

Long-Term Segregation – CLP080

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Why we need this Policy

This document sets out the Northamptonshire Healthcare NHS Foundation Trust's approach to the use of long-term segregation.

Long-term segregation refers to a situation where, in order to reduce a sustained risk of harm posed by the patient to others, which is a constant feature of their presentation, a multi-disciplinary review and a representative from the responsible commissioning authority determines that a patient should not be allowed to mix freely with other patients on the ward or unit on a long-term basis. In such cases, it should have been determined that the risk of harm to others would not be ameliorated by a short period of seclusion combined with any other form of treatment. The clinical judgement is that, if the patient were allowed to mix freely in the general ward environment, other patients or staff would continue to be exposed to a high likelihood of serious injury or harm over a prolonged period of time.

The use of long-term segregation should be extremely rare and in considering its use will always be in conjunction with a decision to refer the patient to a more appropriate in-patient setting. This is because the trust provides a limited range of inpatient mental health services including Older People's inpatient services, child and adolescent mental health inpatient services, adult inpatient and adult psychiatric intensive care where length of stay is intended to be brief. The trust also has a low secure service and specialist rehabilitation beds where longer length of stays are typical however admission is arranged in a planned way following a detailed assessment.

What the Policy is trying to do

The aims of the policy is to ensure that clinical staff working within all inpatient areas of the Trust have clear direction and guidance on the use of longer term segregation and work within the Mental Health Act. Long-term segregation should not be confused with seclusion or prolonged seclusion as defined within the trusts Seclusion Policy CLP007. Whilst there are similarities relating to risk and the environments where both seclusion and segregation occur, for the purposes of clarity long-term segregation specifically relates to the patient being prevented from mixing freely with other patients but remaining in the presence of staff. Seclusion may be used within a period of long term Segregation and will always precede it.

It is permissible to manage this small number of patients by ensuring that their contact with the general ward population is limited. The environment should be no more restrictive than is necessary. This means it should be as homely and personalised as risk considerations allow.

The trust does not have areas known as Extra Care Areas (ECA's) as described by National Association Psychiatric Intensive Care and Low Secure Units (NAPICU) however *facilities which are used to accommodate patients in conditions of long-term segregation should be configured to allow the patient to access a number of areas including, as a minimum, bathroom facilities, a bedroom and relaxing lounge area. Patients should also be able to access secure outdoor areas and a range of activities of interest and relevance to the person.*

Which stakeholders have been involved in the creation of this Policy

- Inpatient Recovery and Co-production Group
- Prevention and Management of Violence and Aggression Monitoring Group
- Mental Health Directorate Clinical Executive
- Mental Health Act Scrutiny Committee
- Trust Policy Board

Any required definitions/explanations

- **Long-term segregation**

A situation where, in order to reduce a sustained risk of harm posed by the patient to others, which is a constant feature of their presentation, a multi-disciplinary review and a representative from the responsible commissioning authority determines that a patient should not be allowed to mix freely with other patients on the ward or unit on a long-term basis

- **Seclusion**

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

- **Prolonged seclusion**

A period of seclusion that extends beyond the Independent Multidisciplinary Review. This review should take place after 8 hours of continuous seclusion or 12 hours of intermittent use within a 24 hour period.

- **Extra Care Area**

A quiet, low-stimulus space for patients experiencing high levels of arousal during periods of disturbed behaviour and can be used for de-escalation, patient support and management, and treatment in a bespoke space for high intensity intervention.

The ECA should provide for the daily living needs of a single patient for a limited period. It should include:

- De-escalation and/or seclusion room;
- Toilet and shower facilities;
- Sitting room with safe furnishings'

[PICU National Minimum Standards (NMS) (2014), paras 7.2.21–7.2.22]

- **NAPICU**

NAPICU is a not for profit multi-disciplinary organisation, which was formally established in 1996, and is committed to developing and promoting the specialty of psychiatric intensive care and low secure services. NAPICU works with key stakeholders at regional and national levels, to shape policy and practice in the area of acute inpatient psychiatry, including psychiatric intensive care and low secure services.

Key duties

- **Directors**

The Chief Operating Officer has overarching responsibility for the development, implementation and review of this policy on behalf of the Chief Executive.

The Chief Operating Officer is the nominated board level lead identified for increasing the use of recovery-based approaches and reducing restrictive interventions. The Chief Operating Officer has overarching responsibility for reducing the use restrictive practice.

- **Prevention and Management of Violence and Aggression (PMVA) Monitoring Group**

This group scrutinizes restrictive intervention data relating specifically to the use of physical restraint, seclusion and long term segregation to identify trends including hotspots. The group also scrutinizes the clinical records relating to seclusion and restraint to ensure that the respective policies have been followed by staff. Following scrutiny the exception data relating to policy compliance and trends is reported to the Mental Health Act Scrutiny Committee.

Another function of the group is to advise the Chief Operating Officer of recommendations and in particular any changes in legislation and evidence based requirements regarding restrictive practice.

- **Deputy Directors, Heads of Service, Service Managers**

Are to ensure all staff are made aware of relevant policies and procedures and their responsibilities in relation to them.

Deputy Directors, Heads of Service and Service Managers are all to be involved at various stages of the review process relating to prolonged seclusion and long term segregation. They are also involved in the escalation process with commissioners to ensure patients in long term segregation are moved to an appropriate service as soon as possible

- **Ward Matrons and House Managers**

Are responsible for ensuring that all staff are aware of this policy through discussion in supervision and team meetings. Ward Matrons and House Managers must ensure that a seclusion register is available for inspection. This register will include episodes of long term segregation. The ward matron in conjunction with the nurse in charge of the ward is responsible for co-ordinating the review process described in the policy detail section of this policy.

- **The Performance Team**

The Trusts Performance team will:

- Ensure that systems are maintained to enable accurate reporting of restrictive intervention data.
- Provide up to date information relating to restrictive practice upon request

Policy detail

Long term segregation should only be considered as a last resort following an extended period of prolonged seclusion or several periods of prolonged seclusion where each attempt at reintegrating the patient back onto the ward has resulted in violence or aggression to others.

Where consideration is being given to long-term segregation, wherever appropriate, the views of the person's family and carers should be elicited and taken into account.

The decision to implement long term segregation will be made by the multidisciplinary team in a review. The multi-disciplinary review should include an Independent Mental Health Advocate in cases where a patient has one and a representative from the commissioning body. The Service Manager and Head of Service should also attend the meeting and will ensure that the Deputy Director and Chief Operating Officer are notified when long term segregation has been decided.

The local safeguarding team should be made aware of any patient being supported in longer term segregation using a SA1 form. The form can be found using the following link

https://northamptonshire.firmstep.com/default.aspx/RenderForm/?F.Name=idV3aLtgpoX&Are_you_a_professional_or_a_customer=Professional&fs2s=auxmT8U88X8#_ga=1.160642421.935181038.1444217303

The multi-disciplinary review will ensure that a care plan is formulated that will clearly state the reasons why long-term segregation is required. In these cases, the way that the patient's situation is reviewed needs to reflect the specific nature of their management plan. The purpose of a review is to determine whether the ongoing risks have reduced sufficiently to allow the patient to be integrated into the wider ward community and to check on their general health and welfare. The patient's care plan should outline how they are to be made aware of what is required of them so that the period of long-term segregation can be brought to an end.

Staff supporting patients who are long-term segregated should make written records on their condition on at least an hourly basis.

Both the care plan and observation must be recorded using the enhanced observation record form and care plan from trust policy CLP008 Policy for the Safe and Supportive Observation of Patients within Mental health and learning disability wards and units (Appendix 2).

The patient's situation should be formally reviewed by an approved clinician who may or not be a doctor at least once in any 24-hour period and at least weekly by the full MDT. The composition of the full MDT must include the Ward Matron/ Manager, the patient's responsible clinician, either the Service manager or Head of Service and an IMHA.

Every 4 weeks the MDT review will include an *independent Consultant Psychiatrist* that may work within the same hospital but who was not involved in the original decision to implement longer term segregation. *The outcome of all reviews and the reasons for continued segregation should be recorded using appendix 2 of CLP008 and where changes have been made a new care plan devised. The responsible commissioning authority should be informed of the outcome.*

Where long-term segregation continues for three months or longer, regular three monthly reviews of the patient's circumstances and care should be undertaken by an external hospital. This should include discussion with the patient's IMHA (where appropriate) and commissioner.

The decision to end long-term segregation should be taken by the MDT (including consultation with the patient's IMHA where appropriate), following a thorough risk assessment and observations from staff of the patient's presentation during close monitoring of the patient in the company of others.

Where successive MDT reviews determine that segregation continues to be required, more information should be available to demonstrate its necessity and explain why the patient cannot be supported in a less restrictive manner.

At times of acute behavioural disturbance where there is a need to contain an immediate risk of harm to others, there may be a need to transfer the person, for a short period of time, to a physical area that is more secure and restrictive and which has been designed for the purpose of seclusion. In such a situation, the Trust's seclusion policy CLP007 should be followed with regards to authorising and commencing seclusion, observation, seclusion reviews and ending seclusion

Training requirements associated with this Policy

- **Mandatory Training**

There are no mandatory training requirements related to this policy.

- **Specific Training not covered by Mandatory Training**

Not applicable to this document

How this Policy will be monitored for compliance and effectiveness

The table below outlines the Trusts' monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

| Aspect of compliance or effectiveness being monitored | Method of monitoring | Individual responsible for the monitoring | Monitoring frequency | Group or committee who receive the findings or report | Group or committee or individual responsible for completing any actions |
|---|--|---|----------------------|---|---|
| Duties | To be addressed by the monitoring activities below. | | | | |
| <i>Number of episodes of Long Term segregation per ward per month</i> | <i>Through scrutiny of Seclusion Registers and SMART reports</i> | <i>Ward Matrons</i> | <i>Monthly.</i> | <i>PMVA Monitoring Group</i> | <i>PMVA Monitoring Group</i> |
| <i>Number of episodes of Long Term</i> | Written Report | MHA Manager | Bi Monthly | Mental Health Act Scrutiny | PMVA Monitoring Group |

| | | | | | |
|--|--|--|--|-----------|--|
| <i>segregation per ward per month</i> | | | | Committee | |
| | | | | | |
| Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed. | | | | | |

For further information

Please contact Head of Mental Health South, Mental Health Act Manager, PMVA Monitoring Group or Prevention and Management of Violence and Aggression (PMVA) Team

Equality considerations

The Trust has a duty under the Equality Act 2010 and the Public Sector Equality Duty to assess the impact of Policy changes for different groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for a number of ‘protected characteristics’ including:

- Age;
- Disability
- Gender reassignment;
- Marriage and civil partnership;
- Race;
- Religion or belief;
- Sexual orientation;
- Pregnancy and maternity; and
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers and homeless people).

The author has considered the impact on these groups of the adoption of this Policy. The trust will ensure that individual’s with a sensory , mental or physical or physical disability have appropriate care plans and risk assessments in place so that if long term segregation is implemented, the risk to themselves is minimised. All efforts will be made to provide appropriate reasonable adjustments that cannot be used to harm others . Care plans will be available in a format as required by the patient (easy read). National seclusion and restraint statistics show an over-representation of BME groups, therefore, demographic analysis in terms of race and ethnicity of long term segregated

patients will be scrutinized by the as part of the PMVA Monitoring Group on a quarterly basis. Staff will be expected to work in a way that is culturally sensitive and competent way. Work is underway with the Moving Ahead Project – Delivering Equality in Mental Health Services for BME to support any adverse impacts identified for BME Service User Groups. Patients whose first language is not English will be supported through the use of translation services. Consideration must be given to a person’s age with awareness regarding the frailty for older service users however every precaution is taken to ensure individual health and safety. For younger service users we use the same process of seclusion and long term segregation that is based on risk to others. All staff will be expected to be working in a culturally sensitive and competent way. Service users will be treated as the gender they identify at the time and the trust will ensure that any patient requiring long term segregation will be segregated within an identified area of a same sex ward. Individual religious beliefs and activities will be respected, where they do not pose a further threat to others during long term segregation. The trust will ensure that women who are pregnant or have recently given birth have access to maternal mental health services including if necessary transfer to a specialist ward. For ladies who have recently given birth, all efforts will be made to ensure contact with the new born is safely maintained through an assessment of risk.

Reference Guide

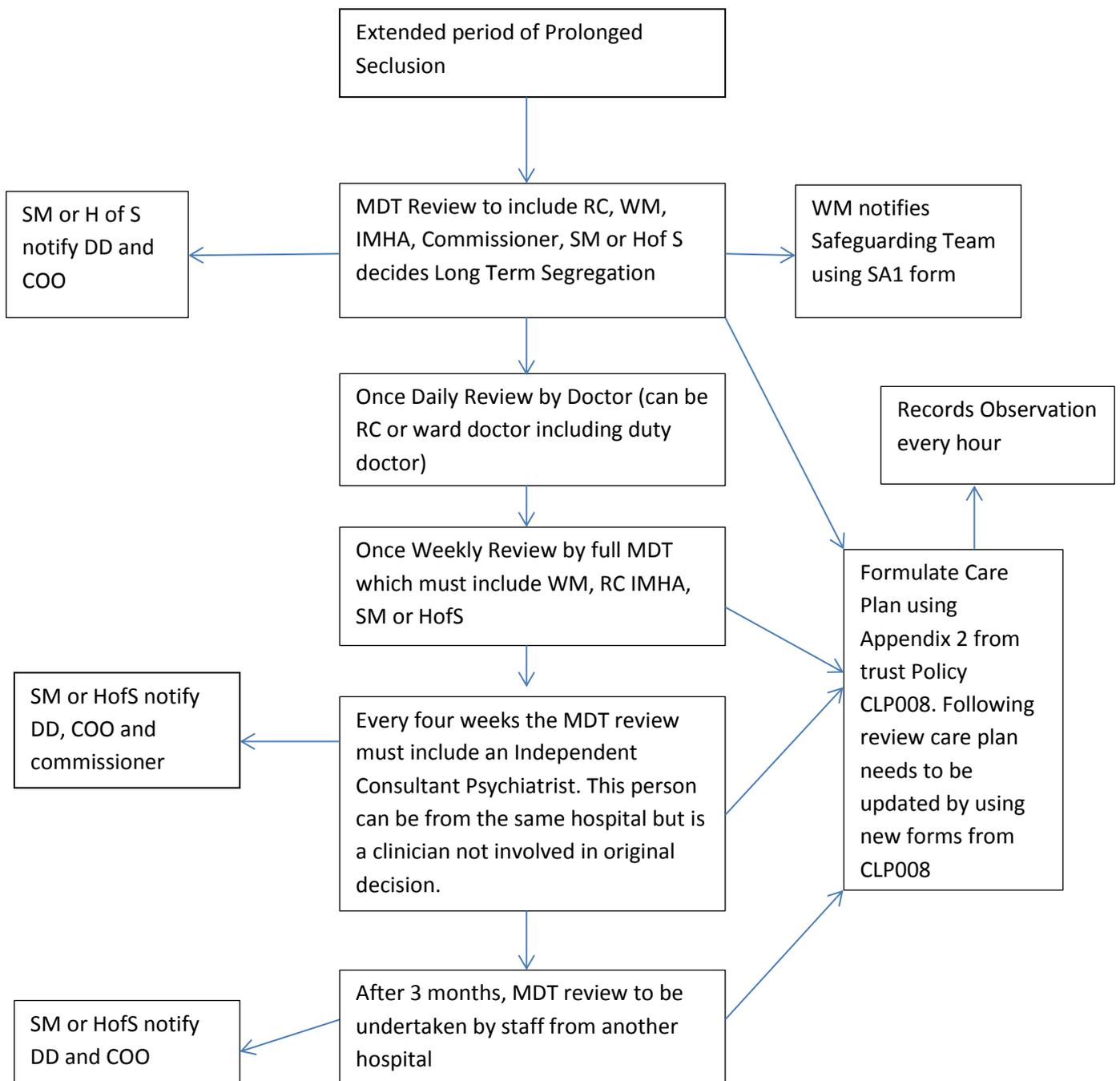
Mental Health Act 1983 Code of Practice 2015

Document control details

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| Author: | Andres Patino. Lindsay Bennett |
| Approved by and date: | Trust Policy Board 07/06/2017 |
| Responsible Committee: | Clinical Executive |
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|--------------------|-------------------------------|-------------------------------|-------------------------|--|
| 1.0 | 07/06/2017 | 08/06/2017 | 07/06/2020 | New Policy. |
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APPENDIX 1 – FLOWCHART



Key : WM =Ward Matron, SM=Service Manager, HofS Head of Service, DD = Operational Deputy Director, COO = Chief Operating Officer, RC = Responsible Clinician, MDT = Multi-disciplinary Team.

APPENDIX 2 - ACTION PLAN TEMPLATE

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

| Category | Actions | Target date | Person responsible and their Directorate |
|--------------------------------------|---|-------------|--|
| Involvement and consultation | Service User and Carer group – Welland Safer Hospital Group | | |
| Data collection and evidencing | | | |
| Analysis of evidence and assessment | | | |
| Monitoring, evaluating and reviewing | | | |
| Transparency (including publication) | | | |