

## POLICY FOR THE USE OF SECLUSION & LONG-TERM SEGREGATION

<b>PROCEDURE NUMBER:</b>	CLP41	
<b>VERSION NUMBER:</b>	1	
<b>AUTHOR:</b>	Consultant Psychiatrist - Forensic	
<b>CONSULTATION GROUPS:</b>	Service Management Teams Quality Groups Trust Solicitor Seclusion Task and Finish Group Restrictive Practice Steering Group	
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<b>RATIFICATION BY QUALITY COMMITTEE</b>	16 November 2017	
<b>POLICY SUMMARY</b>		
This policy aims to ensure that all staff are provided with the information required to enable them to adhere to the principles that underpin the use of restrictive practices and the aim to reduce the use of restrictive practices within the Trust. These principles follow safe and therapeutic responses to disturbed behaviour (Code of Practice, 1983) current best practice guidance.		
<b>The Trust monitors the implementation of and compliance with this policy in the following ways;</b>		
Datix reporting system, Manager's sign of, Restraint and Seclusion Review Group and Restrictive Practice Steering Group as part of the Quality Account.		
<b>Services</b>	<b>Applicable</b>	<b>Comments</b>
Trustwide		
Essex MH&LD	✓	
CHS		

**The Director responsible for monitoring and reviewing this policy is  
Executive Medical Director**

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

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**Assurance Statement**

Essex Partnership University NHS Foundation Trust (EPUT) aims to ensure that any patient who presents with behaviour that challenges in-patient services to such an extent that they cause a risk to themselves, or others around them, must be cared for in accordance with guidelines as set out within the Mental Health Act 1983 Code of Practice (Department of Health, 2015).

This policy aims to ensure that all staff are provided with current information and the underlying principles considered by the Trust to be essential regarding the use of Seclusion and Long-Term Segregation.

The principles contained within this policy and associated documents will aim to ensure the physical and emotional safety and wellbeing of the patient by promoting the use of effective communication, respectful and dignified approaches to Restrictive Interventions including Seclusion and Long Term Segregation.

This policy must be read in conjunction with Adverse Incidents including Serious Incidents (SI) Policy and Procedure (CP3, CPG3), Safeguarding Adults Policy and Procedure (CLP39, CLPG39) and Clinical Policy for Engagement and Supportive Observation (CLP8).

**1.0 INTRODUCTION**

- 1.1 This policy and associated procedure outline the processes for the use of Seclusion and Long-Term Segregation (LTS).
- 1.2 The revised Mental Health Act (MHA) Code of Practice (COP) issued in 2015 identifies changes to the safe and therapeutic responses to disturbed behaviour. This has required the Trust to review the historic terms “segregation & restricted access”. These terms no longer exist within the COP and are covered by the terms “Seclusion” and Long-Term Segregation.
- 1.3 Seclusion and Long-Term Segregation are restrictive interventions. The Trust acknowledges this and the significant ethical and practical dilemmas. This policy and the associated document titled “Use of Seclusion and Long-Term Segregation Procedure – CPG41” set out when

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such restrictive interventions shall be used and this will be kept under ongoing review.

- 1.4 Staff must be aware of the rights of a secluded patient to freedom, choice and autonomy and the rights of others to protection from harm.
- 1.5 Any decision to seclude a patient in accordance with this policy must be for the containment of severe behavioural disturbance which is likely to cause harm to others and where the professionals involved are satisfied the need to protect others outweighs any increased risk to the patient's health or safety
- 1.6 Seclusion itself is an emergency measure of last resort.
- 1.7 The Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DOLS) cannot be used to authorise seclusion. Seclusion should ordinarily be used on patients who are detained under the Mental Health Act 1983. **For emergency situations, please refer to 3.1 of the Seclusion and Long-Term Segregation Procedure.**
- 1.8 If a patient requests seclusion or has an Advance Statement which meets the seclusion definition set out in the COP, seclusion processes must be followed. (COP 26.104)

### **2.0 DEFINITIONS**

- 2.1 The definition for seclusion and long-term segregation is set out in the MHA COP 2015.
- 2.2 **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.* (COP 26.103)
- 2.3 **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* (COP 26.150)

### **3.0 DUTIES**

#### 3.1 Executive Medical Director for Patient Safety

- Ensure policy and procedures are embedded into clinical practice and that these procedures are implemented and monitored.

#### 3.2 Directors and Senior Management:

- Ensure this policy and accompanying procedure is complied with.
- Monitor the implementation of this policy via clinical audit and supervision.
- Ensure that Trust Risk Management Team is appropriately notified on all incidents of seclusion and long term segregation.
- Be able to evidence that EPUT policies have been followed.

#### 3.3 Team Managers, Clinical Leads and other Persons in Charge:

- Ensure policy and procedures are adhered to in accordance with the MHA Code of Practice.
- Ensure that all requirements in relation to the seclusion and long-term segregation of a patient are followed and implemented.
- Ensure that all seclusion and long-term segregation incidents are recorded and reported through the Datix Incident Reporting System.
- Ensure staff receive training and are competent in managing seclusion and long term segregation.
- Ensure that risk assessment is reviewed and support plans reflect current risks.
- Ensure that staff wellbeing is maintained following the incident and incident analysis is carried out and takes forward lessons learned.

#### 3.4 Individual Staff Members

- All staff must ensure that they are competent in the seclusion and long term segregation processes as set out in the MHA Code of Practice.
- Ensure that all required documentation and reporting processes are implemented and adhered to.
- Staff must be aware of the rights of a secluded patient to freedom, choice and autonomy and the rights of others to protection from harm
- Staff must ensure that the patient receive the care and support rendered necessary by their seclusion both during and after it has taken place
- All staff will have a good working knowledge of the risks and care plan requirements of a patient in seclusion or long term segregation.

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- All staff have the duty of care to act on changes to a patient's presentation and mental state whilst in seclusion or long term segregation and ensure these are reported and documented.

### **4.0 MONITORING OF IMPLEMENTATION**

- 4.1 This policy will be made available across the organisation via the Trust Intranet site
- 4.2 All incidents surrounding seclusion and long term segregation must be reported in line with the MHA Code of Practice, 2015.
- 4.3 Screening of staff will be in accordance with Disclosure and Barring Service (DBS) and Recruitment and Retention Policy (HR57).
- 4.4 Training in relation to the Mental Health Act is part of the Mandatory Training Portfolio.
- 4.5 Any additional training needs in relation to seclusion and long term segregation will be identified by team managers and should be referred to the Restrictive Practice Group to ensure that they are addressed promptly.

### **5.0 MONITORING AND COMPLIANCE**

- 5.1 The Executive Medical Director for Patient Safety will be responsible for overall monitoring and review of this policy.
- 5.2 All incidents of seclusion must be recorded on Datix.
- 5.3 All ward sisters/charge nurses will scrutinise the Seclusion and LTS paperwork and processes as it happens for compliance using Appendix 1g for seclusion and Appendix 2h for LTS. This will be signed off by the relevant services lead (Clinical Lead, Matron, etc.)
- 5.4 Compliance will be monitored via the restraint/seclusion review group with a monthly report from the reviewers re process compliance and standard of reporting in line with the MHA code of practice 2015. This will be reported into the Restrictive Practice Steering Group for learning and oversight.
- 5.5 Annually there will be an audit of seclusion and LTS paperwork and processes to provide assurances to the wider Trust. The Clinical Audit Department will ensure that annual audits are carried out as part of the annual audit programme

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5.6 This policy will be reviewed every 3 years taking into account emerging research, local audit recommendations and lessons learnt from reports, enquiries and positive practice initiatives.

### **6.0 POLICY REFERENCES/ASSOCIATED DOCUMENTATION**

- Adverse Incidents including Serious Incidents (SI) Policy and Procedure (CP3, CPG3)
- Safeguarding Adults Policy and Procedure (CLP39, CLPG39)
- Clinical Guideline for Engagement and Supportive Observation (CLP8)
- Induction/Mandatory & Essential Training Policy (HR21)
- Recruitment & Retention Policy (HR57)
- Advance Directive (CLP6 and CLPG6)
- Criminal Behaviour in a Health Environment (Zero Tolerance) Policy (CP22)
- Mental Health Act 1983 (amended 2007)
- Mental Health Act Code of Practice, 2015
- Children Act 2004
- Positive and Proactive Care: reducing the need for restrictive interventions. DH (2014)
- A positive and proactive workforce. Skills for Care / Skills for Health (2014)
- Francis Report (2013)
- European Convention of Human Rights Act (1998)
- Deprivation of Liberty Safeguards: Supreme Court Judgements (2014)
- Violence and aggression: short-term management in mental health, health and community settings, NICE (May 2015)
- Meeting needs and reducing distress: guidance on the prevention and management of clinically related challenging behaviour in NHS settings. NHS Protect: (2014)
- Supporting workers working with people who challenge – guidance for employers. SfC (2013)

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- Closing the Gap: priorities for essential change in mental health. Department of Health (2014)
- The Mental Health Crisis Care Concordat: improving outcomes for people experiencing mental health crisis. HM Government (2014)
- Statement on CQC's roles and responsibilities for safeguarding children and adults, 2015
- Ensuring quality services. NHS England & Local Government Association (2014)
- Guidance on prevention and management of physical assaults in mental health settings - NHS Protect
- Mental Capacity Act, 2005
- Royal College of Nursing consultation - Draft guidance on the minimisation of and alternatives to restrictive practices in health and adult social care, and special schools, December 2013
- Culture of Care Barometer, March 2015
- Safewards: making psychiatric wards more peaceful places
- R (Munjaz) v Mersey Care NHS Trust (2008) UKHL 58
- Public Sector Equality Duty (s.149 Equality Act 2010)

**END**