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Feidhmeannacht na Seirbhíse Sláinte
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Annual Report 2023

Department of Psychiatry, Letterkenny University Hospital

Code of Practice in the use of Physical Restraint

The total number of persons that the approved centre can accommodate at any one time	34
The total number of persons that were admitted during the reporting period	577
The total number of persons who were physically restrained during the reporting period	29
The total number of episodes of physical restraint	49
The shortest episode of physical restraint	1 minute
The longest episode of physical restraint	23 minutes

Donegal Mental Health Service are committed to growing a culture of continuous reduction in restrictive practice in the Department of Psychiatry in Letterkenny University Hospital, supported by clear governance structures, education and training.

From 2022 to 2023, Physical restraint increased by 2 episodes, from 47 in 2022 to 49 episodes in 2023. The Review and Oversight Committee was established in Q3 of 2023 with the overall aim of reducing restrictive practice. The Review and Oversight Committee consists of members of the MDT, including the Clinical Director, Senior Social Workers, Assistant Director of Nursing, Clinical Nurse Manager 3, Clinical Nurse Manager 3 (Quality, Compliance, Patient Safety), Reg. Practitioner Psychologist, Occupational Therapist, Mental Health Act Administrator, Clinical Nurse Managers, and Staff Nurses (Restrictive Practice Champions).

The aim of the Review and Oversight Committee is to develop, implement and review strategies to reduce the use of restrictive practices in the Approved Centre. The REFLECT model, described in the policy on the reduction of Restrictive Practice, is discussed at the safety pause during handover at the beginning of each shift. This is to ensure that staff are mindful of the importance of reducing restrictive practice and utilising alternative strategies, with restrictive practices always being a last resort.

We continue, through audit, to seek out areas where we can make the necessary improvements in reducing episodes of physical restraint within our unit.

The Review and Oversight Committee meet on a quarterly basis to discuss the activity of the previous three months and to address any areas of concern raised. Actions and recommendations from the Review and Oversight Committee meeting are subsequently implemented. Minutes of quarterly meetings are recorded and a report of each meeting is subsequently produced. This report is circulated to all relevant staff in addition to upload on the Mental Health Commission Comprehensive Information System portal.

The content of local staff training has been revised to reflect changes in the Rules Governing the Use of physical restraint (2022). Staff have access to relevant training also on HSEland on the four modules on the changes to the Codes, and in addition, also have access to Trauma Informed Care, Positive Behaviour Support, Human Rights Based Practice and Cultural Awareness training.

The approved centre continues to strive for compliance with the Code of Practice on the Use of Physical Restraint (2022) and the approved centre policy on the Reduction of Restrictive Practice by implementing CAPAs (Corrective and Preventative Actions), auditing each episode of Physical Restraint, ongoing education and having quarterly Review and oversight Committee meetings.

The need for reduction in restrictive practices and the use of alternative strategies will remain an important area of focus in the service in 2024.



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Mental Health Service
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