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Safe Use of Seclusion

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Supporting Behaviours that Challenge (BtC)

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Contents

1 Introduction

The Mental Health Act (1983) Code of Practice (2015) clearly describes the need for Trusts to have clear written guidelines on the use of seclusion and segregation.

The MHA (1983) does not specifically mention seclusion or segregation. The existing guidance on the definition and use of seclusion and segregation is provided by the MHA Code of Practice (2015) Chapter 26, Paras 26.103-26.160.

Our Journey To Change sets out why we do what we do, the kind of organisation we want to become and the way we will get there by living our values, all of the time. To achieve this, the Trust has committed to three goals.

This procedure supports all three goals of Our Journey To Change.

1.1. Strategic goal 1: To co-create a great experience for patients, carers and families

Implementing this procedure provides assurance to patients, families and staff in relation to patients' safety and wellbeing by ensuring that there are clear definitions of seclusion and segregation and related individualised care and support, including for the monitoring, recording and oversight of such interventions.

Importantly, patients, carers and families can be assured that patients' dignity and physical wellbeing will be supported within appropriate environments.

1.2. Strategic goal 2: To co-create a great experience for our colleagues

The procedure will ensure that colleagues understand their roles and responsibilities, including for the recording, monitoring and review of use of seclusion and segregation and any follow up actions. When staff understand their roles and their duties, they can be confident that the actions that they take are appropriate and consistent with best practice.

1.3. Strategic goal 3: To be a great partner

Procedures that ensure the safety and wellbeing of patients, including from ongoing monitoring and oversight assists the Trust when working with key partners either to improve services or to jointly care for patients.

1.4. Trust values and behaviours

Having clear definitions for seclusion and segregation and related care and support will help to ensure we live our values of respect, compassion and responsibility.

2 Purpose

Following this procedure will help the Trust to:-

- Ensure the safety and wellbeing of the patient;
- Ensure the patient receives the care and support rendered necessary by their seclusion or segregation both during and after it has taken place;
- Distinguish between seclusion, segregation and psychological behavioural therapy interventions (such as “time out”);
- Specify a suitable environment that takes account of the patient’s dignity and physical wellbeing;
- Ensure all staff are aware of their roles and responsibilities;
- Set requirements for recording, monitoring and reviewing the use of seclusion and segregation and any follow up action.

This procedure outlines the rationale and guidance underpinning the use of seclusion and segregation and should be read in conjunction with Chapter 26 of the Mental Health Act Code of Practice (2015).

3 Related documents

The Person Centred Behaviour Support Policy , Ref: CLIN-0019-v6
https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1278.pdf&ver=9772
defines the standards for care and treatment in support those with behaviours challenge which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:-

- Harm Minimisation Policy: Ref CLIN-0017-v8.1
  https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1265.pdf&ver=10297
- Rapid Tranquillisation (RT) Policy CLIN-0014-v8.1
  https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1300.pdf&ver=7234
- Blanket restrictions: Policy on the use of Global Restrictive Practices (Blanket Restrictions) in In-Patient Units Ref: CLIN-0089-v2
  https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1304.pdf&ver=10345
- Tear Proof Clothing Use Procedure Ref: CLIN-0019-004-v1
  https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n3181.pdf&ver=6731
- Safe use of Physical Restraint Techniques Procedure, Ref CLIN-0019-002 v1
  https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1303.pdf&ver=9778
- Safe use of Long Term segregation Procedure , Ref CLIN 0019 001 v2
  https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1312.pdf&ver=3436

- Procedure for addressing verbal aggression towards staff by patients, carers and relatives Ref CLIN-0019-003-v1 https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1334.pdf&ver=3449
- Privacy and Dignity Policy Including Eliminating Mixed Sex Accommodation Requirements Ref: CLIN-0067-v4 https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1298.pdf&ver=8350
- Human Rights, Equality and Diversity Policy, Ref: HR-0013-v8 https://intranet.tewv.nhs.uk/download.cfm?doc=docm93jijm4n1360.pdf&ver=7521

4 Definition of 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.' Para 26.103 MHA Code of Practice (2015)

The term 'open seclusion' is a misnomer. If the seclusion room door is open or unlocked, but staff are preventing the person from leaving by means of a physical barrier, this still constitutes seclusion. See 5.1Standards for the seclusion environment and its use

- As stated, seclusion should be used for the shortest possible time and should not part of planned treatment/management.
- If a patient is confined in any way that meets the definition above, even if they have agreed to or requested such confinement, they have been secluded. It is essential that they are afforded the procedural safeguards of the Code. (MHA Code of Practice 2015).
- In contrast to seclusion and segregation, there are methods of managing behaviour that is challenging, as described within the Positive Behavioural Support Person Centred Pathways, and these methods should be used as part of a therapeutic management/treatment plan.
- Seclusion should only be used in relation to patients detained under the Act. If an emergency situation arises involving an informal patient and, as a last resort, seclusion is necessary to prevent harm to others, then an assessment for an emergency application for detention under the Act should be undertaken immediately. However the need to seclude does not itself constitute grounds for detention

4.1 Designated seclusion rooms

The Trust currently has a number of rooms designated and designed as appropriate for use as seclusion rooms; however it must be remembered that any room could potentially be used to seclude a person where the definition of seclusion is met. The wards with rooms designated as appropriate for use as seclusion rooms are:

Table 1 - Seclusion rooms

Hospital/Unit	Ward

Ridgeway, Roseberry Park, Middlesbrough	Swift Ward
Ridgeway, Roseberry Park, Middlesbrough	Sandpiper Ward
Ridgeway, Roseberry Park, Middlesbrough	Ivy/Clover Ward
Ridgeway, Roseberry Park, Middlesbrough	Jay Ward
Ridgeway, Roseberry Park, Middlesbrough	Thistle Ward
Ridgeway, Roseberry Park, Middlesbrough	Harrier/Hawk Ward
Ridgeway, Roseberry Park, Middlesbrough	Northdale Centre
Roseberry Park, Middlesbrough	Bedale Ward
Cross Lane Hospital, Scarborough	Ayckbourn Ward
West Park Hospital, Darlington	Cedar Ward

Seclusion should be used only as a last resort and for the shortest possible time. However, it is important that patients who are at risk of disturbed or violent behaviour should have the opportunity to express their views, wishes and preferences in the form of an advance statement. This may include a preference to be secluded rather than held in prolonged restraint, particularly where they have a history of abuse.

Seclusion should not be used a punishment or a threat, or because of a shortage of staff. It should not form part of a treatment plan. Seclusion should never be implemented solely as a means of managing self-harming behaviour. Where the patient poses a risk of self-harm as well as harm to others, seclusion should be used only when the professionals involved are satisfied that the need to protect other people outweighs any increased risk to the patient's health or safety and that any such risk can be properly managed.

4.2 Standards for the seclusion environment and its use

Seclusion should only be undertaken in a room or suite of rooms that have been specifically designed and designated for the purposes of seclusion and which serves no other function on the ward.

The following factors should be taken into account in the design of rooms or areas where seclusion is to be carried out:

- The room should allow for communication with the patient when the patient is in the room and the door is locked, e.g. via an intercom
- Rooms should include limited furnishings which should include a bed, pillow, mattress and blanket or covering
- There should be no apparent safety hazards
- Rooms should have robust, reinforced window(s) that provide natural light (where possible the window should be positioned to enable a view outside)
- Rooms should have externally controlled lighting, including a main light and subdued lighting for night time
- Rooms should have robust door(s) which open outwards

- Rooms should have externally controlled heating and/or air conditioning, which enables those observing the patient to monitor the room temperature
- Rooms should not have blind spots and alternate viewing panels should be available where required
- A clock should always be visible to the patient from within the room, and
- Rooms should have access to toilet and washing facilities.

5 Guidelines for the use of seclusion

(See Appendix 1 - Seclusion Algorithm)

5.1 The decision to seclude

- Seclusion must only be considered once de-escalation and other strategies have failed to calm the patient. The use of physical intervention, rapid tranquillisation and seclusion are management strategies and are not regarded as primary treatment techniques. When determining which interventions to employ, clinical need, safety of patients and others, and, where possible, advance decisions or statements must be taken into account. The intervention selected must be a reasonable proportionate response to the risk posed by the patient.
- The nurse in charge will ensure the patient is informed of the reason for the decision to seclude, the behaviour expected for seclusion to be terminated and the process whilst seclusion is used. The intervention plan will demonstrate the prescribed care the patient will receive whilst in seclusion.
- An incident report form (Datix) must be completed by the nurse in charge.
- The nurse in charge must give consideration to staffing levels required to enable monitoring of the patient whilst seclusion is on-going and the required staffing levels for the patient to come out of seclusion and liaise with senior staff as necessary.
- The decision to use seclusion can be made in the first instance by a psychiatrist, an approved clinician who is not a doctor or the professional in charge of the ward. Authorisation of seclusion is summarised below.

The person authorising seclusion must have seen the person immediately prior to the commencement of seclusion.

5.1.1 Table 2 - Authorising seclusion

Seclusion may be authorised by:	Additional considerations:
A psychiatrist	If the psychiatrist who authorises seclusion is neither the patient's responsible clinician (RC) nor an approved clinician (AC), the RC or duty doctor (or equivalent) should be informed of seclusion as soon as practicable.
An approved clinician who is not a doctor	The patient's RC or duty doctor (or equivalent) must be informed of seclusion as soon as practicable.
The professional in charge (e.g. a nurse) of a ward	The patient's RC or duty doctor (or equivalent) must be informed of seclusion as soon as practicable.

Where seclusion is authorised by a non-medical AC or by the nurse in charge, as described above, medical AC/RC or duty doctor must be contacted and must attend to undertake the first medical review **within 1 hour** of the beginning of seclusion.

- If the patient is newly admitted, not well known to the staff, or there has been a significant change in the patient's physical, mental state and/or behavioural presentation, the first medical review should take place without delay.
- Where seclusion has been authorised by a psychiatrist, whether or not they are the patient's responsible clinician or an approved clinician, the first medical review will be the review that they undertook immediately before authorising seclusion (meaning that a medical review within one hour of seclusion is not necessary).
- A new episode of seclusion must be created on Paris, see Appendix 1 Part One – Creating a new episode for details.
- The reasons for the decision to seclude must be recorded in the Paris Seclusion Record.
- A seclusion intervention plan must be implemented and should be agreed and prepared at the initial MDT review. This should set out how the individual care needs of the patient will be met whilst the patient is in seclusion and record the steps that should be taken in order to bring the need for seclusion to an end as quickly as possible. As a minimum the seclusion intervention plan should include:
- A statement of clinical needs (including any physical or mental health problems), risks and treatment objectives
- A plan as to how needs are to be met, how de-escalation attempts will continue and how risks will be managed
    - Details of bedding and clothing to be provided
    - Details as to how the patient's dietary needs are to be provided for, and
    - Details of any family or carer contact/communication which will be maintained during the period of seclusion.

5.2 Longer-term seclusion

- The Code of Practice advises that seclusion measures should have a minimal impact on a patient's autonomy, seclusion should be applied flexibly and in the least restrictive manner possible, considering the patient's circumstances.
- Where seclusion is used for prolonged periods then, subject to suitable risk assessments, flexibility may include allowing patients to receive visitors, facilitating brief periods of access to secure outside areas or allowing meals to be taken in general areas of the ward. The possibility of facilitating such flexibility should be considered during any review of the ongoing need for seclusion. Particularly with prolonged seclusion, it can be difficult to judge when the need for seclusion has ended. This flexibility can provide a means of evaluating the patient's mood and degree of agitation under a lesser degree of restriction, without terminating the seclusion episode.

5.3 Service users awaiting transfers to levels of higher security

- There may be circumstances when there are patients within medium secure services who have been secluded and who have then been assessed as requiring high secure mental health or learning disability services. This is due to the continued high level of risk they pose to the ward community, including staff, which is assessed as requiring ongoing longer-term seclusion rather than long-term segregation.
- Once assessment by the high secure service is concluded and they are accepted for transfer, from that point forward during the period awaiting transfer, the review and monitoring requirements in terms of medical reviews may be reduced. These details must be included in the management plan and are to include expected time periods for transfer.

5.4 Commencing seclusion

- When a decision to seclude has been made, the nurse in charge must ensure all staff on duty are aware of the seclusion.
- Prior to seclusion being implemented, a rub down or body search should be carried out to ensure the patient has not secreted any injurious articles. Refer to Searching of Patients, their Property, Environment and Visitors Policy.
- The start time of the seclusion must be recorded in the Paris record see Appendix 3 - recording seclusion and segregation on Paris Part One – Creating a new episode
- **Use of anti-tear clothing** – **Where anti-tear clothing is considered in a non-seclusion situation, the Trust guidance must be adhered to**.
    - A patient in seclusion will be encouraged to retain their own clothing to maintain their privacy and dignity. Patients placed in seclusion **must not** routinely be placed in anti-tear clothing. However, where risk assessment indicates, the use of anti-tear clothing may be considered to prevent harm to the patient, specifically *where the risk of shredded clothing being used to self-harm or attempt suicide has been assessed and is considered to be imminent and very high,* bearing in mind also that patients will be constantly observed whilst in seclusion. Where risk assessment deems anti-tear clothing is necessary and the patient consents/complies with wearing anti-tear clothing, the reason for its use must be clearly recorded in the seclusion record. There **must** also be follow up communication immediately to the relevant Head of Service and Head of Nursing in hours, or the next working day if out of hours, that tear-proof clothing has been used. Where the patient does not

consent/comply and the risk is imminent and very high and cannot be mitigated by constant observation, the decision and rationale to use tear-proof clothing must be recorded in the seclusion record. There **must** also be follow up communication immediately to the relevant Head of Service and Head of Nursing in hours, or the next working day if out of hours, that tear proof clothing has been used. The patient should **never** be deprived of having any clothing when in seclusion.

- Any items removed from the patient must be recorded in the electronic care record.
- Where it has been agreed that family members will be notified of any significant behavioural disturbances and the use of restrictive interventions as part of a behavioural support plan this should take place as agreed in the plan.
- **Upon the commencement of seclusion the nurse in charge must ensure a suitably skilled professional, competent to carry out visual observations, is positioned outside the seclusion room at all times. The aim is to safeguard the patient, monitor the condition and behaviour of the patient and to identify the earliest time at which seclusion can be terminated. Consideration should be given to the gender of the observer informed by the patient's trauma history.**
- The professional should have the means to summon urgent assistance from other staff at any point (e.g. personal alarm).

Every **15 minutes** a written record of the visual observations must be made in the Paris Seclusion Record. This should include, where applicable: the patient's appearance, what they are doing and saying, their mood, their level of awareness and any evidence of physical ill health especially with regard to their breathing, pallor or cyanosis.

- If a patient's condition causes concern, the nurse in charge must act appropriately, this may include entering seclusion, summoning medical assistance, carrying out physical observations, providing additional or as required medication.
- Where a patient appears to be asleep in seclusion, the person observing the patient should be alert to and assess the level of consciousness and respirations of the patient as appropriate.
- Meals and drinks must be provided as usual, with consideration given to the crockery and utensils used, e.g. plastic beakers and plates, non-metallic cutlery. The offering of meals and drinks and compliance/refusal with regard to meals and drinks must be documented in the Paris Seclusion Record
- For patients who have received sedation, a skilled professional will need to be outside the door at all times. After rapid tranquillisation is administered or where clinical risk indicates physical observations are necessary, vital signs must be monitored as outlined in the rapid tranquillisation policy and recorded in the Paris Seclusion Record. Refusal must also be documented.
- A full handover must be provided when staff carrying out observations change. This must include condition and behaviour, effectiveness, or not, of medication, meals and fluids accepted/refused, any physical observations recorded and an update to the review process.
- Staff must respond immediately to any display of self-injurious behaviour that compromises patient safety.

5.5 Reviews of seclusion

Staff health and safety risks, such as pregnancy, must be taken in to consideration when allocating staff to complete reviews.

The reviews must be documented on Paris as described in Appendix 1, Statutory Reviews

5.5.1 Medical reviews

Medical reviews provide the opportunity to evaluate and amend seclusion intervention plans, as appropriate. They should be carried out in person and should include, where appropriate:

- A review of the patient's physical and psychiatric health
- An assessment of adverse effects of medication
- A review of the observations required
- A reassessment of medication prescribed
- An assessment of the risk posed by the patient to others
- An assessment of any risk to the patient from deliberate or accidental self-harm, and
- An assessment of the need for continuing seclusion and whether it is possible for seclusion measures to be applied more flexibly or in a less restrictive manner.

The nature of the medical reviews and who can carry them out is outlined in Table 3 - Medical reviews below.

5.5.2 Table 3 - Medical reviews

First medical review	• **WHEN?** Within 1 hour after the commencement of seclusion • **WHO?** Any medical doctor at any grade, eg medical RC, medical AC, duty doctor • If a medical doctor made the decision to seclude, that Paris entry becomes the first Medical Review (no need for additional Medical Review).
Medical reviews	• **WHEN? 4** hourly until first Internal MDT, including overnight, weekends and Bank Holiday • **WHO**? Any medic al doctor at any grade, eg medical RC, medical AC, duty doctor (if not an AC, should have access to a medical AC) • Internal MDT can reset periodicity of medical reviews to a minimum of 2 in 24 hours one of which must be by Responsible Clinician or On Call medical AC). The other can be any medical doctor at any grade

5.5.3 Nursing reviews

A nursing review should take place at least every 2 hours. These should be undertaken by two registered nurses, at least one of whom was not involved in the decision to seclude. They will complete direct observations, interaction with and assessment of the patient. The review will be

recorded in the Paris Seclusion Record and the review details and the outcome of the review, including the rationale for the continuation or discontinuation of seclusion, will be recorded.

If there are any concerns about the patient's condition, they should immediately be reported to the patient's responsible clinician or duty doctor.

Once the first internal MDT review has taken place it may determine, based on identified needs and risks, that nursing reviews can be undertaken within a revised schedule when patients are **asleep** in order to avoid waking the patient. This decision to reduce intervals must be recorded in the seclusion intervention plan.

5.5.4 MDT reviews

The first MDT review should be held **as soon as is practicable** after commencement of seclusion. MDT membership should include:

- The service user's RC (or covering RC, ie on-call medical AC, not duty doctor)
- A medical doctor if the RC is not a doctor
- The senior nurse on the ward at the time of the review, and
- Appropriate staff from other disciplines who would normally be involved in patient reviews, eg Occupational Therapist, Psychologist, Social Worker, Pharmacist, Speech and Language Therapist.

At weekends and overnight, the membership of the initial MDT review may be limited to medical and nursing staff but should also in that instance include the on-call senior manager.

Subsequent MDT reviews should take place at least **once in every 24 hour period** of continuous seclusion and may be combined with the required subsequent medical reviews at 7.2.1 Medical reviews above.

5.5.5 Independent MDT Reviews

An independent MDT review should be promptly undertaken where a service user has been secluded for **8 hours** consecutively or **12 hours** intermittently during a 48 hour period.

Membership of the independent MDT should include an AC either medical or non-medical, a nurse and other professionals as per MDT reviews in c above, **none of whom** were involved in the incident which led to seclusion. Good practice is to consult with those who were involved. If the service user already has an IMHA they should be included too.

The nature of the MDT reviews and who can carry them out is outlined in Table 4 - MDT reviews below.

5.5.6 Table 4 - MDT reviews

First MDT Review	• **WHEN?** As soon as practicable • **WHO?** In hours RC, any medical doctor if RC non- medical, Senior Nurse on the ward and at least 1 other professional discipline (neither a doctor or a nurse) • Out of hours Any medical doctor at any grade, a qualified nurse and the manager on site/call (who can be on the phone). **MUST CONSULT MEDICAL AC ON CALL** • The periodicity of further Medical Reviews above, can be decided in this meeting.
Subsequent MDT Reviews	• **WHEN?** Once in every 24 hour period of continuous seclusion • **WHO?** In hours RC, any medical doctor if RC non medic, Senior Nurse on the ward & at least 1 other professional discipline (neither a doctor or a nurse) • Out of hours On call medical AC, qualified nurse and the manager on site/call (who can be on the phone). • The 24 hour internal MDT Review can be combined with the Medical Review above when carried out by the RC or on call medical AC
Independent MDT	• **WHEN?** If secluded for 8 hours (or 12 hours intermittently, during a 48 hour period) this triggers the requirement for an Independent MDT review. In practical terms this may be done the next day • **WHO?** An AC, any medical doctor if AC non medical, a qualified nurse, at least one other registered professional discipline and the patient's IMHA (where appointed) • This cannot involve professionals who made the decision to seclude, however, it is good practice to consult these people

5.7 Longer Term Seclusion

Where seclusion extends beyond a 24 hour period, a process will be implemented which ensures that longer term seclusion is subject to additional assurance and oversight. There are trigger points within the process which instigate actions aimed at providing additional assurance. This process also aims to provide additional support to ward staff who are involved in caring for the secluded patient and to provide external reference points and sources of clinical expertise.

The diagram on the following page sets out the process.

Trigger point	Primary purpose	Notifications	Assurances sought	Assurance lead
Seclusion begins	-	NIC emails WM, MM and CD, HOS, HON, DMD	-	-
24 hour	Ensure immediate welfare and safety needs have been met	MM (or equivalent) / (out of hours Senior nurse on duty for the site) emails, CD, HoS, HoN and DMD once seclusion reaches 24 hrs confirming assurance	• Seclusion was appropriate. • Care plans appropriate and in keeping with guidance. • Evaluation of the frequency of medical and nursing reviews. • Need to escalate any concerns to CD/HoS/MM.	Modern Matron (or equivalent) (out of hours Senior nurse on duty for the site)
72 hour	Check whether care plans remain realistic and appropriate, and alternatives to seclusion have been reviewed	WM or MM to email CD, HoN and DMD with copy of updated care plan	• Seclusion still warranted. • Alternatives have been explored including flexible seclusion. • Feasibility of termination plan. • Evaluation of the frequency of medical and nursing reviews. • Lessons learned identified and disseminated. • Plan for 1 week review made. • Need to escalate any concerns to DMD/HoN.	Head of Nursing (out of hours Senior nurse on duty for the site)
1 week	Review plans to terminate seclusion but prepare for possibility in seclusion longer	WM/MM to invite HoN to 1 week review (in their absence, consider DMD or CD)	• Review of circumstances that necessitated seclusion has been undertaken • Review reintegration plan • Consider Safeguarding • Team have considered whether additional support/advice needed • Intend to discussion at QUAG • Plan for 1 month review (date for 1 month review to be sent out to DMD).	Head of Nursing

Trigger point	Primary purpose	Notifications	Assurances sought	Assurance lead
1 month	Internal independent review of care	WM to email DMD	☐ 1 month meeting has been planned / occurred ☐ Independent scrutiny, support and challenge sought. ☐ Care plans updated reflecting time in seclusion. ☐ Barriers to returning to ward / moving on have been identified. ☐ Plans for possible 3 month review have been made.	DMD
3 month	External independent review of care		☐ Fully independent review has been commissioned ☐ Frequency and representation of future reviews has been made (minimum 3 monthly with external representation)	DMD

Figure 1 - Nursing reviews

Abbreviations - NIC = nurse in charge; WM = ward manager; MM = modern matron; HoS = head of service; CD = clinical director; HoN = head of nursing; DMD = deputy medical director:

5.8 Termination of seclusion

- Seclusion ends when a patient is allowed free and unrestricted access to the normal ward environment or transfers or returns to conditions of long-term segregation
- Seclusion should immediately end when a MDT review, a medical review or the independent MDT review determines it is no longer warranted.

Where the nurse in charge of the ward feels that seclusion is no longer warranted, seclusion may end **following consultation** with the patient's responsible clinician or duty doctor. This consultation may take place in person or by telephone.

- At all times when seclusion is terminated the nurse in charge must ensure an appropriate number of staff are available to manage the patient's initial potential risk. Following further risk assessment, management of the patient must be clearly documented in the electronic care record. Levels of engagement and observation must be implemented as per the Clinical Risk Assessment and Management Policy. The aim must be to return the patient to the usual ward environment at the earliest possible opportunity.
- The date and time that seclusion is terminated and the total time in seclusion in hours and minutes must be calculated and all must be recorded on the Paris Seclusion Record as described in Appendix 3, Part Four – Ending The Event.
- Following the decision to terminate seclusion the nurse in charge must ensure that the following are informed at an appropriate time:
    - Responsible Clinician (or Consultant psychiatrist in charge)
    - Senior Nurse on duty for Clinical Service
    - Service Manager on duty
    - Relatives/Carers, where appropriate and as agreed
- Following seclusion the patient must be offered the opportunity at an appropriate time, to discuss the situation and their perception of the situation - a 'de-brief'. This should be conducted **no later than 72 hours** post seclusion episode and the outcome, including the patient declining to participate, of the de-brief must be recorded in the Paris Seclusion Record.

6 Use of Seclusion for Patients receiving care and treatment within Long Term Segregation (LTS)

- The Trust at times will support a small number of patients in long term segregation environments to safely meet their needs, either to manage long term risk that cannot be mitigated in other ways or as part of a single occupancy package of care and treatment. The use of Long term segregation is recognised as a restrictive intervention.

- When a patient is well known to the services and the MDT have a good understanding of their behavioural needs, as part of the range of tertiary interventions available in managing the patients' behaviours, staff may consider withdrawing from the designated long term segregation space. Where there is a clinical need staff may need to lock the door creating a barrier between them and the patient.

The trust recognises by locking the door this meets the definition for the use of seclusion which is also a restrictive intervention. In these instances, this will be identified as a safer restrictive option than the need for physical intervention. It will need to be reported and safeguarded in accordance with trust seclusion policy, with acknowledgement of the following exceptions as outlined in the following paragraphs.

6.1 The decision to seclude a patient currently accessing LTS

- In accordance with the MHA Code of practice, seclusion cannot be considered as a planned treatment option. However, when this is used as one of the recognised tertiary response options then an intervention plan must be available outlining how the patients' individual needs will be met during the period of seclusion in relation to meeting dietary need and family contact (see section 5.1.1). This must include that it is for the shortest time possible and how the patient will be made aware of the possibility of seclusion as part of their individualised tertiary plan.

- Staff working with the patient will understand the individualised plans as part of handover processes and when the tertiary option of seclusion may apply.

- The intervention plan must be agreed by the MDT and approved by the Associate Medical Director and the Associate Director of Nursing and Quality for the service.

6.2 Commencing Seclusion for a patient currently accessing LTS

- The decision to withdraw from LTS environments and therefore trigger a seclusion episode will often need to be made quickly by healthcare staff supporting the patient at that time.

- The Nurse in Charge of the ward must be notified immediately of staff withdrawal and therefore seclusion commencing. At this point the Nurse in Charge must comply with all relevant elements of section 5.4.

- The exceptions which do not specifically apply from 5.4 (rub down / body search, use of anti-tear clothing, removal of items) are linked to 4.2 of current trust policy and do not apply because within this scenario, the patient is in their own bespoke and risk assessed environment. As a consequence elements of the seclusion policy are not clinically appropriate. This means for seclusion for patient in a long term segregation care environment, the patient is being secluded in their own environment which is risk

assessed for their needs so no rub down search is required and the patient will retain their own bedding, clothing and possessions.

- Observations may be carried out through windows from around the environment and / or CCTV. Whilst the principle of seclusion and the maintenance of safety is that the patient can be observed at all times, it is recognised that in these scenario's, the environments are bespoke and do not meet the Trust seclusion suite specification however do meet the needs of the individual.

- The purpose of seclusion in these instances is to reduce the stimulus of the environment by removing staff. If staff were to re-enter in order to conduct visual observations, then this can create additional stimulus and increase the emotional arousal of the patient resulting in prolonging the period of distress. There may therefore be short periods where on an individual basis, agreed by the clinical team based on clinical risk and reflected in their plan, the patient may not be able to be observed by sight. The individualised plan will clearly set out if and when this would be clinically appropriate and the scenarios in which staff should re-enter.

6.3 Reviewing Seclusion use for Patients currently accessing LTS

Medical Reviews

- If seclusion continues for 60 minutes or more continuously then all of Section 5.6 in current policy should be adhered to.

- Where the seclusion episodes have not exceeded 60 minutes for each episode but cumulatively have reached 12 hours within a 48 hour period then section 5.5 must be adhered to.

- Where seclusion is less than 60 continuous minutes in duration:

    - If the seclusion has been in line with the tertiary options then the patients' RC will be notified of the commencement and ending of seclusion via e-mail and these incidents will be discussed and recorded via report out daily. This could be an overarching email from the Nurse in Charge of the seclusion episodes occurring during their shift that they were responsible for.

    - If there are any concerns regarding the patients physical or mental well being that differ from the usual presentation then on call medical advice should be sought.

Nursing Reviews

- If a period of seclusion last continuously for 2 hours, then the usual monitoring in section 5.5 will apply.

- If there have been episodes of seclusion which differs from the parameters within their tertiary intervention plan, a Registered Nurse, not included in the decision to seclude, will review the seclusion episode. A standard nursing review will be caried out as per section 5.5

6.4 Termination of seclusion for patients accessing LTS

- It is acknowledged that these periods of seclusion will likely be carried out on multiple occasions during an incident often for short periods of time.

- In order to prevent the prolonged use of a seclusion, if the presentation of the patient meets the requirements agreed within the intervention plan for terminating seclusion, then the professional in charge of the ward can authorise this and staff will re-enter the LTS environment.

- The patient RC will be notified as soon as practically possible, and the episode will be reviewed in line with ward processes including discussion within the MDT.

- All episodes of seclusion will be reported via Datix and documented in detail on Paris , see Appendix for 4 for further guidance.

7 How this procedure will be implemented

• This procedure will be published on the Trust's intranet and external website.
• Line managers will disseminate this procedure to all Trust employees through a line management briefing.
• Awareness of the policy raised throughout Staff PAT Training

7.1 Training needs analysis

All staff who utilise seclusion will complete necessary training.

8 How the implementation of this procedure will be monitored

Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will

			usually be via the relevant Governance Group).
1	Reporting on the use of seclusion and segregation including the number of episodes, length of episodes and number of patients secluded and segregated	The Mental Health Legislation Department provides a report to the Mental Health Legislation Committee (a sub-group of the Trust Board) on a quarterly basis.	If trends or unusual activity become apparent the Mental Health Legislation Committee will seek clarification and strategies to address the issues from the appropriate service manager.

9 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	08 June 2022	
Next review date:	28 February 2025	
This document replaces:	CLIN-0019-001-v3	
This document was developed with	Ward teams Adult learning disability and Learning disability clinical network	
This document was approved by:	Name of committee/group	Date
	Clinical Leaders Group (v3) Executive Directors Group (v3.1)	February 2021 08 June 2022
This document was ratified by:	Name of committee/group	Date
	Senior Leaders Group (v3) Executive Directors Group (v3.1)	14 April 2021 08 June 2022
An equality analysis was completed on this document on:	14 April 2021	
Document type	Public	
FOI Clause (Private documents only)	n/a	

Change record

Version	Date	Amendment details	Status
3	14 April 2021	The single document CLIN-0019-001-v2 Seclusion and Segregation Procedure (withdrawn) was split into two documents. These are CLIN-0019-006-v1 Safe use of long term segregation and this re-named document CLIN-0019-001-v3 Safe Use of Seclusion.	Withdrawn
3.1	08 June 2022	Minor change: • Section 6 : Supporting patient accessing LTS added to trust wide procedure to reflect current practices for supporting patients whose behaviours that challenge within ALD inpatient areas n.b. due to urgency of change new template has not been applied to this minor change	Ratified
3.1	17 Jan 2025	Review date extended till 28 Feb 2025	published

Appendix 1: Seclusion Algorithm

Tees, Esk and Wear Valleys NHS Foundation Trust

Patient secluded
Prior to seclusion ensure rub down search and consider need for tear proof clothing only if own clothing is not appropriate due to risk of self-harm

NIC identifies competent member of staff to constantly observe pt.

Observing staff make entries onto Paris **every 15 mins** around condition and behaviour. Offers (and acceptance/refusal) of food, fluids, fresh air, attendance to hygiene needs, physical observations carried must also be recorded

NIC completes relevant parts of Paris Seclusion Record

NIC to complete Datix

Any medical doctor, eg medical RC, medical AC or Duty Doctor attends and completes relevant parts of Paris Seclusion Record within 1 hour unless a medical doctor authorised seclusion

Initial internal MDT Review
To be carried out as soon as practicable: In hours RC, any medical doctor if RC non-medical, Senior Nurse on the ward and at least 1 other professional discipline
Out of hours Any medical doctor at any grade, a qualified nurse and the manager on site/call (who can be on the phone). MUST CONSULT MEDICAL AC ON CALL

Develop individual intervention plan 5.2.10
Include determination of medical and nursing review intervals and record, including sufficient, robust reasons for any variance from standard of 4 hourly medical and 2 hourly nursing reviews (nursing review interval may reduce when asleep)

Nursing Reviews (Every 2 hours) Para Error! Reference source not found.
Two registered nurses, at least one of whom was not involved in the decision to seclude, will complete direct observations, interaction with and assessment of the patient. Record on Paris Seclusion Record

Seclusion Reviews
Commence immediately and continue unless/until MDT review determines different review periods. **Record all formal reviews on Paris Seclusion Record and review details and the outcome of the review, including the rationale for the continuation or discontinuation of seclusion, in the Paris Seclusion Record**

Medical Reviews (Every 4 hours)
Any medical doctor, eg medical RC, medical AC, duty doctor (if not an AC, should have access to a medical AC) accompanied by staff as risk assessment dictates to complete direct observation, interaction with and assessment of the patient. Medical review interval may reduce to **minimum of twice in 24 hours** after initial internal MDT review (one **must** be by the medical RC or on-call medical AC)

Independent Internal MDT Review (secluded for 8 consecutive hours or 12 hours in a 48 hour period). Can be done the next day
An AC, any medical doctor if AC non-medical, a qualified nurse, at least 1 other registered professional discipline and patients IMHA (where appointed).
This cannot include professionals who made the decision to seclude; however, it is good practice for those involved in the original decision to be consulted

Internal MDT Reviews
Subsequent to the **initial internal MDT review**, similarly constituted further MDT reviews should take place once in every 24 hour period. **The 24 hour internal MDT Review can be combined with the Medical Review above when the medical review is carried out by the RC or on call medical AC**

Reviews beyond 24 hours
Please refer to **Para 0**

Termination of Seclusion (Para 7.3)
Decision of MDT, Independent MDT or NIC (after consultation with RC/duty Dr)

NIC to record rationale for termination of seclusion and ensure sufficient staff to manage initial risk and determine further management, obs and engagement levels and document all on Paris Seclusion Record. **De-brief within 72 hours**.

NIC completes relevant parts of Paris Seclusion Record, including total time in seclusion, and ensures relevant professionals at **Para 7.3.5** are informed

Appendix 2 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Positive & Safe Care					
Policy (document/service) name	Safe use of Seclusion					
Is the area being assessed a…	Policy/Strategy		Service/Business plan		Project	
	Procedure/Guidance			✓	Code of practice	
	Other – Please state					
Geographical area covered	Trustwide					
Aims and objectives	This procedure outlines the rationale and guidance underpinning the use of seclusion and segregation and should be read in conjunction with Chapter 26 of the Mental Health Act Code of Practice (2015) and aims to: • Ensure the safety and wellbeing of the patient; • Ensure the patient receives the care and support rendered necessary by their seclusion or segregation both during and after it has taken place; • Distinguish between seclusion, segregation and psychological behavioural therapy interventions (such as “time out”); • Specify a suitable environment that takes account of the patient’s dignity and physical wellbeing; • Ensure all staff are aware of their roles and responsibilities; • Set requirements for recording, monitoring and reviewing the use of seclusion and segregation and any follow up action.					

Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	March 2021
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	14 April 2021

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay or Julie Barfoot on 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
All admitted patients					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	No	**Sex** (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	**Age** (includes, young people, older people – people of all ages)	No

Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	**Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	**Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners)	No

Yes – Please describe anticipated negative impact/s

No – Please describe any positive impacts/s

This policy gives guidance to staff in relation to patients who are subject to seclusion or segregation.

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?**	**Yes**	✓	**No**	

Sources of Information may include: • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports	• Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below)

This policy is based on the Mental Health Act Code of Practice which was updated in 2015. Both the Mental Health Act, and it's Code of Practice were subject to extensive equality impact assessment, and the relevant documents are available on the Department of Health website and in the National Archives.

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership
Yes – Please describe the engagement and involvement that has taken place
This is a minor change to a previously published procedure, which was subject to internal and external consultation.
No – Please describe future plans that you may have to engage and involve people from different groups

5. As part of this equality analysis have any training needs/service needs been identified?	
Yes	Please describe the identified training needs/service needs below No new training needs have been identified. This is already covered in existing Mental Health Legislation face to face and e-learning.

A training need has been identified for;					
Trust staff	No	Service users	No	Contractors or other outside agencies	No

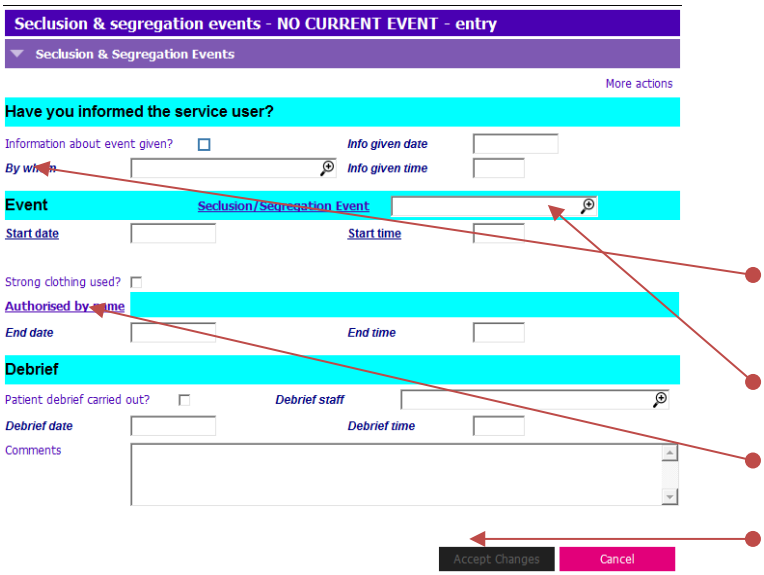
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please contact the team.

Appendix 3 - recording seclusion and segregation on Paris

Guide to Creating and Recording a Seclusion Episode On PARIS – Update October 2017

9.1.1.1.1.1.1.1.1 Part One – Creating a new episode

- Select the appropriate Patient Record and open the Central Index
- From the Index list on the left-hand side, choose – Safety Management
- Select **Seclusion & Segregation Events** from the available sections to the right of the Index
    - Note – the section title should say NO CURRENT EVENT
- Click on the **Insert a row** label and a new dialogue box will pop up for entering the event details.
- Fill out the required details and click **Accept Changes**



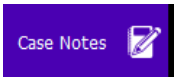
- Once the details are complete, click on Save to finish the process and officially start the new Seclusion or Segregation event.
    - A message will be sent to the MHA Legislation Officer.

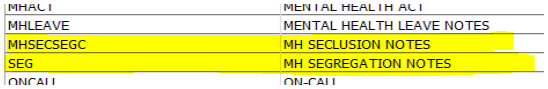
Link to PARIS Guides on inTouch

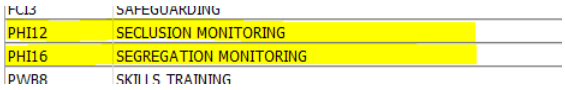
- Clicking **bold** labels will populate the fields.
- **Bold and underlined** labels indicate mandatory fields.
- Click **By whom** to populate your name, or click on the magnifying glass to search for a colleague.
- Click on the magnifying glass to select the type of event.
- Click **Authorised by name** to populate this field.
- **Accept Changes**

9.1.1.1.1.1.1.2 Part Two – Creating a Case Note Entry

- Click on the Case Notes tab in the Nav Bar and then click on Create new case note
- Select the appropriate team from the dialogue box.
- Select **Mental Health Seclusion Notes** or **Mental Health Segregation Notes** as required.
- Complete the mandatory Case Note fields as usual, selecting **Seclusion Monitoring** or **Segregation Monitoring** as the Intervention type.



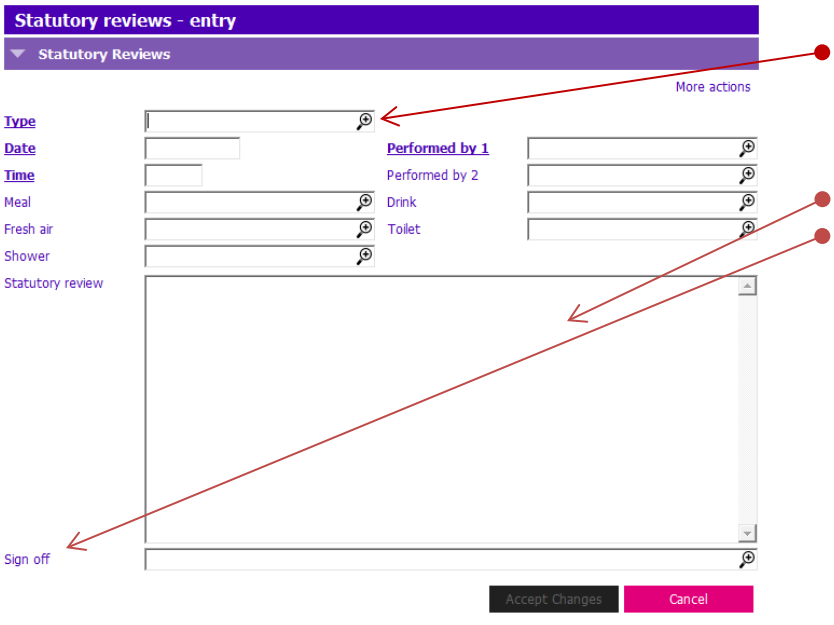




9.1.1.1.1.1.1.3 Statutory Reviews

> This section relates the process for staff members who are recording the statutory reviews (e.g. Nursing/ Medical/ MDT).

- Open the **Statutory Reviews** section and choose **Insert a row** to open the entry box.
- Fill out the fields as appropriate, using the free text area to record the review.
- Once the entry is complete, click on the **Sign off** label to populate the box with your name.
  - **Note:** if you are making the entry on behalf of another person, and they are going to check and validate the record, do not click **Sign off**, because this will make it read only.
- Click **Accept Changes**



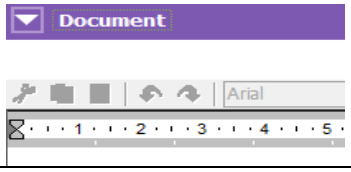
- Select **Type** of review from drop-down list.
- **Bold and underlined** labels indicate mandatory fields.
- Free text area to record the review.
- **Sign off** to make the entry read-only, unless it is to be signed-off by another party at a later date.

- Once the details are complete, click on Save to finish the process. You can close the Casenote now.

9.1.1.1.1.1.1.4 Standard Observation and Engagement

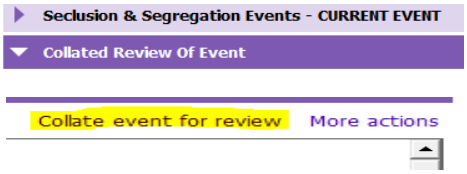
> This section relates the process for staff members who are recording the standard observation and engagement commentaries.

- Complete the Casenote as usual, making timeline records in the **Document** section at the bottom of the page.
- Save after each record to time-stamp the entry.
- Once the observation and engagement period has ended, close the Casenote.

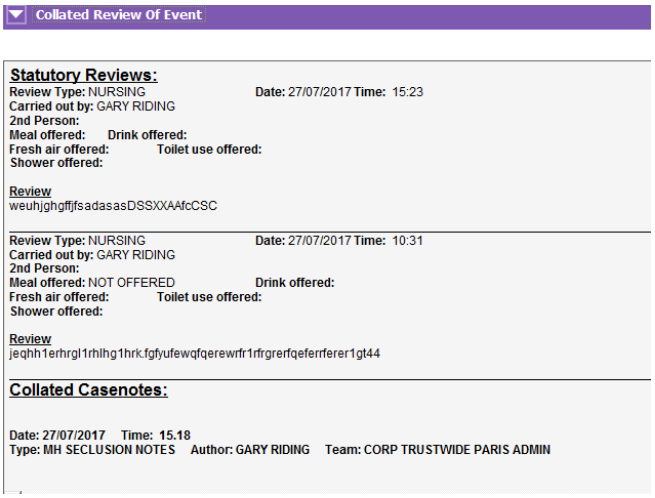


9.1.1.1.1.1.1.1.5 Part Three – Reviewing The Event

> It is possible to create a collated review report of all the Casenote entries for the current seclusion/ segregation event. This is available from the Central Index, or from a Casenote



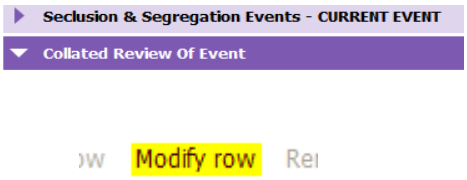
- Open the **Collated Review of Event** section and click on the **Collate event for review** label.
- This will create a report with all of the **Statutory Reviews** at the top of the report, all the **Collated Casenotes** – taken from the free text **Document** area – below. These are in chronological order, starting with the most recent entry.
- A right mouse click on the report will provide a full-screen option. The document text is searchable from within the full-screen mode.

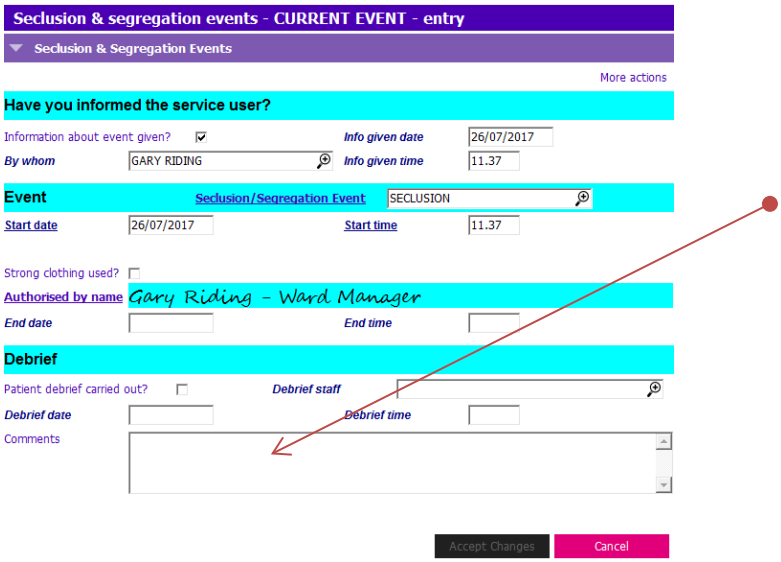


9.1.1.1.1.1.1.1.6 Part Four – Ending The Event

Please note: It is important to ensure that the final review has been completed and signed off prior to ending the current event.

- Open the **Seclusion & Segregation Events** section and click on the **Modify row** label to open the dialogue box.
- Fill out the required details, and click **Accept Changes**





- Once the details are complete, click on Save to finish the process

- Clicking **bold** labels will populate the fields.
- **Bold and underlined** labels indicate mandatory fields.
- Free text area to record any debrief comments.

Note: It is possible to return to the event within the Central Index using Historic and Modify Row to add Debrief details.

Appendix 4 – Paris Guidance for documenting seclusion when patients are accessing LTS

System Development Release Notes Briefing Sheet

Change Request Title
Changes to Seclusion/Segregation Recording
RADAA Change Request Number
RFC37901-ASM14444
Supporting Users Lead
Stephen Davidson
System Development Lead
Martin Richardson
Patient Operational Lead
Sam Finch

Version History			
Version	Date	Owner	Comment
1.0	29/04/2022	Sam Finch	Initial version

1. Who is Affected by the Change

All Paris Users

2. What is happening to PARIS?

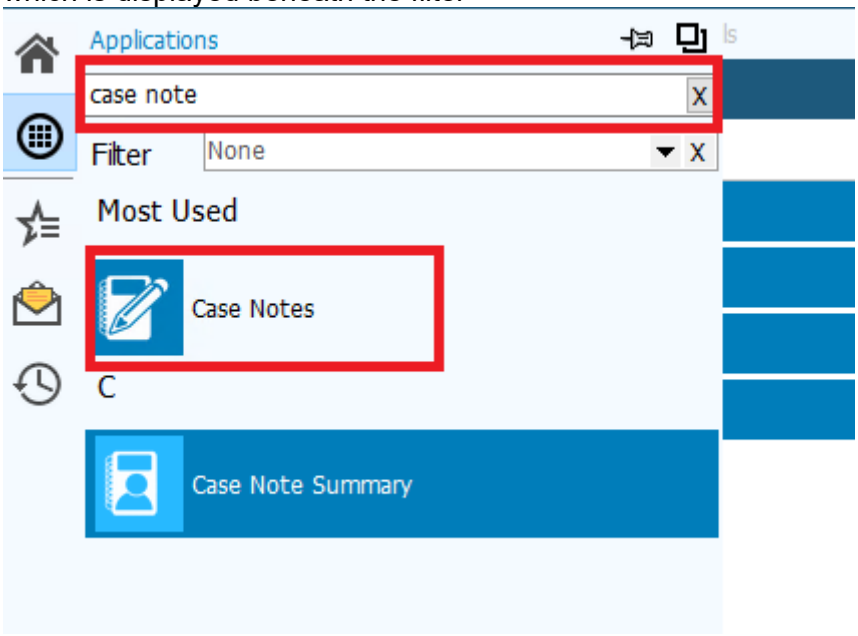
To allow clinical services to record seclusion/segregation events more efficiently by allowing an episode to be opened and closed in a casenote rather than the current process of opening the episode in Central Index.

In addition, the LD Service occasionally require a patient to have both a segregation and seclusion event in parallel for patients who are in long term segregation through choice

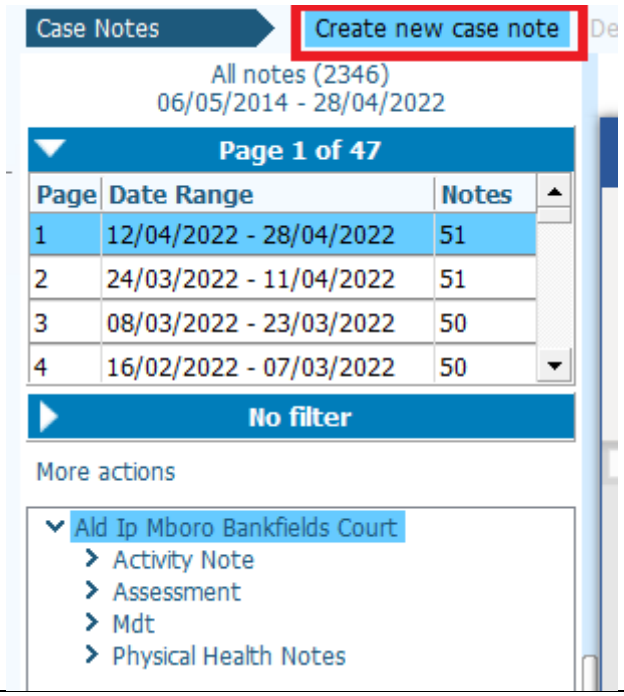
3. What do I have to do in PARIS?

1. In Paris, click on the **Applications** icon

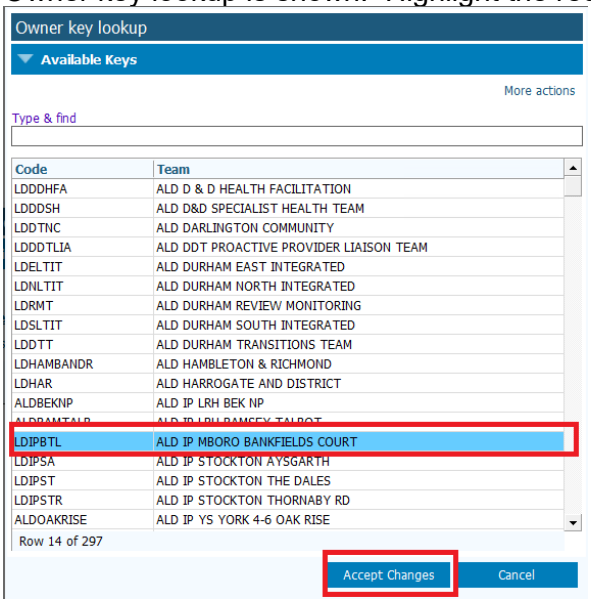
2. Enter the word Case Note in the **Applications** search field and click on the option **Case Note** which is displayed beneath the filter



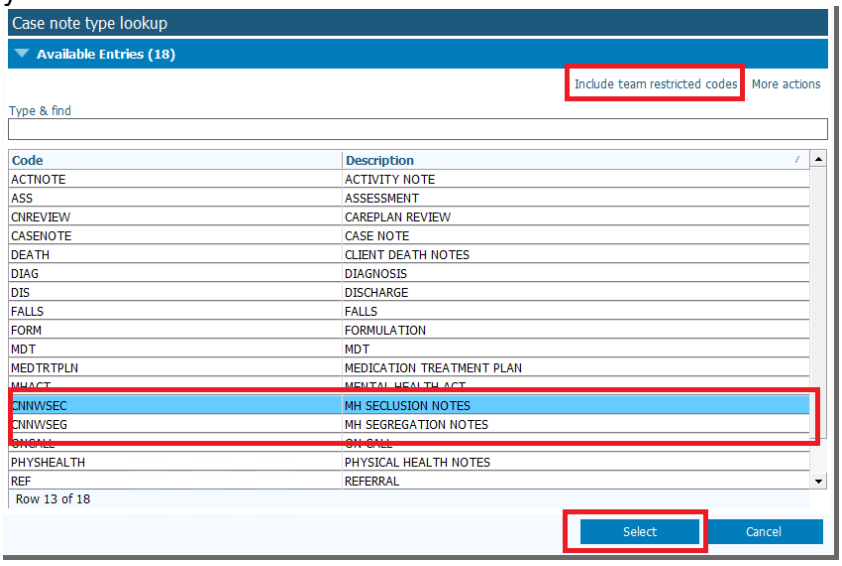
3. The Person Search screen will display. Search for and **Select the patient required** *(following the 6 step search criteria)*
4. The Case Note module will show, with a list of existing stored case notes located in the tree view on the left (you may need to expand the tree to see individual case notes)
5. Click the **Create a new case note** button.



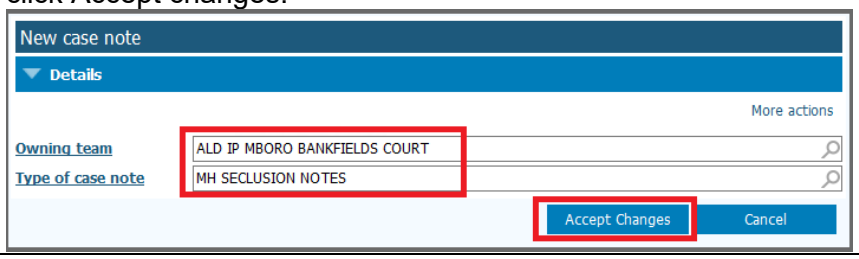
6. Owner key lookup is shown. Highlight the required Team and click **accept changes**



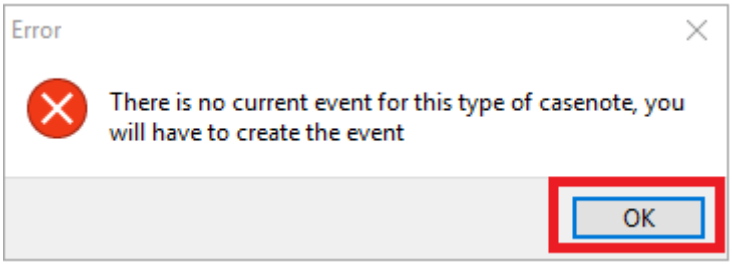
7. The Case note type lookup is shown. Select either the MH SECLUSION NOTES or MH SEGREGATION NOTES and click Select. (Note if these case notes are not showing in the list, you can click the Include team restricted codes button to show all case note types)



8. The New case note summary screen is shown, check the owning team and case note type and click Accept changes.

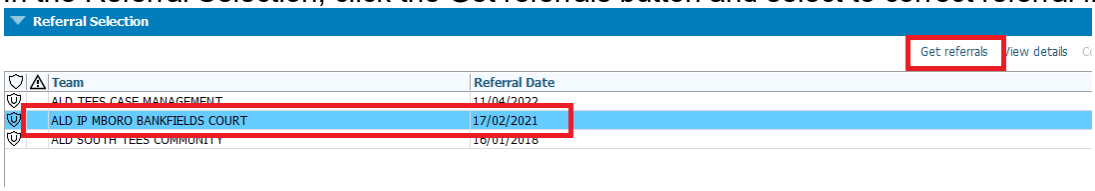


9. If no seclusion/segregation is recorded in Central Index you will receive a warning box advising you of this, Click OK

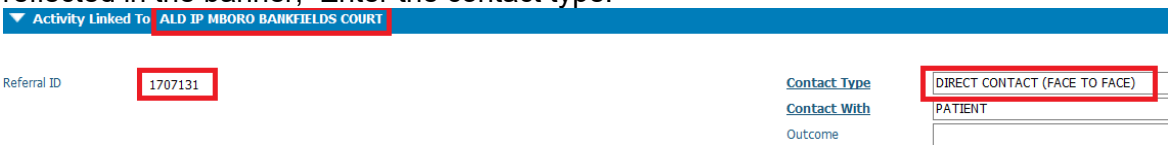


10. The Seclusion/Segregation case note will now load. Complete the header details.

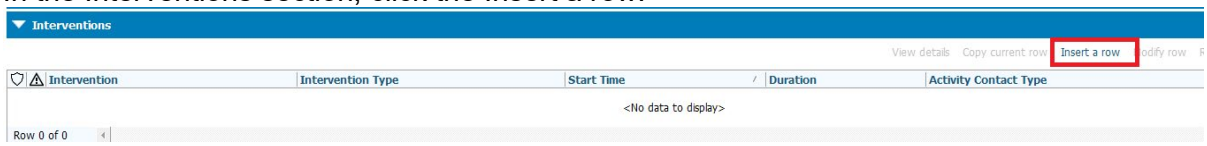
11. In the Referral Selection, click the Get referrals button and select to correct referral from the list



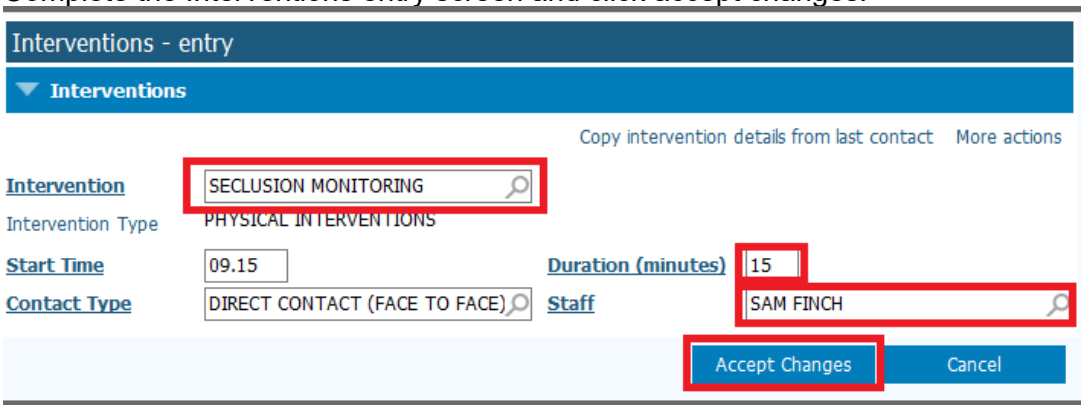
12. The referralID will now show in the Activity Linked to section and the team name will also be reflected in the banner, Enter the contact type.



13. In the Interventions section, click the Insert a row.



14. Complete the Interventions entry screen and click accept changes.



15. In the Seclusion & Segregation section the table will list any Seclusion or Segregation events that are currently recorded in Paris. For most Paris users, you will only be allowed to have either a Seclusion or a Segregation event and not both running concurrently The exception to this is a select number of wards where this possible,

16. To create a Seclusion or Segregation event from within the casenote, click the Create seclusion or segregation event button.

17. Depending upon the type of case note, either a seclusion or segregation event will be added to the grid with a date and time the same as the case note.

18. Complete the remaining areas of the case note as required and click Save.
19. Case note will save and be displayed in the tree view on the right,
20. Load Central Index and click Safety Management. Under the Seclusion and Segregation Events you will see the entry created from the case note
21. For certain Wards, the ability to create a Seclusion in parallel with a Segregation has been provided. If the Ward has been set up to allow both Seclusion and Segregation then you will be able to create both type using the casenote procedure detailed above. If the Ward is not set up to allow both Seclusion and Segregation then you will receive a warning when you click the Create seclusion or segregation event button.

Appendix 5 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	Clearly defined within the context of the MH Code of practice
3.	**Development Process**		
	Are people involved in the development identified?	Yes	Identified within section 9
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	Section 3
	Are supporting documents referenced?	Yes	Section 3
6.	**Training**		
	Have training needs been considered?	Yes	Section 7
	Are training needs included in the document?	Yes	Section 7
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	Yes	Section 8
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Yes	Appendix 2
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	Appendix 2
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	Section 9
10.	**Publication**		
	Has the document been reviewed for harm?	Yes	Agreed within PSAG July 2020 restrictive intervention procedures to be publicly available
	Does the document identify whether it is private or public?	Yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	