax on a patient in his best interest in proportion to the risk of serious harm.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient.MCA paper work was given to carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC78926	07/11/2024	07/11/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for covid/flu vax on a patient in his best interest in proportion to the risk of serious harm.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paper work was given to carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC78927	07/11/2024	07/11/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		OBM clinical seated hold for covid/flu vax on a patient in his best interest in proportion to the risk of serious harm.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paper work was given to carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC78929	07/11/2024	07/11/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical seated hold on a patient for covid/flu vax in his best interest in proportion to the risk of serious harm.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC78935	07/11/2024	07/11/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for covid/flu vax on a patient in his best interest in proportion to the risk of serious harm.	It was explained to the paid carers, how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paper work was given to carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC78936	07/11/2024	07/11/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient for covid/flu vax in his best interest in proportion to the risk of serious harm.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paperwork was given to carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC78951	07/11/2024	07/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM Clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC78952	07/11/2024	07/11/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Phlebotomy PBM clinical hold on patient sitting on POD in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC78957	07/11/2024	07/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	Other form of physical intervention	Non-standard hold	Held right wrist steady to removed razor from fingers.	Service user re-opened and cut new lacerations, on left thigh which are around 5cm length and deep. which required stiches.	Razor was removed from service users fingers with a towel. Wound was cleaned and bandaged. PRN offered and accepted 2mg Lorazepam. NEWS completed. DMO called. Encouraged to ED. Patient was unsure if any further razors were in her room. Plan to complete room search in due course upon her return.	went to ED	n.a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC78958	07/11/2024	07/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Service user had barricade herself in her room. Anti-barricade key used to access door. staff entered bedroom noted Re-cut wounds that were cleaned and dressed. would not hand over the razor and was actively remaining to cut her left thigh / previous wounds. De-escalation to no affect,	Staff stabilised arm in attempt to obtain razor. Service user was resistive throughout and would not respond to de-escalation and held the razor in her hand with force. Staff obtained razor from her hand, cleaned wound and encouraged to get dressed to attend ED. As wound was cleaned and dressed Service user then stated " I think you have broken my little finger". I apologised for causing harm "it was not my intention, I just didn't want you to further cause injury to yourself or others". I re-enforced that attending ED she will be able	Process followed with barricading no evidence of broken finger as refused to have this seen at ED as went to ED for cuts. Has got finger support on which patient purchased self.	n.a	None (no harm caused by the incident)	Closed
GHC78963	08/11/2024	08/11/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (community)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient overheard headbanging in her room at 01:50.	Staff attended and attempted to verbally de-escalate patient but patient was not complying. Staff put patient in PMVA holds in a seated position on her bed. Cushion was used to prevent patient from banging her head on her legs	Mental state, and risks reviewed Trigger for incident identified Self Harm Pathway offered Psychological therapies available Self Harm Care plan to be implemented	Crisis plan utilised	None (no harm caused by the incident)	Closed
GHC78964	08/11/2024	07/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		head against bedroom wall while vaping and listening to music. -Slow and steady headbanging with minimal force. -Staff attempted verbal de-escalation, used ice pack , offered pen and paper to jot down her feelings , encouraged to relocate , offered 1:1 time and PRN medication , despite using all grounding techniques she continued to bang her head. -PMVA team was called for assistance. -Staffs were informed about the wound on her left thigh, burns on left arm. -Staff entered room and attempted verbal de-escalation with no effort, used holds and transferred her to pod. Initially she was resistive and tried to hit her head with right wrist, staff continued to de-escalate however she did not engage in conversation and appeared distressed and agitated therefore administered RT IM lorazepam 2 mg after offering tablet which she refused. -Neuro observation completed. -DMO reviewed. -Debrief completed.		care plan and process followed changed harm from LOW to NO as "slow and steady" head banging	N/A	None (no harm caused by the incident)	Closed
GHC79007	08/11/2024	08/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Patient became unsettled and agitated in office and was asked to leave she began to swing at staff. Patient punched a member of staff on her right side. PBM holds were used to remove her from the office.	Staff used redirection and reassurance following this, patient was confused and still upset thinking that staff would put her dog down. PRN given 8am when reassured had limited effect Staff given debrief later in the shift	PBM utilised to maintain safety	Managed appropriately Staff to document escalating/aggressive behaviour to devise RAG plan	None (no harm caused by the incident)	Closed
GHC79009	08/11/2024	07/11/2024	LDISS	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Patient entered another patients bedroom whilst distressed, RNLD and TCAP removed patient to his bedroom.	Two person removal utilised to maintain safety of both patients, RNLD on left arm, TCAP on right arm.	care plan and risk assessment reviewed	Patient is unwell and can at times become distressed	None (no harm caused by the incident)	Closed
GHC79012	08/11/2024	08/11/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM seated clinical hold on patient in their Best Interest, in proportion to the risk of serious harm if essential medical procedure is not completed - depot medication administration to treat ongoing health condition.	Carers aware of how the procedure would take place and what monitoring would be used to safeguard the patient. MCA and BI documents previously completed. Clinical hold implemented in a controlled manner following risk assessment in order for the medical procedure to take place - 2-person PBM seated clinical hold on the sofa in the patient's home environment for administration of IM medication in right thigh. Monitoring of physical and emotional wellbeing.	None required	None required	None (no harm caused by the incident)	Closed
GHC79018	08/11/2024	08/11/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Clinical hold (seated)		Planned clinical hold carried out using a two people Seated clinical hold on sofa. MCA and Best interest paperwork completed. IHOT staff completed clinical hold using the least restrictive interventions possible however extended time in hold due to Phlebotomist struggling to take bloods. After several attempts decision made to break hold as no longer felt appropriate to continue hold.		None required	None required	None (no harm caused by the incident)	Closed
GHC79042	09/11/2024	09/11/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Non-standard hold	patient encouraged to the pod facing the floor for short period of time	Patient escalated attempted to accesses kitchen, staff was redirecting verbally and standing in the way trying to close doors, patient escalate further and became aggressive towards staff preventing staff from closing the door and safely getting out, patient hit staff in the head few times, attempted to kick staff , bite, punch.	verbal redirection, non standard holds and non standard prone led down on the pod.	Incident reviewed. Incident dealt with appropriately and proportionately by staff in line with this patient's care plans and the level of risk he was presenting with at the time.	1. That this patient when off base-line presents as a very high risk to others.	None (no harm caused by the incident)	Closed
GHC79049	09/11/2024	09/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (POD used)		-Patient was observed to be psychotic in presentation. she came to the communal area dressed inappropriately, staff advised her to get back to her bedroom and dress appropriately however she began to exhibit paranoid ideation and began to crawl in to the communal area. she then started to scream and shout that she was raped on the ward. staff tried to verbally deescalate the situation however it was unsuccessful. -Staff implemented forearm holds to guide her back to her bedroom however she began to be hostile and resistive.	- she was guided to her bedroom by staff members dure to her escalating behaviour and presentation PMVA was activated. -she was placed on seated POD position with the support of leg cushion. -she was offered oral medication however Patient could not be retain the information and was paranoid about the medication. -she was given 2mg of Lorazepam as IM on holds. -holds were released as soon as the IM, after the released she escalated and began to run off from her bedroom. forearm holds were reimplemented and placed her back to the POD.	RT Policy followed	patient very unwell	None (no harm caused by the incident)	Closed
GHC79054	09/11/2024	09/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		16:30 - When staff was going through the corridor , staff overheard headbanging sound from her room. Service user was seen to be headbanging in her room using forehead at moderate intensity with earphones on and vapes .	Staff approached her . Staff found fresh bloods on her forehead .(it was evident that there was superficial cuts on her head due to the possible use of any sharp items in her possession) . When staff enquired about the sharp object , she didn't respond towards staff . Attempted verbal de-escalation and grounding techniques however she was not ready to engage . 16:40 - PMVA team was called and she was put in holds . Seated POD and leg cushion was also used . She was very resistive. Offered oral tablets but she refused . 16:49 - Administered RT IM 50mg promethazine under	care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC79068	10/11/2024	10/11/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Standing		Service user remained in the communal area ,shouting and swearing towards staff ,not responding to any type of redirection, entered into t.v lounge resulting in invading into patient's personal space as well as shouting ,being hostile and verbally abusive towards staff and other patient.	Staff tried to verbally de-escalate service user: however, was not responding to any type of redirection and continued to be irritable resulting into upsetting the other peer. In order to prevent the further escalation of the situation staff requested for PMVA team support and offered medication, which service user accepted .	Staff sought to verbally de-escalate patient, non responsive to efforts. Due to increasing risks to self and others staff reached decision to call PMVA team to aid in keeping situation safe. Team arrived and further verbal de-escalation attempted. Staff made decision to implement PMVA safeholds as a means of reducing risks to patient / others, medications administered to aide patient to calm	Staff managed situation with care and compassion, sought to verbally de-escalate, however decision reached to implement safe-holds and administer medication as a means of maintaining safety and reduce agitation of patient.	None (no harm caused by the incident)	Closed
GHC79069	10/11/2024	10/11/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (other)		Service user remains in communal area shouting, demanding for cigarettes, swearing , verbally hostile towards staff, not accepting any type redirection or reassurance as well as making call to police from the payphone.	Staff tried to provide lot of reassurance and redirection, but service user was not at all accepting any . In order to manage the situation requested for PMVA support and administered RT.	Patient escalating and becoming aggressive towards staff. Verbal de-escalation implemented however patient unable to respond. As risks were increasing decision reached to call PMVA team, staff implemented safeholds and administered medication to aide patient to calm and regain control.	Staff followed care-plan and risk management plan.	None (no harm caused by the incident)	Closed
GHC79075	10/11/2024	10/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Seated (POD used)		Patient was becoming more heightened in mood and grabbed and assaulted 2 members of staff causing one to have scratch marks on nurse's neck. Patient pulled off nurse's Lanyard (Double snap points on it). Staff (HCA) tried to de-escalate. However, unable to to as patient thought that the HCA had attacked her in the past and that the staff member was hurting her daughter.	Patient encouraged to walk to her bedroom to show nurse why she was so annoyed and patient continuing to shout and throwing her arms around (appearing to do so in a hostile way). Planned PBM utilising the POD and RT 50mg Promethazine given in right upper thigh. Oral medication was tried previously but failed as patient confused and paranoid that all food is going to harm her.	Non touch observations completed PRN oral attempted	Staff to ensure escalating/aggressive behaviours are documented to devise a RAG plan	None (no harm caused by the incident)	Closed
GHC79093	10/11/2024	10/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		17:15 - While staff was dealing with another emergency situation on ward , staff overheard headbanging sound from her room . Service user was seen to be headbanging in her room with back of her head with earphones and vapes at low intensity.	Attempted verbal de-escalation and grounding techniques but she was not ready to engage . PMVA team was already in the ward for another patient . 17:25 - She was put in holds .Seated POD and leg cushion was also used. Offered oral tablets however she refused . 17:32-RT Promethazine 50 mg was administered under holds. 17:35 - Holds were released one by one .	care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC79095	10/11/2024	10/11/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient heard to be headbanging in her room on the floor	Attempted to engage verbally but unsuccessful Patient moved to bed and sat in seated holds Ice utilised PMVA team called Patient was extremely resistive and was attempting to lean back on the bed to hit the wall Patient was attempting to lower herself to the floor Patient was trying to hit her head on her knee patient was trying to tighten her t shirt around her neck XL cushion used Oral Promethazine offered but declined twice Verbal de escalation and prompt cards followed tiger balm used ice bath used 1mg Loraz RT IM administered in L thigh under holds Ice bath used to better effect verbal descalation and support continued Patient could indepentally use ice bath cushion removed team released verbal support continues PRN promtehzine requested debrief given dr informed RT and Neuro obs commenced painkillers offered dr reviewed patient was settled and was then visited by her	Risks and management plan reviewed Care plan to be reviewed with patient Self harm pathway available Psychological therapies available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC79096	10/11/2024	10/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Escort		At approximately 16:30, Patient began exhibiting escalating behaviour. She entered the communal area dressed inappropriately. Staff redirected her back to her bedroom; however, she remained the same. Upon seeing another resident, Patient directed inappropriate verbal remarks of a sexual nature towards the peer, escalating tensions in the ward. She subsequently moved to the female corridor, where she attempted to barricade herself and blocked the passageway. Staff utilized verbal de-escalation techniques, successfully redirecting her back to her bedroom. DMO was notified, and he advised that he would conduct a review of the situation. During the review, conducted in the presence of S/N, patient began to further escalate threatening the DMO and raising a fist. Other staff came to check and patient barricaded the door not letting anyone in or out	Staff managed to pull the door from the outside and re-entered the room, at which point Patient attempted to physically assault team members. Staff employed breakaway techniques to deflect the strikes. Subsequently, Patient moved to the floor and attempted to grab staff members' legs; forearm holds were applied, guiding her safely back to her bedroom. During this period, Nicola seized a staff lanyard, retaining the access card and initially refusing to return it. Staff members managed to retrieve the card after further attempts. In response, DMO prescribed 5 mg of Haloperidol, and PMVA was activated. Upon the arrival of the PMVA team, Nicola agreed to take oral medication, which was administered at approximately 17:20. NON touch observations started post Rt due to her hostility towards staff.	breakaway utilised WM discussed with medics medication and aim to increase	N.A unwell	None (no harm caused by the incident)	Closed
GHC79097	10/11/2024	10/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user was seen to be headbanging in her room with back of her head at moderate intensity with vapes and earphones on.	Attempted verbal de-escalation and grounding techniques but she was not ready to stop . Used icepacks . 19:00-19:08 - PMVA team was called and she was put in holds .Seated POD and leg cushion was also used.Holds were released one by one waiting for doctor to prescribe RT inorder to prevent further harm . As soon as holds were released , she again went to bed started to headbang . 19:10 - She was again put in holds(seated clinical hold). She was very resistive trying to twitch her arms . 19:15 - Offered oral tablets but she didn't responded to it .Administered RT lorazepam 2mg with holds. 19:20 - Holds were released one by one .	care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC79100	10/11/2024	10/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Seated (other)		Attempts for personal care for patient after been incontinent of urine on the early shift, several attempts were made by NIC and HCAs to encourage for a wash or shower which he didn't accept After several attempts, nursing decision agreed to utilise PBM holds to support him on to the shower chair.	Staffs stands off from patient after patient was settled on the shower chair to give personal care.	Managed appropriately as per PBM personal care plan	Managed appropriately	None (no harm caused by the incident)	Closed
GHC79110	11/11/2024	11/11/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Personal care (standing)		patient was incontinent of urine soaking wet ,patent resistive to attend personal care .	staffx4 assisted was and change followed safe holding	all actions followed risks reviewed	NA	None (no harm caused by the incident)	Closed
GHC79124	11/11/2024	11/11/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		Supine hold on the bed in order to safely take bloods, in patients best interest		None required	None required	None (no harm caused by the incident)	Closed
GHC79125	11/11/2024	11/11/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC79130	11/11/2024	11/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient was mobilising in the communal area, heightened and frustrated in mood, when a staff approached her patient tried to pull the name tag and also tried to slap the same staff, but staff moved away. Patient then tried to push another fellow patient who was sat on a chair, but staff intervened soon and used PBM holds to escort patient in to her room, as patient wasn't accepting reassurance and also the ward was busy as it was lunch time	PBM holds used on patient's arm to escort to her room. Holds released when reached in the room. Patient given time to settle down, had 1:1 time with the nurse. Once patient settled offered her lunch which she accepted.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC79137	11/11/2024	11/11/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PBM (physical intervention)	Clinical hold (seated)		Patient had kicked the door open to get into the courtyard garden, staff gave him space to de-escalate, patient then attempted to break through courtyard doors, patient refusing to come in and continued to try to open locked doors.	PBM techniques used to escort patient back onto the ward and to his bedroom. Patient continued to attempt to destabilise staff, kicking against tables and doorways. Rapid tranquilisation drawn up and administered staff broke away and gave patient time to de-escalate	All correct actioned followed patient medication increased and reviewed	NA	None (no harm caused by the incident)	Closed
GHC79148	11/11/2024	11/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	AWOL, absconding and missing patients	Patient attempted to abscond	13 - Lawfully administer medicines or other medical treatment	Unplanned	PMVA (physical intervention)	Standing		Patient was keen to go to Tesco on London road to activate a payment card at the cash point. Patient appeared settled and polite on interaction on the way to the Tesco. Upon activating the card at the cashpoint Patient decided to run. Patient sprinted along London road, down towards the train station. Staff 1 and Staff 2 followed, Staff 1 radioed into the unit for assistance. Patient has been found and by Staff 1 in the train station car park with Staff 2 and kept in the car park until help from the unit arrived. PMVA holds were not used, however patient was given a reassuring hand. Upon arrival of help, Patient has been helped into the car and taken back to the unit by staff. Patient arrived back to the ward, Patient was irritable and was argumentative. Staff offered oral medication, however patient refused. Patients Depo medication was due and patient was refusing to take it saying that it is poison. Patient		Risk assessment reviewed. Patients escorted leave was suspended, pending review. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC79158	11/11/2024	11/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Escort		Patient was appeared as high in mood through out the shift. Patient requested pain killers as has got neck pain. Staff offered PRN Paracetamol as that's the only pain relief prescribed. Patient started arguing about taking Ibuprofen and co-codamol, when staff tried to explain that, staff will ask doctors to get it prescribed - Patient became agitated and seems like not receptive of the information. Appeared as changed presentation to highly manic - started screaming, showing actions in response to demons, making noises in a bass voice like demons. Redirected her back to room which patient declined and went to managers room- Started to bang the doors of manager's office. When staff challenged and pushed boundaries, patient started to shout and scream in the demons way. Patient attempted to strip the clothes in communal area, banging the doors and attempting to enter in to the MDT room. Patient was	Verbally de-escalated and directed back in room for some as she already maxed out of PRN.	none	none	None (no harm caused by the incident)	Closed
GHC79159	11/11/2024	11/11/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		entered room to remind for pilates session, Patient was sat on the floor in front of her mirror cutting her L neck with a sharp object.	Patient didn't engage in verbal escalation, placed in holds as the wound looked deep and signficant. PMVA team called to assist - Patient up with support and sat on the bed in holds. Fan, ice pack, scents, verbal deescalation used. Patient was extremely resistive and wouldn't hand the object over until staff removed it. Item is a piece of pen 18.30 2mg Loraz IM RT administered into L thigh in seated holds with XL cushion. Remained in holds for further 40 minutes whilst she returned to baseline as she was attempting to use her fingers in her wound. Agreed for staff to clean wound. Dr reviewed before cleaned. Wound 5cm long, 2/3cm deep and 1cm wide. Clean edges. Causing significant pain when cleaned.	Mental state, risks and management plan reviewed Long term risk of self harm Trigger for incident identified Care plans in place Self Harm Pathway and psychological interventions available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC79160	12/11/2024	11/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Personal care (standing)		A female patient was incontinent of urine and staff were supporting with personal care. Patient become disoriented and attempted to assault staff members. Patient attempted to hit staff using shower chair.	Patient was hold on safe hand holds, to complete personal care. PBM used to escort her to communal as she was throwing things in bedroom and was unsafe in bedroom. Attempted to given PRN several times covertly but patient refused to take it. Will try later.	Managed appropriately RAG plan to be formulated/case discussion	NA	None (no harm caused by the incident)	Closed
GHC79161	12/11/2024	12/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Escort		Service user was unsettled from the start of the shift . At around 00:15 , She was seen to be shouting , dancing and screaming through the corridor She was knocking other patients room and tried to enter another room.	Staff attempted verbal de-escalation however she stated that she won't move from there , sat infront of Rm2 ,randomly saying name of another fellow peer DM. She was encouraged to get inside her room but she refused. Decision made to activate PMVA. 00:25- PMVA team was called and she was moved from corridor to her room with holds	policy and process followed to support patient	N.A	None (no harm caused by the incident)	Closed
GHC79164	12/11/2024	11/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient being verbally and physically aggressive to staff (see GHC79163) Encroaching in their personal space and when asked to step back lunged forward and tried to punch them. Staff intervened placing patient in holds and assisted them back to bedroom	Staff intervened and assisted patient back to their room - patient compliant	none	none	None (no harm caused by the incident)	Closed
GHC79167	12/11/2024	12/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Escort		Service user who was unsettled from the start of the shift came out in communal area down the male lounge carrying her bags trying to open another patients room , shouting in communal area , asking staff to open the fire exit door and stated that she wants to leave the ward	Attempted verbal de-escalation but she was not ready to engage . PMVA team was called and she was put in holds (escorted) from communal area back to her room .	RT policy supported along with patient	just been started on Olanzapine, with the aim to reduce the amount of RT this lady is receiving	None (no harm caused by the incident)	Closed
GHC79172	12/11/2024	11/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Standing		Patient found self-harming in the shower	-Encouraged to handover x2 razor blades -Duty Dr reviewed -Ambulance was called, arrived at 23:00hrs -At 22:15 patient restrained into chair for transfer by Ambulance to GRH -Obs done	patient no long required PMVA when in the vehicle	mechanical restraint is not advised, this was not life or limb.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC79175	12/11/2024	11/11/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		Patient was to have covid 19 and flu vaccines in her best interest. Clinical hold required. POD utilised. Patient encouraged to sit on POD by home staff patient declined and attempted to leave. Assisted support to take patient to the POD by HCA and SNA. Patient dropped to floor, staff nurse attempted to push POD under patient, but she slide off POD onto floor. Seated hold utilised on the floor and patient successfully received vaccinations.		None required	None required	None (no harm caused by the incident)	Closed
GHC79212	12/11/2024	12/11/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		patient hitting out at staff resulting in pbm blocks for patients safety staff implemented pbm removal from toilet to patients flat	Staff used PBM removal from toilet to patient's own flat.	Staff involved contacted and asked to provide a statement outlining the events leading up to and including the PBM removal of this patient from an area he should not have had access to. Email to all staff to remind them of the seriousness of not adhering to local procedures that are in place to keep everyone safe. For discussion in Safety Huddle today 13th November 2024. Agenda item for next staff meeting 25th November	That pre and post trips checks for this patient may have not been completed leading to this incident. Email to all staff to remind them of the seriousness of not adhering to local procedures that are in place to keep everyone safe. Agenda item for next staff meeting 25th November 2024.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC79224	13/11/2024	12/11/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was in the communal area trying to leave ward . Grabbing staff arms and lanyards . high profile in communal area , grabbing other patients Unsettled in mental state - escorted to room , put self to floor .	IM RT lorazepam 1mg	Patient required restrictive practice to maintain their safety Patient no longer an inpatient	n/a	None (no harm caused by the incident)	Closed

GHC79250	13/11/2024	12/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PMVA (physical intervention)	Supine (face up)		Patient was agitated and displaying aggressive behaviour in the communal areas. Their speech was pressured and behaviour irrational. Patient was difficult to redirect and was not responding to verbal de-escalation from Staff.	Staff attempted to verbally deescalate them but patient was irrational in behaviour, they were shouting and difficult to engage with. PMVA team was called and patient was supported back to their room. Rapid tranquiliser was administered intramuscularly.	none	none	None (no harm caused by the incident)	Closed
GHC79255	13/11/2024	13/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		keep pushing the doors and coming in to the handover room. Patient verbalised that '' Patient believes that her family is in danger''. Staff reassured and shared that staff will come and help her to call family soon after the handover. Patient was observed as understanding the the redirection but was high in mood and cannot stay calm. Patient also stripped her clothes in the communal area, and shouting loudly like demons. Patient was taken back to room in holds. But observed as keep coming out and chaotic, shouting.	Put in holds and returned back to room. Already maxed out of PRN and RT.	none	none	None (no harm caused by the incident)	Closed
GHC79264	13/11/2024	13/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient was agitated and attempted to abscond from the ward, was unable to say the reason why, need holds to return.	Taken back to room.	none	none	None (no harm caused by the incident)	Closed
GHC79276	13/11/2024	13/11/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was in her bedroom , staff heard her headbanging from her bedroom	Female staff obtained and entered room- patient was sitting on the floor, banging her head against the wall. Attempted to verbally deescalate. She started banging her head on the floor . 2 Staff managed to take her to the bed and sit in holds She started banging her head on her Knee. Ice bowl and tiger balm arrived in room and offered t no effect Team called and XL Cushion used De-escalation and grounding techniques tried but no effect. De-escalation and grounding techniques carried on while using ice bowl and ice pack She requested for promethazine staff administered 25 mg orally. (PRN) Staff offered grounding techniques and reassurance, ice bowl used Patient began to engage and started to discuss	Mental state, risks and management plan reviewed Self harm risk identified, offered self harm pathway Self harm care plan to be reviewed Psychological interventions available to patient	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC79279	13/11/2024	13/11/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PBM (physical intervention)	Personal care (standing)		patient very unsettled barging onto patients and staff. Repetitive and distressed. other patients becoming agitated as a result of this too	patient taken to their bedroom to deescalate situation	placed on enhanced observation when having vacant moments	NA	None (no harm caused by the incident)	Closed
GHC79283	14/11/2024	14/11/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient squatted and was head banging on the wall of the room	Patient was reassured and redirected while on simple hold. Meanwhile ice water bowl was offered to dip face	Mental state, risks and management plan reviewed Self harm care plan to be reviewed with patient Self harm pathway and psychological interventions available	n/a	None (no harm caused by the incident)	Closed
GHC79285	14/11/2024	14/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Escort		1st incident (01:00)- service user began to escalate , started shouting in communal area , rude towards staff and challenging staff. 2nd incident (02:30)- she again came into communal area shouting and screaming , dancing , dressing inappropriately.	ready to engage. Staff encouraged her to go back to her room but she declined , started to shout in communal area, stood infront of the kitchen.She stated that she won't stop and will not go back to her room. She was put in PMVA holds and was moved from kitchen to female TV lounge. Staff tried to verbally de-escalate her .She asked for a paper and pen which was given . 2nd incident :She was again put in holds and was moved from communal area to female TV lounge . She sat in female TV lounge for sometime and then returned back to her room .	SUPPORTED PATIENT FOR DIGNITY	PATIENT VERY UNWELL	None (no harm caused by the incident)	Closed
GHC79287	14/11/2024	07/11/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was banging the window in the bedroom with intention to break the glass. Staff tried to stop her but she continued banging. She was put on hold and RT promethazine 50 mg administered.		Mental state and management plan reviewed Trigger for incident identified Care plans in place Patient reminded criminal damage will be reported	n/a	None (no harm caused by the incident)	Closed
GHC79289	14/11/2024	13/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient had been verbally and racially abusive towards staff. This happened to have started during the handover. Patient was demanding that staff should order KFC for him which was facilitated. Patient ate the food, once he finished, he started demanding to be let out claiming that he was illegally detained and is an informal patient. Patient began to bang windows, charging towards staff in attempt to assault. Patient was swinging his arms on several occasions. He threw his high-vis jacket, shoes and cup at staff. He lunged at staff trying to hit their head which resulted in a restraint. Patient carried on with the same presentation from 10pm-1am. He continued charging towards staff in attempt to assault, verbally abusing staff. Patient was also rolling on the floor in	Patient was placed in holds, he had already had prn given.	Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC79295	14/11/2024	14/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient began headbanging	Verbal de-escalation attempted PMVA called and RT administered	care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC79303	14/11/2024	14/11/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		THE SERVICE USER WAS AGGRESSIVE AND TRYING TO ASSAULT STAFF x4 IN THE WARD. A PMVA TEAM WAS CALLED IN-ORDER TO RESTRAIN HIM, BUT WAS VERBALLY AGGRESSIVE AND TRYING TO KICK THE STAFF. HE WAS GIVEN RT HALOPERIDOL 5MG INJECTION ON HIS RIGHT THIGHS AND THEN REDIRECTED TO THE TV LOUNGE.	Verbal de-escalation attempted PMVA team called Safeholds implemented medications administered Observations (non-touch) completed. Debrief completed.	Patient has become aggressive towards staff, with efforts to strike staff members and non-responsive to verbal de-escalation. Staff assembled PMVA team as a means of managing situation. Safe-holds implemented to reduce risk of patient hurting others, medication administered, with debrief, observations completed following.	Staff acted to maintain safety. Verbal de-escalation proved ineffective, staff followed care-plan and risk management plan.	None (no harm caused by the incident)	Closed
GHC79309	14/11/2024	14/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient was assaulting and further attempting to assault staff by kicking and punching them, he was held using PMVA techniques on both arms. Patient dropped himself to the floor where he continues to attempt to assault. Staff then restrained his arms and legs to avoid any further assaults.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC79312	14/11/2024	14/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was in the communal area, appeared to have a chat with staff. Suddenly became agitated and went to the managers office. Staff were able reassure and then later again started to shout and banging the door. Put patient on safe holds to redirect back room.	Redirected	none	none	None (no harm caused by the incident)	Closed
GHC79317	14/11/2024	14/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (POD used)		patient was very disruptive and chaotic, was sexually disinhibited, in communal areas. Repeatedly coming out and invading personal space of others. Redirection was futile	She was escorted to her bedroom in arm holds. Placed on the pod to facilitate IM administration RT lorazepam injection 2mg administered due to escalating presentation	to support patient in protecting dignity and thoughts	n/a patient very unwell	None (no harm caused by the incident)	Closed
GHC79324	14/11/2024	14/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		interest in order to receive vaccination injections from IHOT clinician - in proportion to the risk of serious harm if any undetected medical condition is not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure. And, at the same time: PBM clinical seated hold on patient on POD in best interest in order to receive dental check up from community dentist - in proportion to the risk of serious harm if any undetected medical condition is not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC79325	14/11/2024	14/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Seated clinical hold on the POD in order to receive Covid19 and Flu vaccinations and a dental check up in patients best interest.		None required	None required	None (no harm caused by the incident)	Closed
GHC79328	14/11/2024	14/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC79331	14/11/2024	14/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC79339	14/11/2024	14/11/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		named patient was presenting as settled in mood, on entering the kitchen the named patient attempted to grab staff member, one person PBM assisted support implemented to redirect out of the kitchen into the lounge area.	As above, staff used PBM technique to ensure their own and the patient's safety.	Incident reviewed. Incident dealt with appropriately and in line with this patient's care plans. For further discussion and review in weekly MDT.	1. That staff are aware of and able to use the care planned interventions from this patient's care plans including her PBS Plan. 2. That this patient's unpredictability means she remains a risk to others.	None (no harm caused by the incident)	Closed
GHC79341	14/11/2024	14/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold on a patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC79342	14/11/2024	14/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was in the communal area high profile and chaotic. Patient was demanding for certain things and when these demands were not immediately met, will start hitting out at staff. Patient got in to staffs personal space and stated shouting. Patient swinged a punch towards staff member, which did not made any contact as staff moved quickly. Patient continued to swing his arms at who ever is in front of him. Patient managed to kick staff in there groin area. Patient was placed on PMVA holds. Patient was taken to bedroom on PMVA holds. Patient was quite resistive on holds attempting to hit staff. Patient was placed on seated holds on his bed. IM RT medication was administered.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff member advised that they would be supported to report this to the police, should they wish to do so.	None identified.	None (no harm caused by the incident)	Closed
GHC79345	14/11/2024	14/11/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Named patient was presenting as unsettled in mood grabbed staff nurses clothes, PBM breakaway - Clothes grab used, then two person assisted support	As above, PBM techniques implemented to ensure the safety of the patient and those staff working with her.	Incident reviewed. Staff acted appropriately and proportionately to the risk presented. They followed care planned interventions. For further discussion and review at weekly MDT	1. That staff are aware of and able to use appropriate and proportionate responses to risky situations. 2. That this patient remains a risk to others.	None (no harm caused by the incident)	Closed
GHC79349	14/11/2024	14/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Person 1 (patient) continued to present as extremely chaotic, restless, verbally abusive, swearing at staff. Person 1 charged towards staff attempting to assault staff. PMVA techniques required, followed by RT administration.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC79353	14/11/2024	14/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Person 1 (patient) has been chaotic and maintained a high profile in the ward. While in communal areas, Person 1 charged towards staff being verbally abusive and with intentions to assault staff members. PMVA holds was applied to redirect Person 1 to his room. Person 1 required PMVA holds in seated position in his bedroom.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC79358	15/11/2024	14/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (other)		Patient escalated, shouting, stripping clothes and spitting in communal areas, staff attempted to de-escalated without success. Patient has earlier offered oral RT around 05:00hrs and spat out.	PMVA called, restrained IM RT administered.	SUPPORTED PATIENT DIGNITY	n.a	None (no harm caused by the incident)	Closed
GHC79361	15/11/2024	14/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient was observed head banging.	Staff attempted to escalate without success. PMVA team called and RT administered with good effect.	care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC79363	15/11/2024	14/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient was in the communal areas banging on the nursing station windows. SN Joseph was leaving where he approached him asking for money from his safe. Staff responded that they didn't have access to the safe as they were leaving to go home. Patient charged towards staff , swinging his arm wanting to throw a punch. During this patient was verbally abusive towards and using derogatory language. Staff tried to verbal deescalate, placing firm boundaries, he dropped his weight on the floor and attempted to kick staff. Staff removed shoes due to him kicking.	Patient placed in clinical holds.	Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff member advised they would be supported to	None identified.	None (no harm caused by the incident)	Closed
GHC79367	15/11/2024	14/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-other inside	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Standing		Patient attempted to leave the ward ,staff tried verbal de-escalation with no avail .Patient continued the same ,verbally abusive towards staff ,started to push the door.	Staff utilised PMVA holds and took the patient to bedroom .Verbal de-escalation continued .Offered PRN but patient declined.	none	none	None (no harm caused by the incident)	Closed
GHC79384	15/11/2024	15/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was trying to touch male peer all the while saying they wanted to marry them while male peer was eating their breakfast in communal areas. Patient then distracted by female HCA walking to male corridor watch chair and once there called another female HCA "you Polish bitch". Patient not accepting of verbal de-escalation, taunting, swearing and threatening staff. Patient taken into escorted PMVA holds back to their room when HCA tripped over a chair causing patient and HCA in holds to fall to the floor. Patient dragged HCA over floor and kicked HCA in right hip while still on floor. Patient then "bum shuffled" to female corridor double doors threatening to kick nursing staff "there" (pointing at staff pubic area) "like I did to you last night". Patient got up unaided and held on to corridor fire door handles, refusing to let go continuing to threaten nursing staff with physical harm. Patient in	Vebal de-escalation utilised to no effect. Patient in escorted (x 2) PMVA holds and then seated PMVA holds (on bed) with use of PMVA cushion. Patient administered RT Haloperidol 5 mg IM to outer right thigh as clinically indicated and to some effect. RT Non touch observations commenced - will attempt NEWS 2 when patient more settled. DMO requested to complete review.	NIC checked on HCA welfare and HCA okay Policy followed with RT Debrief and supported	N/A patient unwell	None (no harm caused by the incident)	Closed
GHC79391	15/11/2024	15/11/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Named patient was presenting as unsettled in mood, grabbed at staff member PBM single person Assisted Support used to redirect named patient out of Kitchen area.		This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	This is a service for individuals with Learning Disabilities, complex needs and challenging behaviour. This is a historical behaviour, all staff are trained in Physical interventions and breakaways and are over seen by a Qualified Nurse. Care plans and risk assessments reflect the patients behaviour. All incidents are monitored and reviewed on a weekly basis.	None (no harm caused by the incident)	Closed
GHC79407	15/11/2024	15/11/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order bloods to be taken from GRH clinician - in proportion to the risk of serious harm if any undetected medical condition is not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure.		NONE REQUIRED	NONE REQUIRED	None (no harm caused by the incident)	Closed
GHC79408	15/11/2024	11/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient heard to be head banging - low level and rhythmic. Nursing staff attempted an intervention, removing one ear pod, endeavouring to engage Patient in verbal de-escalation and use of her cue cards to no effect. PMVA team was called. Due to Patient continuing to not engage, being resistive and combative, pushing staff away and pulling self away from staff, Patient was taken into seated PMVA holds as care planned (nursing staff reminded about pinning technique of left arm) on	NEWS 2 taken and recorded x 3 due to low BP - please refer to NEWS 2 chart. RT Non-Touch observations commenced and handed over to Night shift to complete. DMO informed of incident and Review requested which was completed in nursing clinic at approximately 20.05 hours with DMO Mike. Patient debrief completed. Patient utilised unescorted leave to the courtyard as ward environment too unsettled for them to do any of their arts and crafts activities as they would	Care plan and process followed.	N/A	None (no harm caused by the incident)	Closed
GHC79417	15/11/2024	14/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (POD used)		-19:30 Patient was seen putting broken pencils in an attempt to break open fellow peers room , when staff encouraged her not to do she became agitated and aggressive towards staff , she pointed a pencil at staff and threatened by saying " if you don't move I'll stab you and then I'll stab myself" while invading nursing staff space, telling nursing staff repeatedly to "fuck off" and posturing in an intimidatory manner towards nursing staff. Fellow staff members tried to engage with her however she appeared very agitated started throwing punches at staffs face, combative and resistive, ranting, verbally and physically hostile towards staff , took her clothes off and exposed her body. She was noted as evidently distressed in	-Verbal de-escaltion and redirection. -Placed boundaries. -Activated psychiatric emergency. -Attempted verbal de-escalation. -Used ice packs. -Used PMVA holds. -RT given. -Observation started. -Debrief completed.	MANAGED WELL	N.A	None (no harm caused by the incident)	Closed
GHC79426	15/11/2024	15/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient had been off baseline, becoming suspicious of staff, seeking exits and making verbal threats towards staff. Several staff attempted PRN medications throughout the afternoon but having no success. Due to behaviours and level of distress to patient, it was decided in best interest to utilise IM RT.	PBM team was organised. Patient willingly sat on the sofa but did become resistive so PBM was initiated and RT was administered in left thigh. Following RT, PBM was disengaged. Whilst staff were still sitting next to her, Patient began bleeding from her injection site. When nurse was assessing and cleaning wound, patient then assaulted the nurse (see separate datix). Duty Dr has been called. Non touch obs have been commenced.	RT Non contact physical obs Discussed with duty Dr	Managed appropriately Staff to record escalating/aggressive behaviour on RAG chart	None (no harm caused by the incident)	Closed
GHC79430	15/11/2024	15/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was in the communal area presented as superficially settled in mood. Patient all of a sudden charged towards staff shouting that staff is a devil and that patient is going to kill devil. Patient got in to staffs personal space with raised hands. Staff member secured patients hands by holding them. At this point another staff member came and guided patient away. Patient then removed her cloths and started charging naked through the communal area. Patient was covered with a blanket to protect her dignity as she refused to wear her cloths. Patient was placed on PMVA holds and was escorted to her bedroom.		Risk assessment reviewed. Nursing observations reviewed. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC79439	16/11/2024	16/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Unplanned	PMVA (physical intervention)	Escort		Patient accepted medication from nurse, then attempted to walk off without swallowing tablets. Patient has a history of taking tablets out of mouth, crushing and snorting medication when in privacy of their bedroom. Concerns then raised as patient refused drink and walked off from nurse to bedroom without swallowing medication. Staff attempted to intervene, and asked patient to swallow medication or to remove the tablets from their mouth. Patient then threw coffee into staff members face and then staff placed patient in PMVA holds and returned to patient to bedroom.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff member advised they would be supported to report this to the police, should they wish to do so. Care plan created to ensure the patient is taking the medication appropriately and has been given a copy	None identified.	None (no harm caused by the incident)	Closed
GHC79440	16/11/2024	16/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-other outside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Standing		PMVA used in incident to stop pt head banging against the wall outside of kingsholm ward.	PMVA teams called.	No further actions at this time. PARRI holds utilised to prevent harm to patient.	No identified lessons to be learnt at this time.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC79444	16/11/2024	16/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Escort		Patient entered communal areas, continued to shout aggressively at staff and staff asked numerous times to lower their voice, patient continued to shout and pace throughout communal areas disturbing other patients. Patient became hostile and attempting to intimidate staff with grunting and entering the personal space of staff. Staff guided patient to their bedroom. Patient then entered communal areas without any items of clothing on, and was escorted utilising PMVA holds to bedroom.		Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC79446	16/11/2024	15/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		patient became increasingly aggressive and verbally abusive in communal areas, patient then made several kicks to staff member lower legs, and required staff to place in holds in a seated position to ensure patient didn't continue to assault staff.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Staff member advised they would be supported to	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC79448	16/11/2024	16/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient showed chaotic presentation in her room by screaming, barricading her room and head banging which have been going on and off the whole night keeping herself in the corner of her bathroom.	Staffs intervened and brought her out of her room, rapid tranquilization carried out.	none	none	None (no harm caused by the incident)	Closed
GHC79451	16/11/2024	16/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-other inside	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Standing		Patient attempted to leave the ward several times but was prevented via verbal de-escalation and physically blocking the door. On one occasion patient managed to reach the main reception doors and was followed by staff and patient reached but was unable to get out the sliding doors. PMVA tea called and remained for some time with patient offering verbal redirection and attempts to get the patient to return to the ward. Patient remained next to the sliding doors trying to convince reception staff to let them out and would not accept redirection/or return. Patient threatened 'I will slap all of you' and was resistive to any attempts at placing them in holds.	Patient was placed in holds and became highly resistive, screaming in the corridor and dropping body weight. She was redirected back to the ward and then into bedroom. Once in bedroom patient was released from holds and then returned to the door and assaulted a staff member by punching them in the face. The patient also kicked another staff member causing a leg injury. Patient was placed in further holds and sat on the bed to control aggressive presentation. Verbal de-escalation attempts made to patient and reassurance given that they would not attempt to assault anybody else if holds are released to which they eventually agreed. Holds were released as patient appeared distressed and stated, 'I just want to do my mindfulness and rest please leave me alone and get out'. Staff retreated and left the room, patient remained in there.	none	none	None (no harm caused by the incident)	Closed
GHC79454	16/11/2024	16/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM Clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC79458	16/11/2024	16/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		-Patient was observed to be head banging at around 17:40. Staff went to her bedroom and initiated verbal de-escalation using grounding techniques however it was futile. -Patient was not engaging with the staff and then she resumed headbanging.	-PMVA was activated at around 17:50. - she was guided to seated position with the support of leg cushion but due to her resistance she was transferred to seated POD with the use of leg cushion. - at the time of the holds Patient was trying to dislocate her arms by twisting and using excessive force. - Holds were lightened and re-established. -she prompted her to take the oral medication however she did not respond towards staff. - she was given 2mg of Lorazepam as IM on her left thigh. - holds were released soon after the IM and staff reinstated verbal de-escalation to which Patient did not respond. -when the PMVA team left she started to headbang.	Care plan and process followed to support patient	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC79459	16/11/2024	16/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was in the communal area, near to the front door. Keep demanding that she need to go out. Staff explained the current situation that she is under a section and no leave in place. She also assaulted several staff in noon time. Patient was not receptive of the information and keep shouting and demanding to leave. Started to verbally abuse staff, invade the personal space in an attempt to threaten and assault. Called the staff as ''Fucking Cunts''. Offered PRN several times orally, which declined.	Called an unplanned PMVA team, as she started to fight with the staff. While on holds she attempted to bite staff's hand and attempted to kick one staff on face. Gave RT 1 Mg Lorazepam.	none	none	None (no harm caused by the incident)	Closed
GHC79461	16/11/2024	16/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was being reviewed by doctor. Patient disclosed to doctor that they had a ligature around their neck. Staff cut ligature off and another staff member held arms away from ligature as patient was attempting to tighten it further. After the ligature was removed, patient was put in holds and taken out of the bathroom. A STAT RT dose was given. At 16:55, another ligature was found on the patient. Patient was resistive towards staff to remove it. Staff members did so.	Both ligatures removed. Patient placed on 1-1. Risk assessment updated. Post RT obs was completed.	none	none	None (no harm caused by the incident)	Closed
GHC79475	17/11/2024	16/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-other inside	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		PT removed bra and attempted to ligature @ 22:40 PT took leggings off and attempted @ 01:20am (17.11.2024)	PMVA team called.	none	none	None (no harm caused by the incident)	Closed
GHC79477	17/11/2024	16/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Escort		Patient went down the male corridor despite redirection. Stood Infront of bedroom 11,tried opening the door and touching the edges of the door, setting off the door alarm. She was verbally abusive and resistive	She was placed in arm holds and brought back into communal area.	MANAGED WELL	N/A	None (no harm caused by the incident)	Closed
GHC79478	17/11/2024	16/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		PMVA used to move PT away from harming staff.	PMVA used with in ward team. Pt then removed themselves back to their own room.	none	none	None (no harm caused by the incident)	Closed
GHC79480	17/11/2024	16/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was headbanging. Efforts to engage her was futile.	PMVA team was called. She was placed in holds on her bed. She was very resistive. Did not engage in grounding techniques Transferred unto the pod and verbal de-escalation continued. She started to communicate with staff. Offered Oral Lorazepam multiple times however declined and mentioned Promethazine. When staff asked if she preferred Promethazine she nodded and consented to have it by injection. Asked which leg she preferred and she indicated her left thigh. Injection Promethazine 50mg administered. She stopped being resistive afterwards. Released from holds. She came to communal areas. Neuro observations started	Care plan and process followed to support patient	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC79486	17/11/2024	16/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was refusing to step away from the clinic, and continued banging on the clinic door while a nurse was occupied with another patient. When staff attempted to redirect patient away from the door, patient then threw carton of milk over staff and threw carton onto the floor. Staff placed patient in holds and escorted to the ECA. Patient remained hostile. Patient then continued to enter communal areas throughout the night and charge at staff, grunt and attempt to intimidate staff by entering their personal space. Patient entered communal areas completely naked on 3 occasions and required holds back to the ECA. (patient was using ECA as a way of self de-escalation)		Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC79487	17/11/2024	17/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		1.PMVA used to remove PT from kitchen as they were attempting to hurt herself via swallowing hand soap. 2.PMVA used to remove PT from the ward doors.	PMVA with ward staff. No teams needed. Moved from location to the sofa in the CA each time with x2 staff.	none	none	None (no harm caused by the incident)	Closed
GHC79494	17/11/2024	16/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PMVA (physical intervention)	Escort		Patient was escorted back to her bedroom on holds due to escalating behaviour.	At the time of the Early to late shift handover, Patient was observed to be escalating in behaviour in the communal area. she presented as chaotic in nature, she began to put her hands over her genitals and began to smear it over her cloths. staff tried to redirect her however she remained hostile over the staff. she then began to sexually disinhibit in the communal area. To protect her dignity staff took her to her bedroom on holds. she was resistive and tried to smash the staff by the walls.	process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC79517	17/11/2024	17/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient was escalating in the communal area. Patient was taking off her clothes, grunting and charging around in a hostile and intimidating manner. Staff were unable to redirect the patient, patient continued to remove clothes and charge around the communal areas. Patient was taken round to the female area with support from staff who were covering her with a blanket. IM administered into the left thigh		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of this nature. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC79520	17/11/2024	17/11/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		the patient became agitated and driven and was pacing the ward ramming her walker into furniture and towards other patients the patient was unable to accept oral medication when offered. so as per care plan and discussed at MDT and the ward consultant. the use of PBM seated restraint for the safe delivery of the intermuscular injection	PBM team utilised PBM seated restraint for the safe given of the intermuscular injection . nurse in charge informed . physical observations commenced datix completed note entered on RIO .	pbm required for medication administration	discussion with the team	None (no harm caused by the incident)	Closed
GHC79521	17/11/2024	16/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (other)		Patient presented as chaotic and distressed in presentation , verbal de-escalation and redirections where ineffective. Screaming and swearing at staff , evidently distressed and agitated. Blocking staffs way and made attempts to interrupt providing care to other patients. She was constantly saying "fuck off " to all the staffs and patients sitting in communal area. Staffs placed firm boundaries and redirected her , however she did not respond well. Threatened staff to punch on their face , postured in an inappropriate manner. Made sexually inappropriate actions such as squeezing her breast. Invaded personal space and used derogative language in communal area and made the ward unsettled. -She was escorted to her room due to she being sexually inappropriate in communal area. -Due to the level of distress plan made to administer RT.	-Verbal de-escalation. -Redirection. -PRN -PMVA holds. -RT haloperidol tablet given. -RT observation taken. -DMO reviewed. -Debrief completed.	process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC79525	17/11/2024	17/11/2024	Charlton Lane-Willow Ward	Other MH Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Seated (other)		Patient was requiring support with personal care & was not consenting or compliant with staff. Several options & methods tried & encouragement provided but patient became hostile, particularly when staff tried to provide handheld support or escort him to bathroom, he became brittle quickly & appeared to make threats of violence - raising his fists.	In order to facilitate personal care PBM holds were utilised to provide stripwash & a change of pad & clothing.	PBM utilised appropriately as per care plan to support with personal care	N/A	None (no harm caused by the incident)	Closed

GHC79526	17/11/2024	17/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Seated (other)		First incident 16:03, Service user appeared quiet unsettled in the communal areas, shouting and screaming. She was verbally abusive towards staff, has threatened to punch staff, also she was sexually disinhibited, removed her top. Staff has tried to redirect her and verbal de-escalation has been done to no effect. Staff utilised restricted escort back to her bedroom. PMVA was activated Rapid Tranquilisation: Offered oral RT promethazine 50mg tablets but she spat it out, RT promethazine 50mg injection was administered intramuscularly at right lateral thigh. Non touch observation started Reviewed by DMO Second incident - fourth incident – PMVA restricted holds, 16:30, 18:15, 18:25, Service user has constantly coming back to the communal areas, very chaotic, shouting and screaming, verbally abusive towards staff, sexually disinhibited. Went down to male corridor - belligerent. Restricted escort utilised	PMVA activated Restricted escort utilised Rapid tranquilisation administered	process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC79527	18/11/2024	18/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		PT stared to head bang outside the front doors of Priory ward.	De-escalation techniques used verbally. No effect. PMVA teams called and RT IM promethazine administered.	care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC79530	18/11/2024	17/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Escort		Patient poured shower solution into a cup and tried to drink, though she was advised not to repeat such activity she tried to do the same by grabbing another cup and added vaping solution also with shower solution	RMN and HCA intervened and refrained her from the activity, put holds and moved her to another room which was empty.	none	none	None (no harm caused by the incident)	Closed
GHC79533	18/11/2024	18/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient became increasingly volatile, chaotic, and attempted to assault staff on numerous occasions, waving hands around and kicking at staff. Placed in seated holds in chair in communal areas, and shortly released. Patient then continued to attempt and charge at staff, placed in holds and dropped weight to the floor and remained in holds while RT IM could be administered.		Risk assessment reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC79569	18/11/2024	18/11/2024	LD IHOT	Cinderford Health Centre (community physical health)	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure. AND: PBM clinical seated hold on patient in best interest in order to receive Flu vaccinations injection from practice nurse - in proportion to the risk of serious harm if any undetected medical condition is not treated and as standard precautions against illness. MCA/BI and Proportionality paperwork previously completed prior to procedure. Both above administered at same time.		None required	None required	None (no harm caused by the incident)	Closed
GHC79577	18/11/2024	18/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Escort		patient was in communal areas where she kept attempting to get out the ward through the main doors, staff were blocking the exit. Knocking on the office door very aggressively. patient then began to target a HCA 1. Calling the HCA 1 her brother, becoming quiet threatening and accusatory towards. As HCA 1 walked out of the office to carry out a separate task patient attempted to grab HCA 1 by reaching for his tshirt, staff intervened and placed in stationary holds. patient began to hit and kick out at staff, contact was made by her grabbing HCA 2s tshirt, breakaway technique used and then patient grabbed a hold of HCA 2's groin area whilst also hitting out at CN. patient was escorted to bedroom, and staff disengaged. patient was in bedroom throwing the furniture around and was observed to smash the fan against the window. patient was screaming and shouting about wanting a cigarette and mobile phone, some other topics were mentioned however content unclear	De-escalation was attempted however patient was verbally abusive to staff, swearing at them. RT Haloperidol 5mg oral offered and accepted. Non-touch physical observations commenced.	process followed to support patient	N/A Very unwell	None (no harm caused by the incident)	Closed
GHC79593	19/11/2024	18/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-other inside	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		patient head banging. not co-operating or engaging with staff, staff tried to de-escalate verbally and offered prn	staff tried to de-escalate. however patient continued. staff and team made decision to call psychiatric emergency . given rt using pmva	CARE PLAN AND PROCESS FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC79596	19/11/2024	19/11/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		4.48 am - Heard to be headbanging in room	Attempted to verbally deescalate - no effect Psychiatric Emergency called Staff sat in seated holds on bed using POD Patient resistive, attempting to hit head on wall behind her, on her knees, on the floor reassurance given Ice bowl for face dipping utlised Ice pack on hands/legs, both to good effect, staff removed POD and sat in light holds patient began to breath more steadily, stated her body doesn't feel safe verbal reassurance given PRN Promethazine 25mg offered and accepted as per patients safety plan verbal reassurance continued Patient was ready to sit in communal area, playing Scrabble with staff member Phys and Neuro obs commenced	Mental state assessed and trigger identified Risk of self harm identified, self harm path way available Care plans to be implemented with patient	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC79607	19/11/2024	19/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		Patient had been incontinent and was unable to weigh up the information given by staff. PBM was used for 30 seconds and patient sat down and accepted support. PBM holds were released. Patient encouraged to self wash. no concerns	PBM was used for 30 seconds and patient sat down and accepted support. PBM holds were released. Patient encouraged to self wash. no concerns	PBM utilised as per care plan to support personal care	N/A	None (no harm caused by the incident)	Closed
GHC79617	19/11/2024	19/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient has been chaotic in presentation throughout the shift. They have been removing clothes and shouting/threating towards staff and peers. Patient threw a bag of clinell wipes at peer, touching other peers, threating towards staff	Patient has been put in arm holds and guided to bedroom. Patient has been verbally redirected at times and guided at other times. Oral medication offered and accepted	process followed	N/A	None (no harm caused by the incident)	Closed
GHC79619	19/11/2024	19/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Escort		Patient was pacing around the communal area being verbally aggressive towards staff present, patient would not respond to verbal redirection. Patient remained aggressive was escalating in presentation, shouting at making aggressive gestures, and invading staffs personal space	Decision made to place patient in escorted forearm holds due to level of agitation and disruption, patient was placed in holds by HCA and SN and escorted to bedroom, patient was very resistive during holds. Patient was escorted in bedroom and holds released once inside bedroom	process followed	N/A	None (no harm caused by the incident)	Closed
GHC79620	19/11/2024	19/11/2024	LD IHOT	Weavers Croft LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Clinical Safe Hold used in the patient's best interest to obtain a blood sample and administer Covid and Flu vaccinations.		None required	None required	None (no harm caused by the incident)	Closed
GHC79621	19/11/2024	19/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC79624	19/11/2024	19/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC79627	19/11/2024	19/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		PMB clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC79650	20/11/2024	19/11/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient heard to be headbanging in room Team called, seated holds on bed XL cushion used Patient was trying to hit head on the wall, the floor and on knees Extremely distressed and appeared to be having physical flashbacks reassurance given, ice bowl used, tiger balm, ice pack given Promethezine offered but wasn't able to accept it Lorazepam 1mg RT IM administered in holds L Thigh Ice bowl continued to be used 'my body isn't safe' 'I can't get out' continued reassurance Requested promethazine 25mg oral - given as PRN Patient became more settled and then came to the communal area	Ice dive , ice glove IM Lorazepam 1mg Promethazine 25mg oral later when requested 1:1 time Engaged in jigsaw puzzle, listened to music on her phone, chatting with peers	Risks, observations and management plan reviewed Care plans in place self harm risk long term Psychological support available	n/a	None (no harm caused by the incident)	Closed
GHC79651	20/11/2024	19/11/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		During night handover Patient was found to be in bathroom opening wound on left inner elbow. PMVA team called, 9.25 Lorazepam given in holds IM RT 2mg Verbally de escalated, part of broken spoon given to staff, wound dressed and 1 staff remained seat with Patient Patient appeared to be feeling more stable, the staff left Patient's room. Staff returned 2 minutes later to check back on and patient had reopened the wound further with the head of a spoon. blood loss observed on the bed Patient was observed to be resistive to staff trying to prevent from harming self Sat in holds on the bed - staff applied pressure to the wound to stop it from bleeding patient was argumentative and shouting at staff. PMVA team called team attended ward and sat with patient in holds	spent time with staff and accepted verbal reassurance Wound dressed with steri strips and soft pore, stopped bleeding - 3cm, unsure of depth Lorazepam given in holds IM RT 2mg	Mental state and risks reviewed management plan reviewed Risk of self harm is long term Care plans in place Self Harm Pathway available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC79653	20/11/2024	19/11/2024	LD IHOT	Weavers Croft LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold for covid/flu vax on a patient in his best interest in proportion to the risk of serious harm.	It was explained to the paid carer how the procedure will take place and what monitoring would be used to safe guard the patient. MCA paper work was reviewed and copies given to carers.	None required	None required	None (no harm caused by the incident)	Closed
GHC79654	20/11/2024	19/11/2024	LD IHOT	Weavers Croft LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold on a patient for covid/flu vax in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC79655	20/11/2024	19/11/2024	LD IHOT	Weavers Croft LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold for covid/flu vax on a patient in her best interest in proportion to the risk of serious harm.	It was explained to the paid carer, how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC79679	20/11/2024	20/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Clinical Safe Hold used in patient's best interest to obtain a blood sample and administer Flu and Covid vaccines.		None required	None required	None (no harm caused by the incident)	Closed
GHC79682	20/11/2024	20/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		none required	none required	None (no harm caused by the incident)	Closed
GHC79684	20/11/2024	20/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		none required	none required	None (no harm caused by the incident)	Closed
GHC79685	20/11/2024	20/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Clinical Safe Hold used in patients best interest to administer Flu and Covid vaccinations	Staff placed dining chairs next to patient's armchair to apply holds.	None required	None required	None (no harm caused by the incident)	Closed
GHC79689	20/11/2024	20/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Clinical Safe Hold used to support practice nurse to administer Covid and Flu vaccinations		None required	None required	None (no harm caused by the incident)	Closed
GHC79699	20/11/2024	20/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		The patient had been distressed and agitated for several minutes. She wanted to leave the ward. Verbal de-escalation techniques were not working, and she refused overt and covert offers of PRN. At one point her anger and frustration seemed to spike and when told she could not leave that ward at that time she threw a beaker of orange squash over the nurse she was talking to.	The nurse in charge of the shift felt that it was in the patients' best interests to be escorted to her room. This was done via PBM arm holds. The holds were relapsed about 20 seconds later when the patient stopped weight baring and was helped to sit on the floor slowly and gently. The patient stood up via using the guard rail and the assistance of staff. Holds were not replied. She mobilised in and of her room, but eventually sat in her room with an HCA venting her feelings and a slightly more relaxed manner.	Managed appropriately RAG plan to be formulated Case discussion planned	NA	None (no harm caused by the incident)	Closed
GHC79700	20/11/2024	20/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient began headbanging against wall	Attempted verbal de-escalation PMVA team called and RT administered	CARE PLAN AND PROCESS FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC79701	20/11/2024	20/11/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Patient was sat on chair when the massage therapist came. Patient was asked if she wanted to have her feet massaged she replied that she did and staff let the lady into the flat. Patient then got up off the chair and walked quickly toward the massage therapist in an attempt to grab. Staff intervened and implemented a PBM removal to the chair, during the PBM removal patient grabbed hold of staff's clothing and wouldn't let go. Disengage from clothes grab attempted but unsuccessful and so fix and hold until patient let go. Attack alarm pulled to make it safe for the therapist and for staff to withdraw.	As above, interventions followed were in line with this patient's care plans.	Incident reviewed, incident dealt with appropriately and in line with this patient's care planned interventions. Incident for further review and discussion during weekly MDT. Ongoing formulation of behaviours.	1. That staff are aware of and able to use care planned interventions for this patient when behaving in this way. 2. That this patient remains a risk to others due to her unpredictability.	None (no harm caused by the incident)	Closed
GHC79713	21/11/2024	20/11/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for bloods test on a patient in his best interest in proportion to the risk of serious harm.	it was explained to the paid carer how the procedure will take place and what monitoring would be used to safe guard the patient. Mca paper work was given to carers.	none required	none required	None (no harm caused by the incident)	Closed
GHC79716	21/11/2024	20/11/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for blood test on a patient in her best interest in proportion to the risk of serious harm.	It was explained to the paid carers, how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC79733	21/11/2024	21/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Service user appeared quiet aggressive, he kicked the office door, Verbal de-escalation has been tried but service user appeared more aggressive and has punched staff. Holds has been utilised, service user was quiet resistive that needed staff to put him down to floor on supine position. Psychiatric emergency was activated, Service user has been transferred to pod and a cushion was used. Rapid Tranquilisation: Lorazepam 2mg injection was administered at left thigh through clothing Non-touch observation started DMO has been informed for review	PMVA activated Rapid tranquilisation was administered	policy and procedure followed	N/A	None (no harm caused by the incident)	Closed
GHC79743	21/11/2024	21/11/2024	Charlton Lane-Mulberry Ward	Charlton Lane-Mulberry Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Clinical hold (seated)		Following assault on staff patient attempted damage property. Staff utilised PBM holds and patient dropped self to floor. RT had then be drawn up due to violent behaviour and administered to patient on floor	RT utilised RT obs to be commenced Medics informed for review Escalation to bed management of suitability of ward environment	The RT was unplanned but it was administered with no concern. The incident was brought about by the client's behavior in lieu of her mental state. Following RT there was non touch observation because client was not cooperative for the physical observation. Then few hours after there was a POST RT review by the medics	No lesson to be learnt. Informal debrief done to all the staff involved and and POST RT was tried by the medics but the client was not engaging	None (no harm caused by the incident)	Closed
GHC79750	21/11/2024	21/11/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Assisted support		Named patient was presenting as unsettled in mood attempting to grab staff PBM single person assisted support implemented to redirect staff member to the lounge area.	PBM single person assisted support implemented to move away from patient.	Incident reviewed. Staff acted appropriately and proportionately in line with this patient's PBS plan to move away from patient who was attempting to grab staff, this is a known behaviour for this patient. For further review in weekly MDT	1. That staff are aware of how to respond to incidents such as this.	None (no harm caused by the incident)	Closed
GHC79752	21/11/2024	21/11/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC79754	21/11/2024	21/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC79756	21/11/2024	21/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PMB clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC79767	21/11/2024	20/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Clinical hold (seated)		The patient has been in a very delirious state since around 17:00. She has been given PRN promethazine and oramorph, but this has done little to calm her. Dr's have conducted a PR examination in her bedroom and have not found constipation. The patient has continued to remove her clothes and at times has been naked. She has complained that she is cold but refuses to let staff help her and has pushed them away and lashed out with her hand.	PRN arms holds were applied twice due the patient's agitation and frustration spiking twice. The holds were released after two minutes. Holds were also used for around 30 seconds after a failed attempt to administer PRN oramorph. The patient also had a fall on her bottom when trying to grab at an HCA. She has been too wound up for NEWWS2 observations, but the HCA reports that non-contact observations have been within normal limits. The patient is	Managed appropriately RAG plan to be formulated Case discussion planned	NA	None (no harm caused by the incident)	Closed
GHC79772	21/11/2024	21/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		The patient had become aggressive with no obvious trigger around 30 minutes earlier. He quickly got to his feet and started shouting at a HCA and advancing towards her. His word finding was poor, but the HCA was able to take him into the communal area for 1:1 reassurance and PRN lorazepam 1 mg was administered (a few minutes later) which helped him calm Thirty minutes later he was in the lounge and, again without obvious trigger, tried to attack another HCA with a plate.	An HCA and a nurse applied PBM arm holds and escorted him to his room. He was shouting and was resistive. He was then held in a PBM seated hold for about 6 minutes, with the large cushion behind the patient and the two staff. He was resistive and shouting out, and not responding to verbal de-escalation. When he appeared to calm staff released the holds but had to quickly reapply them s he attacked staff. After a further 6 minutes holds were released and staff left his room. He was initially still agitated. He was banging on his door, then walked into the male corridor. At this point he started to look tired and eventually went into his room and drank a de-caff coffee. He has been mobilising in his	Managed appropriately RAG plan to be formulated	NA	None (no harm caused by the incident)	Closed
GHC79801	22/11/2024	20/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is nit treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC79814	22/11/2024	22/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Escort		Patient was accepting support to stand and then became distressed and hit out at staff, hitting the staff member on the chest and the right side of his neck.	PBM used by different staff to remove patient from the staff member he was assaulting. Patient continued to swear at staff, and was escorted to bedroom to calm down. During the escort, patient spat at staff's face and dug nails in and drew blood from a staff member's finger. Affected staff member checked over by nurse and has taken their break following the incident	Managed appropriately RAG plan to be formulated	NA	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC79844	22/11/2024	22/11/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Service user A was at tv lounge watching television when Service user B came in and invading personal space. Service user B was wiping the wall near the personal space of service user A. All of a sudden, Service user B tried to attack and to go towards service user A but was stopped by staff.	PMVA team called. Service user B was put on holds. RT promethazine 50 mg injection given. Duty doctor was informed.	Staff intervened to prevent patient attacking another patient. De-escalation techniques employed, physical restraint required to maintain safety of intended target. Aggressor was administered medication to aide to calm.	Staff acted to prevent physical assault against another patient. Staff followed risk management plan and care-plan.	None (no harm caused by the incident)	Closed
GHC79845	22/11/2024	22/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Personal care (standing)		Patient was leant over the communal table, nurse went to see if he was okay and patient lunged at the nurse and grabbed her right wrist with his left hand and tried to throw a punch. Nurse called for assistance. Two HCA's came and PBM holds were used to escort to his bedroom. Patient was then placed in a seated hold and it was noted that he had been incontinent so PBM holds used for personal care was used and patient turned to NIC and spat in her face.	RT oral lorazepam was offered and he accepted and then as the RMN was offering water, patient spat out the lorazepam and knocked water over NIC. Staff broke off the holds and left patient in his bedroom. However, he was banging on doors. NIC went to wash down her face and on return was informed RT injection of Lorazepam was given in left outer thigh. no touch physical observations were commenced due to agitation. Patient came out of his room and sat down in the corridor	Managed appropriately	RAG plan to be completed	None (no harm caused by the incident)	Closed
GHC79854	23/11/2024	22/11/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		At 13:45, staff was informed that a patient was head bang in her room, staff went in to intervened in order to de-escalate the patient, but the patient was struggling.	The PMVA team was called to restraint the patient from head bang and promathazine 50mg i/m was given to calm the patient. staff also supported the patient with essential oil and ice block, after a little time the patient became calmed. physical observation was done score 1 form b/p 101/69 and BM 5.6	Mental state and associated risks reviewed Self harm risk identified and care plans are in place Psychological therapy available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC79867	23/11/2024	23/11/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was headbanging on the side of the bedroom wall, sat on floor.	Patient was put on hold transferred to bed Offered ice dive De-escalated prn offered Encouraged spending time in communal area neuro obs commenced Duty doctor reviewed	Mental state risks and management plan reviewed Risk of self harm identified Care plans in place Treatment plan reviewed	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC79868	23/11/2024	23/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		12:40 - Patient was seen to be headbanging with the back of head. Staff immediately intervened and attempted to verbally de-escalate using grounding techniques and crisis escalators, which was futile. 12:50 - Activated PMVA. Patient was moved form the wall and guided to Seated holds on the pod along with the use of a leg cushion. Staff attempted verbal de-escalation for 15 minutes but the patient did not respond to it. 13:00 - Offered oral RT tablets which she refused. Therefore, IM RT promethazine 50mg was administered on the left thigh. Holds were released after few minutes. Then the patient went back to the wall and started to headbang. PMVA holds were reinstated for 5 minutes until the patient stopped resisting. The holds were	Post Rt physical and neurological observations were started. Duty doctor reviewed the patient. De-brief given.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC79869	23/11/2024	23/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Planned	PMVA (physical intervention)	Seated (POD used)		Patient approached the communal area with a bag packed in an intention to leave the ward, stopped by staffs. The attempt continued for more than 30 minutes, returned again though redirected to room several times. She also kicked the fire exit door out of anger. She returned to communal area and continued the same presentation	She was put on holds with an RT plan to manage the prolonged activity.	none	none	None (no harm caused by the incident)	Closed
GHC79877	23/11/2024	23/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Clinical hold (seated)		Patient was distressed and became physically threatening to female staff member on administering medication to him.	PBM holds utilised to prevent assault on her, and supported to sit on sofa. Remained in heightened state, shouting at staff during holds. Staff used de-escalation techniques, by remaining quiet as verbal interaction upset him. We then loosen holds and left him on sofa calmer but still in aroused state and not returned to baseline. DMO rang back R.T. written up for future use should it be required	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC79881	24/11/2024	24/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient 1 went in to the dayroom in an attempt to wake patient 2 who was asleep in there. Staff followed patient 1 in to the dayroom. Patient 1 sat in the bean bag. Patient 1 was verbally abusive towards staff members, showing gesture for attacking staff. Patient 1 then suddenly kicked staff member in her leg. Patient was placed on precautionary holds and taken to the pod, into a seated restraint for a period of time. Refused oral medications first, however took it orally with little encouragement from staff. Patient continued to be verbally abusive.		Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC79903	24/11/2024	24/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Seated (other)		patient had been asleep during majority of shift noted not to have moved position eaten or drank.	staff approached to deliver personal care Patient hostile and combative PBM holds ultised to delivery care	Managed appropriately Updated to seated hold	NA	None (no harm caused by the incident)	Closed
GHC79905	24/11/2024	24/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient became hostile and argumentative with staff and peers regarding biscuits, started shouting and threatening towards peer, entering the personal space of peers and staff. Increasingly hostile and argumentative. Patient was asked to return to their bedroom, they refused and attempted to barge past staff in order to get in the personal space of another peer. Patient was placed in PMVA holds and escorted to his bedroom.		Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC79921	24/11/2024	24/11/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		While carrying out routine observations staff noticed that patient was in her toilet sitting on the floor. Staff went in and noticed a pool of blood on the floor and patient had a piece of broken cutlery in her hand and was actively causing harm to herself.	Staff attempted to verbally talk to patient to calm her down, she refused and continued to cut her arm. Staff removed item and put patient in light holds- given RT.	Mental state, associated risks, and management plan reviewed Self-harm care plans in place Self-harm Pathway available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC79923	24/11/2024	24/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient was found during hourly observations head banging against the wall. Patient was put on physical holds whilst seated and verbally de-escalated. Offered facial dip on cold water and tiger balm soothing. Offered pharmaceutical intervention to good effect. Patient was reassured and supported accordingly.	Verbal de-escalation was attempted with no effect Patient was put in physical holds and assisted to sit on the bed whilst continuing with verbal de-escalation Offered facial dip of cold water and tiger balm for soothing according to care plan with good effect. Patient was reassured and supported accordingly. Requested prn promethazine 25mg oral which was administered with good effect Patient requested to go to the garden for fresh air	Care plan for SIB in place and implemented	none	None (no harm caused by the incident)	Closed
GHC79926	25/11/2024	24/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient was observed as head banging while doing the 22:00 checks. Staff went there to verbally de-escalate. Patient was struggling more and was not able to de-escalate verbally. Tried various things patient like as ice pack and smelling the tiger bam. Made a team decision to call a planned PMVA to give her some medications.	Called a planned PMVA with only female staff, and given RT Lorazepam 1 mg on safe holds. Patient was then able to de-escalate and accepted the alternative interventions like ice packs, tiger bam as well as dipping the face in cold tray. Later, agreed to come and join in the communal area with staff which make patient feel more secure.	Care plan for SIB in place and implemented	none	None (no harm caused by the incident)	Closed
GHC79932	25/11/2024	24/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Medication incidents	Medication incident involving controlled drug(s)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		While staff doing the 22:00 checks, patient was observed as head banging against the wall by sat down on floor. Staff went there to verbally de-escalate and attempted to use the de-escalation techniques but appeared as she was unable to engage with staff at that moment. Observed as struggling more and was not able to de-escalate verbally. Tried various things patient like as ice pack and smelling the tiger bam. To prevent her injuring herself more in line with her best interest staff made a team decision to call a planned PMVA to give her some medications. Called a planned PMVA with only female staff, and given RT Lorazepam 1 mg but was prescribed as oral	Reflected and informed the doctor. Changed the prescription.	Line manager of nurse involved informed of med error Highlighted with RT trainer this has happened several times and may need introducing into training	none	None (no harm caused by the incident)	Closed
GHC79933	25/11/2024	25/11/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		patient requested for his bed to be made and room cleaned after smearing the flat with faeces. patient in lounge watching TV, whilst staff was cleaning his room and making his bed, patient suddenly ran toward staff, physically attacking and following staff toward the office door, causing injuries to two staff injuries(bites)	physical intervention was used to redirect patient into his flat and staff quickly withdraw closing the door behind them.	Incident reviewed and discussed during our weekly MDT, check-in with staff to ensure their well-being. Patient's mother informed. Care plans and risk assessments are up to date.	1. That staff are aware of this patient's PBS plan and how to respond to his behaviours when off baseline. 2. That despite our extensive knowledge and care planned strategies to respond to this patient he remains a high risk to others and to his environment.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC79963	25/11/2024	25/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient was being increasingly agitated and verbally aggressive towards staff, including making racist comments. Regular medication was offered multiple times which included lorazepam however, patient slapped this out of staff members hand and threw water over staff member	Clinical decision was to RT patient. Nursing team was trying to prevent this in lines of least restrictive practice however, behaviour was continuing to escalate.	Risks mitigated by support given by staff. RT policy followed.	Risk towards staff acknowledged. Care plans in place to support patient and mitigate risk posed to staff.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC79972	25/11/2024	20/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC79974	25/11/2024	25/11/2024	LD IHOT	Gloucestershire Royal Hospital	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		Phlebotomy PBM clinical hold on patient in hospital bed, in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC79975	25/11/2024	20/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC79976	25/11/2024	25/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC79979	25/11/2024	25/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC79980	25/11/2024	25/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated Clinical hold on the sofa in order to safely administer vaccines in patients best interest		None required	None required	None (no harm caused by the incident)	Closed
GHC79981	25/11/2024	25/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Non-standard hold	Clinical hold applied to left arm while patient was laid supine on his sofa. second member of staff bridged over the right arm.	Clinical Safe Hold used in his best interest to obtain blood sample and administer vaccinations.	Planned to use Safety Pod but patient was drowsy following a seizure earlier in the day and reluctant to get off the sofa. We therefore held him briefly where he was lying on the sofa in a non-standard hold.	None required	None required	None (no harm caused by the incident)	Closed
GHC79985	25/11/2024	25/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition.		None required	None required	None (no harm caused by the incident)	Closed
GHC79987	25/11/2024	25/11/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order for vaccinations to be safely administered		None required	None required	None (no harm caused by the incident)	Closed
GHC79993	25/11/2024	25/11/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Service user A was in the communal area and was asking staff to facilitate for multiple things on the same time.HCA advised A to consider one at a time A become verbally abusive to HCA, started shouting , and it was felt that A was targeting same HCA, who he assaulted recently. Hence other staff's got involved and tried to verbally redirect.Unable to accept, A slapped on WM' s hand thrice while redirecting.WM explained firm boundaries and suggested the expected behaviour. With firm boundaries, A backed off, continued to shout and threw phone at staff. He then passed through all staff, looking at them and went for a staff nurse who happened to be the smallest in physique among the staff members. He forcely hit her on the face, hitting near jaw. It was felt that A had capacity over the assault.Staff members intervened and A was put on holds- taken to chair in the communal area to manage aggression and prevent further assault.Whilst	Continued to verbally deescalate.A presented with fluctuating presentation, stopped resisting, emotional at one point.Called for PMVA, with teams presence he become calm and then as A agreed that he wouldn't assault anyone further holds were released.A took himself to TV lounges, slamming the door and was re-arranging his sewing kit which had scissors. To avoid further harm, staff requested A to handover scissors, which he refused and shouted at staff. A's presentation necessitated IM RT management to manage further escalation, hence A was put on holds, where he continued to be resistive, kicking with legs. Once on secure holds RT Haloperidol 5 mg IM was administered (A did had prn 50 mg promethazine before the incident with no effect). Scissors and items of concerns removed immediately.Hold released when felt more settled. Commenced on Non touch obs(Felt not safe for physical obs, due to risk of escalation). Debrief to be	Staff acted to prevent further assault against female nurse whom was assaulted by aggressor. Victim of assault offered support, debrief and time out to recover. Patient (aggressor) was placed into safe-holds by others present. Patient administered medications to aide in calming. Incident reported to police, patient with learning difficulties appeared to know and understand what he had done as appeared to bypass others to reach most vulnerable staff member to assault.	Staff acted to prevent any further assault. Patient had medications administered as a means of aiding to calm. Staff followed care-plan and risk management plan in responding to this incident. Ongoing efforts to identify a suitable placement for patient.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC79996	25/11/2024	25/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was heard to be headbanging and appeared to be experiencing a flashback from historical events. Staff members x3 attempted to de-escalate the patient but this was unsuccessful.	Patient was given RT and was given 1:1 time afterwards.	Care plan for SIB in place and implemented	none	None (no harm caused by the incident)	Closed

GHC80001	25/11/2024	25/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was found to be self harming with a razor Staff attempted to verbally de-escalate to no effect PMVA team called, razors were removed Patient then began headbanging and holds were placed again RT IM was given to good effect		Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC80004	25/11/2024	24/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		-At 20:35 staff overheard banging sound coming from patient's room. -Found patient banging back of her head with minimal force against bedroom wall whilst vaping listening to music. -At 20:55 patient resumed low level head banging using back of head against bedroom wall.	-Verbal de-escalation. -Followed crisis plan. -Breathing techniques. -PRN -1:1 -PMVA holds -RT intramuscular injection given. -DMO reviewed -Started RT and neuro observations. -Attempted to complete debrief however patient did	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC80006	26/11/2024	26/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient observed on checks as head banging against the wall by sat down on floor. Staff went there to verbally de-escalate and attempted to use the de-escalation techniques but she was unable to engage with staff.	Observed as struggling more and was not able to de-escalate verbally. Tried various things patient like as ice pack, ice water and smelling the tiger bam. to prevent the further injuries called unplanned PMVA.	Care plan for SIB in place and implemented	none	None (no harm caused by the incident)	Closed
GHC80030	26/11/2024	26/11/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive Flu & Covid vaccination injections from Practice Nurse and also have bloods taken by IHOT phlebotomist - in proportion to the risk of serious harm if any undetected medical condition is not treated, and as standard precaution against illness. MCA/BI and Proportionality paperwork previously completed prior to procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC80032	26/11/2024	26/11/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		PBM clinical seated hold on patient in best interest in order to receive Flu & Covid vaccination injections from Practice Nurse and also have bloods taken by IHOT phlebotomist - in proportion to the risk of serious harm if any undetected medical condition is not treated, and as standard precaution against illness. MCA/BI and Proportionality paperwork previously completed prior to procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC80034	26/11/2024	26/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC80038	26/11/2024	26/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC80044	26/11/2024	26/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order to safely take bloods and administer vaccines in patients best interest.		None required	None required	None (no harm caused by the incident)	Closed
GHC80048	26/11/2024	26/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order to safely administer vaccines.		None required	None required	None (no harm caused by the incident)	Closed
GHC80055	26/11/2024	26/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Staff member was doing the hourly observations and observed patient to be headbanging against the wall.	Alerted female staff members as patient is preferably female-led in periods of crisis. Staff member went to patients room and attempted verbal de-escalation. Alerted for a second member of staff and requested for patients de-escalation tools which benefitted her. PRN 25mg promethazine was given.	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80060	26/11/2024	26/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		attempted verbal de-escalation which was futile. Activated PMVA. Supported to move from the wall and guided to seated holds on the pod along with the use of a leg cushion. Continued to attempt verbal de-escalation. Patient did not respond. IM RT lorazepam 2mg was administered as oral tablets were refused by the patient. Released holds when the patient started to become settled. Allowed patient to get up. Patient walked back to the wall, sat on the floor and started to headbang again. Staff continued to attempt verbal de-escalation which was ineffective. Patient was supported to get away from the wall and guided to seated holds on the pod. Continued to provide verbal de-escalations. Patient appeared to settle down after a while. Hence, released the holds. When staff left the room patient started to head bang again. This time patient responded to verbal de-escalation and stopped and agreed to come out of her bedroom.	Post RT non-touch observations were initiated as the patient remained unsettled after RT. Provided 1:1 and de-brief. DMO informed for review.	process followed along with care plan	patient needs to be discharged	None (no harm caused by the incident)	Closed
GHC80061	26/11/2024	26/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		talking loudly at nursing staff, banging spoons together when OT trying to speak with a patient in communal areas, grabbing at HCPs hair (breakaway utilised) , and rubbing their fingers into HCPs hair, posturing towards HCA in an aggressive fashion pushing HCA towards glass window of MTVL. 2nd SN tried to intervene, patient started heavy breathing with an open mouth into SN face.	Patient not responding to verbal redirection. Patient taken into escorted and then seated PMVA holds becoming resistive on entry into bedroom. Patient administered RT Lorazepam 1 mg to outer left thigh as clinically indicated to good effect. RT Non Touch observations initiated. DMO informed and post RT review requested. Patient did not engage when debrief offered due to mental state	PROCESS FOLLOWED	N.A	None (no harm caused by the incident)	Closed
GHC80065	27/11/2024	26/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Supine (face up)		Person 1 (patient) presented as extremely agitated and abusive towards staff members in the communal areas. Person 1 invaded personal spaces and spat towards staff. Staff escorted person 1 to his bedroom, offered medications orally, but he continued to verbally abuse staff and threw banana peel of staff's face. Nursing team considered RT administration in order to reduce Person 1's aggression and agitation. Person 1 has been administered with injections with the help of planned PMVA.	-Verbal de-escalation -Escort to bedroom -Offered PRN -Offered oral tablets -Planned PMVA -RT administration	Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC80074	27/11/2024	27/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient heard to be headbanging in their room. Verbal de-escalation attempted but with no success. PMVA team called and Patient placed in PMVA holds and RT medication administered via IM.	Verbal de-escalation attempted and distraction techniques including ice pack, and grounding techniques. PMVA team called, PMVA holds and RT administration	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC80092	27/11/2024	27/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was already in full restraint on the PMVA POD, after an incident of headbanging, which resulted in the patient needing IM RT Lorazepam 1mg (datix has been completed for this as a separate incident). Patient's nasogastric feed was then administered whilst in restraint on the PMVA POD. Patient presented as acutely distressed and agitated throughout and she was very resistive to PMVA holds. Staff attempted verbal de-escalation and the patient's level of agitation slowly decreased as a result of this. PMVA holds were then released gradually and a member of staff stayed with the		CARE PLAN AND PROCESS FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC80096	27/11/2024	27/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was restrained to insert tube and administer NG feed		care plan followed long pmva due to reinstruction of NG	patient pulled tube out	None (no harm caused by the incident)	Closed
GHC80104	27/11/2024	27/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient lying in bed, tearful, incoherent and presented as highly dysregulated and emotionally distressed. Nursing staff pulled bed covers back to encourage patient to sit up to accept oral as required medication and observed NG tube had been pulled out. Nursing staff went back to clinic, in agreement with CN, began drawing up RT Lorazepam 1 mg IM for administration at which time nursing staff advised that patient now head banging. Patient observed to be combative and resistive, calling out to please be left alone.	use of PMVA cushion. Patient administered RT Lorazepam 1 mg IM to outer right thigh as clinically indicated. Patient then administered as prescribed NG feed (Refer GHC80092). RT Non Touch observations commenced and completed. NEWS 2 recorded x 2. DMO post RT and Head Banging incident review requested and completed. Patient provided escorted 1:1 walk to good effect as care planned. Debrief opportunity provided.	patient supported for IM and reinsertion of tube-which is temp	patient distressed due to increased oral feed The holds were prolonged due to patient resisting NG feed and having to replace this	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80108	27/11/2024	27/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		patient was appeared as headbanging against the floor by sat down on the floor. Staff went there to verbally de-escalate but patient was resistive and observed as struggling more. Tried all the techniques but was difficult to engage with.	Made a team decision to call a female PMVA team to gave some medications to help with. Offered oral but declined. Gave IM Promethazine with good effect.	Care plan for SIB in place and implemented	none	None (no harm caused by the incident)	Closed
GHC80120	28/11/2024	27/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		Patient A became hostile and aggressive towards another patient in the communal following a conversation regarding personal matters. Patient A entering other patients personal space in an intimidating manner. staff needed to place hands on patient A due to his levels of risk possessed to the other patient. Patient A attempted to lunge at other patient however staff were able to place hands on and remove patient A to their bedroom to verbally de-escalate them and administer medication.		Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC80124	28/11/2024	28/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient came out of their bedroom, saw staff and asked if they were a staff member, staff said yes and patient punched staff member, making contact with their ribs. Patient escorted to their room, moments later they came back out of their room and proceeded to approach staff in an intimidating manner. Patient was demanding a hot meal, staff suggested some options to patient however did not want any of these options. The conversation became quite circular around food. Patient was observed to be responding to his internal voices whilst presenting as hostile towards staff. Patient charged towards staff, knocking staff off their feet, staff were able to put hands on however patient was putting himself to the floor so staff guided him down and ended up in supine restraint on the floor. Patient remained hostile and verbally abusive towards staff, making threats to kill staff members. PMVA Team was called for further assistance. Patient remained on the floor whilst given IM		Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC80137	28/11/2024	28/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was sat in communal areas and after the ward became unsettled and went to their room and started to head bang in their room against their bedroom wall. Staff went in to attempt to verbal de-escalation	Staff attempted to offer oral medication but the patient would not engage so staff. Staff restrained the patient on the pod and administered promethazine 50mg RT IM Physical observations taken and RT obs taken	POLICY FOR RT FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC80141	28/11/2024	28/11/2024	LD IHOT	Pullman Place LD	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient on her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC80153	28/11/2024	28/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient became hostile and verbally abusive in communal areas, following him being told his items in laundry couldn't be found, patient became verbally abusive towards staff after being told several times to lower his voice and staff would try again to look for his clothes but when they are continuing with verbal abuse. Patient then raised hands and stepped towards staff member in an intimidating manner, patient raised hands and staff placed in PMVA holds and escorted patient to bedroom. Patient was slightly resistive in holds, once in bedroom patient spat in the face of staff member, continued PMVA holds and placed in seated restraint on bed, continued to be verbally abusive towards staff and then spat in the face of another staff member when in steaed hold and continued to make derogatory comments towards staff. Declined oral medication, RT IM medication administered		Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Non touch physical observations completed.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC80165	28/11/2024	28/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC80169	28/11/2024	28/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Non-standard hold	Clinical Hold used on Right arm while patient supine on bed. Left arm/legs not held during intervention	Minimal Clinical Safe Hold used to enable a blood sample to be safely obtained and covid and flu vaccinations to be administered.	As patient was happy and compliant, apart from a short period when he moved his arm while bloods were taken, only right arm was secured while blood sample taken. A second staff member offered reassurance to left arm during the procedures	None required	None required	None (no harm caused by the incident)	Closed
GHC80172	28/11/2024	28/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC80173	28/11/2024	28/11/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated Clinical hold in order for bloods to be taken and vaccines administered safely, in patients best interest		None required	None required	None (no harm caused by the incident)	Closed
GHC80175	28/11/2024	28/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Clinical hold on the POD in order to safely take patients blood and administer vaccines in patients best interest		None required	None required	None (no harm caused by the incident)	Closed
GHC80177	28/11/2024	28/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was restrained for insertion of NG tube and for feed Patient was distressed during this		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC80182	28/11/2024	28/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was shouting, verbally abusive and calling staff as black bastards and finally ended up by putting herself on the floor. when staff went to encourage her to get up with assistance, she continued kicking, shouting, punching staff. In the process she grabbed and broke staff glasses, she kicked one staff member on the face, she punched another staff in the stomach, she grabbed and pulled staff hair.	staff tried verbal redirection but no effect then used Mangar cushion and she refused sit on. then finally ended up with calling PMVA and hoisted into the wheel chair with lot of struggles and administered RT IM 1mg lorazepam.	Risk of harm to others acknowledged. Staff supported patient to mitigate risks.	Risk acknowledged, care plans in place to support patient and mitigate risk posed to staff. Patient supported throughout.	None (no harm caused by the incident)	Closed
GHC80192	29/11/2024	27/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Precautionary hold		Patient very unwell barricaded staff member in clinic room.	Several attempts de-escalating failed Police assistance sort and removed	CLINIC ROOM DOOR CHANGED TO GO INWARDS NOT OUT	N/A	None (no harm caused by the incident)	Closed
GHC80193	29/11/2024	28/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		-At 21:20 whilst staff's where doing workaround, found patient banging back of her head against bedroom wall whilst vaping and listening to music. -Low level head banging using back of her head.	-Verbal de-escalation -Deep breathing exercises. -Offered PRN. -Followed crisis care plan -Distraction technique -Use ice pack on her shoulder -Offered pen and paper to write down her feelings. -PMVA restrain and RT administered. -Neuro and RT observation taken. -Debrief completed. -DMO reviewed.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC80195	29/11/2024	28/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed on the seated POD for the facilitation of NG feeds	-Patient was guided to seated POD position for the facilitation of the NG feeds. -x5 Staff supported the patient with the support of leg cushion. - Patient was resistive at the time of the feed. -holds were disengaged soon after the feeds. -Patient was escorted by the staff member for a walk post feed.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC80202	29/11/2024	29/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was put on PMVA holds on the pod to facilitate nasogastric feeds. A leg cushion was also utilised. Patient was very resistive during the procedure. NG tube was inserted and was removed after feed administration upon patient's request	Staff involved in the PMVA talked about different topics during the procedure to divert her from negative thoughts.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC80220	29/11/2024	29/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated,		None required	None required	None (no harm caused by the incident)	Closed
GHC80223	29/11/2024	29/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Dr J came to take bloods, SN S J and DR J went to his bedroom to get his consent to do this. He became hostile towards both staff and started demanding staff get out from his room. He came out shortly and requested to speak with Dr J, and said ''you don't come near me again'' pointing towards SN SJ in a threatening manner. Patient then went to the dayroom and sat in the sofa, he shortly started getting escalated in his behaviour. He was argumentative and hostile towards staff. Demanding to see his doctor, even after staff informed him that the Dr is going to visit his later today. Staff offered oral medication and explained what the offered medication is for. He refused all the medications .Noted to be escalating further staff called a psychiatric emergency. Staff offered oral medications again in the presence of the PMVA team which he refused. He then reluctantly agreed to take the	Administered IM RT after refusing orals.	Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Post RT observations competed, as per policy.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable.	None (no harm caused by the incident)	Closed
GHC80224	29/11/2024	29/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC80227	29/11/2024	29/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		The patient was in a high level of distress and took another patient's zimmer frame and tried to break a dining area window, with the intent of escaping through it.	She had previously had PRN oramorph and PRN Promethazine closer to the incident. Staff were able to safely remove the frame from her hands. She then approached a charge nurse and slapped him aggressively on the shoulder. PBM holds were utilised, with the intention of taking the patient to a low stimulus area, but she attempted to drop to the floor and staff lowered her gently to a seated position and released the holds. She was helped to get up via one member of staff and a chair. She then had 1:1	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC80228	29/11/2024	29/11/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Clinical hold (seated)		Service user was aggressive, verbally abusive and stating racial comment towards the staff at the communal area. De escalation tried by staff but service user escalated. Throwing his slippers and become more physically aggressive towards staff. Staff tried to offer oral medications to service user but refuses.	PMVA team was called. Service user was put on holds. RT Promethazine 50 mg Injection given at Right thigh.	Patient with learning difficulties and deterioration in mental health had become aroused by the ward environment, unable to accept verbal de-escalation and staff boundaries around racism towards others, therefore situation managed through implementation of PMVA safe-holds and administration of medications to aide the patient to calm. Clear message to patient that racism will not be tolerated.	Staff followed care-plan and risk management plan through attempting least restrictive methods of de-escalating, however patient not responsive to this therefore decision reached to proceed with PMVA safeholds and the administration of IM medications to aide patient to calm.	None (no harm caused by the incident)	Closed
GHC80230	29/11/2024	29/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serios harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC80232	29/11/2024	29/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Standing		Planned PMVA to administer depot medication that was prescribed for today, patient was spoken to in communal areas and suggested to have depot administered in the ECA for privacy, patient reluctantly walked into the ECA without PMVA holds being placed on. When in the ECA patient became verbally hostile and made verbally aggressive remarks towards staff, placed in light PMVA holds while standing in order to administer Depot and RT IM in buttocks. Depot given, staff then released holds and left the room, and patient had time to de-		Debrief was offered to the patient, following the administration of medication however he declined. He was advised that should he require support or questions answered, nursing staff would be more than happy to sit and talk this through with him.	None identified.	None (no harm caused by the incident)	Closed
GHC80234	29/11/2024	29/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Clinical Safe Hold used in patients best interest to support safe administration of Covid and Flu vaccinations		None required	None required	None (no harm caused by the incident)	Closed
GHC80241	29/11/2024	29/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was restrained in pod for insertion of NG tube and feed		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC80248	29/11/2024	29/11/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		patient was in his room corridor with 2:1 staff . patient started getting aggressive without any triggers attempted to hit and slap staff , tried to grab neck. patient wasn't responding to verbal redirection . staff implemented PBM holding technique to remove patient from corridor and redirected to his bedroom.	Patient wasn't responding to verbal redirection staff implemented PBM blocks and removal to redirect patient to keep calm PRN tablet lorazepam 1mg given	Patient is on enhanced observation due to risks-Working closely with the LDISS team	NA	None (no harm caused by the incident)	Closed
GHC80249	30/11/2024	29/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		At 21:10 Staff overheard head banging, and found patient banging head against bedroom wall. It was a low level head banging using back of the head. Staff member went to support patient, staff tried to verbally de-escalate. However, patient did not engage with staff, Staff followed patientcare plan to manage the situation, encouraged patient to utilise grounding techniques but not engaging. meanwhile, ice pack on shoulder and tried distraction technique were utilized. Staff offered PRN medications, which she declined. -PMVA was called at 21:35 , she was moved to the edge of bed and was given RT Promethazine 50 mg on her left thigh after she denied oral RT tablets. -After RT a member of staff continued to de-escalate her with some good effect. -She was encouraged to come out to communal area, which she accepted.	- Utilised grounding techniques. -Followed care plan. -Offered prn medications. -utilised icepack. -PMVA was utilised and put patient on holds. -Offered oral RT, which was declined. Therefore administered IM RT promethazine. -Duty Doctor was contacted, and patient was reviewed -Post RT observations was commenced (NEWS AND NEURO-OBSERVATION)	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC80252	30/11/2024	30/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was observed on checks head banging against the wall by sat on floor. Staff went there and attempted to verbally de-escalate but patient was unable cope up.	Staff tried verbally de-escalate and provided ice water, ice pack and tiger balm as per the care plan but she was struggling to cope up and then later with team decision called unplanned PMVA to prevent further injuries. RT promethazine 25mg IM was administered on right thigh.	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80257	30/11/2024	30/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient barricaded themselves in ECA, did not respond to verbal de- escalation. Team called Psych emergency, had to push in ECA bedroom.	Patient placed in holds, RT IM given.	Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC80259	30/11/2024	29/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		During hourly checks, service user was observed to be self harming with a razor blade in her room that resulted to abrasions. Service user refused to hand over the blade, she was asked on multiple occasions by the two nurses. Service user became hostile and said "no you don't get it I am not done". Utilised restricted escort from toilet to seated holds in bed Whilst in holds service user was very resistive, she was trying to stand that require to hold the head. Eventually, staff was able to removed the blade, however immediately after hold have been released, service user went back to the toilet and get another blade from under her bra and was trying to self harm again. Restricted escort from toilet to seated holds in bed reinstated. Service user squeezed the blade on her hand that resulted to cut wound. Blade was removed.	T/C to on call Band 6 to discuss next steps as service user is an informal patient. Band 6 advised that since service user is currently causing harm to herself, it is our responsibility to protect patients. Due to the risk she is posing to herself and potentially others, we would be covered by common law to put hands on to stop this. Decision made to call a PMVA team to assist and place service user in holds. Verbal de-escalation was done to no effect. Blade was removed. Cleaned and dressed wound. Offered oral medications however service user refused, however she accepted afterwards. Given as prn as service user appeared more settled. Seen by DMO Debrief done.	process followed	DISCHARGE	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80267	30/11/2024	28/11/2024	LD IHOT	Patient's own home	Medication incidents	Medication incident not involving controlled drug(s)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		The patient was given both COVID-19 and Flu vaccinations as requested by the GP, Parents, and Care home. All paperwork was completed before administering the vaccinations, GP confirmed in writing their agreement with our team administering vaccinations in the patient's Best Interest, and safety questions were asked on the day: 1) have they already had COVID and flu vaccinations this season 2) any previous adverse reactions to vaccinations Care team deputy manager answered no to both questions. Unknown to our team, the patient had already received both vaccinations at a pharmacy without a clinical hold: he was given the covid-19 vaccination on 16/10/24 and the Flu vaccination on 22/10/24	All the verbal and written information provided by care team, GP and NOK was consistent, indicating that he had not previously received the vaccinations, and it was agreed to be in the patient's Best Interest for them to be administered (patient lacks capacity and unable to provide this information himself). Patient was in a clinical hold for another procedure, agreed by responsible clinician to be proportionate and in Best Interest, vaccinations were administered within the same clinical hold, increasing the restraint time by less than 1 minute. Those present believed that this was the least restrictive method to safely facilitate this procedure.	Staff hand over to team leader Lisa Clark review of notes provided evidence that there was a communication error between care staff and GP which lead to patient being vaccinated twice.	IHOT nurses will meet and make a plan of how to ensure such an error dose not happen again debrief will be held for staff involved in the incident	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80268	30/11/2024	30/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in holds with 5x members of staff to facilitate insertion of NG tube and NG feed. patient was very resistive and tearful throughout Ng feed.		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC80269	30/11/2024	28/11/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		The patient was held in a clinical hold to enable bloods to be taken safely and the administration of COVID-19 and seasonal flu vaccinations.	verbal reassurance and distraction techniques used	None required	None required	None (no harm caused by the incident)	Closed
GHC80274	30/11/2024	30/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient A was in the communal areas. He asked the staff to let him into the visitors room to make a phone call to his mom. When staff A was facilitating this, he started to be verbally abusive and threatening towards staff,saying that "behave well or I will smack your head". When staff attempted to put boundaries in he became more escalated and threatening towards staff member. Patient A intimidating , physically tense and threatening towards staff member A. He continued to make verbal threats about assaulting staff member. Staff attempted to verbally de-escalate him but he did not responded to that. Staff B who came to the scene seek support from other staff who have put hands on because of the attempted assault on staff A as he was swinging his hands on staff A. He continued to make verbal treats towards staff A and also attempted to Kick staff A when he was on holds. He responded females in a better way and he was swapped with	He was more calmer and used the visitors room phone later.	Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC80276	30/11/2024	28/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		PBM seated clinical hold on patient in their Best Interest, in proportion to the risk of serious harm if essential medical procedure is not completed – blood test for health monitoring.	Explained to carers how the procedure would take place and what monitoring would be used to safeguard the patient. Collaborative MCA and BI process, documentation completed by IHOT. Clinical hold implemented in a controlled manner following risk assessment in order for the medical procedure to take place - 3-person PBM supine clinical hold on the bed in the patient's home environment for phlebotomy attempt. Monitoring of physical and emotional wellbeing by	None required	None required	None (no harm caused by the incident)	Closed
GHC80283	30/11/2024	30/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient requested to be given her stick back and asked for a lighter. Staff explain that unescorted leave could not be facilitated at present. She threatened to take a lighter off another peer and walk off the ward if her stick was not handed back. Attempt to explain reason for her not having her stick was futile. She also stated that she was denied the last 10 minutes of her visit and therefore could not say good bye. Staff assured her that this was not as such as she had the opportunity to say goodbye and encouraged to focus on the positives of the visit. She was dismissive of this. She was verbally abusive and talking loudly. Efforts to verbally de escalated her was futile. She attempted to leave ward by pushing staff out of the way.	resistive and tried to grab hold of SN arm as she was released. She stripped naked in her bedroom and threatened coming out to communal areas, kicking at her bedroom door as staff tried closing it. Advised to stay in her bedroom. Observed shouting out her bedroom window.	Supported patient	THE BELOW "STICK" IS REFERENCE TO A CIGARETTE NOT A WALKING STICK	None (no harm caused by the incident)	Closed
GHC80289	30/11/2024	30/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Planned 5 PMVA staff utilised holds for NG insertion and following NG feed administration. Service user was seated on a pod and a cushion was used on legs. Service user was quiet resistive during the procedure, she was twitching her body, tried to slide down on the pod and moving away her head from GRH staff inserting the tube however staff has managed to insert the tube and the feed administration. Also service user tried to pull the tube while giving the feed. After the feed, service user was very tearful.		Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC80290	30/11/2024	30/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was observed as head banging when staff went for the hourly checks. Appeared on the floor against the wall and head banging. Staff attempted to verbally de-escalate which doesn't seems helping therefore, put her on safe holds to prevent them harming themselves. Staff tried all the de-escalation techniques like tiger bam, ice packs and dipping the face in ice water also the deep breathing techniques.	Patient was eventually de-escalated, and then accepted the PRN Promethazine 25 Mg. Later joined in the communal area with staff and peers.	Care plan for SIB in place and implemented	none	None (no harm caused by the incident)	Closed
GHC80292	30/11/2024	30/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient was verbally abusing staff. He came in to the communal areas and knocked on the nursing station door and when staff attended he pushed his way in to the nursing station and went for the staff. Staff placed him in holds. He was extremely resistive and combative requiring multiple staff members. Even when staff had holds on to him and was escorting to his room, he was kicking the staff with force on their legs requiring the need to continue with the PMVA on the floor. He was trying to assault staff and making verbal threats against staff members who was on PMVA holds like "I am gonna smack you", "you will have to hold me for the whole day if you release the holds", "I will have you". Verbal de-escalation was attempted throughout the duration, but he was cursing at staff using derogatory language. He was given IM Promethazine 50mg at 14:35. The threats and the resistiveness continued,		Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Post RT observations completed, as per policy.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC80293	30/11/2024	30/11/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		Patient had grabbed hold of somebody else's zimmer frame and attempted to hit members of staff through the kitchen hatch. When patient was being encouraged to let go of the frame, she slapped a member of staff in the face and became increasingly hostile both physically and verbally. PRM was utilised to remove patient from the loud environment, into her bedroom.	Patient was escorted to her bedroom and sat with staff on her bed for a few moments. Patient appeared calmer and was accepted verbal reassurance. PBM was disengaged. Patient was holding nurses hand and apologising, expressing how frighten she in. Verbal reassurance continued with good effect and patient walk with nurse back into communal areas.	Managed appropriately	NA	None (no harm caused by the incident)	Closed
GHC80300	30/11/2024	29/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Standing		Patient was escorted with staff to the courtyard but patient displayed erratic behaviour but after some time patient refused to returned to the ward. Verbally rude towards staff members.	PMVA called. Verbally de-escalated but still refused to returned, physical holds done on both arms whilst standing. Patient then agreed to walk back to the ward without holds.	none	none	None (no harm caused by the incident)	Closed
GHC80307	01/12/2024	30/11/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient observed on checks headbanging against the wall by sat down on floor.	Staff went and intervene to stop but she was unable to respond then directly called PMVA because at the same time another medical emergency was going on the ward. later with the help of female staff utilised de-escalation techniques like tiger balm, ice pack and dipping the face in ice water. PRN 25mg promethazine was given.	Care plan for SIB in place and implemented	none	None (no harm caused by the incident)	Closed

GHC80309	01/12/2024	30/11/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Around 21:45 Patient was observed to be headbanging with back of her head to the bedroom wall. staff attempted verbal de-escalation and utilized grounding techniques, various distraction techniques and adhered to her care plan; however, Patient did not engage. Around 22:00 PMVA was activated. Staff put her on seated PMVA holds on the edge of the bed. Staff offered her oral RT , which she declined and she was given IM RT promethazine 50mg to the left thigh at 22:10. -After RT a member of staff continued to de-escalate her with some good effect. Staff encouraged her to do some breathing techniques. She was encouraged to come out to communal area, which she accepted. Post RT and neuro observation started. DMO reviewed her. which she responded well and she was	PMVA Team Called. Declined oral RT medications, IM administered into Right thigh. RT OBS Commenced. GCS completed score of 15 / no concerns noted. DMO reviewed her. RT non touch physical observations completed when patient declined to do physical observation. MERT Assessor Present	care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC80311	01/12/2024	01/12/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient observed to be punching the wall after barricading himself in the ECA using injured arm. Refused to talk to staff and was shouting and threatening to punch staff.	Staff attempted to verbally de-escalate patient but this had an adverse effect. He became agitated and began to shout on top of his voice. PMVA team called and managed to gain access to the ECA.	Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Post RT observations completed, as per policy.	None identified.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80319	01/12/2024	01/12/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient was in the visitors room when staff entered to talk with the patient about visiting GRH regarding his hand (injury prior to admission). Patient instantly became agitated so staff disengaged. Patient then began to punch the door. Upon leaving the room he was verbally aggressive. PMVA team called proactively. Patient then entered the dining area shouting to staff "fucking come on then". Patient then proceeded to spread butter over the floor before climbing on the table. When patient got down staff utilised PMVA holds and escorted patient to the ECA and utilised the POD. 50MG Promethazine administered via IM at 11:39. When patient appeared settled, staff released holds and disengaged.	Patient then became hostile again demanding to use the phone in the visitors room however nursing staff deemed this wasn't appropriate as the phone calls where visibly distressing him. When staff informed him they would not let him in he began to kick at staff making contact. PMVA holds utilised however patient extremely combative and placed himself to the floor so supine utilised before transferring patient to the ECA and POD utilised.	Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Post RT observations completed, as per policy. Staff member advised they would be supported to	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC80338	01/12/2024	01/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Depot administered under PMVA intervention.	X4 staff assisted with depot intervention with PMVA holds. Depot was due today (Test dose of Zuclopenthixol Decanoate- staff checked the notes- 100mg administered as per	Medication given as per medical advice and under MHA. No action to be taken.	No lessons identified. Patient returned to baseline, no concerns raised.	None (no harm caused by the incident)	Closed
GHC80344	01/12/2024	01/12/2024	Montpellier Low Secure Unit	Montpellier Low Secure Unit	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Precautionary hold		Patient attempted to enter the OT kitchen and was told by staff not to. Patient then barged his way into the Patients' kitchen and tried to shut the door. He was instructed by staff the leave but refused. Staff needed to activate their emergency alarm to summon assistance. In order to stop patient from lashing out Staff took patient by the arm and he was led to his		None. Behaviour management care plan already in place	None	None (no harm caused by the incident)	Closed
GHC80352	01/12/2024	01/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		PR given under PMVA restraints due to prolonged over activity and agitation.	PMVA and RT given.	none	none	None (no harm caused by the incident)	Closed
GHC80354	01/12/2024	01/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		- Restrictive practice was used to facilitate NG feed.	-Patient was guided to seated hold position. -NG tubes was inserted by the GRH Nurses. -Patient was resistive and was trying to induce vomiting at the time of feeds. -Patient was constantly resistive and was trying to bite the tube in an attempt to sabotage the feeding process. -patient then was verbally abusive towards staff when the NG feeds were completed. As per the plan the NG tube to be retained as long as the patient tolerates it due to the absence of the bridle attachment to the NG tube to keep it in place. the patient verbalised to staff to fuck off and take the tube out.	Care plan and process followed	SEDU bed is required	None (no harm caused by the incident)	Closed
GHC80356	01/12/2024	01/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (other)		Patient was placed on holds for the facilitation of NG feeding.	-x5 staff guided her to seated position. she was resistive at the time of the feeds. she was initially placed on seated POD position however she was trying to glid when she was placed in the POD. - due to the resistance exhibited by Issy and the absence of gastric contents she was placed on a chair with the support of leg cushions. - she was crying and inducing gag reflex to spit the tube out in an attempt to sabotage the feeding process. - she then stated that she wants die and does not wish to have the feeding done to which staff provided reassurance and Issy swearing at the staff. - Issy was then trying to bite and grab the tube while at the time of the holds. - staff reiterated that it was her wish not to reattach the bridle for the NG tube to which she responded " I dug my own grave".	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC80365	02/12/2024	01/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient was observed headbanging when staff went for walk around, appeared on the floor against wall and headbanging.	staff attempted to verbally de-escalate which doesn't seems helping therefore, called PMVA put her on safe holds to prevent further injuries. staff used de-escalation techniques like ice pack, tiger balm and dipping face on ice water	Care plan for SIB in place and implemented	none	None (no harm caused by the incident)	Closed
GHC80369	02/12/2024	01/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Around 21:40 Staff overheard headbanging. Patient was found to be headbanging with forehead to the bedroom wall. staff attempted verbal de-escalation and attempted various distraction techniques and adhered to her care plan; however, Patient did not engage. Around 21:50 PMVA was activated. Staff put her on seated PMVA holds on the edge of the bed. Staff offered her oral RT , which she declined and she was given IM RT promethazine 50mg at 22:00. Staff encouraged her to do some breathing techniques, with some good effect. She was encouraged to come out to communal area, which she accepted. Post RT physiological and neurological observation started. DMO reviewed her.	Attempted distraction techniques as per patients care plan PMVA Team Called. Administered RT IM promethazine into left thigh. RT OBS Commenced. GCS completed score of 15 / no concerns noted. DMO reviewed her. RT non touch physical observations completed when patient declined to do physical observation. MERT Assessor Present	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC80375	02/12/2024	02/12/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient A was sleeping on the couch in communal areas when he was suddenly approached by patient B. Patient A woke up and realised that he was being antagonised by patient B. Immediately an argument ensued. Both patients were threatening to assault each other. Patient B suddenly punched patient A on the chest. Patient A did not retaliate but was just shouting.	Staff quickly approached both patients and separated them. Verbal de-escalation was instituted but both patients continued to be antagonistic. Eventually patient B was put on PMVA holds and patient A was redirected to his room. Patient B was released from PMVA holds but he became agitated again and was charging towards Patient A and staff had to use non PMVA holds to prevent him from harming Patient A.	Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC80378	02/12/2024	30/11/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient started escalating in the communal areas and was making extreme threats of violence. Staff tried to implement boundaries and verbal de-escalation was attempted with no use as he was swearing at staff and used derogatory language against the staff. A team was called in to support the escalating situation and staff members managed to escort him to his room without putting hands on him. As soon as the patient entered his bed room he dropped the belongings he had in his hand and charged at staff. He punched staff A in his stomach leading to restraining the patient in his room on the bed. He kneed another staff member on his face. He was making extreme threats of violence during the PMVA.		Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Post RT observations completed, as per policy. Staff member advised they would be supported to	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC80380	02/12/2024	29/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC80382	02/12/2024	29/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC80385	02/12/2024	29/11/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC80386	02/12/2024	29/11/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC80392	02/12/2024	02/12/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was escalating in the communal area threatening another patient to punch him and calling him derogatory terms like ''pussy''. Staff implemented boundaries which he did not respond to. Staff disengaged and as he was moving chair and attempting to throw chairs in the communal areas. Then he punched one of the staff in face when he was in holds, a team was called in to support the PMVA. He was taken in holds to ECA to the pod where he remained combative and resistive. As he was resistive one of the staff from another ward who attended was hurt on his left wrist and right wrist.		Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Post RT observations completed, as per policy.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80396	02/12/2024	02/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Planned PMVA to administer NG feed for patient	Patient taken on to the pod to administer planned NG feed and insert NG tube Patient supported by x5 staff Emotional support and reassurance provided throughout	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC80403	02/12/2024	02/12/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Phlebotomy PBM clinical hold on patient sitting on POD in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC80417	02/12/2024	02/12/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		Patient had assaulted another patient and staff member, continuing to become increasingly distressed. PBM holds utilised to prevent harm to self or others.	Escorted short distance to sit on sofa, then supported to bedroom for lower stimulus and sat on bed in holds. Appeared to calm in bedroom and returned to baseline, accepted PRN medication from staff in loose holds - holds released after and patient was jovial and appearing calm	Managed well, avoiding use of RT Staff to communicate successful techniques in case discussion	NA	None (no harm caused by the incident)	Closed
GHC80419	02/12/2024	02/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed	pod and weighted blanket used	Cre plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC80421	02/12/2024	01/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Escort		Patient was escalating and started to enter staff's and other patient's personnel spaces. Patient was escorted back to her bedroom on forearm holds. When she entered the bedroom she started slamming the door of the toilet in her bedroom and ripped it off.	Separate datix done for property damage.	process followed	N/A	None (no harm caused by the incident)	Closed
GHC80425	02/12/2024	02/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient asked to go on leave, but due to their presentation, was declined to go. Patient got increasingly agitated and attempted to leave the ward.	Patient was put in restrictive holds and was escorted back to a quiet room. Patient was given time to calm down. Patient was given PRN.	Staff followed policy and procedures, clinical documentation updated	0	None (no harm caused by the incident)	Closed
GHC80427	02/12/2024	02/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		PT headbanging in her room at hand over time. PMVA teams called and Duty doc ha been to R/V.	De-escalation techniques used as per her care plan. RT used Loraz used and signed for on the EPMA.	Care plan for SIB in place and implemented	none	None (no harm caused by the incident)	Closed
GHC80430	02/12/2024	02/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Seated (other)		At approximately 4:15pm, the patient was observed by staff arguing with a peer due to their racist comments. The charge nurse overheard from the managers office so attended and spoke with the patient, supporting in redirecting him back to his visitors in the female lounge. The patient asked the charge nurse to come in and speak with him. The patient made demands that he be allowed to go on leave to buy CBD, and that if not, he would just run. The charge nurse clearly stated to the patient that he would not be escorted if he continued to demand and make threats to abscond. The patient then decided to run out of the room, charge nurse following.	The patient reached the ward front door and at that time was intercepted by an RMN and HCA. The charge nurse and another HCA were just behind and noted that the patient was not yet in full holds, though the first RMN and HCA had essentially blocked the door. The charge nurse and second HCA then placed the patient into holds and brought him back away from the door, ultimately walking him to the female lounge where he had been with his visitors (they were asked to leave the room.) Patient was placed on the sofa in holds for approximately two minutes. Patient demanded the staff ease their hold, but charge nurse made clear statements that the team would wait two minutes before easing the hold as he continued to present as hostile. After easing holds, patient continued to demand to be let go, and was told to wait a further 1 minute of calm behaviour. Boundaries about behaviour were placed by each	PMVA implemented to prevent abscond and to return to ward	none	None (no harm caused by the incident)	Closed
GHC80434	02/12/2024	02/12/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		12:42 - patient had been seeking conflict with staff member throughout the shift, attempting to provoke staff being verbally abusive towards them and making threats that this staff member "was next". patient walked behind the staff member and attempted to punch staff making contact with their back. patient continue to attempt to hit staff member, staff placed patient in holds as he took himself to the floor in supine position. patient was in restraint with staff and RT I medication was administered. 14:01 - patient knocked on the nursing station door, they attempted to enter the nursing station barging staff. staff placed the patient in holds, patient began to hit out at staff. Staff were able to place the patient in holds and RT IM medication was given. 15:13 - patient was parading around the communal areas, earlier in the shift, patient had make reference to staff that they were "next". Patient punched staff in the jaw unprovoked. PMVA olds onto		Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Post RT observations completed, as per policy. Staff member advised they would be supported to report this to the police, should they wish to do so.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC80438	02/12/2024	02/12/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		patient held in a clinical hold to allow bloods to be taken safely. All paperwork-MCA,BI, proportionality uploaded to RIO	distraction techniques	None required	None required	None (no harm caused by the incident)	Closed
GHC80441	02/12/2024	02/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Non-standard hold	pulled away from wall using similar techniques to restrictive escort	Patient was heard to be headbanging.	Staff used restrictive holds to pull patient away from the wall. utilised de-escalation techniques which worked. Staff used grounding statements to help the patient. Staff sat with the patient while they returned to their baseline	Care plan in place for SIB and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80450	02/12/2024	02/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient heard banging (low intensity) on bedroom wall. Not responding to usual cues/ verbal de-escalation.	Patient in seated PMVA holds on bed. Patient slid to floor taking nursing staff with them - holds released. Patient continued to head bang low intensity on floor. Patient supported through 1/4 turn to supine. RT Promethazine 50 mg administered as clinically indicated to good effect. Breathing / Grounding techniques administered to good effect. DMO review completed immediately post RT. Non-Touch RT Observations commenced + NEWS 2. Patient debrief to be completed.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC80453	03/12/2024	03/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Supine (face up)		Patient came to the communal area, put herself on the floor and decided to stay in the floor. Patient was encouraged to stay up which she declined and started to strip her clothes and became naked. Staff offered blankets which she threw away. Also attempted and hit several staff. Staff managed to get clothes on and changed her positions in between as per care plan. She was on the floor for 20 minutes and after that team decision made to take her to the bed room. Patient was resistive at first. Used a Manga cushion first which patient was cooperating. Later took a hoist to move her safely to room.	Called a planned PMVA for females and take her safely to room. Patient was taken to room and offered oral medication. Patient remained abusive and hit several staffs. Made a planned decision to give RT and given 1 Mg Lorazepam on left side. Later, patient settled and slept.	none	none	None (no harm caused by the incident)	Closed
GHC80457	03/12/2024	02/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		patient was found to have self harmed in bathroom. Informed DMO. Cleaned wound and waiting review from DMO before dressing. 21:12 - When staff went back in with DMO patient was cutting her arm again and refusing to stop. PMVA team called. Attempted de-escalation to try and get patinet to stop cutting herself and drop the razor All efforts were unsuccessful. patient started to clench with the razor. Staff attempted to get her into a PMVA hold when she twisted her hand and unintentionally cut a staff members x2 fingers. PMVA holds were implemented successfully - seated on the bed. De-escalation used. Holds reduced.		PROCESS FOLLOWED	PATIENT NEEDS TO BE DISCHARGED	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80458	03/12/2024	02/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Escort		patient then left her bedroom and walked into communal area where she was trying to leave the ward which resulted in PMVA holds back to her room. patient was detained under section 5(4) at 21:15, due to presentation and concerns of her safety if she left the ward.		Supported pt with MHA due to risk now regraded to informal	N/A	None (no harm caused by the incident)	Closed
GHC80461	03/12/2024	02/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Supine (face up)		The patient was head banging with low intensity in her bedroom. Staff attempted to verbally de-escalate using crisis escalators and grounding techniques. Patient did not respond and continued to headbang. Activated PMVA and guided the patient to seated holds on the bed. Patient took herself, sliding to the floor, taking nursing staff with her, at which point nursing staff immediately released holds after supporting patient to the floor to mitigate any injury. Patient commenced to head bang (low intensity) on the floor lying on her left side. Reinstated PMVA holds on the floor on supine position with a pillow supporting her head nursing staff supported patient for comfort only gently holding and supporting both arms and legs . RT Medication was administered being RT Promethazine 50 mg IM through clothing to left outer thigh as clinically indicated and to good effect.	The holds were released immediately after administering the hold. Provided de-brief after the incident. DMO reviewed after the incident Post RT non touch observations were initiated. Post headbanging neuro observations were commenced.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC80463	03/12/2024	03/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was put on PMVA holds on the pod along with the use of a leg cushion to facilitate the NG feed. She was very resistive throughout the feed and tried to pull out the NG tube many times during the feed. Patient pulled out the tube after the feed administration.	Staff interacted and talked about different topics to divert the patient from negative thoughts. Staff kept the patient on holds and supported the patient to help her get settled before releasing the holds. Patient was on 1:1 for an hour after the feed administration. Escorted for a walk afterwards.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC80473	03/12/2024	03/12/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		patient not accepting depot medication- patient had to be given his depot under restraint. pod used.	patient not physically resistive, however distressed and not consenting	review dose of medication	NA	None (no harm caused by the incident)	Closed
GHC80482	03/12/2024	03/12/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		Phlebotomy/Vaccination PBM clinical hold on patient sitting on POD in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC80500	03/12/2024	03/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		- Patient was placed on holds for the facilitation of NG Feeding.	-patient was guided to seated Pod for the facilitation of NG feeding. - patient was really resistive at the time of the feeding process. she was trying to bite the tube and once tried to induce gag reflex at the time of the tube insertion. -she was constantly trying to slide down through the POD and Pull the Ng tube in an attempt to sabotage the feeding process. -After the feeding the tube was kept in place along with the implementation of holds to see whether the patient can keep the Ng tube with out the bridal however the patient was resistive constant and was trying to pull and bite the tube. -Pad dog was near the the patient to support her however none of the techniques was effective. - the patient was placed on holds nearly 45 minutes to make sure that she tolerates the tube however she was resistive. - the patient was evidently distress and when staff	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC80515	04/12/2024	03/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Service user was self-harming in the courtyard with a razor blade, attempted verbal de-escalation to no effect, she declined to give the blade to staff. Service user was informal however due to the risk she is posing to herself and potentially others, we would be covered by common law to put hands on to stop this. Decision made to utilise restricted escort from the courtyard to her bedroom. Whilst in holds, service user was quiet combative. PMVA activated, service user put the blade in her mouth PMVA staff arrived, was able to sat her on bed and cushion was used on legs. She remained resistive, trying to stand up. Verbal de-escalation was futile. Service user was chewing the blade and acting like she was swallowing it. Service user was not engaging with the de-escalation, has also offered prn but she declined. Holds was released, one staff stayed with her for 1:1, she was asked to confirm if she swallowed the blade she said it does not matter.	PMVA activated Verbal de-escalation 1:1 with staff Doctor has been informed Doctor has advised to closely monitor service user as sending her to A&E would escalate the situation because service user wanted to leave the ward.	process followed	0	None (no harm caused by the incident)	Closed
GHC80521	04/12/2024	04/12/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient was being aggressive, derogatory and abusive towards staff and patients in communal areas, staring at peers intimidating and demanding they ate a certain way.	Verbal de-escalation utilised, oral medication offered and accepted, patient continued, PMVA team called, PMVA holds implemented, staff attempted to move patient to bedroom in holds, became combative and patient moved to the floor for safety.	Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Post RT observations completed, as per policy. Staff member advised they would be supported to report this to the police, should they wish to do so.	The importance of PBS plans to identify early warning signs and avoid an escalation, thus preventing further incidents of violence and aggression towards staff. However, it is acknowledged that these incidents are often unexpected and therefore unavoidable. The importance of firm boundaries and sticking together as a team when faced with difficult incidents.	None (no harm caused by the incident)	Closed
GHC80525	04/12/2024	03/12/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		The patient was held in a seated clinical hold to enable COVID-19, and seasonal flu vaccinations, as needles were present.	The patient was given both vaccinations.	None required	None required	None (no harm caused by the incident)	Closed
GHC80526	04/12/2024	03/12/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		The patient was held in a seated clinical hold to enable bloods, COVID-19, and seasonal flu vaccinations, as needles were present. Proportionality agreed by GP MCA and BI documents completed and uploaded to	distraction techniques	None required	None required	None (no harm caused by the incident)	Closed
GHC80531	04/12/2024	03/12/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		The patient was held in a seated clinical hold to enable bloods, COVID-19, and seasonal flu vaccinations, as needles were present. Proportionality agreed by GP MCA and BI documents completed and uploaded to	distraction techniques, verbal de-escaltion	None required	None required	None (no harm caused by the incident)	Closed
GHC80532	04/12/2024	04/12/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient being disruptive and aggressive towards peers he then lunged at peer and attempted to assault him.	PMVA holds implemented to move away from the area.	Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC80534	04/12/2024	03/12/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		The patient was held in a seated clinical hold to enable bloods as needles were present.	distractions techniques	None required	None required	None (no harm caused by the incident)	Closed
GHC80535	04/12/2024	04/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		-Patient was placed on seated POD for the facilitation of NG feeding.	- Patient was placed on seated POD position of the facilitation of NG feeding. -She was resistive at the time of the feeding. - she was gliding down the POD and was trying to induce gag reflex. -feeds were administered successfully and holds were disengaged after some some. -after the administration of the feeding the tube was left there with out the placement of the bridle, the patient tolerated the tube until the PMVA team left. she pulled the tube as soon as the team left her bedroom.	Care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC80552	04/12/2024	04/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed	pod and leg cushion used. 5x members of staff. 1-1 thereafter as per care plan.	CARE PLAN FOLLOWED	n.a	None (no harm caused by the incident)	Closed
GHC80556	04/12/2024	04/12/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient was taken on escorted leave by 2 x HCP's. Staff forgot to take a lighter and asked patient to step back into the airlock whilst a lighter was sourced. Patient refused and started to walk off and away from staff.	Staff asked patient to stop but he would not listen and continued to walk off at speed. Staff had to catch up with him, place him in PMVA holds and request assistance from ward staff to help bring him back inside. Staff spent time verbally deescalating patient who eventually agreed to return to the unit.	Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC80557	04/12/2024	04/12/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		As the patient was walking out of the ward to utilise leave, he attempted to light his cigarette, however, the lighter did not work. Staff apologised and explained that they would need to return to the ward briefly to get another lighter, however, at this point, the patient started to walk away from the ward. Staff asked him where he was going, in response he said "I'm going to town, you can't keep me there". Staff explained to the patient that this would be currently possible and encouraged him to return to the ward. As he continued to walk away from the ward, escorting staff implemented forearm holds and began further verbal de-escalation. In response to this, Ben said "OK, I'll come back but let go of me". Forearm holds were released and he walked willingly back to the bench outside of Greyfriars ward. From here, further verbal de-escalation took place and		Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC80566	05/12/2024	04/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Service user was head banging using back of head against the glass window in low intensity. Verbal de-escalation was done, suggested some grounding techniques and was encouraged to go to communal areas however service user was not responding, she continued to head bang has increased to moderate intensity. Decision made to activate PMVA, restricted escort from seating on window seal to seated holds in bed. Whilst on holds, service user was very resistive she was twitching her arms and tried to slide down to the floor. RT promethazine 50mg tablet was offered but service user declined. Rt promethazine 50mg injection was administered at left thigh. Breathing techniques initiated for which service user responded well. Thereafter, she appeared more calmer. Holds were released.	PMVA activated, holds utilised. Staff stayed with service user for brief 1:1 Physical observations was checked Neurological observations checked with GCS 15 Completed debrief Reviewed by DMO	CARE PLAN FOLLOWED	N.A	None (no harm caused by the incident)	Closed

GHC80568	05/12/2024	04/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		When staff went for the hourly observations, patient found as headbanging by sat on floor against the wall. Staff went there to verbally de-escalate patient which was failed. Patient appeared as more struggling and find difficult to communicate. Unplanned PMVA was called as team decision, to prevent patient from seriously harming themselves. Attempted verbal de-escalation and the care plan techniques like -holding ice pack, smelling tiger bam, Dipping face in the ice water. When staff attempted to release the holds as patient was appeared as relaxed - soon after the holds released patient started to head bang again. Offered medications orally which patient declined and gave RT IM Lorazepam 1 Mg on	After medication patient appeared as more settled and went to the communal area and spent time with peers.	Care plan in place for SIB and implemented RT protocol implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80569	05/12/2024	05/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient was abusive towards peers and patient through out the shift. Appeared as high in mood while patient coming to the communal area. Blocked the toilet with pads and flooded her whole room. Also while patient was in the communal area, stripping her clothes and calling peers and showing her private parts. Observed as shouting, screaming disturbed other peers sleeping in the room. Peers also joined the communal area and asking for PRN as peers cannot be able to sleep because of the shouting. Offered PRN which patient put in to her private area	Made a team decision to call a team, and moved patient to her room safely. Offered oral medication which patient declined, therefore given RT 1 Mg Lorazepam IM.	none	none	None (no harm caused by the incident)	Closed
GHC80570	05/12/2024	03/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Service user was heard headbanging lightly using back of head against the wall, staff used verbal de-escalation, grounding techniques however she was quite dismissive and uncooperative. She was offered some prn medication however she ignored staff and continued headbanging. PMVA team was called to support, utilised seated holds in bed, cushion was used. She was slightly resistive, RT Promethazine 50mg administered around 2340hrs. She immediately appeared to calm down and hold were released.	PMVA activated, holds were utilised RT promethazine 50mg administered intramuscularly. Physical observation and non-touch started Neurological observation checked with GCS 15 Reviewed by DMO	care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC80589	05/12/2024	05/12/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		Patient increasingly distressed and being physically violent to staff on multiple occasions (separate datix completed)	PBM holds used to prevent further harm to others or self, patient supported using holds to bedroom. RT IM given to R thigh. Staff disengaged holds and left patient in room to de-escalate, as still distressed by staff (able to observe through door window). Patient them came out of room and was physically violent again, so further PBM used to support back to bedroom. Staff sat with patient on bed and used verbal reassurance which worked intermittently. When patient had de-escalated, staff disengaged and patient appears more settled now - allowing staff to support. NB- legs only held to administer RT	Managed appropriately	N/A	None (no harm caused by the incident)	Closed
GHC80590	05/12/2024	05/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		administer to patient as prescribed NG feed	Patient in seated PMVA holds in pod with use of PMVA cushion. NG Tube positioned and as prescribed NG feed administered in seated PMVA holds. As prescribed regular medication facilitated out of PMVA holds. Escorted 1:1 walk and return on to ward facilitated	care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC80595	05/12/2024	05/12/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		10AM - heard to be headbanging in room, sat on bedroom bathroom floor hitting top of head on door frame	staff offered verbal descalation in holds to prevent further headbanging Lauren stood and walked to bed whilst in holds sat on bed and verbalised thoughts and feelings ' i don't want to be here anymore' 'there is no point' Ice pack given and hot coffee given identified yesterday was a triggering day after speaking to consultant in ward round, nothing is changing expected to see social worker to discuss panel/care providers but didn't come to ward had good sleep but woke up in the same mood as yesterday regular morning meds given + PRN paracetamol neuro obs + phys obs completed NEWS2 = 1 for pulse 108 and GCS 15/15 Taken for cigarette, encouraged to spend time in communal are and have planned 1:1 with NN encouraged to attend appts today - psychology and advocacy	Mental state, associated risks, and management plan reviewed Self-harm care plans in place Self-harm Pathway available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80602	05/12/2024	05/12/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		The patient was in the dining area with other patients and staff queuing for lunch from the trolley. Patient made requests for several portions of food to be kept by for him, at which time staff requested that he wait until everyone had received their lunch and the patient could then have another serving. At this time the patient became verbally aggressive and threatening towards female staff members who were stood nearby. Patient threatened to throw his plate of food in a staff members face, also to spit in her face. Attempts to deescalate and redirect were unsuccessful. At this time 2 x staff members placed the patient in loose holds.	The patient was placed in loose holds and escorted to his bedroom where staff verbally deescalated until the patient appeared relaxed, at which time holds were released and staff moved away.	Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC80610	05/12/2024	05/12/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		Given IM medication with holding technique	PRN given using PBM	medication is currently being reviewed	NA	None (no harm caused by the incident)	Closed
GHC80616	05/12/2024	05/12/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was headbanging in her bathroom. Sat on floor and was banging head on the side of wall near to door	Staff tried to de-escalate. Patient was very resistive, PMVA called Administered Promethazine IM RT on hold Offered ice pack and lavender oil Patient was offered 1:1 Neuro obs commenced Duty dr informed	Mental state, associated risks, and management plan reviewed Self-harm care plans in place Self-harm Pathway available Patient reminded of risks associated with head injury	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80630	05/12/2024	04/12/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Staff found patient was sat on the floor headbanging in the bathroom Staffs went in , tried to de-escalate with grounding techniques along with ice dip, ice pack and lavender oil which didn't work Staff called PMVA, put on holds with cushion. Staff managed to stop banging, but the patient was trying to do that again.	RT IM Lorazepam 2mg was given on holds Ice water was offered dipped the face in it several times, offered lavender oil and ice pack, Staff stayed with the patient, later came to communal area	Mental state, associated risks, and management plan reviewed Self-harm care plans in place Self-harm Pathway available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80637	05/12/2024	05/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was restrained for administration of NG feed		care plan followed	N.A	None (no harm caused by the incident)	Closed
GHC80639	05/12/2024	04/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Patient was informed about stat depot administration, the patient seemed nervous and initially refused but later consented. When staff members approached the patient to administer medication, the patient was reluctant, but patient was reassured and staff members offered to sit next to them. Staff had to place the patient on physical holds on both arms while seated due to patient was resistive despite multiple attempts to administer and had to use leg cushion as patient kept moving legs as well. Depot administration administer.		Staff followed policy and procedures, clinical documentation updated	0	None (no harm caused by the incident)	Closed
GHC80643	05/12/2024	05/12/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Clinical hold (seated)		patient assisted to his bedroom x2 staff one on each side due to escalating behaviour	seated restraint used on patient one staff each side. 2 staff on legs. IM administer on right thigh. staff broke away patient left to de-escalate in his bedroom.	medication reviewed as on weekly depot increase potentially needed	NA	None (no harm caused by the incident)	Closed
GHC80644	05/12/2024	03/12/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Supine (face up)		Patient was due for depo . Staff had a conversation with patient regarding the depo . Patient refused to have it . Observed patient getting agitated and argumentative with staffs . Patient lacks capacity to understand current mental and physical health needs.	For the best interest of patient , Staff called PMVA Team . Team arrived , entered in bedroom . Patient was lying down on the bed . Patient started shouting and screaming at staffs , became agitated by situation. Restraint used while lying down on bed (on back). Once the team hold the legs and left hand , patient calmed and staff managed to give the depo . RT IM Lorazepam 2 mg administered to avoid further more aggression and escalation . Patient de-escalated by herself after RT	Psychological harm identified as patient not happy with depot administration PBS Care plan to be reviewed Risks reviewed, trigger for aggression identified Subsequent depot administered without restraint	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80646	06/12/2024	06/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		When staff went to the female corridor, observed that patient was head banging against the wall by sat down on floor. Staff went there to verbally de-escalate and attempted to use the de-escalation techniques but appeared as she was unable to engage with staff at that moment. Observed as struggling more, therefore to prevent her injuring herself and in line with her best interest staff made a team decision to call a planned PMVA only females to give her some medications. Along with that tried various things she like - holding ice pack, smelling tiger bam, Dipping face in the ice water which patient agreed and find	Patient was then able to de-escalate and accepted the alternative interventions like ice packs, tiger bam as well as dipping the face in cold tray. Also accepted promethazine orally. Later, agreed to come and join in the communal area with staff which make patient feel more secure.	Care plan in place for SIB and implemented	none	None (no harm caused by the incident)	Closed
GHC80649	06/12/2024	06/12/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Seated (other)		patient woke up agitated due to urine incontinent. had to be held by staff due to aggression in order to change him. Patient woke up again at 02:00 very very agitated and violent towards staff required x4 staff attempting to hit out and kicking during personal care.	placed in hold in order to change and then assisted back to bed. 1mg Lorazepam given at 02:00 second time round	PBM used during personal care- pt known to be agitated at times due to current MH and Learning disability - supported by LDISS	NA	None (no harm caused by the incident)	Closed
GHC80651	06/12/2024	05/12/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Supine (face up)		Patient was heard to be banging in their bedroom ,on entering the bed the patient was found to be banging their head on the wall. Staff attempted to de escalate the patient ,unfortunately the patient was unable to de escalate .	A PMVA team were called and restraint hold were used to protect the patient . Staff carried using vocal de escalation techniques and the patient relaxed after 10 minutes . Oral PRN was given .	Long term risk of self harm identified Mental state reviewed, trigger identified Care plans reviewed Self harm pathway available Restrictive practice utilised when patient is unable to self regulate	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80664	06/12/2024	06/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient to be facilitated as prescribed NG feed	Patient supported into seated PMVA holds in Pod with use of PMVA cushion. NG tube positioned by GRH nursing staff in holds. Patient administered as prescribed NG feed in holds. Patient released from holds. Patient facilitated as prescribed regular medication, 1:1 + escorted leave for 1 hour post NG feed.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC80666	06/12/2024	06/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user left the ward without writing on the board .When staff asked where she is going she told that ''I'm going somewhere''.	Staff tried to stop her, attempted to engage service user in conversation, however she was not ready to listen . PMVA holds were applied by 2 staff in order to prevent her from going forward. As she was combative and resistive and attempting to drag staff to the floor, Staff called for assistance through the radio . Initially Nicola was put in forearm holds , she was very resistive . She was then supported into a wheelchair(as she is having boots on one leg) and PMVA holds used, PMVA cushion utilised. She tried to block moving wheelchair by putting her leg across the wheels. She was transported up to Priory Ward in PMVA holds with use of PMVA cushion and 1 x nursing staff holding left leg up to prevent Nicola using her leg to stop the wheels of the wheelchair with her foot.	POLICY AND PROCEDURE FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC80667	06/12/2024	06/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		At around 11, she started headbanging in her room with back of her head at low intensity .(1st incident) At around 11:15 , she pulled out the icepack which was wrapped in pillowcase where she teared the pillow case cloth and tried to do ligature .(2nd incident).	1st incident : Attempted verbal de-escalation ,offered distraction techniques however she was not ready to engage with . Applied icepack on back of her head . PMVA team was called .She stopped headbanging when the team came , doesnot used any holds , she started crying . 2nd incident : Staff immediately used the ligature cutter and cut off the ligature . She was very resistive trying to tighten the ligature . PMVA team was called and she was put in holds by 02 staff . She then started to cry .Verbal re-assurance was	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC80696	06/12/2024	06/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was restrained for administration of NG feed		Care plan and process followed to support patient	n/a	None (no harm caused by the incident)	Closed
GHC80697	06/12/2024	06/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient heard headbanging on hourly checks by staff.	Staff entered her room and attempted to verbally de-escalate patient but patient was not able to accept staff intervention. Staff had to put patient under PMVA holds to prevent patient from causing herself injury. PMVA team was called and patient was transferred to her bed. Promethazine 25mg was given under PMVA holds	Care plan in place for SIB and implemented RT protocol implemented	none	None (no harm caused by the incident)	Closed
GHC80706	07/12/2024	07/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		During hourly checks patient was found headbanging on the wall whilst seated on the floor at about 05:05hrs. PMVA holds done. Verbally de-escalated and offered other therapeutic intervention as part of their crisis action plan. Constantly reassured and supported accordingly to good effect. Encouraged to sat in communal area with staff. Offered prn promethazine 25mg, accepted.		Care plan in place for SIB and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80708	07/12/2024	07/12/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient was very unsettled in the communal area , started to escalate very repetitive and barging in to others with her walker .	verbal reassurance and redirect given but patient was not responding , very repetitive and vacant refused to take oral medications . therefore PRN lorazepam 1mg given as IM on left thigh with the help of PBM clinical holding	behaviours are due to current mental health	NA	None (no harm caused by the incident)	Closed
GHC80716	07/12/2024	07/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		patient pushed a fellow patient in the kitchen unprovoked - no harm or injury caused. patient then began to shout in another peers face, and was presenting as hostile and aggressive. patient did not respond to any redirection or boundaries placed by staff	Staff decided to escort patient away from the communal areas in attempt to change the environment and move patient to a less stimulating environment.	SUPPORTED BY STAFF	N.A	None (no harm caused by the incident)	Closed
GHC80720	07/12/2024	07/12/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Pt [name removed] came from the visitors room where he had been calling his bank. He approached RMN and HCA who were seated in communal areas where he was demanding leave to buy a phone. He then demanded for staff to provide their bank details so he could transfer money into their account and they buy the phone for him. All of this was denied and explained to him how he jeopardised his own leave by not using what he had appropriately. He then invaded their personal spaces with his middle fingers up on both hands and thrusting this into their faces. Both staff intervened and attempts made to restrain Pt who by this time was throwing punches towards HCA and trying to headbutt him. Other staff assisted but Pt pushed HCA onto DD who was asleep on the sofa and had him pinned against the wall where he then bit into his chest hard, leaving visible teeth marks (ARS 3). Staff were able to take hold of Pt who	A PMVA team were called. He was eventually removed to his bedroom but continued to shout threats at HCA. He was administered 5mg Haloperidol and 2mg Lorazepam orally in the presence of the PMVA team.			None (no harm caused by the incident)	Being Reviewed
GHC80724	07/12/2024	07/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		-Restrictive Intervention was used for the facilitation of the NG feeding	-PATINET WAS GUIDED TO SEATED POD POSITION FOR THE FACILITATION OF THE NG TUBE FEEDING -PATIENT WAS RESISTIVE AT THE TIME OF THE FEEDING -PATINET BITTED AT THE TUBE ONCE. -AS SOON AS THE FEEDING WAS DONE THE PATIENT STATED THAT SHE WILL TRY TO KEEP THE TUBE WITHOUT THE BRIDLE HOWEVER WHEN THE HOLDS WERE RELEASED THE PATINET PULLED THE NG TUBE OUT.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC80730	07/12/2024	07/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was headbanging. Verbal de escalation was futile . She declined to engage with staff.	PMVA called. Placed in holds on the pod. She was resistive whiles in holds and kept sliding down the pod. Leg cushion used . RT promethazine Injection 50mg administered. Still declined to engage with staff. She stopped being resistive therefore released from holds. Neuro and RT observations commenced. Medic informed.	Care plan and process followed to support patient	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80731	07/12/2024	07/12/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was coming in to communal areas being rude to staff; shouting swearing and being intimidating; this is following an incident where he spat at staff (separate datix completed for this) Patient was guided back to his room using a non-hold shepherding technique. Patient became argumentative with staff and then went to physically attack them. Staff initiated fixed holds and walked patient into his bedroom. Staff sat with patient on his bed in holds whilst continuing verbal de-escalation	- Verbal de-escalation - PARRI (PMVA) techniques implemented to make the situation safe.	Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review.	None identified.	None (no harm caused by the incident)	Closed
GHC80732	07/12/2024	07/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		Patient MM started head banging while alone in room.	Staffs intervened, offered oral medication, as de-escalation was not successful staffs put her on holds and administered RT injection.	Care plan re SIB in place and implemented RT protocol implemented	none	None (no harm caused by the incident)	Closed
GHC80733	08/12/2024	07/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		On random checks at about 22:35hrs patient was found headbanging on the wall whilst seated on the floor. PMVA called and was put on physical hold. Leg cushion applied. Verbally de-escalated. Offered with other therapeutic intervention a part of their crisis action plan. Reassured and supported accordingly. No pharmaceutical intervention given as patient had it		Care plan around SIB in place and implemented	none	None (no harm caused by the incident)	Closed
GHC80752	08/12/2024	08/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient assisted to sit on the pod in holds to both arms. Patient supported to sit on the pod in holds to both arms, cushion placed over legs. Patient head supported by staff. NG feed administered. Holds to both arms released a short while after patient presented as calm. Cushion removed from legs.	Patient assisted to sit on the pod in holds to both arms. Patient supported to sit on the pod in holds to both arms, cushion placed over legs. Patient head supported by staff. NG feed administered. Cushion removed from legs Holds to both arms released a short while after patient presented as calm.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC80760	08/12/2024	08/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (other)		Patient displayed signs of restlessness and thought blocking, presenting as disorganized and chaotic. Entered communal areas dressed inappropriately She requested an intramuscular injection; however, staff explained that this was not necessary at the time and offered oral 5mg of PRN haloperidol 5mg and promethazine 50mg Her behaviour escalated, increasingly confrontational, threatening and verbally abusive toward staff	DMO was informed and lorazepam IM 2mg administered in holds. Post RT physical observations started.	PROCESS FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC80762	08/12/2024	08/12/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was throwing chocolates towards other service user as well towards staff when trying to redirect . Service user was not able accept any redirection continued invading other service user's personal space.	Staff tried to redirect multiple times to redirect the service user however was not able to accept any redirection. Required planned PMVA support to restrain the service user and administered RT IM promethazine 50MG.	Acutely unwell patient behaving aggressively towards others. Staff sought to de-escalate, however decision reached to call a PMVA team to assist in administration of medication aimed at aiding patient to calm. Intervention went ahead and concluded successfully	Staff implemented de-escalation strategies, however escalated to a PMVA team when difficult behaviours towards others continued. Situation managed effectively by staff involved.	None (no harm caused by the incident)	Closed
GHC80767	08/12/2024	08/12/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PBM (physical intervention)	Personal care (standing)		Patient was supported for his personal care as PBM HOLD	Patient was not able accept reassurance and re direction for his personal care due to confusion and he was supported for it, as PBM HOLD	Managed appropriately as per PBM care plan to support personal care	N/A	None (no harm caused by the incident)	Closed
GHC80768	08/12/2024	08/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive and requiring support for administration of as prescribed NG feed.	Patient supported into seated PMVA holds in pod with use of cushion. NG Tube positioned and NG feed facilitated by GRH nursing staff in holds. Patient released from holds. As prescribed regular medication facilitated. post NG feed 1:1 for one hour facilitated including escorted walk.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC80770	09/12/2024	08/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Seated (other)		Patient expressed that they are having flashbacks, staff supported accordingly but futile started to headbang on the floor, used their knees and trying to hit the back of their head on the wall. PMVA called. Physical holds done. Leg cushion applied. Verbally de-escalated and offered with other therapeutic intervention to no avail. RT promethazine 25mg IM given. Patient was continuously verbally de-escalated and re-assured and supported. Post-RT non-touch physical observation and physical observations done. Debrief done.		RT protocol implemented	none	None (no harm caused by the incident)	Closed
GHC80784	09/12/2024	09/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and leg cushion used. 5x members of staff	Care plan and process followed to support patient	n/a	None (no harm caused by the incident)	Closed
GHC80801	09/12/2024	09/12/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PMVA (physical intervention)	Supine (face up)		PT approached staff in the office to request for cigarette, PT was informed to wait for his next round which was in 15 minutes. PT was told this couple of times, but continued to ask. PT tried to walk away from the ward-re-directed back. Went through the garden door where PT started to slam the garden door forcefully	Staff offered PT oral medication couple of times, declined and state "I don't take medication". As a team it was agreed to give RT 50mg promethazine.	Acutely unwell patient demonstrating difficult behaviour as needs were not met in expected timeframe. Staff sought to de-escalate, and decision reached to administer medication to aide patient to calm.	Staff managed situation and successfully administered medication to aide patient to calm.	None (no harm caused by the incident)	Closed
GHC80803	09/12/2024	09/12/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient held using PBM holds to support her have PRN lorazepam as per her treatment plan.	Staff reassured patient and talked to patient throughout the experience.	reviewed care plan	NA	None (no harm caused by the incident)	Closed
GHC80818	09/12/2024	09/12/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PBM (physical intervention)	Seated (other)		Patient continue headbanging, kicking the kitchen door non stop, staff had to enter his unit to redirect him and also support him to calm and sit down to good effect.	Redirection, verbally and with pictures, then staff presence. Non-contact observations completed.	Incident dealt with appropriately by staff and in line with this patient's care planned interventions. For further review and discussion at weekly MDT.	1. That staff are aware of and able to use the care planned interventions for behaviours such as these. 2. That despite our knowledge of this patient he continues to present as a risk to himself, to others and to his environment.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80825	09/12/2024	09/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (other)		Nasogastric tube insertion and feed administration were facilitated with 5 PMVA staff on holds, service user was sat on a pod and cushion was used. During the procedure, service user was quiet resistive she was sliding down from the pod. Service user was repositioned and eventually feed has been administered, holds were released.	Planned PMVA with 5 staff on holds utilised.	Care plan and process followed to support patient	n/a	None (no harm caused by the incident)	Closed
GHC80827	09/12/2024	09/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Standing		Patient was in the room, appeared as screaming and out shouting. Asked for the permission to give the depot she declined and started to scream and shout. To gave the depot safely put patient on safe holds in the best interest and given.	Gave zuclopenthixol decanoate depot injection 200 Mg in left gluteal.	Patient given medication plan as per MDT decision and under MHA.	None identified.	None (no harm caused by the incident)	Closed
GHC80835	09/12/2024	09/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Escort		Staff took patient for the walk which she requested. Patient was appeared as a bit struggling therefore given PRN Promethazine before patient went. Patient was observed as engaging in conversations and responding well to staff. They went to Royal hospital first and then went thorough the London road - and when patient reach the petrol station in great western road started to struggle more and went in to the road in an attempt to die by hitting by car. Staff attempted to verbally de-escalate patient which was failed. Also patient was continually verbalised that need to end her life and not to live anymore. Staff called for help and staff's from another ward went	Put patient on holds to move patient safely to car as patient is resistive with verbal attempts. Return to hospital in car and back to ward by 16:00.	none	none	None (no harm caused by the incident)	Closed
GHC80838	10/12/2024	08/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		-PATIENT WAS GIVEN RAPID TRANQUILISATIOION DUE TO HEAD BANGING -At approximately 14:45, Patient was observed engaging in headbanging. Staff attempted de-escalation techniques, but she continued the behaviour. -Staff initiated a conversation with patient by removing her earphones in an effort to engage her, but she was uncooperative and reluctant to communicate. -PMVA was activated.	-Patient was guided into a seated pod position, though she was resistive during the process, attempting to dislocate her arms. -She declined oral medication, and 50 mg of Promethazine was given as IM. -The holds were released once the IM medication was administered. -At approximately 18:40, Patient was again observed headbanging in her bedroom. She was seated on the floor, anchoring her legs against the bed and wardrobe. -PMVA was activated again. Patient was guided back to the POD, assisted with leg cushions. -She remained resistive and declined oral medication, so 2 mg of Lorazepam was administered as IM. -The holds were released following the IM administration. Shortly after the PMVA team left, she resumed headbanging.	Care plan and process followed to support patient	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC80840	10/12/2024	07/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Restrictive practice was used for the Facilitation of the NG feeding.	-patient was guided to seated POD with the support of the leg cushions for facilitation of the ng feeding. -Patient was resistive at the time of the feeding. -holds were disengaged after the feeds and the patient pulled the NG tube out when the team left.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC80851	10/12/2024	09/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		During hourly checks service user was seen head banging in her bedroom using back of head against the wall, attempted verbal de-escalation to no effect, encouraged to go to communal, initiated some distraction techniques however she was not engaging. Service user was quiet resistive she was able to removed her arms from holds and went to one corner of the room, sat on floor and started headbanging again. Attempted verbal de-escalation again but was ineffective. Finally, staff were able to put her sat in bed, whilst in bed she remains very resistive, sliding herself on the floor, twitching her arms and tried to head bang on floor, service user was repositioned. Breathing exercise initiated which she started to engaged and afterwards appeared	PMVA activated, staff utilised holds on both arms She was very resistive, combative, was very hard for staff to removed her from sitting position on the floor. Rapid tranquilisation of oral promethazine was offered however she refused, decision made to give IM promethazine was administered at left thigh through clothing with staff supporting the legs. Non-touch observation commenced. Reviewed by doctor Debrief completed	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC80854	10/12/2024	10/12/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Non-standard hold	Standing face on to patient holding their hands, other staff completed personal care	Patient became distressed and then physically violent during personal care.	Staff held on to patient's hands to allow support to be delivered safely.	PBM utilised to support personal care and reduce risk of harm to others as per care plan	Managed appropriately	None (no harm caused by the incident)	Closed
GHC80857	10/12/2024	10/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient resistive to administration of as prescribed NG feed.	Patient supported to seated PMVA holds in Pod with use of PMVA cushion. Patient fitted with NG tube and as prescribed NG feed administered in Holds by GRH nursing staff. Holds released post feed and patient administered as prescribed regular medication. Patient facilitated 1:1 for one hour post feed including escorted leave.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC80862	10/12/2024	10/12/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Clinical care, treatments and procedures	Treatment or procedure - delay / failure	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Clinical hold (seated)		A Depot injection was prescribed on STAT for the patient and they are refusing to accept treatment,	The PMVA team was called for safe holding to enable the administration of the injection.	Patient required prescribed depot medication, patient refused on several occasions, therefore staff reached decision to proceed with the medication in best interests of the patient. PMVA team were assembled as patient had previously become aggressive / violent towards staff, seated pod restraint implemented to proceed with administration of the depot medication.	Staff followed procedure and care-plan, considered risk assessment and proceeded with the intervention.	None (no harm caused by the incident)	Closed
GHC80863	10/12/2024	10/12/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Escort		Patient has been heavily doubly incontinent and was not accepting staff offers of support with personal care.	PBM holds used to support with personal care, patient supported to walk from room to ensuite to use toilet and then personal care completed. Patient spat in staff member's face and was attempting to hit staff but holds meant that this was not successful. Holds released after personal care completed. NB - Patient seemed better with male staff, all	Managed appropriately to maintain dignity and skin integrity PBM utilised as per PBM personal care plan Male staff advised to support	Managed appropriately	None (no harm caused by the incident)	Closed
GHC80893	10/12/2024	10/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		NG feed administered as per care and treatment plan.	PMVA TEAM CALLED Feed administered	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC80894	10/12/2024	10/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was headbanging	Verbal de-escalation attempted - no effect patient was restrained - RT given	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC80899	10/12/2024	10/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient observed on checks head banging against the wall by sat down on the floor.	staff tried verbally de-escalate and attempted to use the de-escalation techniques but appeared as patient was unable to engage with staff at that moment. Observed as struggling more, therefore to prevent her injuring herself and in line with her best interest staff made a team decision to call a PMVA	Care plan in place for SIB and implemented	none	None (no harm caused by the incident)	Closed
GHC80920	11/12/2024	11/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed	pod and leg cushion	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC80930	11/12/2024	11/12/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Seated (other)		Patient required support with personal care due to being doubly incontinent, he was unable to follow instructions or understand staff due to language barrier & tried to hit out.	PBM holds utilised to maintain safety of staff while attending to patients personal care needs	PBM utilised to support personal care as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC80956	11/12/2024	11/12/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on a patient in her best interest to attempt blood test, in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.		None required	None required	None (no harm caused by the incident)	Closed
GHC80957	11/12/2024	11/12/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		The patient was held in a seated clinical hold which was deemed both proportionate and in her best interest to enable bloods to be taken safely. MCA, BI, Care plan"s, Risk all updated as still relevant for repeat bloods as is the proportionality received from her GP documented on RIO	distraction techniques and verbal reassurance	None required	None required	None (no harm caused by the incident)	Closed
GHC80958	11/12/2024	11/12/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Personal care (bed)		The patient was held in a supine clinical hold to allow the administration of both the seasonal flu and COVID-19 vaccination safely.	distraction and verbal reassurance	None required	None required	None (no harm caused by the incident)	Closed
GHC80959	11/12/2024	11/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		- Service user was due for nasogastric feed.	-Service user was put on PMVA holds by 5 me3mbers of staff. -Seated pod and cushions were used. -Utilised distraction techniques. -Offered prn medication. -1:1 was offered.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC80990	12/12/2024	12/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		-Patient was due for NG feed.	-Feeds given on holds. -Engaged in conversations whilst she was on holds. -Debrief provided. -1:1 walk after feed. -Offered medications.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC80998	12/12/2024	12/12/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		The patient had just had a bath and Ward staff were helping him put a pair of socks on when he kicked out catching an HCA in the face. The HCA concerned has not appeared injured	He started to shout at staff and was still trying to lash out. The socks were not put on his feet and PBM arm holds were applied. It was felt to be in his best interests to escort him to his room. The patient was assisted to sit down on his bed. Holds were released and ward staff left the room. He quickly came out of his room, but was directed back there, where he accepted covert PRN promethazine, offer responding to some verbal reassurance. He appeared tired and was assisted to bed shortly afterwards.	Staff supported by peers/management on shift PRN utilised	Managed appropriately	None (no harm caused by the incident)	Closed
GHC81001	12/12/2024	12/12/2024	LD IHOT	Southgate Moorings (community physical health)	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (POD used)		the patient was held in a clinical seated hold on the POD in order for the podiatrist to attend to his feet. The patients large toe on his right foot had a large amount of exudate on the nail along with sock fluff and animal hair. The podiatrist removed quite a large amount of the nail and cleaned as much as he could, no dressing was needed although the toe needs to remain clean	Distraction techniques used.	None required	None required	None (no harm caused by the incident)	Closed
GHC81004	12/12/2024	12/12/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		The patient was held in a seated clinical hold to enable the nurse to give both Covid-19 and seasonal flu vaccinations safely All relevant paperwork was completed and proportionality was given by the gp	the patient was successfully vaccinated	None required	None required	None (no harm caused by the incident)	Closed
GHC81012	12/12/2024	12/12/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order to safely vaccinate patient in his best interest		None required	None required	None (no harm caused by the incident)	Closed

GHC81015	12/12/2024	12/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Escort		-Prior using leave , staff enquired about the safety of the patient she said she want to leave the ward, does not wish to come back also added she wants to hurt herself.	-Verbal de-escalation. -PRN -Offered ice pack. -1:1 time. -Suggested distraction technique with no effect. -Put her on section 5(4). -Used arm holds to move her back to room. -Debrief completed.	PROCESS FOLLOWED	N/A	None (no harm caused by the incident)	Closed
GHC81016	12/12/2024	12/12/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Escort		Female patient trying to get off the ward. Came over to the charge nurse and started to slap her. Nurse informed her that this was unacceptable and asked is there anything we come do for apart from open the door. Patient walked off down the male corridor where she spat in the face of a S/N. Staff attempted to redirect her to her room using PBM holds and patient dropped herself to the floor. So, PBM could not be utilised.	Patient was assisted up off the floor by C/N and checked over for injuries even though this was witnessed. Female patient remains agitated in the corridor on a chair.	Managed appropriately	N/A	None (no harm caused by the incident)	Closed
GHC81019	12/12/2024	12/12/2024	CRHT West Glos	Robert Maxwell s136 suite	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Unplanned	PMVA (physical intervention)	Seated (other)		Patient kicking doors verbally aggressive demanding to leave the suite managed to kick open first air lock door. Unbale to verbally de-escalate - concern of further damage to property or persons if intervention not taken to stop risky behaviours.	Attempted to verbally deescalate Pulled alarms Psychiatric emergency called. PMVA team arrived	Unfortunate incident that appears to have been handled well at the time of incident. Staff operated per Maxwell Suite procedures and PMVA team were able to manage situation to get effect. Damage to Maxwell Suite reported to and resolved by Estates	None, staff managed situation well at time of incident.	None (no harm caused by the incident)	Closed
GHC81020	12/12/2024	12/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for nasogastric feed. Service user was resistive during the feed. Staff utilised verbal de-escalation throughout the feed.	-Patient was put on PMVA holds with 5 members of staff. -Seated pod and cushion were used. -Utilised distraction techniques. -Offered prn medication. -1:1 was offered. -Went for walk after the feed.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81025	12/12/2024	12/12/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		THE SERVICE USER WHO WAS BROUGHT TO THE WARD, RESTING ON HIS BED, CAME OUT OF HIS ROOM, HEADING STRAIGHT TO THE FRONT DOOR. HE MANAGED TO GO OFF THE SLIDING DOOR AS A STAFF WAS COMING IN OPENED THE DOORS. STAFF FOLLOWED HIM, TOWARDS THE ROAD NEARBY. A TEAM WAS CALLED. WHEN ON THE ROAD HE WAS TRYING TO JUMP TOWARDS EVERY VEHICLE ON THE ROAD, IN AN ATTEMPT TO ?SUICIDE. STAFF MANAGED TO PUT HIM ON HOLDS ON THE MIDDLE OF THE ROAD AND TAKEN BACK TO THE WARD,	ADMINISTERED STAT DOSE OF PROMETHAZINE 50MG. DEBRIEF DONE	New admission rose and sought to leave ward, managed to get through doors by tailgating a staff member. Patient was placing self in danger, running between cars, however seemed able to avoid being hit, suggesting this was not a suicide bid but driven through other processes. Staff managed situation through gaining assistance from PMVA team, patient was safely returned to ward without injury.	Staff managed incident professionally and were able to safely return patient to ward. Medications administered and debrief completed.	None (no harm caused by the incident)	Closed
GHC81029	12/12/2024	12/12/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Supine (face up)		Staff were made aware of loud banging noise ,coming from a bedroom . On entering the bedroom staff found a patient repeatedly banging their head on the wall.	Staff attempted to de escalate the patient using verbal techniques ,however this failed ,so a pillow was put in front of the patient and a PMVA team were called .	Mental state, associated risks, and management plan reviewed Self-harm care plans in place Self-harm Pathway available Patient often regulates herself, least restrictive practice not always effective, RT required on these occasions	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81036	13/12/2024	12/12/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was absconding the ward , not able to accept any redirection walking towards other wards kicking and banging harshly on other department door as well as sliding door, not responding to any type redirections , Assaulted staff members when trying to hold on restrain, kicking, biting, and throwing punches towards staff leading to restrain service user in PMVA hold within supine position on floor. Staff checked physical observations while on holds , and tried to deescalate .Service user remained as aggressive and violent even after leaving the hold therefore he was put on holds administered with RT medication at 23:30. Service user was redirected to his bedroom ;however he has continued remained as unsettled, damaged his bedside cupboard as soon as staff left him alone in his bedroom.	Tried To redirect and deescalate the service user verbally. PMVA support been called for assistance, Administered RT Medication.	Acutely unwell patient becoming aggressive whilst trying to flee ward, staff worked to prevent patient leaving and utilised PMVA team and medications to gain control of the incident. Staff members acted to maintain safety of selves and others whilst maintaining safety of patient.	Staff managed this difficult incident with compassion and professionalism, were able to maintain safety of patient and medications administered in efforts to aide the patient to calm.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81038	13/12/2024	12/12/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (POD used)		Service user A was absconding the ward , not able to accept any redirection walking towards other wards kicking and banging harshly on other department door as well as sliding door, not responding to any type redirections, A was continuously threatening staff, unable to manage physically even after called for further assistance. Therefore informed police for further help. A managed to find piece of wood from broken bedside cabinet inside his bedroom, was trying to open bedroom door holding wooden piece as a Weapon and threatened staff. Staff stopped A from leaving room ,A refused to put the weapon down even after multiple prompting . police assistance was required to deescalate and removing the wooden piece . A became unsettled as soon as police left the hospital therefore A was Administered with RT Medication on PMVA holds as per advice from duty doctor.	PMVA Support has been called. Tried to deescalate.	Acutely unwell patient seeking to flee from ward, staff worked to prevent patient fleeing, summoned a PMVA team to assist. Situation escalated and patient armed self with a weapon, therefore police contacted and attended to assist in disarming patient. Medication administered in efforts to aide patient to calm.	Staff acted to prevent patient fleeing hospital, summoned police when patient was able to fashion a weapon from broken furniture he had damaged. Police assisted in disarming patient and patient was able to have medications administered to aide him to calm.	None (no harm caused by the incident)	Closed
GHC81040	13/12/2024	12/12/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		the patient was held in a clinical hold to administer both covid-19 and seasonal flu vaccinations safely. The patient also had his bloods taken x 4 bottles taken from the left elbow	verbal reassurance and distraction techniques	None required	None required	None (no harm caused by the incident)	Closed
GHC81042	13/12/2024	13/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed	pod and leg cushion used 1-1 following	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81043	13/12/2024	12/12/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Supine (face up)		PBM supine clinical hold on the bed, on patient in their Best Interest, in proportion to the risk of serious harm if essential medical procedure is not completed - immunisation to protect against risk of serious harm from illness due to health vulnerabilities.	Explained to family how the procedure would take place and what monitoring would be used to safeguard the patient. Collaborative MCA and BI process, documentation completed. Clinical hold implemented in a controlled manner following risk assessment in order for the medical procedure to take place - 2-person supine clinical hold on the bed in the patient's home environment for administration of IM vaccinations in left deltoid muscle. Monitoring of physical and emotional wellbeing by	None required	None required	None (no harm caused by the incident)	Closed
GHC81044	13/12/2024	13/12/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PBM (physical intervention)	Seated (POD used)		Due to intensity of patient headbanging, PBM restrictive hold was done using pod.	As above, following incident, non-contact observations completed.	Incident reviewed. 1. Continue close monitoring of patient for injury. 2. Care plans, risk assessments and communication strategy updated. 3. Continued formulation. 4. Involve GP if concerns arise about injury. 5. For weekly discussion in MDT, LIFE meeting and daily discussion in Safety Huddles. 6. Weekly update to mother as agreed with her.	1. That staff are aware of and able to use care planned interventions for this patient. 2. That despite our extensive knowledge and continued formulation of this patient he remains a high risk of injury to himself.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81051	13/12/2024	13/12/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		The patient held in a clinical seated hold on the POD to enable bloods to be taken safely . Proportionality given by GP MCA and BI uploaded to RIO	Bloods were unsuccessful during the hold The patient assented after the hold was unsuccessful	None required	None required	None (no harm caused by the incident)	Closed
GHC81056	13/12/2024	13/12/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in patients best interest in order to safely complete a blood test		None required	None required	None (no harm caused by the incident)	Closed
GHC81062	13/12/2024	13/12/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	17 - Prevent the patient exhibiting otherwise dangerous behaviour	Planned	PMVA (physical intervention)	Clinical hold (seated)		Spoke to service user, offering 1:1 also in a view to complete MSE and admission paper works. A reported feeling angry, having thoughts to harm self and others. When asked if there would be anything we could do to help him, A suggested Prn.A had 5 mg Haloperidol as per consultants advice. However, A was still struggling. A was observed to attend communal area on multiple occasions, looking at ward door and staff who were on door watch, had clenched fist, and on occasion managed to go off ward- staff redirected. A appeared frustrated, angry and started pacing in the corridor. He kicked doors on the corridor and was observed to punch the chair in communal area. He was observed to kick fire exit door down the corridor. Charge Nurse and HCA approached A and acknowledged how he might be feeling and how his frustration is valid. But requested to not kick/punch doors. A was calm,and appeared to respond well to verbal de-escalation. Reassured that we are here to	When asked what he usually find helpful, A informed staff that Prn are not working, listening to music was helping earlier but not anymore. He didn't find moving to quiet space or using distraction as helpful. Although A reported 1:1 conversation not helping, responded really well to verbal de-escalation. CN enquired if he would find it helpful if having more prn. Discussed with medics who agreed that he could have 50 mg promethazine. CN spoke to A and informed him that he have 50 mg promethazine more prescribed. CN reflected to A how he benefitted from IM injection yesterday and asked how he felt about it. A was happy and open to this. Checked how he felt about staff putting on light precautionary holds as these process can be scary and people could resist in reflection. A was happy with this. Guided A to TV lounge and he had 50 Mg Promethazine IM, on precautionary holds. A was not resistive, and holds were released immediately. Non Touch Obs	Staff worked towards helping patient understand situation and explored strategies to assist patient in managing thoughts and feelings. Patient responded well to this, however continued to present as a danger to self and others. Medications administered with some effect, staff were able to return patient to ward.	Staff acted in a professional and compassionate manner towards highly agitated patient, sought to gain an understanding of his concerns and promoted strategies aimed at helping patient cope with being in hospital.	None (no harm caused by the incident)	Closed
GHC81064	13/12/2024	11/12/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical hold used to support with bloods. Proportionality recieved for hold to be used prior to this from the GP. Completed in the best interest of the patient and is used as the least restrictive option.		None required	None required	None (no harm caused by the incident)	Closed
GHC81075	13/12/2024	13/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for nasogastric feed. Service user was put on PMVA holds by 5 members of staff. Service user was very resistive during the feed. Staff utilised verbal de-escalation during the feed.	-Patient was put on PMVA holds with 5 members of staff. -Seated pod and cushion were used. -Utilised distraction techniques. -Offered prn medication. -1:1 was offered. -Went for walk after the feed. -Care plan followed . -Debrief done.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81076	13/12/2024	13/12/2024	LDISS	LD transport / GHC car	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Clinical hold (seated)		Patient became unsettled in the vehicle whilst travelling back from a Dementia Choir, loud vocalisations, kicking feet. Started to slide down the seat in the back of vehicle and into the footwell. Vehicle had to be pulled over due to patient in footwell. After patient had calmed, journey re-commenced, however due to unsettled presentation HCA 1 took control of left arm and leg and HCA 2 took control of right arm and leg implementing a seated hold to ensure safety in the vehicle.	Due to unsettled presentation HCA 1 took control of left arm and leg and HCA 2 took control of right arm and leg implementing a seated hold to ensure safety in the vehicle. HCA's instructed to release legs which was successful and then attempts to disengage arms, however re-escalation and re-engagement of hold required.	review of care plans and risk assessments	LDISS staff to continue monitoring presentation during visits	None (no harm caused by the incident)	Closed
GHC81081	13/12/2024	11/12/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical hold administered to be able to support with phlebotomy, flu and covid vaccinations.		None required	None required	None (no harm caused by the incident)	Closed
GHC81082	13/12/2024	13/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		During the checks patient was headbanging in the bedroom .	Staff tried to deescalate patient verbally ,utilised de-escalation technique as per patient specific care plan patient continued the same presentation. To maintain patient safety and avoid further injury PMVA team called .Patient refused to take oral medication ,IM promethazine 25 mg administered with good effect. Staff continued the verbal de-escalation .Advised patient to came to a low stimuli environment which patient agreed.	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81086	13/12/2024	13/12/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (POD used)		THE SERVICE USER PRESENTED AGGRESSIVE AND AGITATED AS THE SHIFT PROGRESS. HE WAS PACING THROUGH THE CORRIDORS, SLAMMING DOORS, BANGING AND KICKING THE DOORS. HE WAS TRYING TO FIND AND OPPORTUNITY TO GO OFF THE WARD, AS A STAFF WAS SEATED NEAR THE DOORS. AT ONE OCCASSION, WHEN HE TRIED TO GO OFF THE WARD, A PMVA TEAM WAS CALLED FOR ASSISTANCE AND PUT HIM ON HOLDS. HE WAS TRYING TO KICK THE	HE WAS SEATED ON POD WITH CLINICAL HOLDS ON, INORDER TO PACIFY HIM. STAFF TRIED TO VERBALLY DE-ESCALATE HIM, BUT THE SERVICE USER WAS FIXAED ON MEDICATIONS. THEREFORE, ENOUGH TIME WAS GIVEN FOR THE SERVICE USER TO CALM HIMSELF.	Staff acted to prevent patient absconding from ward, sought to de-escalate patient and explore strategies to aide him to calm. Staff requested support from PMVA team, attended and offered assistance.	Staff managed incident with compassion and understanding, sought to explore with patient what may assist him in calming.	None (no harm caused by the incident)	Closed
GHC81089	13/12/2024	13/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		-Around 17:25 patient [name removed] was observed to be headbanging with back of head to the bedroom wall. Staff intervened and attempted verbal de-escalation and utilized grounding techniques and adhered to her care plan; however, Patient did not engage. -Around 17:30 PMVA was activated. -Staff put her on seated clinical holds on the pod. Staff offered her oral RT , which she declined and she was given IM RT promethazine 50mg to the left thigh at 17:38. -Patient was released from holds immediately after giving IM RT Injection. -Around 18:00, patient resumed intermittent headbanging again with back of her head, with low intensity. Multiple members of staff intervened and attempted verbal de-escalation and utilized grounding techniques -Around 18:30 PMVA was activated. -Staff put her on seated clinical holds on the pod .Staff offered her oral RT, which she declined and she was given IM Lorazepam 2mg at 18:51. -GCS completed score of 15	-PMVA Team Called. -Declined oral RT medications, IM administered into Right thigh. -RT OBS Commenced. -GCS completed score of 15 / no concerns noted. -DMO reviewed her. -RT non touch physical observations completed when patient declined to do physical observation. -MERT Assessor Present	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81091	13/12/2024	13/12/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		As three staff were trying to help a patient off the ladies lounge floor via the raizer chair, he became agitated and tried to hit staff.	One staff member held the patients forearms as gently as possible as the chair was rising. Once up the hold was released, but tried to hit staff as they removed the raizer chair belt. He was transferred to the sofa via PBM arm holds, as he was able to weight bear. Staff utilised leg and arm holds for around three minutes. During this time he was offered covert PRN in a yoghurt, but spat it out. After three minutes the patient visibly calmed and holds were released. He was then offered covert PRN 1 mg lorazepam which he accepted. He scored 3 on the NEWS2 scale for LOW blood pressure (100/71) and a pulse rate of 111 bpm. A further NEWS2 observation saw him refuse to have his blood pressure checked, but scored 0 on all other checks. He has since fallen asleep on the sofa.	PBM utilised appropriately to maintain safety of self and others	N/A	None (no harm caused by the incident)	Closed
GHC81092	13/12/2024	13/12/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		The patient was found to be incontinent of urine. There is a language barrier and the patient was frightened and did not want to be assisted to change despite attempts at reassurance, but staff decided it was in his best interests in order to protect his skin and keep him free from infection.	Three HCA's undertook personal care with the patient with one doing the washing and all the talking in a softer voice as possible. The patient arms were held in PBM holds, while standing. The patient remained resistive throughout and was shouting out in a distressed fashion. The process lasted for a total of three minutes. Holds were released as soon as it was finished and the patient was helped back to bed. The patient continued to shout out, but calmed	Managed appropriately	PBM personal care plan to be compiled	None (no harm caused by the incident)	Closed
GHC81099	14/12/2024	13/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		-Around 18:00 Patient started headbanging on the front door of ward, Staff intervened and attempted verbal de-escalation and utilized grounding techniques however, Patient did not engage. Patient returned to her bedroom and started headbanging on the bedroom door ,by barricading the door. Staff intervened and attempted verbal de-escalation. After receiving advice from the doctor, nursing team put Patient on Seated PMVA holds at the edge of the bed and administered ORAL RT lorazepam at 18:30 -Neuro observation taken. -DMO reviewed -GCS completed score of 15	-Patient was put on PMVA holds. -oral RT administered. -RT OBS Commenced. -GCS completed score of 15 / no concerns noted. -DMO reviewed. -RT non touch physical observations completed when patient declined to do physical observation. -MERT Assessor Present	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81100	14/12/2024	13/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Standing		-At 15:25 found patient smoking in communal area. -Attempted to stop patient smoking in communal area with no avail , she continued to smoke by saying " 18 years ago i gave birth to my twins , i need to celebrate". -Established boundaries , used verbal de-escalation with no good. -Put her on holds and took the lighter and cigar off	-Verbal de-escalation. -PMVA holds. -Debrief completed.	POLICY AND PROCEDURE FOLLOWED	N.A	None (no harm caused by the incident)	Closed
GHC81103	14/12/2024	14/12/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Unplanned	PMVA (physical intervention)	Escort		Patient barged staff to get into the clinic. Staff attempted to verbally encourage the patient to leave the clinic however patient declined to leave. Staff placed the patient in holds and removed them from the clinic		Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC81104	14/12/2024	14/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		-Patient was due for NG feed.	-Feeds given on holds. -Verbal de-escalation and distraction techniques used. -Engaged in conversations whilst she was on holds. -Debrief provided. -Offered medications.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81135	14/12/2024	14/12/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Standing		Patient JC entered the day room, where patient BJ was watching TV, and reportedly attempted to take the TV remote off him. A verbal altercation ensued and both patients were separated. Shortly afterwards, patient JC attempted to push patient BJ, whom he accused of "abusing" certain members of staff. Staff attempted to intervene, however, he managed to knock the chair, that patient BJ was sat on, which almost resulted in him falling onto the floor. Staff placed patient JC into PMVA forearm holds and transferred him to a quieter area of the ward to attempt verbal de-escalation.		Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed.	None identified.	None (no harm caused by the incident)	Closed
GHC81138	14/12/2024	14/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user was due for nasogastric feed. Service user was put on PMVA holds by 5 members of staff. Service user was very resistive during the feed. Staff utilised verbal de-escalation during the feed.	-Patient was put on PMVA holds with 5 members of staff. -Seated pod and cushion were used. -Utilised distraction techniques. -Offered prn medication. -1:1 was offered. -Went for walk after the feed. -Care plan followed . -Debrief done.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81142	14/12/2024	14/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		-Around 16:15 patient [name removed] was observed to be headbanging with back of her head to the bedroom wall. Staff intervened and attempted verbal de-escalation and utilized grounding techniques and adhered to her care plan; however, Patient did not engage. -Around 16:20 PMVA was activated. -Staff put her on seated clinical holds on the edge of her bed. Staff offered her oral RT which she declined and she was given IM RT lorazepam 2mg to the left thigh at 16:25 -Patient was released from holds immediately after giving IM RT Injection. -GCS completed score of 15 and no other concerns noted. -DMO was informed	-PMVA Team Called. -Declined oral RT medications, IM administered into left thigh. -RT OBS Commenced. -GCS completed score of 15 / no concerns noted. -DMO reviewed her. -RT non touch physical observations completed when patient declined to do physical observation. -MERT Assessor Present	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81145	14/12/2024	14/12/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Personal care (standing)		Patient made several attempts to attack staff and was using toys as weapons. verbal de-escalation failed and patient had to be put on safe holds to prevent damage to property and injuries to both staff and patient.	Verbal de-escalation applied but failed Patient put on safe holds Toys were removed and locked away	Incident reviewed. Staff acted appropriately and proportionately to the level of risk presented. Check in with staff, all okay.	1. That staff are aware of and able to use the care planned interventions for this patient when he is behaving in this way. 2. That despite our extensive knowledge of this patients and specially structured communication strategies he remains a high risk to those who look after him and to his environment.	None (no harm caused by the incident)	Closed
GHC81150	15/12/2024	14/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was headbanging with low intensity in her bedroom. Staff attempted verbal de-escalation which was futile. Activated PMVA and placed the patient on seated holds on the bed along with the use of the leg cushion. Head was supported from the back. Staff continued to verbally de-escalate for more than 15 minutes, but the patient did not engage. Offered oral RT tablets which the patient refused. IM RT promethazine 50mg was administered on the left upper thigh. Holds were released after 5 minutes. After the PMVA staff left, patient again started to tap their head on the wall, but this was short lived as the patient responded well to verbal de-escalation this time. Patient came out to the communal areas and remained settled.	Post RT physical and neurological observations done. Duty doctor reviewed. Provided de-brief. Provided 1:1 after the incident.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81153	15/12/2024	15/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was observed to be headbanging at around 0200hrs during hourly checks	by other staff member and verbal de-escalation was initiated with no effect ta the time PMVA team was called and patient was put in holds to prevent Verbal de-escalation was continued Grounding techniques used with some effect Oral RT was administered with good effect Patient engaged well with staff and came to the communal areas Seen by doctor soon after PMVA, no issues NEWS 1 initially continued with no touch observations	Care plan for SIB in place and implemented	none	None (no harm caused by the incident)	Closed
GHC81160	15/12/2024	15/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Unplanned	PMVA (physical intervention)	Seated (POD used)		-Patient was due for NG feed.	-Feeds given on holds. -Verbal de-escalation and distraction techniques used. -Engaged in conversations whilst she was on holds. -Debrief provided. -Followed care plan.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81173	15/12/2024	10/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Patient sitting in communal areas shouting abusive and inappropriate comments at nursing staff, appeared unable to accept verbal direction to stop being verbally abusive becoming vocally louder and more abusive in response. Once in holds patient became increasingly verbally hostile and abusive towards nursing staff, physically resistive and combative pushing nursing staff into the walls from one side of the corridor to the other and attempting to trip nursing staff up.	Patient resistive to verbal redirection / verbal de-escalation. Patient taken into standing and then escorted PMVA holds from Communal areas to own bedroom. Patient into seated PMVA holds on bed with use of PMVA cushion due to kicking, spitting, and being physically combative and resistive. PMVA holds released - patient remained in own bedroom. Patient administered and accepted as required Oral Promethazine 25 mg as clinically indicated to little	process followed	N/A	None (no harm caused by the incident)	Closed
GHC81180	15/12/2024	15/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Standing		-At 12:40 patient told staff that " there is only red pen " and walked off the ward , staff tried verbal de-escalation and redirection with no avail patient continued to walk therefore put her on holds stopped her from leaving the ward. -Patient was informed that patients has to request for escorted leave as she did not mention about leave , reiterated to request for leave rather than walking off from the ward.		PROCESS FOLLOWED AND PATIENT REMINDED OF LEAVE	N/A	None (no harm caused by the incident)	Closed
GHC81182	15/12/2024	15/12/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Clinical hold (seated)		A female patient was agitated, restless, pushing patient and staff away. Assaulted staffs and attempted to attack peers. She shouted and screamed out.	Patient was reassured. PRN was already utilized one hour before with no effect . Therefore patient was escorted to female corridor and she lowered herself to floor. Patient was left for short time ,however didn't settle. Therefore she was given 0.5 mg RT on the right thigh. Post RT non touch observation carried out. Later got NEWS 2 scored 0. Duty doctor reviewed and advised to keep patient on one to one because she was	Managed appropriately Post-RT policy followed	NA	None (no harm caused by the incident)	Closed
GHC81185	15/12/2024	15/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		-Patient was due for NG feed.	Action taken at time of incident: -Feeds given on holds. -Verbal de-escalation and distraction techniques used. -Engaged in conversations whilst she was on holds. -Debrief provided. -Followed care plan.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81191	15/12/2024	15/12/2024	Wotton Lawn-Dean Ward	Wotton Lawn-other outside	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Patient was taken out for cigarette. Patient started responding to voices saying it is going to kill her family and she need to leave. Patient refused to come back to the ward.	Patient put on escorted hold to ward. De-escalated and offered 1:1	Mental state and risks reviewed Patient distressed at time of incident, no evidence of psychosis, likely trauma reaction Time spent with staff identifying coping strategies	n/a	None (no harm caused by the incident)	Closed
GHC81194	15/12/2024	15/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Service user was heard headbanging inside her bedroom using back of her head in low level. Verbal de-escalation was done but service user was not engaging. PMVA activated, guided to seated holds at the edge of her bed and a cushion was used on legs. Whilst on holds, service user was very resistive, combative, twitching her right arm. RT lorazepam tablet was offered for which she declined. RT lorazepam 2mg administered intramuscularly. Thereafter, patient appeared calm. Holds released. Immediately after the PMVA team left the ward, service user again was headbanging with the back of his head in low level, verbal de-escalation was not effective, staff stayed in her room for 1:1 but she was not engaging with staff. Decision made to activate again the PMVA. She was guided to the edge of the bed, cushion was used. She was very resistive, twitching her arms. Verbal de-escalation done and breathing exercise	PMVA activated, holds utilised RT lorazepam 2mg administered intramuscularly.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81202	16/12/2024	15/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		The patient was headbanging with her forehead on the shower room door in her bedroom. Staff attempted verbal de-escalation which was futile. 22:20- As the patient continued to escalate and did not respond to any verbal de-escalation, PMVA was activated. Patient was guided to PMVA seated holds on the pod along with the use of a leg cushion. Head was supported from the back. Staff continued to attempt verbal de-escalation using grounding techniques and breathing techniques but the patient remained resistive and unsettled. Offered oral RT tablets but the patient refused it. Due to prolonged self injurious behaviour, IM RT promethazine 50 mg was administered on the left outer thigh. The PMVA holds were released after 5 minutes when the patient started to calm down.	Provided 1:1 and debrief after the incident. DMO was informed for review. Post Rt physical and post headbanging neurological observations were continued.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC81208	16/12/2024	16/12/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Seated (other)		Patient was in bath chair and became distressed and then was attempting to hit and kick staff.	Another member of staff was called to support with personal care. Patient had not been incontinent, so clean around groin given with wipes and clean clothes put on. Seated whilst supported with fresh clothes, then standing whilst supported with a clean. Two staff members held arms whilst other staff member supported with personal care. Patient was kicking staff and attempting to hit them, and also verbally insulting staff. Restrictive escort then used to support patient to bedroom Short staffed and no staff on other wards able to	PBM utilised appropriately to support personal care as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC81211	16/12/2024	14/12/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was found headbanging around 1640hrs , staff intervened . Patient was put on light holds , was resistive , offered oral tablets , refused . Tried verbal de-escalation, which seem no effect . IM RT lorazepam 2mg given, which seem good effect. Patient started communicating with staff , verbalised the triggers , came to communal area later .	IM Lorazepam 2mg 1:1 time Duty doctor informed , plan to ger reviewed in A&E due to worsening of headache.	Mental state, associated risks, and management plan reviewed Self-harm care plans in place Self-harm Pathway available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81212	16/12/2024	16/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed	pod and leg cushion used 1-1 after	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC81218	16/12/2024	16/12/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		the patient was vacant and was not able to have her medication . so as discussed at MDT and with ward consultant. ward manager and nursing team and the patients care plan for the use of PBM seated restraint for the safe giving of the intermuscular injection .	PBM team utilised and implemented the use of seated restraint to give the intermuscular injection safely ward manager informed nurse in charge informed Datix completed . entry made on RIO RT observations Commenced	medication reviewed and associated risks.	NA	None (no harm caused by the incident)	Closed
GHC81244	16/12/2024	16/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (other)		NG tube insertion and feeding was facilitated with planned PMVA. Holds utilised, She was guided from bed to the pod and a cushion was used on legs. Service user was quiet resistive sliding down to the floor, however NG tube insertion and feeding was administered successfully.	Called planned PMVA, holds utilised.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81253	16/12/2024	16/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient overheard headbanging in between observations. Staff attended - staff attempted to utilise range of redirection and grounding techniques and TIPP skills as per care plan. Patient continued to headbang intermittently against wall/ground with centre of forehead and due to levels of distress was unable to accept oral medication or meaningfully engage in therapeutic interventions.	PMVA safe holds utilised to maintain safety RT promethazine administered into right thigh Duty doctor contacted - advised them of current management plan Minimum non-touch observations to be carried out for 4 hours and ongoing assessment for decline in neurological functioning	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81258	17/12/2024	16/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Around 23:14 Nichola was observed to be headbanging with back of her head to the female lounge wall. Staff intervened and attempted verbal de-escalation and utilized grounding techniques and adhered to her care plan; However, she did not engage . - PMVA was activated and team attended immediately. The team put her on seated holds while comfortably seated on the floor in the female lounge .The team again attempted verbal de-escalation and partially engaged by responding but initially was resistive. Nursing staff offered her oral PRN medication RT , which she declined and she was given IM RT lorazepam 2mg to the right thigh at 23:52 -Patient was released from holds immediately after giving IM RT Injection.	When Patient was released from holds she was encouraged to move to communal areas where she kept her self busy doing Art work. DMO was informed and attended (See separate entry) -RT physical and neurological observations started. -Nicola later reported feeling pain and requested PRN tramadol 50mg and she was given.	Care plan and process followed to support patient	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81259	17/12/2024	17/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		At about 01:00, during the hourly checks, patient was found in their room distressed and headbanging on the wall.	Staff tried to verbally deescalate patient but they were not responding to verbal escalation. Patient remained distressed with headbanging increasing in intensity. Patient was put in PMVA holds while staff continue to offer support to them as per their care plan. Patient accepted prescribed oral promethazine as PRN and gradually settled and begin to engage with staff. Neurological observation was done and values were within patient's usual ranges. Duty doctor attended the ward and patient was reviewed post-headbanging by them.	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81278	17/12/2024	17/12/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		Patient had been heavily incontinent and was becoming distressed when staff were offering to support with personal care. He was spitting at staff and attempting to hit them.	Standing PBM hold used by 2x staff to support patient whilst another member of staff completed personal care. Holds released after personal care completed.	PBM utilised to reduce risk of harm to others and support with personal care as per care plan	N/A	None (no harm caused by the incident)	Closed
GHC81291	17/12/2024	17/12/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Patient were due their depot who had refused all offers of non hold depot. They were noted to be standing in a threatening stance very suspicious and refused on multiple occasion with explanation	PBM team prepared and a safe and effective PBM hold maintain to allow depot administration. Unable to get a physical observation immediately but non touch / general physical physical obs will be maintained accordingly	Depot PX and administered due to current mental health was given under PBM	NA	None (no harm caused by the incident)	Closed
GHC81297	17/12/2024	17/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (other)		NG insertion and feed administration were facilitated with planned PMVA, 5 staff utilised holds. Service user was guided from the bed to the pod along with the use of the cushion on legs. Service user was very resistive during the procedure.	Planned PMVA with 5 staff on holds utilised.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81309	18/12/2024	17/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was headbanging .Verbal de-escalation was attempted by two staff however this was futile.	PMVA team called. She declined oral medication. She was very resistive and could not be transferred unto the pod. She was therefore placed in seated holds on her bed. Leg cushion used. IM Promethazine 50mg administered. She started to engage in deep breathing exercises with staff and was less resistive. Released from holds. She was reviewed by the medic. No concerns noted.	Care plan and process followed to support patient	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81311	18/12/2024	18/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient found in bedspace head banging	Staff utilised call bell to request assistance Attempted to verbally de-escalate; using grounding techniques, tiger balm and ice packs to no effect. Planned PMVA female only. Light seated holds RT IM 1mg lorazepam administered Utilised ice dive technique to good effect 1:1 with staff, unable to complete physical obs due to presentation. Non-touch obs completed	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81329	18/12/2024	18/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (other)		NG tube insertion and feeding were facilitated with 5 staff in holds, she was guided from bed to the pod along with the used of cushion on her legs. Service user was very resistive, she was sliding down to the floor. GRH nurses had difficulty checking the patency of the tube that needs to reposition service user multiple times. Thereafter feed was successfully administered.	Planned PMVA with 5 staff utilised holds. Following feed, care plan followed, she was maintained on 1:1 for one hour post feed, regular medications was given and escorted she was escorted for a walk.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed

GHC81345	18/12/2024	18/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		- Service user was due for nasogastric feed.. Service user was resistive during the feed. Staff utilised verbal de-escalation throughout the feed.	-Seated pod and cushion were used. -Utilised distraction techniques. -Offered prn medication. -Care plan followed and debrief done. -1:1 was offered. -Went for walk after the feed.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81363	18/12/2024	18/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user was heard headbanging in bedroom	Staff attempted de-escalation as well physically trying to stop headbanging, whilst awaiting PMVA team arrival. Team arrived- service user transferred to bed to pod. PRN Offered - declined. RT IM Promethazine given IM through clothing in left thigh. DMO contacted for post headbanging and RT review. Neuro and RT OBS Completed - Patient felt sick so antiemetic requested.	Care plan and process followed to support patient	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81381	19/12/2024	19/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due to NG feed.	-Feeds given on holds. -Verbal de-escalation and distraction techniques used. -Engaged in conversations whilst she was on holds. -Debrief provided. -Followed care plan.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81394	19/12/2024	19/12/2024	Wotton Lawn-Greyfriars PICU	Wotton Lawn-Greyfriars PICU	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		As the patient entered the ward (after being AWOL), his level of agitation increased and he started to shout and scream at staff. For example, he shouted "I'm not coming in" and "let me go". PMVA forearm holds were implemented by two members of staff and the patient made an attempt to headbutt and kick EAP Evans. The patient was escorted to his bedroom in PMVA holds and staff explained to him that they would need to carry out a search. The patient consented to this, however, as staff were beginning to release the forearm holds, the patient started to scream and shout, before kneeing EAP Evans in the groin. Patient also shouted towards EAP Evans "I know where your daughter lives". PMVA holds were re-implemented. Staff began verbal de-escalation and patient explained, in his words, that he "went to see a friend last night, smoked a spliff, took a shot of vodka and then did a bit of begging in Cheltenham this morning". As his agitation reduced, PO RT	PMVA holds implemented, RT given, search completed. Debrief for AWOL incident also completed.	Risk assessment reviewed. Nursing observations reviewed. Debrief for staff involved. Debrief offered to patient to try and identify the trigger and see whether staff might be able to identify early warning signs, to prevent this from reoccurring. PBS plan reviewed. Medication review. Post RT observations completed, as per policy.	None identified.	None (no harm caused by the incident)	Closed
GHC81416	19/12/2024	17/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		NG feed administered as per care plan		Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81424	19/12/2024	19/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (other)		Called planned PMVA for NG tube insertion and feeding, 5 staff utilised holds. She was guided from her bed to the pod and a cushion was used on her legs. Service user was quiet resistive, moving her head away from the staff giving the feed, however it was successfully administered.	Called planned PMVA Holds utilised	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81428	19/12/2024	19/12/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PBM (physical intervention)	Escort		The patient had asked to access his toys from the toy cupboard, however upon opening the door to the cupboard the patient threw the keys back at the staff and began banging the door against the wall. The patient was redirected but he was not responding, he closed himself inside the toy cupboard. The patient was redirected to come out and tell staff what the matter was. He came out and asked for hot chocolate, this could have been a delayed reaction to the issue from the night before where his hot chocolate was finished but it was bought first thing in the morning. It was showed to him but the patient did not respond instead he went back into the toy cupboard and he was heard throwing his toys around but also a noise that sounded like something was being pulled down. Extra support was requested to help in getting him	The patient was restrained as the only way to get him out as he had managed to pull the light out of the ceiling and the wires were hanging. Once the patient was out the cupboard was closed and locked and the damage was reported to estates	Incident reviewed. Check in with staff, all okay. Care plans and risk assessments are up to date and identify these types of behaviours and interventions to reduce their occurrence and how to respond when the situation deteriorates.	1. That staff are aware of and able to use interventions described in this patient's care plans. 2. That staff acted appropriately and proportionately to the level of risk posed. 3. That despite our extensive knowledge of this patient he continues to present as ahigh risk to his environment and to others.	None (no harm caused by the incident)	Closed
GHC81430	19/12/2024	18/12/2024	Montpellier Low Secure Unit	Montpellier Low Secure Unit	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient A became verbally aggressive toward staff, spitting at staff which escalated. Patient A became distressed, responding to unseen stimuli.	Staff attempted to verbal de-escalate the situation with to no avail. Oral medication offered but declined, staff proceeded to verbal de-escalate the situation. The decision was made by the team to administer Rapid tranquilisation in order to de-escalate the situation.	No further action. Treatment regime started and progress being monitored	None	None (no harm caused by the incident)	Closed
GHC81434	19/12/2024	19/12/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		During hourly checks, staff observed patient using a cutlery to make cuts on her arm. Staff intervened and applied dressing over the wound to prevent patient from digging the wound deeper. Patient refused to handover the piece of cutlery. Staff tried de-escalation but patient was not engaging. PMVA called. Patient put on hold. Removed cutlery. Offered RT IM Lorazepam and Promethazine. Disengaged with		Patient identified as long term risk of self harm Care plans in place self harm pathway available Management plan reviewed	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81435	19/12/2024	19/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Service user was heard headbanging inside her bedroom using back of her head in low level. Verbal de-escalation was done, distraction techniques initiated, and was encouraged to go to communal area but service user was not engaging. PMVA activated, guided to seated holds at the edge of the bed and a cushion was used on legs. Whilst on holds, service user was very resistive, combative, twitching her right arm. RT promethazine tablet was offered for which she declined. RT promethazine 50mg administered intramuscularly. Thereafter, patient appeared calm. Holds released. Immediately after the PMVA team left the ward, service user again was headbanging with the back of her head in low level, verbal de-escalation was not effective Decision made to activate again the PMVA. She was guided to the edge of the bed, cushion was used.	PMVA activated Utilised Holds Verbal De-escalation Rapid promethazine 50mg IM	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81438	20/12/2024	20/12/2024	Montpellier Low Secure Unit	Montpellier Low Secure Unit	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Planned	PMVA (physical intervention)	Seated (other)		patient could be heard shouting and swearing loudly in his room and had taken the soap dispenser from the wall in the bathroom and broken. Staff entered in order to give PRN medication. Patient came towards staff as to if to hit them and placed in holds and then into a seated on the bed and again offered medication.	team called proactively so to give PRN medication	MDT meeting to discuss proactive use of PRN and potential triggers. Discussion around difference between PRN and RT	Understanding of patient triggers	None (no harm caused by the incident)	Closed
GHC81439	20/12/2024	19/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		During the handover, patient was observed as head banging against the wall by sat down on floor. Staff went there to verbally de-escalate and attempted to use the de-escalation techniques but appeared as she was unable to engage with staff at that moment. Observed as struggling more and was not able to de-escalate verbally. To prevent her injuring herself more in line with her best interest staff made a team decision to call a planned PMVA to give her some medications.	Called a planned PMVA with only female staff. Patient was then able to de-escalate and accepted the alternative interventions like - holding ice pack, smelling tiger bam, Dipping face in the ice water. Accepted PRN Promethazine orally 25 Mg. Later, agreed to come and join in the communal area with staff which make patient feel more secure. Joined with peers and played game. Also engaged with staff in conversations as well.	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81441	20/12/2024	19/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was headbanging in the shower room of her bedroom. Staff attempted verbal de-escalation which was futile. Therefore, activated PMVA and moved the patient from the wall and guided to seated holds on the pod along with the use of a leg cushion and one person supported the head. Staff continued to attempt verbal de-escalation using different techniques, but the patient responded to none. After 10 minutes of holding, the patient started to calm down and settle down. Holds were released. Patient sat on the pod for a minute settled. Right after the PMVA staff left the room patient took herself to the wall and started to headbanging again. Reinstated PMVA holds on the bed along with the use of the leg cushion. Offered oral RT tablets but the patent refused it. IM Rt lorazepam 2mg was administered on the left thigh. Holds were released after 5 minutes when the	Post Rt physical and neurological observations started. DMO reviewed. Provided 1:1 and debrief after the incident.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81465	20/12/2024	20/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient had NG feed		Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81482	20/12/2024	20/12/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (other)		Service user A got admitted to ward around 12:30 . Service user is from Sudan and only speaks Sudanese Arabic. A was brought to ward by Police and AMHP and there was an interpreter. Staff tried to speak to service user , reassuring through interpreter that he is on a safe place and staff are trying to help him. Interpreter left after few minutes, but staff continued their effort to communicate with service user. Service user appeared frightened, scared trying to lean over staff, looking around. Service user was struggling to settle down, unable to articulate , looking around. To manage this, as per consultants advice collective decision made to administer lorazepam. As per information from admission service user is able to understand some English. Staff tried to communicate with A explaining that we are going to administer medication. However service user appeared to be scared, struggling to follow instructions.	Staff supported service user to sit down in bed and put on precautionary holds. Service user started resisting as soon as he saw the syringe. This seemed to have scared A. Staff continued to offer reassurance that service user was safe on ward and the medication was to help him. Service user was holding Charge Nurse's hand while continued to offer reassurance. 1 mg Lorazepam was administered IM as per prescription and holds were released immediately. Staff reassured service user that he was safe. Commenced on non-touch observation. Service user appeared to have relaxed and slept after the administration. Debrief to be followed, when more settled, able to communicate and with interpreter present.	Patient distressed and agitated, not English speaker therefore communication was difficult, adding to level of distress. Staff acted with patient best interests in mind, administered medications to aide in calming. Translators arranged for further interactions with patient.	Staff worked in best interests of patient, administered medication as a means of aiding patient to calm. Patient was scared throughout the incident and staff sought to reassure. Future meetings to be held with interpreter to aid communications.	None (no harm caused by the incident)	Closed
GHC81487	20/12/2024	20/12/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		Staff found patient banging her head against wall in the ensuite.	Staff intervened, offered ice pack and PRN medication, which was not helpful. Patient continue to head bang, PMVA team was called. Moved her near from the wall. Pod and cushion are used. Gave RT IM Lorazepam. Offered de-escalation techniques. Patient eventually calm down and released the holds slowly. Debrief completed after the incident. Observation completed and informed the doctor.	Mental state and risks reviewed Trigger for incident identified Care plans in place Self harm risk long term Psychological interventions available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81493	20/12/2024	18/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient MM started head banging @20:20 hours in our room, staffs tried all de-escalation techniques but failed.	Staffs carried out an RT administration to maintain her safety.	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81495	20/12/2024	20/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		As patient was not co-operating to her NG feed as per treatment plan, she was put on holds to carry out the procedure.	A PMVA team was called and restrained her to successfully administer the feed.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81499	21/12/2024	21/12/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Clinical hold (seated)		The patient was found to be incontinent of urine, but lashed out when staff tried to assist him with personal care. It was decided that it was in his best interests to use PBM holds to assist him with personal care due to the risk of infection and skin damage if left with a wet pad on.	Verbal reassurance and encouragement were ineffective. The patient was held in standing and sitting holds (PBM arm and leg holds) for around 4 minutes. He was shouting out and attempting to bite while staff maintained holds. Ward staff tried to give him PRN oramorph (covertly in orange squash), but he closed his mouth and became more agitated. Holds were released and the patient was helped into bed. He quickly sat up on his bed. Ward staff left the ro0m to	Managed appropriately as per PBM personal care plan	N/A	None (no harm caused by the incident)	Closed
GHC81502	21/12/2024	12/12/2024	LD IHOT	Southgate Moorings (dental service)	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		the patient was held in a clinical seated hold to in his best interest to allow the dentist to provide treatment. proportionality, MCA and BI paperwork complied by	the patient had the treatment required	None required	None required	None (no harm caused by the incident)	Closed
GHC81505	21/12/2024	21/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due her Fortisip through an NG tube	She was placed in PMVA holds on a pod and leg cushion used. She was less resistive and engaged in humorous conversation with staff.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81515	21/12/2024	21/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (other)		Service user is due for feed, NG tube insertion and feeding were facilitated with 5 PMVA staff in holds. Service user was guided from her bed to the pod along with the used of a cushion on legs. Service user was resistive, moving away her head from the staff administering the feed. Following feed care plan followed. She was maintained on 1:1 for one hour, she was escorted for a walk.	Called planned PMVA Utilised holds	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81516	21/12/2024	20/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		-Around 20:30 Patient was observed to be headbanging with back of head to the bedroom wall while staff was doing hourly observations. Staff intervened and attempted verbal de-escalation and utilized grounding techniques and adhered to Patient's care plan; however, Patient did not engage. - PMVA was activated. -Staff put patient on seated holds on the edge of bed. Staff offered patient oral RT , which declined and was given IM RT lorazepam 2mg to the left thigh. -Patient was released from holds immediately after giving IM RT Injection. -GCS completed score of 15 and no other concerns noted. -DMO was informed -RT physical and neurological observations started.	-PMVA Team called. -Utilised Grounding techniques. -Declined Oral RT , IM RT administered to left thigh. -Post RT observations and neuro-observations commenced. -GCS Commenced with score of 15. -DMO was informed. -MERT assessor present.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81520	21/12/2024	21/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Service user was heard headbanging in her bedroom. Staff intervened, she was sat on the floor in front of the door using back of her head in low intensity. As she was seating in front of the door, staff was unable to open, used the barricade key. Removed her ear pod for communication.	Staff attempted verbal de-escalation, which service user has not engaged. Activated PMVA, she was guided from the floor to the pod along with the used of the cushion on legs. She was quiet resistive and combative whilst in holds, she was twitching her arms and tried to punched her head. RT tablet was offered but she declined. RT lorazepam 2mg injection was administered through IM. Thereafter, Service user appeared more calmer.	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81534	22/12/2024	22/12/2024	LD Inpatients - Berkeley House	Berkeley House	Clinical care, treatments and procedures	Clinical policy breached or inadequate to situation	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Personal care (standing)		At 00:40hrs, Patient was heightened after being told by staff that there was no ice cream. The patient started to use his toys as weapons to hit the light in the lounge aiming to break it. The incident took like 5 minutes.	Patient was verbally de-escalated but with no effect. Staff had to put the patient on safe hold The all toys were removed to maintain the safety of the patient and staff. When the patient got released, went straight to the bedroom and	Incident reviewed. Check in with staff. Care plans and risk assessments are up to date and detail behaviours like these as an ongoing high risk	1. That staff are aware of and able to use the care planned interventions for this patient when behaving in this way. 2. That despite our extensive knowledge of this patient and detailed care plans with mitigations and interventions in place this patient remains a high risk to others and to his environment.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81536	22/12/2024	21/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Staff found service user head banging with the back of her head in her bedroom at low intensity .	- Attempted verbal de-escalation after removing one of the earphones, which was futile. - Activated PMVA. Moved patient form the wall and guided to seated holds on the bed along with the use of a leg cushion. -Service user started to become very resistive and pushed the staff away. She was also trying to punch her head with her hand. - She was transferred to the pod and used the cushion to support the legs as she was more resistive. - Offered oral RT tablet but she refused . - Considering the prolonged self-injurious behaviour IM RT promethazine 50 mg was administered on the right thigh after making sure that there were no dressings or lumps present.	care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81541	22/12/2024	22/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due her prescribed fortisip through an NG tube	She was placed in holds. She was resistive. Minimal engagement with staff during the procedure. Pod and leg cushion used She had 1:1 with staff afterwards	Care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81552	22/12/2024	22/12/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Unplanned	PBM (physical intervention)	Seated (other)		Patient was very agitated this morning , Patient was trying to kick, punch and shouting, swearing to staff when trying to support him. Patient was doubly incontinent patient wasn't accepting medications, or redirection. Patient was given time to settle down with no success but level of agitation increased, therefore PBM holds were utilised to do personal care for patient. Patient was held in a sitting position on his bed ,holds were released after personal care. Patient was supported to communal area , but still appeared to agitated . Duty doctor and family	Offered medications both overtly and covertly but shouted and tried to punch staff, given time to settle down, given reassurance but nothing worked. After Personal care patient supported to communal area, patient remains agitated ,therefore given time to settle down. Assisted with lunch later on.	Managed appropriately as per PBM personal care plan	N/A	None (no harm caused by the incident)	Closed
GHC81558	22/12/2024	22/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		pmva required for administration of NG feed.	pod and leg cushion used.	care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81571	22/12/2024	22/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Escort		agitated and hostile. patient began to shout at NMc saying "you stole my vape you liar", "if you took it I'll knock your fucking head off". Staff attempted redirection, patient continue to be aggression and threatening. patient then proceeded to move towards NMc with her fist clenched shouting "I'll fucking knock you out". Staff intervened and PMVA holds used to escort Alice to her bedroom.	Staff allowed time for patient to self de-escalate.	PROCESS FOLLOWED BOTH PATIENTS SUPPORTED	N.A	None (no harm caused by the incident)	Closed
GHC81578	23/12/2024	22/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Unplanned	PMVA (physical intervention)	Prone (face down)		The patient was very unsettled and attacked another patient in the communal areas. Escorted back to her room on PMVA holds. Became hostile to staff and spat on two staff members face. Following this, the patient again came to the communal areas and started shouting at other patients. Also made attempt to punch a patient in the communal areas.	Escorted back to her bedroom on forearm holds. Attempted verbal de-escalation which was ineffective. Offered oral rt tablets. Patient refused. Moved to prone position on PMVA holds. IM RT promethazine 25 mg administered on the left outer quadrant of the buttocks on prone position as the patient made attempts to spit on the staff. Released the holds after administering the RT. Provided debrief after the incident. DMO informed for post RT review. Post RT non-touch observations started as the patient	process followed	N.A	None (no harm caused by the incident)	Closed
GHC81588	23/12/2024	23/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due to NG feed.	-Feeds given on holds. -Verbal de-escalation and distraction techniques used. -Engaged in conversations whilst she was on holds. -Debrief provided. -Followed care plan.	care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81617	23/12/2024	23/12/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order for bloods to be safely taken in patients best interest		None required	None required	None (no harm caused by the incident)	Closed
GHC81625	23/12/2024	23/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (POD used)		Patient's mood was low and had deteriorated due to having her routine feeding procedure under restraint. Patient was heard headbanging against the wall in her bedroom-causing re-opening and bleeding of old wound in her forehead. Verbal intervention was used by staff to stop her from continuing with headbanging but didn't work. Oral PRN medication 1mg lorazepam was offered but patient declined it. Team was called in to support with administration of IM RT medication. PMVA seated holds on pod were applied and eventually IM injection administered at 1530hrs. Exp-02/2026. LOT-A2308Dhad 1mg Lorazepam IM administered in the right thigh upper outer muscle at 1530hrs under restraint in room.	-Verbal intervention was used by staff to stop her from continuing with headbanging but didn't work. -Oral PRN medication 1mg lorazepam was offered but patient declined it. -Team was called in to support with administration of IM RT medication. -PMVA seated holds on pod were applied to stop patient from headbanging -RT IM injection 1mg Lorazepam was administered in the right thigh upper outer muscle at 1530hrs under restraint in room. -RT physical health Observations completed in line with RT protocol	care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81634	23/12/2024	23/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Clinical hold (seated)		HCA informed Nurse that she could hear headbanging from patient. Two nurses attended and the patient was in the corner of their room banging their head against the wall. Attempts were made to move patient back from wall but was difficult due to positioning and the severity of force the patient was using. A team were called and patient was brought to the bed and supported through using ice water. Required RT Promethazine. Patient de-escalated over approx. 30mins.	Attempts to remove patient from wall with two nursing staff. Team called and patient brought to sitting position in bed and placed in holds. Oral Promethazine offered - declined. Ice water used with some effect. PRN Promethazine given. Ice water used with good effect.	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81640	24/12/2024	23/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		-Around 22:20 Patient was observed to be headbanging with back of head to the bedroom wall. Staff intervened and attempted verbal de-escalation and adhered to Patient's care plan; however, Patient did not engage. -PMVA was activated. -Staff put patient on holds on seated pod and cushions were used. Staff offered patient oral RT , which declined and was given IM RT lorazepam 2mg to the left thigh. - Patient resumed headbanging immediately after the PMVA team left, staff tried to deescalate verbally, however it was futile and staff activated PMVA. -Patient was put on PMVA holds using seated pod and cushion. Pod and leg cushion used. Whiles in holds, Patient was very resistive, repeatedly tried to get out of the arm holds, extended and rotated her arm. Staff released patient from arm holds when did this and put her in holds again. -Patient was released from holds when started to engage with staff. Patient complained of pain at neck and dislocating left shoulder joint.	-PMVA Team Called. -Declined oral RT medications, IM administered into Right thigh. -RT OBS Commenced. -GCS completed score of 15 / no concerns noted. -DMO reviewed her. -RT non touch physical observations completed when patient declined to do physical observation. -MERT Assessor Present	care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81641	24/12/2024	24/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was observed as headbanging. patient sat on the floor and was banging on the side of the wall.	Staff tried de-escalation but patient was not responding. PMVA team was called, moved patient from floor to bed on hold, Staff offered her ice-dive and tiger balm. administered prn promethazine 25mg.	Patient started headbanging as a form of self-harm, patient engaged in behaviour during the hourly checks. Staff initiated care plans to allow patient independence when engaging in this behaviour. Care plans successfully followed through with patient and they were able to support patient to baseline.	Risk of self harm acknowledged. Care plans followed.	None (no harm caused by the incident)	Closed
GHC81656	24/12/2024	24/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Seated (POD used)		Staff supported patient for food to be administered safely.	Staff verbally de-escalated patient and took her out for leave.	care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81672	24/12/2024	24/12/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold for blood test on a patient in his best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carer how the procedure will take place and what monitoring would be used to safe guard the patient.	None required	None required	None (no harm caused by the incident)	Closed
GHC81694	24/12/2024	24/12/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PBM (physical intervention)	Seated (POD used)		Patient A had been unsettled and head banging / kicking flat kitchen door for an extended period , staff (HCA & NIC) used verbal; reassurance and re-direction to attempt to re-direct patient. After a period of time this was having no affect to re-direct or reduce the head banging and kicking the door. PRN was administered and staff with-drew to observe any affect after a period of 30 mins PRN was observed to have no affect continuous verbal reassurance and re-direction was offered to patient by HCAs and NIC . Staff introduced pod and explained to patient staff may need to hold patient in the pod to maintain there safety , this had no affect.	After observing no affect by PRN or verbal reassurance/ re-direction . 2 nurses & 4 HCA's entered patient flat , Patient ran at HCA's a hold was placed on the patient and they where supported into the pod where 2 HCAS supported the patients legs and 1 nurse supported the patients head . 2nd nurse offered verbal reassurance throughout . 2nd nurse checked patients head for injuries after short period , staff made the decision to break away , staff with drew completely from patient flat , patient returned to bedroom and layed on bed.	Incident reviewed. Clinical discussion 16/12/2024 to review increase in headbanging. Actions agreed. 1. To update communication strategy for this patient. 2. To ensure communication strategy and prompts on how to respond to his questions are available to all staff in this patient's flat. 3. Staff to be reminded of his escalating behaviours in order that he can be offered PRN medication to calm his behaviours in the hope this will reduce his headbanging. 4. Registered Nurses to monitor adherence to the above 3 actions by all staff.	That staff need to be refreshed on how to communicate with this patient and respond to his question. 2. That responses to this patient's questions need to be readily available as visual prompts for the staff looking after this patient. 3. That those staff looking after this patient need to be able to identify his escalating behaviours and alert the nurse in charge to these.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81699	24/12/2024	24/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Staff supported patient for food to be administered safely. Patient was resistive.	Staff verbally de-escalated patient and took her out for leave.	care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81705	25/12/2024	24/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (POD used)		Patient was headbanging. Attempt to verbally deescalate her was unsuccessful	PMVA Team called. She was resistive Declined oral medication therefore IM promethazine 50mg administered. Engaged in grounding techniques. Post RT and neurological observations started. Medic reviewed	care plan and process followed to support patient	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81707	25/12/2024	25/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Patient was found headbanging against the wall by sat on floor.	Staff went there and attempted to verbally de-escalate. She was struggling to cope with therefore team decision to call planned PMVA only with female staff. staff tried all therapeutic techniques like ice dip, ice pack and tiger balm with good effect. staff offered oral medication to help her to relax PRN promethazine 25mg was given.	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81710	25/12/2024	25/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient assisted in holds to both arms to sit on the pod. Patient supported in holds to both arms to sit on the pod, cushion placed over legs. Patient head supported NG tube inserted, NG feed administered. Little resistance before & during. Head support released Cushion removed from legs.	Patient assisted in holds to both arms to sit on the pod. Patient supported in holds to both arms to sit on the pod, cushion placed over legs. Patient head supported NG tube inserted, NG feed administered. Little resistance before & during. Head support released Cushion removed from legs.	care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81729	25/12/2024	25/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Clinical hold (seated)		Patient threw hot water from the urn at HCA Patient hit HCA on the head Ran to bedspace	Put in seated holds RT IM lorazepam 1mg and 300mg zuclopenthixol depot administered	PMVA RT and depot Post RT protocol	none	None (no harm caused by the incident)	Closed
GHC81733	25/12/2024	25/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was due to NG feed.	-Feeds given on holds. -Verbal de-escalation and distraction techniques used. -Engaged in conversations whilst she was on holds. -Debrief provided. -Followed care plan.	care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81734	25/12/2024	25/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Staff overheard noise coming from service user's bedroom. Staff immediately went down to his room which he was found with ligature tied tightly around his neck with ribbon. Service user was resistive when staff tried to cut the ligature, decision made to apply holds on both arms. Service user appeared slightly cyanotic. Eventually ligature was cut using ligature cutter.	Ligature was cut using a ligature cutter Physical observation checked - NEWS score of 1 Brief 1:1 post incident DMO was informed. Debrief completed.	care plan and process followed to support patient	N/A	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81738	25/12/2024	21/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		At about 20:03hrs, patient was found headbanging on the wall within their bedspace.	Light physical holds done to remove them from the wall. Staff members continuously verbally de-escalated with grounding techniques and offered with other therapeutic intervention as part of their care plan to good effect. Encouraged to sat in communal area with staff members around. Offered prn promethazine 25mg, accepted.	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81745	25/12/2024	25/12/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Supine (face up)		Patient was being offered medication. Patient attempted to force way into the kitchen saying "I wanted chocolate". Staff redirected and reassured to prepare the chocolate so as to shut the kitchen door. Patient attempted to punch a staff member, however, the punch was blocked and patient continue to attempt to fight staff. patient was put on safe hold (PBM)- supine position until patient gradually settled and staff break away.	-Reassurance and redirection -Alarm was turn off -Patient was put in a safe hold (PBM) -De-escalated and reassured -Gradually settled	Incident reviewed. 1. Check in with staff, all okay. 2. Care plans and risk assessments are up to date. 3. For further discussion and review at weekly MDT.	1. That staff are aware of and able to use care planned interventions for this patient when behaving in this way. 2. That despite our extensive knowledge of this patient he remains a high risk to others and to his environment.	None (no harm caused by the incident)	Closed
GHC81748	26/12/2024	25/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient observed on hourly checks headbanging against wall by sat on the floor.	Staff went there and tried to verbally de-escalate but she couldn't able to cope with, team decision to call unplanned female PMVA. staff tried all therapeutic techniques like ice dip, ice pack and tiger balm. observed patient was struggling more and declined to have oral medication. RT Promethazine 25mg IM has given.	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81749	26/12/2024	26/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		patient found on checks headbanging against wall by sat on the floor.	staff tried to verbally deescalate, team decision to call planned female PMVA. staff tried to give ice dip and tiger balm and ice pack to squeeze with good effect and staff has given reassurance on her safety in the ward. patient requested for prn promethazine 25mg which was given. patient began to engage and started to discuss about gifts and dishes which she had it today. staff encouraged her to come communal space which she accepted. appeared with smile on	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81752	26/12/2024	26/12/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	16 - Prevent the patient exhibiting extreme and prolonged over-activity	Planned	PMVA (physical intervention)	Seated (other)		Service user N elevated in mood throughout the shift. Drinking and eating ++ and was sick. Wanted to continue drinking after this despite vomiting and being on fluid restriction. (Had exceeded it)Staff gave small amount of water N became agitated demanding more shouting at staff. Staff tried to explain however he continued being agitated and hostile so staff disengaged. He then started shouting loudly and insulting staff led down in communal areas screaming disturbing service users who were asleep and raising fists at staff. Maxed out on PRN Followed care plan for low tolerance and PMVA team	PMVA team called N assisted to bedroom.	Staff followed care-plan, behavioural support plan and risk management plan.	Staff implemented actions in line with plans made, managed situation appropriately.	None (no harm caused by the incident)	Closed
GHC81754	26/12/2024	26/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient was placed in holds 5x members of staff on pod, leg cushions, and head to insert NG tube for NG feed and administer of NG feed. Patient was resistive and attempting to slide down pod but unable with legs secure with cushion		care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81771	26/12/2024	26/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	12 - Prevent a patient causing serious physical injury to themselves by accident	Planned	PMVA (physical intervention)	Seated (other)		Patient was heard by staff headbanging in her room	Staff immediately attended and verbal de-escalation was commenced with no effect at the start PMVA team was called and patient was put in holds and verbal de-escalation was continued Soothing techniques were implemented - cold water with iced cubes for dipping the face, tiger balm inhalation and reassurance of safety Patient was able to calm down and staff disengaged from the holds Prn promethazine was offered and accepted One staff member remained with patient for a short while supporting the patient with further reassurance Requested paracetamol 500mg for head ache which was administered Physical observations done - No issues Duty doctor informed and was yet to review the patient at the time of datix Patient was in her bedroom doing some crocheting at the time of entry	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81773	26/12/2024	26/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Patient is due for feed, called planned PMVA, utilised holds. Service user was sat on a pod and a cushion was used on legs. Service user was resistive during the procedure however feed was successfully administered.	Utilised holds Care plan followed following feed.	care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81779	26/12/2024	26/12/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Seated (other)		One of the female patient was really heightened and aggressive to staff and fellow patients in the ward. she punched one of the staff as well. she was taken to female corridor by 2 members of staff. she lowered her self on the corridor. being very aggressive to staff, throwing drink and glass to staff. decided to give her RT, as she was continue escalating. Use PBM holds and given RT lorazepam 1mg IM.	Leave her for few minutes to see how she is doing after it. She appeared bit drowsy and settled afterwards , Done a set of NEWS2, was scoring 1 for pulse of 102 , support her up from the floor using a raiser chair, informed the duty doctor.	RAG plan to be formulated	NA	None (no harm caused by the incident)	Closed

GHC81781	26/12/2024	26/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PMVA (physical intervention)	Clinical hold (seated)		Staff member administering medications had approached patient several times offering depot. 2x staff members approached patient final time before requesting support from team, rationale for depot was explained, patient offered preference of site however patient continued to decline. Third staff member who was waiting outside room attended and came into bedroom. Patient sat on side of bed and was supported in loose fig 4 seated holds as precaution due to patients reluctance to accept depot.	Patient expressed wish to be prescribed aripiprazole not zuclopenthixol. Staff member explained that this preference would be documented and highlighted to MDT however explained that this is the currently prescribed treatment as well as the rationale for this. Zuclopenthixol depot administered. Debrief taken place with patient, difficult to ascertain patients level of understanding due to nonsensical speech content however patient able to later engage in good humour with staff members involved in	none	none	None (no harm caused by the incident)	Closed
GHC81782	27/12/2024	26/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		-At 22: 55 staff overheard banging sound coming out from patient's room. -Found patient banging back of her head against bedroom wall while vaping and listening to music. -Low level head banging with minimal force.	-Verbal de-escalation. -Followed crisis care plan. -Ice pack. -PRN medications. -PMVA and RT IM administered after declining oral RT. -Neuro and RT observation completed. -Debrief completed. -DMO reviewed	care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81790	27/12/2024	27/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		The patient was guided to seated PMVA holds on the pod along with the use of the leg cushion to facilitate NG tube insertion and to administer feed. Patient was slightly resistive during the feed. One person supported the head to assist the nurses to insert the NG tube. NG tube removed after the feed.	The staff interacted with the patient throughout the procedure to divert them from negative thoughts. Escorted for a walk after the feed. Remained on 1:1 post feed for an hour.	care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81796	27/12/2024	15/12/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was observed by a HCA to be self harming on her right arm with a broken spoon. HCA alerted other members of staff.	Staff attempted to verbally deescalate the patient but this had no effect. Staff intervened with PMVA techniques and the object was removed from patient. Patient did not respond when offered oral medication. RT medication given. Once safety had been reinstated, PMVA holds were released	Mental state and risks reviewed Long term risk of self injury identified Restrictive practice utilised to minimise harm to patient Care plans in place Self Harm Pathway available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81797	27/12/2024	27/12/2024	LD IHOT	Southgate Moorings (dental service)	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM clinical seated hold on patient in best interest in order to receive dental check up from community dentist - in proportion to the risk of serious harm if any undetected medical condition is not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC81804	27/12/2024	27/12/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Phlebotomy PBM clinical seated hold on patient in best interest, in proportion to the risk of serious harm if any undetected medical condition is not treated. MCA/BI and Proportionality paperwork previously completed prior to procedure.		None required	None required	None (no harm caused by the incident)	Closed
GHC81810	27/12/2024	27/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user is due for feed, called planned PMVA, staff utilised holds. Service user was guided from the bed and sat on a pod. Leg cushion was used on legs. Service user was resistive during the administration of feed however feed was successfully given. Care plan followed following feed.	Called planned PMVA Utilised holds.	care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81815	27/12/2024	27/12/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Seated clinical hold in order to safely take bloods in patients best interest		None required	None required	None (no harm caused by the incident)	Closed
GHC81816	27/12/2024	27/12/2024	LD IHOT	Patient's own home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		the patient was held in a seated clinical hold to enable bloods to be taken in the safest manner.	distraction and verbal reassurance	None required	None required	None (no harm caused by the incident)	Closed
GHC81825	27/12/2024	27/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Service user was head banging Staff attempted de-escalation - no affect. PMVA hold implemented on limbs that were not injured. Unable to transfer to pod due to shoulder injury. Manged to contain Left arm and head on bed in seated position. Through out safe holds service user was attempting to cause injury to her left shoulder / arm by attempting to turn it. Consequently pinning arm and joint to bed stabilised	RT OBS Commenced. GCS 15 / Neuro obs completed. DMO review PMVA team and Physio team emailed for support around future PMVA's to mitigate risk to existing injures	care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81827	28/12/2024	27/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		-During 22:00hrs checks found patient banging back of her head against bedroom wall while vaping and listening to music. -Low level head banging with minimal force.	-Verbal de-escalation. -Followed crisis plan. -Offered PRN medications. -PMVA team was called -RT IM Lorazepam administered -Debrief completed -DMO reviewed -RT and neuro observations completed	care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81829	28/12/2024	28/12/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PBM (physical intervention)	Seated (other)		Patient woke up from sleep at 02:55 he became very vocal came out from his room and banging the male bath room door . Staff try to redirect him without any trigger he was getting agitated says you....and become aggressive to wards staff. staff did safe hold (PBM) .	PBM removal to Sofa in the communal area, Offered PRN Lorazepam 1 mg Use the distraction technique like offer some biscuits and drinks .verbal reassurance. Physical obs monitored and recorded NEWS1 Pulse 101 Datix : GHC81828	Patient on high level observation (2:1)due to unpredictable behaviours	NA	None (no harm caused by the incident)	Closed
GHC81836	28/12/2024	28/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric tube inserted and feed administered by 05 members of staff with PMVA holds using seated POD .	-Attempted verbal de-escalation . -Re-assurance given . -She was guided on seated pod , weighted blanket was also used to support her legs. -She was resistive and tearful during the feed	care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81845	28/12/2024	28/12/2024	Charlton Lane-Chestnut Ward	Charlton Lane-Chestnut Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	98 - Other (not listed)	Planned	PBM (physical intervention)	Clinical hold (seated)		Pt unsettled - vacant and wandering, hitting peers with walking frame. Pt led into bedroom (no restrictive intervention needed to go into bedroom) Pt sat on edge of bed 2 members of staff held arms - 1 member of staff on legs		patient has care plan when in vacant periods and on increased observations	NA	None (no harm caused by the incident)	Closed
GHC81856	28/12/2024	28/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		NG feed administered as per treatment plan		care plan and process followed to support patient	N/A	None (no harm caused by the incident)	Closed
GHC81857	28/12/2024	28/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Seated (other)		Myleesha was appeared in the room settled, but a bit low in mood. While staff doing the 15:00 checks, when domestic staff went there to clean the room she was observed as head banging against the wall by sat down on floor. Staff went there to verbally de-escalate and attempted to use the de-escalation techniques but appeared as she was unable to engage with staff at that moment. Observed as struggling more and was not able to de-escalate verbally. Tried various things patient like as ice pack and smelling the tiger bam. To prevent her injuring herself more in line with her best interest staff made a team decision to put her on safe holds to give her some medications. With time patient was then able to de-escalate and accepted the alternative interventions like ice packs, tiger bam as well as dipping the face in cold tray. Gave PRN Promethazine 25 Mg orally	De-escalated eventually and was able to open her eyes to see the staff. But refused to came to the communal area, remained in her room. Accepted paracetamol for pain relief.	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81868	28/12/2024	28/12/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was headbanging in her bathroom (the corner of the bathroom door) around 18:53hrs . 2x staff attended -no respond. Later, another staff member went to her bedroom with 3x ice packs - encouraging the Patient to speak to the staff instead - no respond. Patient was told to move to bed which she refused. The staff put one of the pillow on forehead for her own safety and to prevent from headbanging. However, Patient was quite resistive and she tried to pull out the pillow several times. Staff was trying to de-escalate her and was asked to hold the Staff Nurse's (LK) hand which she grabbed to prevent her	PMVA team was called and PMVA team attended. Staff tried to de-escalate her but was unsuccessful. Staff supported Patient to move her to bed - she went on her knees and the staff sort of hold her arms to put her on bed. Staff were still trying to interact with her and verbally de-escalate her. Ice packs were given to her and put it on back of her neck. Refused Oral medication. 2mg Lorazepam RT (IM) was administrated on her Right thigh by the Nurse. Patient appeared a bit settled and less resistive. Staff offered Patient if she would like to go out for smoke while she was on holds. Patient accepted.	LOW harm identified as a result of headbanging Risks and management plan reviewed Triggers identified Long term risk of self injury identified Care plans in place Self Harm pathway available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81873	28/12/2024	28/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		When staff When staff randomly went for the checks, appeared as headbanging against the wall at 20:05.Attempted the verbal de-escalation which was not effective as she struggling a lot.	attempting to head bang on the floor, with her legs, on the walls. Attempted all the de-escalation techniques but not in a stage to receptive of the techniques. Made a decision to give RT, and given RT Promethazine IM 25 Mg on left thigh and RT Lorazepam IM 1 Mg right thigh with safe holds. Taken physiological observations which was within normal range and informed the duty doctor, no concerns. Her sister and friend visited during the incident and waiting for her to come and relax. Later patient came to the communal area around 20:30 and spent time with her sister and friend, played pool as well.	Care plan for SIB in place and implemented	none	None (no harm caused by the incident)	Closed
GHC81878	29/12/2024	28/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		-During 23:00hrs checks found patient banging back of her head against bedroom wall while vaping and listening to music. -Low level head banging with minimal force.	-Staff tried to verbally de-escalate , followed crisis plan strategies with no avail. -Offered PRN which she refused. -Patient was non verbal and did not engage with staffs. -PMVA team was called ,whilst she was on holds tried to de-escalate with no effect therefore administered RT IM Lorazepam 2 mg. -RT and neuro observation completed. -Debrief completed. -DMO completed post RT and headbanging review	CARE PLAN AND PROCESS FOLLOWED	n.a	None (no harm caused by the incident)	Closed
GHC81879	29/12/2024	29/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Staff discovered patient banging their head on the wall of allocated room whilst carrying out observations.	Staff tried to de-escalate patient using agreed care plan techniques to no avail. Staff called for psychiatric emergency assistance. RT oral offered and refused resulting in RT IM promethazine 25mg	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81888	29/12/2024	29/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Service user is due for feed, called planned PMVA. Service user was sat on a pod along with the used of leg cushion. She was resistive during insertion of NG tube sliding down to the floor and moving away her head. Service user was repositioned to be able to check the patency of the tube. Eventually NG tube was inserted and feeding was administered successfully.	Called planned PMVA Utilised holds on both arms, legs and head.	care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC81897	29/12/2024	29/12/2024	Charlton Lane-Willow Ward	Charlton Lane-Willow Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	14 - Facilitate personal care	Planned	PBM (physical intervention)	Personal care (standing)		Patient had been incontinent and was too distressed to accept support, and was attempting to hit staff.	PBM used to hold whilst a staff member completed personal care.	Managed appropriately Afterwards, patient communicated in Hungarian that he was sorry - try this as well as Slovak communication cards	NA	None (no harm caused by the incident)	Closed
GHC81906	29/12/2024	29/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient required physical intervention for administration of NG feed	pod and leg cushion used 1-1 after	care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC81908	29/12/2024	29/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Escort		Service user tried to leave the ward .	-Staff tried to stop him on the door .He pushed the staff away and left the ward . -Staff applied holds to stop him from leaving , he moved towards the corridor and put himself on the floor and sat on the floor near the staircase . - Attempted verbal de-escalation which was futile. - Activated PMVA and he was escorted back to his room by 03 members of staff on forearm holds. -Holds were released one by one.	managed and process followed along with policy	N/A	None (no harm caused by the incident)	Closed
GHC81917	30/12/2024	30/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient started head banging in her room by 02:50 hours, staffs approached and attempted to de-escalate her but was not successful. A PMVA team was called, she still continued the self harming activity though staffs tried all her regular de-escalation techniques	An RT administration IM injection Lorazepam 1 mg was carried out to calm her down.	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81943	30/12/2024	30/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		Nasogastric feed administered using PMVA holds by 05 members of staff .	- Attempted verbal de-escalation and offered distraction techniques. - She was guided on seated POD to facilitate feed , weighted blanket was also used to support her legs . -Care plan followed. -She was less resistive during the feed . - Holds were released one by one after the feed.	Care plan and process followed	N.A	None (no harm caused by the incident)	Closed
GHC81953	30/12/2024	30/12/2024	Wotton Lawn-Kingsholm Ward	Wotton Lawn-Kingsholm Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Planned	PMVA (physical intervention)	Clinical hold (seated)		The patient appeared distressed; he remained in the ward garden outside in the cold, shivering since the beginning of the shift and declined to stay inside. Staff prompted the patient and gave assurance, but the patient does not engage nor interact with anyone.	Oral 1mg Loraz was offered with all the reassurance given; with many attempts, he declined the medication, and the patient struggled with the staff. 1MG RT was given on hold.	Patient had been unable to follow advice to return indoors, clearly distressed and scared. Staff sought to encourage patient to return inside, as cold weather / poor conditions it was felt unfeasible for patient to remain in ward garden. Patient unable to accept oral medications, decision reached to administer RT medications and to escort patient inside with PARRI team assistance. Patient responded well to medications and was later able to accept foods / drinks, appearing much calmer.	Staff identified the risks with patient appearing 'stuck' and being outside in poor weather conditions. Attempts made to reassure / comfort patient, however minimal effect. Decision reached to administer medications to aide patient, PMVA techniques implemented to return patient to inside area of ward. RT observations commenced following administration.	None (no harm caused by the incident)	Closed
GHC81958	30/12/2024	30/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was found headbanging against the wall by sat on the floor.	staff went in and tried verbal de-escalation but no effect, started to bang on the floor and on the knees, but she was struggling more to cope. two staff cannot able to stop her from banging. PMVA team called put her on holds, RT lorazepam 1mg was given on thigh and tried other techniques like ice dip, ice pack and tiger balm.	Care plan for SIB in place and implemented	none	None (no harm caused by the incident)	Closed
GHC81961	31/12/2024	31/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Precautionary hold		While being on observation with another patient, staff member overheard patient in another room headbanging and pressed the call bell to alert the wider nursing team to the corridor. Headbanging care plan already in place and staff followed this e.g. patient to utilise TIPP skills from DBT to bring themselves back down to their baseline. Staff used restrictive holds on and off for approximately 10 minutes while patient was attempting to carry on	Staff followed patients care plan and patient returned to baseline. Patient had a one to one chat with named nurse. Patient utilised some time out of their bedspace to change location. Patient returned to bedspace roughly 60 minutes after this and was asleep shortly afterwards.	Care plan for SIB in place and implemented	none	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81967	31/12/2024	31/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		patient required pmva for administration of NG Feed.	pod and leg cushion used.	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC81970	31/12/2024	31/12/2024	LD Inpatients - Berkeley House	Berkeley House	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PBM (physical intervention)	Seated (POD used)		Patient was banging head on kitchen door	Re-direction tried with little effect and PRN PBM Pod hold implemented to help calm good effect deep breaths and good eye contact and calmed in last 2 mins of hold	Incident reviewed. Clinical discussion 16/12/2024 to review increase in headbanging. Actions agreed. 1. To update communication strategy for this patient. 2. To ensure communication strategy and prompts on how to respond to his questions are available to all staff in this patient's flat. 3. Staff to be reminded of his escalating behaviours in order that he can be offered PRN medication to calm his behaviours in the hope this will reduce his headbanging. 4. Registered Nurses to monitor adherence to the above 3 actions by all staff.	1. That staff are aware of how to communicate with this patient and respond to his question. 2. That responses to this patient's questions need to be readily available as visual prompts for the staff looking after this patient. 3. That those staff looking after this patient need to be able to identify his escalating behaviours and alert the nurse in charge to these. 4. That PRN medication should be used when indicated.	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC81975	31/12/2024	30/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	15 - Facilitate nasogastric (NG) feeding	Planned	PMVA (physical intervention)	Seated (POD used)		NG Feed given as per care plan.	N/A	Care plan and process followed	N/A	None (no harm caused by the incident)	Closed
GHC81984	31/12/2024	31/12/2024	Wotton Lawn-Priory Ward	Wotton Lawn-Priory Ward	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	10 - Prevent a patient being violent to others	Unplanned	PMVA (physical intervention)	Seated (other)		Staff member came back onto the ward and approached another staff member in the dining room Pt was sitting in the communal area alone listening to the radio Pt began to shout at staff member who had returned to the ward, accusing her of abusing another patient, who was sitting in the dining area. Staff attempted to verbally de-escalate pt who then threw the contents of her cup of coffee in the direction of staff. Pt stood to move towards staff member with her fists clenched continuing to shout Other staff in communal areas intervened and place	Pt taken to seated holds on the sofa Familiar staff de-escalation RT medication administered	managed and supported	N.A Patient unwell	None (no harm caused by the incident)	Closed
GHC81986	31/12/2024	31/12/2024	LD IHOT	Other LD Unit-non-GHC	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		Pbm clinical seated hold on a patient for covid/flu vax in her best interest in proportion to the risk of serious harm if undetected medical condition is not treated.	It was explained to the paid carers how the procedure will take place and what monitoring would be used to safe guard the patient.	none required	none required	None (no harm caused by the incident)	Closed
GHC81999	31/12/2024	31/12/2024	LD IHOT	Residential care home	Restrictive interventions, inc. PBM / PMVA, RT and bedrails	Physical intervention and/or rapid tranquilisation (RT)	13 - Lawfully administer medicines or other medical treatment	Planned	PBM (physical intervention)	Clinical hold (seated)		PBM Clinical seated hold on a patient in his best interest to take his bloods and get his Flue and Covid vaccines in proportion to the risk of serious harm if undetected medical condition is not treated.		none required	none required	None (no harm caused by the incident)	Closed
GHC82000	31/12/2024	31/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	AWOL, absconding and missing patients	Patient attempted to abscond	19 - Prevent the patient absconding from lawful custody	Unplanned	PMVA (physical intervention)	Standing		Patient utilised escorted leave to front of hospital. Whilst utilising leave patient stated that they did not want to return but instead needed to walk. Patient continued to walk away from staff member who alerted three other staff members who proceeded to get vehicle to offer support.	Staff member remained in contact via radio and staff members in vehicle caught up to staff member and patient near Gloucester town centre. Patient resistive to return to vehicle - standing holds utilised to escort few feet into vehicle. No requirement for holds during journey or upon immediate return to hospital. Patient stood outside talking with staff members using vape outside front of hospital continuing to vocalise that they "just need to walk" - reminded of current S17 leave and section status, verbal deescalation throughout and encouragement to engage in alternative coping strategies. Standing fig 4 holds utilised to enter into hospital grounds however holds released upon walking down corridor toward ward. Patient offered PRN however declined. Debrief taken place with patient upon return to the ward and agreed to create a plan together following	Staff followed policy and procedures, clinical documentation updated	0	None (no harm caused by the incident)	Closed
GHC82009	31/12/2024	30/12/2024	Wotton Lawn-Dean Ward	Wotton Lawn-Dean Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Staff found patient was sat on the floor and headbanging in the bathroom. Staff went in, tried to de-escalate with icepacks and grounding techniques, which doesn't work. Offered prn medication , which patient refused. Staff called PMVA , put on holds	Staff offered oral RT Lorazepam 2mg , which was accepted. Staff stayed with the patient and took the patient for fresh air	Mental state, risks and observations reviewed Long term risk of self injury identified Care plans in place, and followed by staff Self Harm Pathway available	n/a	Low (minor harm, e.g. takes up to 1 month to rectify)	Closed
GHC82011	31/12/2024	31/12/2024	Wotton Lawn-Abbey Ward	Wotton Lawn-Abbey Ward	Self harm / self-injurious behaviour (SIB)	Self harm / SIB - patient (inpatient / residential)	11 - Prevent a patient causing serious intentional harm to themselves	Unplanned	PMVA (physical intervention)	Seated (other)		Patient was found head bagging against the wall by sat on bed.	the staff went into the room, called unplanned female PMVA, conducted verbal de-escalation as well as other techniques like ice dip, ice pack and tiger balm with good effect. staff attempted to divert her attention while talking about the doll she is keeps and her new year plans. after that, she enthusiastically engaged in the conversation with staff and came to the communal area	Patient started headbanging as a form of self-harm, patient engaged in behaviour during the hourly checks. Staff initiated care plans to allow patient independence when engaging in this behaviour. Care plans successfully followed through with patient and they were able to support patient to baseline.	Risk of self harm acknowledged. Care plans in place to support patient.	None (no harm caused by the incident)	Closed