



**Public – To be published on the Trust external website**

# **Safe Use of Long Term Segregation (LTS)**

## **Ref CLIN-0019-006-v1**

**Status: Ratified**

**Document type: Procedure**

**Overarching policy: Supporting Behaviours that Challenge**

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## 1 Purpose

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

The procedure aims to:

- Ensure the safety and wellbeing of the patient;
- Ensure that use of segregation is considered in accordance with the organisations commitment to the reductions of all forms of restrictive intervention
- Ensure the patient receives the care and support rendered necessary by their segregation both during and after it has taken place;
- Distinguish between seclusion, segregation and tiered behavioural support i.e. strategic withdrawal
- 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 segregation and any follow up action.

## 2 Related documents



The [Person Centred Behaviour Support Policy Ref: CLIN-0019](#) 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](#)
- ✓ [Rapid Tranquillisation \(RT\) Policy CLIN-0014](#)
- ✓ [Blanket restrictions: Policy on the use of Global Restrictive Practices \(Blanket Restrictions\) in In-Patient Units Ref: CLIN-0089](#)
- ✓ [Tear Proof Clothing Use Procedure Ref: CLIN-0019-004](#)
- ✓ [Safe use of Physical Restraint Techniques Procedure, Ref CLIN-0019-002](#)
- ✓ [Seclusion and segregation Procedure, Ref CLIN-0019-001](#)
- ✓ [Procedure for addressing verbal aggression towards staff by patients, carers and relatives Ref CLIN-0019-003](#)
- ✓ [Privacy and Dignity Policy Including Eliminating Mixed Sex Accommodation Requirements Ref: CLIN-0067](#)
- ✓ [Human Rights, Equality and Diversity Policy, Ref: HR-0013](#)

## 3 Use of Long Term Segregation

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### 3.1 Introduction

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Whilst staff must make every attempt to support an individual's behaviour using the principles of Person Centred Behaviour Support and least Restrictive Practice, it is acknowledged that occasions may occur where due to the level of distress or presentation of a patient's behaviour, staff will be required to restrict a patient's access to the general ward environment and from mixing freely with other patients.

TEWV acknowledge that this type of restriction has the potential to cause harm and distress to a patient, as such it must only be used when clinically indicated and no other alternative can be identified and it must be rigorously monitored and review throughout.

### 3.2 What is Long term Segregation (LTS)?

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The Mental Health Act (MHA) Code of Practice defines LTS as "a situation where, in order to reduce a sustained risk of harm posed by the patient to others, which is a constant feature of their presentation, a multi-disciplinary review that includes a representative from the responsible commissioning authority determines that a patient should not be allowed to mix freely with other patients on the ward or unit on a long-term basis".

The criteria for using LTS should be that it has "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 a patient was allowed to mix freely in the general ward environment, other patients or staff would continue to be exposed to a high likelihood of serious injury or harm over a prolonged period of time".

Whilst the code provides an explicit definition of long term segregation the recent **Care Quality Commission (2020), Briefing on the use of Long Term Segregation** asks providers to consider situations where access to the ward environment is restricted but is done so for the individuals own benefit, not purely on the grounds of the risks that they may pose to others. We should always challenge ourselves and ask the question:

*Can the patient leave the situation of being separated from others when they want to – that is, are they prevented by staff from leaving?*

Whilst TEWV are committed to following the processes outlined within the Mental Health Act Code of Practice in order to support our patients and provide the necessary safeguards, services will be required to consider segregation in the following ways:

- Long Term Segregation to reduce risks to others
- Long Term Segregation used flexibly to support patients in behavioural distress
- Long Term Segregation to support a package of care and treatment

LTS has the potential, in individual cases, to amount to inhuman and degrading treatment, particularly in situations where the restriction is no longer required or is still in place due to delays

in placements being made available. Consideration must always be given to the potential of iatrogenic harm that can result from this type of restriction. Emphasis on good quality of life intervention needs to be maintained throughout any period of Segregation i.e. therapeutic intervention, activity and access to outside spaces.

## 4 Implementing long term segregation

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### 4.1 Authorising the use long term segregation

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All forms of Segregation can only be implemented following a multi-disciplinary review, which includes a representative of the responsible commissioning authority, where it is determined that segregation is appropriate. They can clearly evidence that the use of LTS is the 'least restrictive' option and not in breach of the person's human rights.

Following a decision to implement Long Term Segregation the situation should be escalated to:

- Head of Service where the patient is currently placed, who will inform the Director of Operations for the Locality
- Clinical Director for the locality/Specialty who will inform the senior Clinical Director for the speciality
- Head of Nursing for the locality who will inform the Director for Nursing and Governance
- TEWV Safeguarding team
- Lead Nurse for Positive & Safe Care
- Mental Health Legislation Team

In certain cases patients may require referral to a higher level of secure accommodation within secondary care services. A longer period of segregation may be required if assessment for, or transfer to, more appropriate services is taking place. These details must be included in the management plan and are to include expected time periods for assessment/transfer.

### 4.2 Environmental Consideration for the use of long term segregation

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The environment in which segregation takes place plays a pivotal role in the therapeutic support we can offer patients, it allows us to keep them safe and a positive therapeutic environment may assist in ending the need for the intervention.

Prior to the use of long term segregation the designated space in which the seclusion is to be implemented must be considered for the following:

- Consideration of staffing level including access to senior staff and the wider MDT
- Is there access to a secure outdoor space
- Access to a specified bathroom
- An identified bedroom for the patient
- A designated Lounge area

- Can therapeutic activity be provided and does the patient have access to staff and are they not isolated from human contact for long periods.
- Can the patient continue to receive appropriate health care including; screening programmes, physical and mental health, dental and optical care.

It is essential that services continually monitor the environments in which segregation is utilised and should be considered at all stage of the LTS review process.

## **5 Monitoring and review of Long Term Segregation: Managing immediate risk**

When authorising any form of LTS a Segregation Intervention plan should be develop and agreed within the Multi-Disciplinary team, including the patient and there family or carer if appropriate, the plan should include the following:

- A clear rationale for why LTS was implemented, including evidence that consideration was given to alternative options of treatment, that the restriction is the least restrictive option and considers the human rights of the individual.
- The service users views on the restriction, including how they will be given information on the intervention and offered the opportunity to contribute or offer feedback.
- Evidence that, where appropriate, carers or family have been consulted before authorising the use of LTS.
- A care plan that focuses on what needs to be achieved for LTS to be terminated
- The care plan should focus on dynamically understanding the conditions of least restrictive practice and should provide specific reference to how it links to the patients Behaviour Support plan
- Identify the space in the ward/service where segregation is to implemented, including the specific consideration that has been given to support the individual's needs.
- Identify how the patient will have regular access to occupational therapy and appropriate activities while in LTS
- Consideration of how the wider treatment will continue to be delivered including access to both psychological and pharmacological treatments where appropriate.
- Evidence that the TEWV Safeguarding Team and Positive and Safe lead has been notified regarding the implementation LTS.

When Long Term Segregation has commenced this will be escalated to relevant professionals involved including those identified in 4.1. It should be documented on Paris and a Datix will be completed.

Matrons for each clinical area that LTS is used will be expected to provide a report of its use (including if it has not been used) into the local Quality Assurance Governance Group (QuAG) and the service will include this in its report to LMGB so any use can be reported into the Trust wide Quality Assurance Committee (QuAC).

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## 5.1 Daily Monitoring and Review

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**Throughout a period of Long Term Segregation staff directly supporting the patient will:**

- Provide hourly documentation of the patients' condition on Paris
- Document any therapeutic interactions or activities that were offered and completed
- Appropriate monitoring of physical health (e.g. regular physical observations, food and fluid charts if appropriate).

**During each 24 hour period that a patient remains in LTS a review by an approved clinician will be completed including the following:**

- Date and time that the Segregation commenced
- Duration of the segregation
- Is there a segregation plan in place, does it require updating or a review
- Evidence of how the service user has contributed to the review, including their views and understanding of the current intervention.
- A review of the patient's condition over the previous 24 hours including therapeutic interaction, activities, incidents of behaviours that challenge or risk present throughout the 24 hour period.
- Were any other forms of restrictive intervention utilised in the last 24 hours in order to keep the patient safe i.e. Physical restraint, rapid tranquilisation.
- Evidence to support that the segregation can either end or must continue, providing a rational for the decision.
- Where possible the review should be completed in person
- The review should be documented in detail on Paris and shared with the multi-disciplinary team.

Emphasis throughout the review process should include how the patient is involved in the decisions and a discussion with the patient of the processes and what is expected so that they can return to a general area of the ward. At these times staff should support patients to consider the use of Advocacy services.

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## 5.2 Weekly Review

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A weekly internal MDT meeting that includes the patients responsible clinician, a general review of the patients care and treatment should include consideration of the restrictions placed on the patient, a clear plan to reduce or end the restrictions placed on the patient and consideration to the patients views and their understanding of what is required from them in order to remove the restrictions.

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## 5.3 Monthly Review

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For each month that a patient remains within Long Term Segregation an extended MDT should take place, including:

- The patients responsible clinician/ approved clinician
- Representatives from the Nursing Team who are providing LTS support
- Representative from the Commissioning Organisation
- An IMHA if the patient has one
- Representative from internal safeguarding teams
- Where available the Head of Nursing for the locality
- Where available the trust Positive and Safe Lead

A detailed review of the patients care which will be based on accurate relevant data specific to the individual including behaviours, risks and restrictions. The review must consider current restrictions placed on the patient, the plans in place to minimise or end those restrictions and discussion of any barriers to progress effective care and treatment for the patient.

## 5.4 External Review

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All forms of Segregation if lasting 3 months in duration must be reviewed by a consultant psychiatrist or senior nurse from an external care provider i.e. a neighbouring trust. Consideration of the care package as a whole, including any previously agreed actions, a review of the environment for cleanliness, access to therapeutic activity and resources, data available to support a change in patient presentation, discharge plan in place, views of the patient, their family and carers.

## 6 Long Term Segregation: Single Occupancy Care & Support

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It may be necessary, due to a patient's specific needs, that their care and treatment is provided in an environment where no other patients are present. Situations where this arises will differ to a definition of long term segregation as the patient will not be isolated due to risk to others or themselves but a comprehensive assessment of their needs will have identified that the care and treatment that is required to support a patient in their recovery will be most effective if delivered in an environment which limits the amount of people that are present, reducing unwanted anxiety and undue emotional distress. These packages will be developed using a person centred framework and will be structured to support the specific needs and goals of the individual receiving treatment. Although the individual may not mix with other patients in the care setting, they may be having regular/daily supported community leave for socialisation and rehab purposes.

Whilst these packages of care and support may not be identified within a generalised view of long term segregation, the organisation recognises that despite the benefits these packages of care can provide patients, they will restrict a patient's ability to mix with others and as a consequence will lead to long term restrictions for the patient. For this reason the organisation will classify these types of care packages as single occupancy care and support and will monitor using the following:

- A specific care plan outlining the care and treatment to be provided for the patient including the reasons why a single occupancy model was identified as the most appropriate delivery model to meet the needs of the patient, the plan should include any restrictions placed on the



patient as a result, and the environment available to the patient with emphasis on quality of life and human rights.

- A clear discharge plan that outlines the proposed care and treatment for the patient, that includes timescales, and resources available to meet their needs, it will include the views of the patient, their families and carers, and consideration of how the patient will be made aware of what is required in order to be discharged from the single occupancy service or hospital.
- A weekly internal MDT meeting that includes the patients responsible clinician, a general review of the patients care and treatment should include consideration of the restrictions placed on the patient, a clear plan to reduce or end the restrictions placed on the patient and consideration to the patients views and their understanding of what is required from them in order to remove the restrictions.
- A detailed monthly MDT review including the patient's responsible clinician, an IMHA if the patient has one, and a representative from the commissioning organisation. A detailed review of the patients care which will be based on accurate relevant data specific to the individual including behaviours, risks and restrictions. The review must consider current restrictions placed on the patient, the plans in place to minimise or end those restrictions and discussion of any barriers to progress effective care and treatment for the patient.
- Every 3 months the single occupancy care and support package must be reviewed by a consultant psychiatrist or senior nurse from an external care provider i.e. a neighbouring trust. Consideration of the care package as a whole, a review of the environment for cleanliness, access to therapeutic activity and resources, data available to support a change in patient presentation, discharge plan in place, views of the patient, their family and carers. See appendices 3 for further guidance.
- Where appropriate and relevant to patients care the LTS review process should be considered in accordance with any ongoing care and treatment reviews.
- Heads of Service will be expected to report all patients receiving single occupancy care and treatment including how many days this has been in place as part of locality QuAG reports to allow for escalation to LMBG and QuAC.

## **7 Long Term Segregation: Flexible use to manage behavioural Distress**

On occasion when all alternative behaviour support strategies have prevented an escalation of behaviour it may be necessary to support patients in a restricted area of the ward. The aim of this type of intervention is to provide patients with a safe area where they are able de-escalate away from others and potential prevent the need from other forms of restrictive intervention. Whilst this may provide patients with a safe environment to reduce their behavioural distress and in certain circumstances may provide the 'least restrictive' option, we must always acknowledge that this will still place a restriction on the patient as we are preventing the access to the wider ward environment and therefore need to uphold the necessary safeguards that are in place to protect the patient.

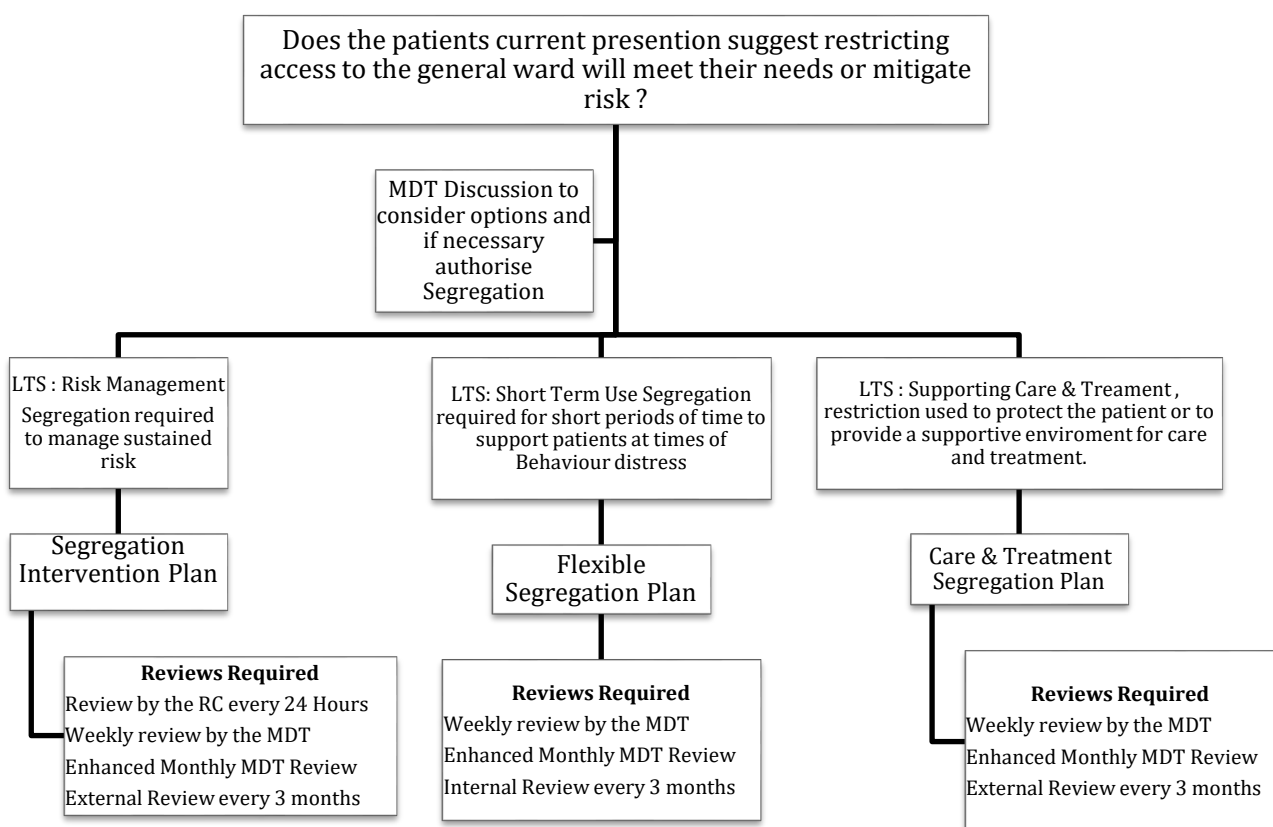
If identified that this type of intervention is required to support a patient the clinical team must ensure the following:

- MDT authorisation that the intervention is required

- A robust intervention plan outlining when the intervention may be required, how it links with a wider behaviour support plan and how observation and therapeutic support will be maintained during the use of flexible segregation
- A weekly review of all episodes where the intervention was used including the duration of the incidents. This will include a review of the intervention plan and consideration of the need for the intervention to remain an option.
- Enhanced monthly review of the intervention that includes analysis of the frequency and duration of usage. The review should include a review of alternative approaches that will eliminate the ongoing need.
- If the plan remains in situ and is reported as required for a 3 month period then an internal review is required from a senior clinician within the organisation. Their role is to review the appropriateness of the intervention and provide a clear rational for the ongoing use. Findings of the review should be fed back within the MDT.

On each occasion that this type of segregation is utilised staff are required to complete a Datix and provide a detailed entry within the Patients Paris record. As required with all forms of Long term segregation the frequency of usage and total duration of the interventions must be included within Modern Matron Reports to QuAG

## 8 Overview



## 9 Definition

Term	Definition
Restrictive Interventions	An intervention that prevents a person from behaving in ways that threatens to cause harm to themselves, to others, or to Trust property and/or equipment.
Long Term Segregation	The MHA Code of Practice describes Long Term Segregation as a situation where a patient is prevented from mixing freely with other patients on the ward or unit on a long-term basis
Seclusion	Seclusion refers to the supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving MHA code of practice (2015, DH)
Post Incident Debrief	Review of an incident immediately upon it ending in order to check safety and establish any learning to prevent similar incidents occurring
Behaviour assessment also referred to as functional assessment	The gathering of information (Data) on the circumstances and context of a person's behaviour that aims to understanding why behaviours occur.
Behaviour Support Plan	A clinical record that documents the support that will be provided to manage a person's behaviour

## 10 How this procedure will be implemented

<ul style="list-style-type: none"> <li>This procedure will be published on the Trust's intranet and external website.</li> </ul>
<ul style="list-style-type: none"> <li>Line managers will disseminate this procedure to all Trust employees through a line management briefing.</li> </ul>
<ul style="list-style-type: none"> <li>Staff made aware of Trust wide guidance within mandatory and statutory Positive Approaches Training</li> </ul>

### 10.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff working within inpatient services	Local Induction	To be agreed	Annually

## 11 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	Restrictive intervention usage monitored via the Positive & Safe Dashboard	Board : every 6 months Directors of Operations: Quarterly Clinical Directors : Quarterly Heads of Service Monthly Modern matrons/teams Managers : Weekly	QuAC LMGB  SDG QuAG Leadership Huddles/ Supercells
2	Positive & Safe Audit	Annually	Linked to the Positive and Safe plan reviewed annually and approved via QuAC
3	BtC Specialty Specific pathway Audit	Every 2 years	Actions to feed into the Positive and Safe Advisory Group

## 12 References

- Care Quality Commission (2020) Out of Sight – Who Cares?
- College of Policing , (2017), Memorandum of Understanding – The Police Use of Restraint in Mental Health & Learning Disability Settings [http://www.college.police.uk/News/College\\_news/Pages/Mental\\_health\\_restraint\\_MoU.aspx](http://www.college.police.uk/News/College_news/Pages/Mental_health_restraint_MoU.aspx)
- Department of Health, 2014. Positive and Proactive Care: reducing the need for restrictive interventions, London: DH.
- Mental Health Act Code of practice 1983 (2015), Department of Health, The Stationary Office, London
- Mental Health Units Use of Forces Act (2019)
- MIND, 2013. Mental health crisis care: physical restraint in crisis, London: MIND.
- NICE (2015) NG10: Violence and aggression: short-term management in mental health, health and community settings
- NICE (2015): NG11 Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges
- NICE (2018) NG93: Learning disabilities and behaviour that challenges: service design and delivery
- NICE(2018) NG97: Dementia: assessment, management and support for people living with dementia and their carers.
- Positive Behaviour Support Academy (2015) Positive Behavioural Support Competence Framework [online] <http://pbsacademy.org.uk/pbs-competence-framework/>
- Restraint Reduction Network Standards (2019)
- Royal College of Psychiatrists, British Psychological Society, Royal College of Speech and Language Therapists (2016) Challenging Behaviour: A Unified Approach – Update Royal College of Psychiatrists

## 13 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	14 April 2021	
Next review date:	14 April 2024	
This document replaces:	Note:- one of two documents:- CLIN-0019-006-v1 Safe use of long term segregation (this document) and CLIN-0019-001-v3 Safe Use of Seclusion (re-named) which replace what was a single document CLIN-0019-001-v2 Seclusion and Segregation Procedure (withdrawn)	
This document was approved by:	Name of committee/group	Date
	Clinical Leaders Group	February 2021
This document was ratified by:	Name of committee/group	Date
	Senior Leaders Group	14 April 2021
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
1	14 Apr 2021	New document	Ratified
1	01 June 2021	Document control amended for clarity:- Note:- one of two documents:- CLIN-0019-006-v1 Safe use of long term segregation (this document) and CLIN-0019-001-v3 Safe Use of Seclusion (re-named) which replace what was a single document CLIN-0019-001-v2 Seclusion and Segregation Procedure (withdrawn)	Ratified

## Appendix 1 - Equality Analysis Screening Form

**Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet**

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Positive & Safe Care				
Policy (document/service) name					
Is the area being assessed a...	Policy/Strategy		Service/Business plan		Project
	Procedure/Guidance			X	Code of practice
	Other – Please state				
Geographical area covered	Trust wide				
Aims and objectives	<p>This procedure outlines the rationale and guidance underpinning the use of seclusion and should be read in conjunction with Chapter 26 of the Mental Health Act Code of Practice (2015) and aims to:</p> <ul style="list-style-type: none"> <li>• Ensure the safety and wellbeing of the patient;</li> <li>• Ensure the patient receives the care and support rendered necessary by their seclusion or segregation both during and after it has taken place;</li> <li>• Distinguish between seclusion, segregation and psychological behavioural therapy interventions (such as “time out”);</li> <li>• Specify a suitable environment that takes account of the patient’s dignity and physical wellbeing;</li> <li>• Ensure all staff are aware of their roles and responsibilities;</li> <li>• Set requirements for recording, monitoring and reviewing the use of seclusion and segregation and any follow up action.</li> </ul>				
Start date of Equality Analysis Screening	March 2021				

End date of Equality Analysis Screening	14 April 2021
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**You must contact the EDHR team if you identify a negative impact. Please ring the Equality and Diversity team on 0191 3336267/3046**

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
All Patients admitted to TEWV inpatients					
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?					
<b>Race</b> (including Gypsy and Traveller)	No	<b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities)	No	<b>Sex</b> (Men, women and gender neutral etc.)	No
<b>Gender reassignment</b> (Transgender and gender identity)	No	<b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	<b>Age</b> (includes, young people, older people – people of all ages)	No
<b>Religion or Belief</b> (includes faith groups, atheism and philosophical belief's)	No	<b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	<b>Marriage and Civil Partnership</b> (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

**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)

**4.** Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, 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



**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

Awareness training to be available for all inpatient staff

A training need has been identified for;

Trust staff	Yes	Service users	No	Contractors or other outside agencies	No
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**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 call: 0191 3336267/3046

## Appendix 2 : External Review Guidance

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### Guidelines for external 3 monthly reviews of long term segregation (LTS) and single occupancy (SO) hospital placements

#### Aim of external review

1. Additional level of independence and assurance that instances of LTS and single occupancies are appropriate and least restrictive.
2. Review approaches for progression, ending and community discharge planning of LTS/SO
3. Whether the LTS/SO provision is concordant with the Mental Health Act 1983 Code of Practice 2015 and best practice CQC guidelines relating to the care and provision provided to patients who are subject to LTS.

#### Process involved in external review

- Review of notes (sent prior to the visit)
- Discussion with the patient's MDT and family
- Patient interview will be conducted on the basis of individual patient need
- Visual inspection of the patients living arrangements
- Verbal feedback and written report

#### External Reviewers:

A minimum of 2 senior mental health practitioners from different disciplines, including 1 Approved Clinician, IMHA and NHSE/CCG commissioner. There is no Code of Practice stipulating the number and makeup of the independent reviewing team, only for the review to be undertaken by and external hospital (COP 26.156).

#### REVIEW OF NOTES

- LTS/SO care plan
- Recent Tribunal Report
- Last Care and Treatment Review report
- Risk assessment, including management and any restrictions
- Relevant existing reports providing a summary of the individual and relevant background information
- Formulation
- Last 4 weeks case notes and presentation

#### EXTERNAL REVIEW Considerations

- Reasons for initiating and ongoing LTS or SO
- Whether 'fits' the MHA Code of Practice 2015 or broader CQC (2020) definition of segregation
- Duration of LTS/SO
- Level of restrictions, current environment/staffing and access to treatment, therapeutic activity, community, family and friends
- Current quality of life and things to promote this
- Internal governance and review arrangements (policies, who informed, evidence of monitoring and decision making, actions, data/incidents)
- Changes and any barriers to change or moving on
- Consultation with family/carers

- **Care package, Care plan aimed at ending LTS and discharge/transition plan**
- **Safeguarding**
- **Involvement of patient in decision making**

**Patient interview** (presentation, understanding reasons in LTS/SO, what need to do to progress, involvement in decisions and plans, how feeling physically, personal experience of LTS/SO, access to fresh air, anything want to raise)

**Views of patient, family and carers**

**Environment** (if conditions consistent and justified to level of risk, clock visible, temperature, cleanliness, access to bathroom and amenities, privacy/dignity curtains, homely as possible, natural light, fresh air, time outside room)

**FEEDBACK AND RECOMMENDATIONS** (verbal and written)

- Appropriateness of LTS/SO (nature and degree of risk to warrant or not, what maintains the risk, risk if able to mix with others, less restrictive options)
- Relevance of current treatment and management plans (approaches to reduce risk, make progress at individual, team and system level and increase quality of life)
- Current issues and obstacles to progress (individual, team, environment, system factors)
- Recommendations
- Progress expectations at next review (open door, periods of integration, access to communal areas, leaves)

The patient's MDT to provide feedback from the external review to the patient and family.

## Appendix 3 – 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
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	Clearly defined within the context of the MH Code of practice
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?	Yes	Identified within section 13
	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	
<b>4.</b>	<b>Content</b>		
	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	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	Section 12
	Are supporting documents referenced?	Yes	Section 12
<b>6.</b>	<b>Training</b>		
	Have training needs been considered?	Yes	Section 10
	Are training needs included in the document?	Yes	Section 10

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
<b>7.</b>	<b>Implementation and monitoring</b>		
	Does the document identify how it will be implemented and monitored?	Yes	Section 11
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?	Yes	Appendix 1
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	Appendix 1
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	Section 13
<b>10.</b>	<b>Publication</b>		
	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	