



SEGREGATION POLICY Long term Mental Health

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Directorate	Mental Health & Learning Disabilities
Policy Owner	Director of Mental Health & Learning Disabilities
Policy Author	Acute MH Service Manager and Ward Manager, Seagrove Ward PICU
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'During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups'

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
4/5/2019	0.1		Director of MH&LD	New Policy	MHLD Document control group
30/08/19	0.1		Director of MH&LD	Endorsed at	Clinical Standards Group
12/11/19	1.0	12/11/2019	Director of MH&LD	Policy approved via voting buttons at	Policy Management Sub-Committee
29/01/21	1.0	12/11/2019	Director of Mental Health & Learning Disabilities	12 month blanket policy extension due to covid 19 applied with author review date set 6 months prior to Valid to Date.	Quality & Performance Committee
21/05/21	1.0	12/11/2019	Director of Mental Health & Learning Disabilities	Extended policy uploaded and linked back with new cover sheet	Corporate Governance

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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1 Executive Summary

This policy covers the safe use and management of Long term segregation for service users who are exhibiting behaviour which is likely to cause harm to others for a sustained length of time, the level of harm will often be unpredictable and has not been managed with short periods in Seclusion.

This policy covers service users who are detained under section(s) of the mental health act.

2 Introduction

The purpose of this policy is to ensure the safety and wellbeing of service users who are cared for in long term segregation, whilst ensuring that a high degree of quality care and support is made available both during and following an episode of long term segregation. The policy sets out the roles and responsibilities of staff, and clarifies the requirements for initiating, recording, monitoring, reviewing and terminating the episode of long term segregation.

2.1 Definition of Long Term Segregation

The Mental Health Act Code of Practice (CoP) 2015 defines **Long-term segregation** as follows:-

“Long-term segregation (LTS) refers to a situation where, in order to reduce a sustained risk of harm posed by the service user to others, which is a constant feature of their presentation, a multi-disciplinary review and a representative from the responsible commissioning authority determine that a service user should not be allowed to mix freely with other service users 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 service user was allowed to mix freely in the general ward environment, other service users or staff would continue to be exposed to a high likelihood of harm over a prolonged period of time.” (MHA CoP, para 26.150)

The Code of Practice further states that “...it is permissible to manage this small number of service users by ensuring that their contact with the general ward population is limited...” (MHA CoP, para 26.151)

2.2 Principles

LTS may only be considered when:

- All other forms of treatment and management have been considered as ineffective/ inappropriate (e.g. Behavioural Management plans including those to tackle incidents of violence and aggression, rapid tranquilisation and seclusion).
- It is in the best interests of the service user
- It is proportionate to the likelihood and seriousness of the harm threatened
- There is no less restrictive alternative

A service user may be felt to require LTS after a period in seclusion, when attempts to end seclusion have failed repeatedly due to ongoing high risk of harm towards others. In such cases, a decision should be made by the service user's Responsible Clinician about whether the use of LTS may be more appropriate than long periods in seclusion.

- LTS may only be considered for service users detained under the MHA 1983.

3 Definitions

Violence – any behaviour involving physical force intended to hurt: damage or kill someone or something.

Aggression – [spoken](#) or [physical behaviour](#) that is [threatening](#) or [involves harm](#) to someone or something:

Seclusion – term used to define a service user being removed from main general ward area, and placed in a secure/locked room due to level of risks associated with their behaviour.

SHO – senior house officer junior doctor who works under the supervision of the responsible clinician

MDT – multi-disciplinary team, made up of various professional health and social care workers involved in service users care.

PARIS - name of the Electronic Patient Recording System (EPRS) used by Mental Health Services within the Isle of Wight NHS Trust.

ECA – Extra care area is a part of the ward that is low stimulus and used as a step between seclusion if possible, to manage a service user's presentation.

Physical Intervention – term used to describe the overall process of staff having to take control and place hands on service users to restrain them in order to reduce risk to themselves or others on the ward area.

Independent Mental Health Advocate (IMHA) - independent advocate provided to patients detained under the Mental Health Act

4 Scope

This policy applies to all staff working within the Isle of Wight NHS Trust, working within the Adult Acute Ward (Osborne), Older Persons Mental Health Ward (Afton), and the Psychiatric Intensive Care Unit (Seagrove). This policy applies to all service users detained under the Mental Health Act 1983 (amended 2007) who are subjected to Long Term Segregation at any time.

5 Purpose

The Policy sets out detailed guidance on the use of Long Term Segregation that is consistent with the guiding principles of the Mental Health Act Code of Practice 2008 (amended 2015).

Adherence to this policy will:

- Limit the use of LTS to exceptional circumstances and promote alternative approaches to the care and treatment of disturbed behaviour
- Ensure that service users' rights are respected and adhered to if LTS is initiated
- Set out the proper management and monitoring of the service user whilst in LTS in order to ensure that his or her safety is paramount, and that accountable decisions are recorded regarding the commencement, supervision and termination of the LTS process
- Ensure that when LTS is used it is terminated at the earliest and safest opportunity
- Detail the formal responsibilities of all Trust employees from a ward level to the board of maintenance of appropriate records of the use of LTS

6 Roles and Responsibilities

The Head of Nursing and Quality is responsible for ensuring that the Trust adheres to national guidelines for the LTS of service users set out in the Mental Health Act Code of Practice (amended 2015).

The following outlines roles and responsibilities of Staff involved in LTS and the monitoring of its use.

6.1 Ward Manager

The Ward Manager(s) is/are responsible for ensuring:-

- Nursing Staff have the relevant and up to date skills to implement the policy
- Application of the policy is consistent and all Nursing Staff are aware of their individual responsibilities throughout
- All relevant documentation is completed pertaining to the policy
- Ensuring the area used for LTS is fit for purpose and any damages or problems are rectified as soon as possible

6.2 Multi – Disciplinary Team

The multi – disciplinary team hold the responsibility for being conversant with the policy; to review the service user at the designated time and to be involved in the decision making process to formally discontinue LTS when appropriate.

7 Policy detail/Course of Action

7.1 The long term segregation environment

The CoP states "...the environment should be no more restrictive than necessary. This means that it should be as homely and personalised as risk considerations allow..." (MHA CoP, para 26.151)

The minimum facilities required are:

- Bathroom facilities
- A bedroom
- Relaxing lounge area
- Access to secure outdoor areas
- Range of activities of interest and relevance to the service user

The Extra Care Area (ECA) of Seagrove Ward meets the minimum facilities mentioned above.

- In addition to this area the service user may also have use of the male conservatory (this could be used by either gender at the time due to its proximity to the ECA area) and main ward bedroom following thorough assessment of risk
- To ensure that service users in LTS have access to secure outside space they can utilise the secure garden area which backs on to Osborne Ward or following risk assessment the service user could be escorted into the secure garden of Seagrove Ward. This would be dependent on the service user population and resources at the time
- The service user will be observed by a minimum of two members of staff at all times who will be able to provide activities for the service user; they may also be supported by the Occupational Therapy staff to ensure this takes place
- The supporting staff will make written notes on the service user's condition every 15 minutes and should include not just the service user's location but also their current presentation or what they are engaging in
- The Trust places the decision to consider a service user as long-term dangerous and requiring management under a long-term segregation regime with the service user's multidisciplinary team

If the patients in LTS immediate risk of harm to others increases then seclusion can be used and the policy for its use will apply. When the patient is able to come out of seclusion they will remain in LTS.

The Mental Health Seclusion Policy should be followed if this is required

7.2 Decision to initiate LTS

- Must involve an MDT of professionals currently involved in the service users care
- The Code of Practice states that "...when 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..." (MHA CoP, para 26.150)
- The safeguarding team should also be informed as soon as possible following a service user being placed in LTS
- The use of long-term segregation can be verbally requested by a service user stating that they are unable to manage within the environment.
- It can also be communicated by a service user's behaviour indicating that they are unable to cope with the environment.

Others who must be consulted:

- The service user's family/carers (where appropriate)
- The service user's IMHA
- The local commissioning group
- If it is felt that the service user may lack capacity to understand the rationale for LTS, a capacity assessment must be carried out. If the service user does lack capacity, all decisions made in his/her best interests should be documented.

This should be recorded in the Restrictive intervention case note on PARIS, the information required is shown in Appendix A.

7.3 Reviews of LTS

- Written records of the service user's condition at least every 15 minutes
- Nursing staff to review the service user's presentation every 2 hours
- An Approved clinician (who does not need to be doctor) once in any 24 hour period
- MDT review once a week, this must include the service user's responsible clinician and an IMHA (if available), nursing staff and a member of the ward management team
- After 3 months the service user's circumstances should be reviewed by an external hospital (their advocate and a commissioner should also be included in this review)
- Reviews of the service user will include a discussion as to whether the on-going risks have reduced enough to allow the service user access to the general ward environment and to check on their health and wellbeing
- Where successive MDT reviews determine that LTS continues to be required, more information should be available to demonstrate its necessity and explain why the service user cannot be supported in a less restrictive manner (MHA CoP, para 26.159)
- The Code also requires periodic review of LTS by a senior professional not involved with the case (para 26.155)
- Reviews should include the following details where applicable:
 - General behaviour
 - Movement
 - Posture
 - Speech / communication ability
 - Expression of ideas
 - Appearance
 - Orientated to time, place and person
 - Mood and attitude
 - Interaction with staff
 - Reaction to medication and has no side effects and the need for any additional medication
 - Level of consciousness

- Cognitions
- Has no physical injuries
- Physical observations. BP, pulse, temperature
- Anxiety levels
- Individuals reaction to the review process
- Verbal requests from the service user

If LTS continues beyond three months, a comprehensive review must be undertaken by an external hospital. The clinicians involved in this review must discuss the care of the service user with the service user's family, IMHA and the responsible commissioners. A written report should be provided to the detaining authority. This review must be repeated every 3 months as long as LTS continues.

All reviews should be recorded in the Restrictive Intervention case note on PARIS and example of review information is shown in Appendix B

7.4 Diet, Clothing and Personal Hygiene

The team must ensure the basic needs of the service user are met, and provided within an acceptable timeframe:

- Food and dietary requirements to be served within regular time periods
- Ensure suitability of cutlery and tableware are safe for use in LTS
- Provision of regular fluids
- To ensure service user has privacy and dignity by being adequately clothed

7.5 Monitoring of LTS

The service user will be monitored at all times by a minimum of 2 members of staff who are up to date with the trusts physical intervention training, staffing levels can be increased based on continuous risk assessment of the service user's presentation.

At no point should the service user be isolated from the members of staff who are supporting them.

7.6 Record Keeping

Any episode of LTS should be recorded on the Trust's Electronic Patient Recording System (EPRS) PARIS, including rationale for episode of LTS, events that led up to this and who was involved.

PARIS should also have records of other professionals that have been notified of when LTS has taken place.

A Datix incident form should be completed by the Nurse in charge of the shift.

There is also designated LTS paperwork that requires completion by the staff, and regular recording of the service user's behaviour and presentation. Any reviews of LTS by the MDT will also need documenting accordingly and any use of physical intervention and/or medication use will need completion of associated electronic format Datix as above.

In 2019, following the relevant training for staff, this recording will be completed with a Restrictive Intervention case note within PARIS.

The Seagrove Ward Manager will have responsibility to complete a yearly review and audit of the ward's compliance with this policy. The audit will review 3 service users who have

been subject to LTS. This will be reported to the Mental Health and Learning Disability Quality and Risk Committee.

7.7 LTS care and treatment plan

- Should be formulated with the service user where possible and include their views
- Include the rationale for using LTS
- The aim of the treatment plan should be to end LTS (MHA CoP, para 26.152)
- The LTS treatment plan should clearly state why LTS is necessary and should be supported by a comprehensive risk assessment and therapeutic plan
- The LTS treatment plan must detail the steps and therapeutic goals to be achieved in order for LTS to be terminated
- The care plan should include details of activities that the service user has identified they would like to engage in and whether these are possible in the environment with the current risks

The service user should have access to a copy of the LTS treatment plan, where possible. If this is not appropriate or possible, the service user must be informed of the steps and therapeutic goals they should achieve in order for LTS to be terminated. The family may also be offered a copy of the plan if the service user requests this.

7.8 Visitation

Service users in LTS, and their relatives/carers should be given information by the Ward regarding visiting arrangements.

- Times
- Booking process
- What items are allowed/not permitted in the LTS area
- That a thorough risk assessment must be undertaken before the visit is allowed to go ahead
- What the emergency procedures are when they are visiting the service user in LTS e.g. Panic alarms, staff response etc.

Information provided to the service user or their family must meet their individual communication needs, for example people with additional needs such as physical, sensory or learning disabilities, and people who do not speak or read English.

7.9 Terminating LTS

- LTS must be terminated when it is determined that the service user's risks have reduced sufficiently to allow them to be re-integrated into the ward
- The decision to terminate LTS should be taken by the MDT, following a thorough risk assessment and must take into account observations from staff who have been closely monitoring the service user's presentation and how the service user is managing their interactions with others
- The MDT should consist of, as a minimum, the service user's Responsible Clinician the nurse in charge and a member of the ward management team. The service user's IMHA should be consulted where applicable

7.10 Debriefing and reintegration into the ward

When the decision is made to reintegrate the service user into the ward a care plan will be in place stating clearly the steps involved for them being reintegrated into the ward. There should be a time frame for each step identified. Reintegrating the service user into the general ward population should be a gradual process.

The service user should be offered a 'debrief' on their experience of LTS and their understanding of why it was necessary. This conversation should also include an assessment of the service user's current risk towards others.

7.11 Care of vulnerable service users on Seagrove Ward

Occasionally there may be instances when service users are cared for on Seagrove Ward within the Extra Care Area for a short emergency period until a more appropriate placement can be located for them but they are not able to be cared for on the main ward area due to their vulnerability.

For example:

- Service users with Learning disabilities or additional complex needs
- Service users who are under the age of 18

This should only happen following discussion with a member of the senior management team and the MDT. During this time the monitoring and review processes of this policy should be followed.

8 Consultation

The Long Term Segregation Policy will be open to consultation via the Trust's Policy ratification process. The content has been disseminated for comment and agreed by all Mental Health Acute Leads and at the MH&LD Quality and Risk Safety Meeting.

9 Training

This Mental Health LTS Policy does not have a mandatory training requirement but the content of it is included within the Trust mandatory Physical Intervention Training

10 Monitoring Compliance and Effectiveness

Ward staff who implement Long Term Segregation will be required to complete the appropriate documentation for recording Long Term Segregation use, and any use of physical intervention or medication administered during this time.

The Seagrove Ward Manager will have responsibility to complete a yearly review and audit of the wards compliance with this policy. The audit will review ten service users who have been subject to Long Term Segregation use.

The Clinical Quality and Safety Lead for Acute MH services will complete a quarterly audit report for the use of all restrictive interventions, which will be reported to the Isle of Wight Clinical Commissioning Group as part of the Trusts Quality Schedule. All incidents will also be reported for National Benchmarking.

11 Links to other Organisational Documents

- Mental Health Services Seclusion Policy
- Supportive Observation Mental Health In-Service user Policy
- Adult Observation Chart (AOC) and Modified Early Warning Score (NEWS2)
- Seagrove PICU Operational Procedure
- Physical Restraint Procedure
- Standard Operating Procedure. Mental Health Inpatient Areas – Searching for offensive weapons, illicit substances, alcohol and unsafe items

12 References

- Code of Practice Mental Health (1983) revised 2008, revised 2012, revised 2015
- Mental Health Act 1983 (revised 2007)

13 Appendices

Initial Record of Long-term Segregation

Authorisation of Long-term Segregation must come from the service user's RC (or another Dr) and two other registered professionals, at least one of whom is from another ward.

Service user's Name:	DoB:
Legal Status:	Ward
Responsible Clinician:	Primary Nurse:
Web based incident report number:	
DATE and TIME at which Long-term Segregation commenced:	
Date:	Time:
PRINTED names & posts of those involved in the decision to commence LTS:	
Name:	Designation:
Name:	Designation:
Name:	Designation:
Name:	Designation:
Name:	Designation:
Name:	Designation:
Brief description of the incident(s) leading up to long-term segregation and rationale for this.	
PRINTED NAME and signature of Nurse-in-charge:	
Name (PRINT)	Signature Time:
PRINTED NAME and signature of the RC or Dr:	
Name (PRINT)	Signature Time:

Review of Long-term Segregation

Please circle which review: **Nursing/Daily Review/ Weekly MDT/ Monthly Independent/ 3 Monthly Review**

Service user's Name:	Ward:
PARIS Number	Nurse in charge:
Responsible Clinician:	Primary Nurse:
DATE and TIME at which Long-term Segregation commenced:	
Date:	Time.....
PRINTED names & posts of Review Team:	
Name:	Signature: Designation.....
Name:	Signature: Designation.....
Name: Designation.....	Signature:
Name: Designation.....	Signature:
Date and time of this review: Date: Time:	
ASSESSMENT (to include Mental state, Risks and Physical health: (include record of any physical monitoring)	
Agreed summary:	
Long-term Segregation to continue? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Rationale for decision:	
If Long-term Segregation is to continue state details of next review:	
Form completed by:	
Name:	Signature..... Designation:
Date:	Time:

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	Segregation Policy for Long Term Mental Health Services
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs	0	0	0
Training Staff	0	0	0
Equipment & Provision of resources	0	0	0

Summary of Impact:

Risk Management Issues: N/A

Benefits / Savings to the organisation: Increased assurance of service user and staff safety within Mental Health wards.

Equality Impact Assessment

- | | |
|--|-----|
| ▪ Has this been appropriately carried out? | YES |
| ▪ Are there any reported equality issues? | NO |

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs	0	0	0
Totals:	0	0	0

Staff Training Impact	Recurring £	Non-Recurring £
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Totals:	0	0

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed	0	0
Building alterations (extensions/new)	0	0
IT Hardware / software / licences	0	0
Medical equipment	0	0
Stationery / publicity	0	0
Travel costs	0	0
Utilities e.g. telephones	0	0
Process change	0	0
Rolling replacement of equipment	0	0
Equipment maintenance	0	0
Marketing – booklets/posters/handouts, etc.	0	0
Totals:	0	0

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	



Equality Impact Assessment (EIA) Screening Tool

Document Title:	SEGREGATION POLICY FOR LONG TERM MENTAL HEALTH SERVICES
Purpose of document	That service users are cared for in an appropriate environment with full consideration given to providing 'least restrictive' care. The Policy includes and refers to National Guidance for restrictive interventions.
Target Audience	All staff working within Acute Mental Health Services
Person or Committee undertaken the Equality Impact Assessment	Bev Fryer – Service Manager for Acute MH Services

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

Gender		Positive Impact	Negative Impact	Reasons
	Men			
Women		N	N	
Race	Asian or Asian British People	N	N	
	Black or Black British People	N	N	
	Chinese people	N	N	
	People of Mixed Race	N	N	
	White people (including Irish people)	N	N	

	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	N	N	
Sexual Orientation	Transgender	N	N	
	Lesbian, Gay men and bisexual	N	N	
Age	Children	N	N	
	Older People (60+)	N	N	
	Younger People (17 to 25 yrs.)	N	N	
Faith Group		N	N	
Pregnancy & Maternity		N	N	
Equal Opportunities and/or improved relations		N	N	

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	NO
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or

improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	

Uncontrolled when printed