

# **Urgent Assistance and Use of Extra Care and Seclusion Suites for Services on the Greenacres Site, Dartford**

## **Protocol**

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<b>Author</b>	Cheryl Lee/Simon Cook
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## DOCUMENT TRACKING SHEET

### Urgent Assistance and Use of Extra Care and Seclusion Suites for Services on the Greenacres Site, Dartford Protocol

Version	Status	Date	Issued to/approved by	Comments
0.1	Draft	03.03.10	Greenacres urgent assist protocol group	To be reviewed for meeting on 4 <sup>th</sup> March 2010
0.2	Draft	04.03.10	Greenacres urgent assist protocol group	To be reviewed with comments to be received by 16 <sup>th</sup> April 2010
0.3	Agreed	16.04.10	Greenacres urgent assist protocol group	Not reviewed
0.4	Updated	29.01.15	Review agreed	Policy Review Agreed
0.5	Reviewed	08.03.15	Reviewed by Simon Cook and Gwen McGahey	Reviewed and updated following activation of protocol on 1.1.16
0.6	Updated	17.5.16	Updated by Simon Cook	Addition of emergency seclusion room management
0.7	Updated	10.06.16	Updated Gwen McGahey / Simon Cook	Update to encompass seclusion upgrade contingency plan
0.8	Updated	09.04.18	Updated by Ramanah Venkiah	Removed any statement reference willow suite seclusion
0.9	Reviewed	23.11.18	Policy review group	Reviewed, updated and ratified at Clinical Governance meeting 10.12.18
0.10	Updated	19.09.18	Update	Update to include assistance to the canteen
0.11	Reviewed	5.9.19	Simon Cook/Cheryl Lee	Removal of Littlestone and access to Seclusion room keys
0.12	Reviewed	17.9.2020	Trust Wide Patient Safety and Mortality Review Group	Director of Nursing requested the protocol be reviewed by ward managers on Dartford site
0.12	Reviewed	28.09.20	Simon Cook/Cheryl Lee	CQC recommendations
1.0	Final	October 2020	Trust Wide Patient Safety and Mortality Review Group	Virtually ratified
2.0	Final	June 2021	Service Manager, Forensic and Specialist Care Group	Section 3.2 amended in line with local protocol
2.1	Review	February 2022	Low Secure Policy Review Group	Amendments agreed at the Low Secure Forensic Service Clinical Governance Group 09.05.22
2.2	Review	October 2022	Low Secure Clinical Lead/Low Secure Matron	Update of clinical responsibilities and to improve communications across Dartford services
3.0	Final	April 2024	Chief Operating Officer	Approved with assurance to be given to Quality Committee.

## REFERENCES

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### RELATED POLICIES/PROCEDURES/protocols/forms/leaflets

<i>All internal and external documents which relate in any way to this document</i>	<i>Reference code of document</i>
Resuscitation Policy	KMPT.CliG.010.04
Physical Security of premises, vehicles and other assets policy (including Lockdown guidance)	KMPT.CorG.010.04
Long term segregation & seclusion policy – In patient Mental Health & Learning Disability Services	KMPT.CorG.013.07

### SUMMARY OF CHANGES

Date	Author	Page	Changes (brief summary)
16/10/20	C.Lee	7	Privacy & Dignity whilst transferring patients
June 2021	S.Cook Service Manager, Forensic and Specialist Care Group		Section 3.2 amended to reflect changes made to local protocol 'Access to Secure Units including Key Management' Changes have been made to: <ul style="list-style-type: none"> <li>Access to the Forensic Services wards – locations updated and information about using, checking and returning secure packs updated</li> </ul>
February 2022	Forensic Policy Review Group		Changing the use of Riverhill and Marle wards to Tarentfort Centre throughout document. Updated 1:1 – wording change “extra staff required to safely manage a situation safely rather than a difficult situation”, 3:2 – requesting assistance from other wards rather than just Littlebrook Hospital, 4:2 – adding the gender criteria for each of the seclusion rooms 4:4, - clinical teams to be notified when patients are repatriated to their own units if using a different area for seclusion 5:13 – addition of when staff support is to be provided. Deleted 5.9 (from KMPT.CliG.192.02 (DFS005)) – use of police to escort patients requiring seclusion to Tarentfort Centre.
October 2022	Low Secure Clinical Lead/Low Secure Matron		Improving MDT communication inter-team working

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## 1 INTRODUCTION AND RATIONALE

- 1.1 The purpose of this protocol is to provide guidance to staff when they require additional staffing support from other inpatient/ community services situated on the Greenacres site, Dartford, in addition to the local response/support agreed within each care directorate. This protocol will only be used in situations where a serious incident has occurred or has the potential to develop and which may be alleviated by the addition of more staff. It is expected that most incidents will be dealt with by the staff on duty at the time. However, this protocol should be used to provide additional support to staff on those rare occasions when extra staff are required safely manage an incident.
- 1.2 This protocol will also provide guidance to staff in order to assist with the safe and effective management of patients requiring a seclusion facility when the local seclusion room is already occupied and/or temporarily out of use.
- 1.3 This protocol does not replace in any way the need to consider calling the Police in the event of a serious incident. It simply provides a rapid response to incidents within inpatient areas as well as those areas used by service users and members of the public such as the restaurant, where additional assistance may be required.
- 1.4 This protocol must be read in addition to the Trust's Seclusion Policy for any patient that is being transferred and nursed in Seclusion.

## 2 SCOPE

- 2.1 This document refers to the following services:
  - 2.1.1 **Mother and Baby Unit (MBU)**
  - 2.1.2 **Forensic Low Secure Services (LSU)** encompasses Tarentfort Centre, Allington Centre and The Brookfield Centre
  - 2.1.3 **Acute Littlebrook Hospital** encompasses Pinewood, Amberwood, Cherrywood, DGS North Kent Directorate and Willow Suite.
- 2.2 All staff (including NHSP and temporary staff) must be made aware of the 'Urgent Assistance and Use of Extra Care Area' protocol via local induction, which must also include a visit to wards on site that are not familiar to them in order to orientate themselves prior to any call being raised.
- 2.3 The most senior person in charge should activate this protocol if he/she deems it necessary.
- 2.4 This protocol will operate 24 hours a day, 365 days per year.
- 2.5 This protocol can be activated by a single call to the switchboard; internal dial 0 (zero).

## 3 RESPONSIBILITIES

- 3.1 Urgent Assist Script
- 3.2 The member of staff calling the switchboard will say '**this is an urgent assistance call for ..... Name of ward**'

3.3 Upon receipt of this call, the switchboard operator will telephone the responding services to alert them to the URGENT Assist request:

- Amberwood, Cherrywood, Pinewood, Willow Suite, DGS CRHT, Riverhill, Marle, Allington and Brookfield will be **alerted to calls from Mother & Baby Unit**
- Mother & Baby, Amberwood, Cherrywood, Pinewood, Willow Suite and DGS CRHT will be **alerted to calls from Forensic Services**
- Mother & Baby, Riverhill, Marle, Allington and Brookfield will be **alerted to calls from Acute Services**

3.4 The Manager / Nurse in charge of the ward / team receiving the urgent assistance request will release staff to immediately respond to the service requiring assistance.

### 3.5 Responder access to respective services

#### 3.5.1 Access to the Low Secure Forensic Services wards

- This will be via the 'Urgent Assist Access Pack' located at the Allington Reception which contains the necessary Fobs and Access codes to gain entrance to Allington Centre, Riverhill, Marle, Brookfield and Mother & Baby Unit.

#### 3.5.2 Access to Littlebrook services

- Staff will gain access via Littlebrook Hospital reception (via Wristband available from Allington Centre reception 24/7)
- On arrival at the ward requesting assistance, responders will report to the Nurse in charge. Assistance may range from managing the incident directly, to offering reassurances and support to other patients and/or visitors on the ward.
- Staff will continue a presence on ward / clinical /general public area until advised otherwise by the Nurse in charge.
- The monitoring form (appendix A) will be completed by the person completing the Datix for the incident requiring Urgent Assistance and forwarded to their Service Manager/Matron.
- The monitoring form will be circulated to all Service Managers on the Greenacres site for review.
- Littlebrook and Forensic Services to have a system in place to regularly check these access packs are complete and in situ.

## 4 SECLUSION ROOM MANAGEMENT

4.1 The decision to use seclusion is an absolute last resort and must only be made when all other interventions and alternatives have been considered and / or exhausted.

4.2 Seclusion suites on the Greenacres site are located as detailed below:

4.3 **Acute Services** – Littlebrook Hospital

- The Extra Care Area (ECA) located down the corridor via the DGS CRHT Base
- Willow Suite (Male only)

#### 4.4 Forensic Services

- Allington Centre (HDU) access is at the rear of the building – requiring the team to walk across Littlebrook Car Park. There is NO access to seclusion via the front door.
- Riverhill Ward (within Tarentfort Centre)

4.5 Mother & Baby Unit (Rosewood) have their own de-escalation area for females. The Trust does not expect patients within our perinatal services to be secluded. However, in an exceptionally rare circumstance staff would need to consider issues such as arrangements for the care of the child during this period in addition to the possible implications if the mother is breastfeeding and the physical health of the mother if she has recently given birth. **In the first instance use of ECA suite should be explored, if occupied then Allington Centre suite.**

4.6 In the event of a patient requiring a period of seclusion whilst the service's seclusion suite is unavailable (already occupied / temporarily out of use) the following process should be adhered to:

- During working hours 09.00hrs – 17.00hrs Monday – Friday the local team should liaise with their Matron / Service Manager or senior clinician to highlight the current risk. There will be a discussion between the Service Manager/Matron/senior clinicians of both services to ascertain the availability of a seclusion suite.
- Out of hours (17:00 hrs – 09:00hrs) and weekend and bank holidays – teams should liaise with senior clinician / nurse on site or on-call senior manager (Forensic on-call / North Kent on-call manager) via switchboard.
- There must be confirmation from the receiving Senior Manager that a seclusion suite is available and allocated has been agreed before a patient is moved.
- All transfers must be risk assessed in advance of the patient being transferred.
- Electronic medication cards must be updated by Doctor on duty.
- It is the clinical responsibility of the secluding team to provide adequate staff to transfer the patient from the clinical area to seclusion room and to provide adequately trained staff to monitor the patient in seclusion in-line with trust policies and procedures.
- In line with the MHA Code of Practice 2015, Chapter 26:147; procedure for seclusion must be followed in line with Trust policy which should include a detailed care plan based on risk assessment setting out how the individual care needs of the patient will be met whilst in seclusion which should include details of bedding and clothing to be provided. Clinicians must ensure that the patient is monitored as per the seclusion policy and are afforded the rights as per MHA CoP (2015).
- All transfers should be duly documented and the patient monitored throughout seclusion

- All secluded patients should be repatriated to their ward of origin at the earliest possible opportunity and communicated to all relevant clinicians.
- All transfers must be risk assessed in advance of the patient being transferred back to ward or origin.
- All clinical notes relating to seclusion should be updated on RiO, including the Seclusion documentation and related reviews, the electronic patient record system and should include risk assessment, capacity assessment, care plan and medication etc.

## **5 TRANSFER FROM LITTLEBROOK HOSPITAL/MOTHER & BABY UNIT TO ALLINGTON & TARENTFORT CENTRE**

5.1 It is important to note that Allington and Tarentfort Centre serve as an escalation to the regional secure service in emergencies; as such, the occupancy of the seclusion suite can significantly impact on commissioned bed occupancy as well as on the interface with criminal justice systems. In addition, these buildings sit within the Private Finance Initiative (PFI) portfolio; and are NOT KMPT buildings. The repair / refurbishment process is via systems completely external to the KMPT with timescales in keeping with the service level agreement between the PFI landlord and their maintenance firm. These elements account for heightened accountability around prolonged usage as detailed below.

- Nurse in charge (acute or MBU) identifies the need for use of a seclusion within forensic services.
- Contact the Service Manager / Matron to outline the request.
- The Low Secure Service Manager / Matron / on-call Manager (17:00 – 09:00hrs) liaises with the Allington and Tarentfort to ascertain the risk status of the unit and availability of the seclusion suite and identifies which suite should be used by the requesting service.
- The Low Secure Service Manager / Matron / on-call Manager (17:00 – 09:00hrs) will notify the housing / receiving service of the suite allocation, outline the patient's onward plan and confirms the estimated time of arrival. After this discussion
- The receiving service conducts the search of the suite and makes ready the seclusion packs (seclusion key, door access fobs); and a team member deployed to the door to meet the escorting team to support smooth access to the suite.
- Receiving / housing service to provide an orientation to the suite, alert to vulnerabilities in the fabric of the suite, use of the PIT alarm, access / location of the kitchen, toilet, treatment, electrical and water supply emergency stop point etc.
- The housing team will support with the supply of meals, snacks and medication for the patient and provide additional support the observing staff should the patient's presentation escalate, especially where there is risk of damage to the suite.



## 5.2 The transferring team must ensure

- MDT review has been undertaken and that prescribed medication is administered prior to transfer where indicated.
- A risk assessment is undertaken to consider whether police assistance is required before attempting the relocation.
- **Prior to leaving** Littlebrook Hospital/Mother & Baby Unit the Nurse in charge will be required to assemble an escorting team in the absence of the police.
- **Immediately prior** to the restraint/escort team and patient leaving the unit, additional staff members are deployed to attend the entrance to the Littlebrook hospital to prevent vehicles/pedestrians/patients entering the car park and also to the Invicta road entrance to stop pedestrians. This is both to reduce any potential hazards and promote the privacy and dignity of the patient.
- The escorting staff form a protective circle around the restraint team to offer privacy and promote the patient's dignity.
- If Tarentfort Centre is the only seclusion room available – police assistance is sought to support safe transfer of the patient, due to the risk of serious injury to both staff and patient; given the distance away from the other services.
- Two staff are allocated to facilitate seclusion observations throughout the seclusion episode.
- The compliance of observing staff with the framework of the secure perimeters, where the use of personal mobiles, cans, sharps, chewing gum etc are prohibited. And that personal property is stored in the lockers provided.

## 5.3 Post transfer to forensic seclusion

- 5.3.1 Within 3 hours into the next working day of transferring a patient, the secluding team must discuss a clear exit plan with clinicians at the 'housing' seclusion suite. This would involve communications between the two Responsible Clinicians, Service Managers and Matrons. With further discussions should the seclusion exceed 48 hours.
- 5.3.2 Observing staff must report any damage to the seclusion suite to the Nurse-in-charge of the housing service immediately.
- Record the damage on datix and forwarded the datix number to the Clinical Ward Manager of the Allington / Tarentfort Centre (as appropriate), copied to the Matron and Service Manager Low Secure Services; as this will be required to cross reference for repairs / replacement of equipment.
  - In the event of significant damage to the suite; the secluding team RC/ Matron must within 5 hours communicate the plan to relocate the patient from the suite, within the coming 24 hours. This will enable the PFI team to attend assess and make provision for repairs to the suite and replacement of equipment.
  - Service Manager / Matron to notify the Kent Surrey Sussex Collaborative of the unavailability of the seclusion suite; and provide regular updates on repair progress.

- 5.4 If the event of there being no Seclusion room available for acute care inpatients on the Greenacre site the following process should be followed;
- An MDT review to take place to consider current risk, observation level and role of medication and adjusted to manage risk.
  - Acute care patients will also be referred to PICU Liaison for consideration of admission to a PICU.
- 5.5 For forensic patients, if no seclusion room is available on the Greenacres site consideration should be to transfer to seclusion facilities within the regional secure service at Trevor Gibbens Unit (TGU) in line with secure services service level agreement.
- 5.6 The following process should be followed:
- Process as per Greenacres policy to be followed.
  - Service Manager to contact Service Manager / Matron / on-call Manager for TGU.
  - If seclusion room is available – transport and staffing will be made available.
  - The use of secure transport should also be considered as indicated.

## **6 EQUALITY IMPACT ASSESSMENT SUMMARY**

- 6.1 The Equality Act 2010 places a statutory duty on public bodies to make decisions of a strategic nature about how to exercise its functions and to have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage. . The duty also requires public bodies to consider how the decisions they make, and the services they deliver, affect people who share equality protected characteristics and those who do not. In KMPT the culture of Equality Impact Assessment will be pursued in order to provide assurance that the Trust has carefully considered any potential negative outcomes that can occur before implementation. The Trust will monitor the implementation of the various functions/policies and refresh them in a timely manner in order to incorporate any positive changes.

## **7 HUMAN RIGHTS**

- 7.1 The Human Rights Act 1998 sets out fundamental provisions with respect to the protection of individual human rights. These include maintaining dignity, ensuring confidentiality and protecting individuals from abuse of various kinds. Employees and volunteers of the Trust must ensure that the trust does not breach the human rights of any individual the trust comes into contact with. Seclusion will be lawful in principle, provided:
- There is lawful detention as under the Mental Health Act; or
  - Seclusion of an informal patient can be justified under common law, to protect from immediate risk of significant harm; and in any event.
  - Seclusion is defined as medical treatment when reasonable.

- Seclusion is compatible with the Human Rights Act 1998.
- The seclusion used complies with the procedural safeguards set out in this policy.

7.2 The Human Rights Act 1998 incorporates the European Convention on Human Rights into domestic law. Seclusion must be compatible with Articles 3, 5 and 8 of the European Convention on Human Rights, which provides as follows;

- Article 3 – anyone subject to seclusion must not be treated in a way that is inhuman and degrading.
- Article 5 – where a person is lawfully detained Article 5 is not concerned with the conditions of his/her detention.
- Article 8 – seclusion might be necessary in the interest of public safety, for the protection of health or morals or for protection of the rights and freedom of others.
- The complexity of the legal basis for seclusion demands that staff keep careful and accurate records for medico-legal as well as for clinical reasons.

## 8 MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS DOCUMENT

<i><b>What will be monitored</b></i>	<i><b>How will it be monitored</b></i>	<i><b>Who will monitor</b></i>	<i><b>Frequency</b></i>	<i><b>Evidence to demonstrate monitoring</b></i>	<i><b>Action to be taken in event of non compliance</b></i>
Training compliance	Learning and development	Ward Manager	Monthly	Staff training records	Performance management of individual staff member
Use of Seclusion	Use of monitoring tool/Seclusion log books	ACG/FCG Matron	Monthly	Monitoring tool	Care group management to resolve shortfalls with non-compliant wards/units

## APPENDIX A      URGENT ASSISTANCE AND USE OF EXTRA CARE PROTOCOL AND SECLUSION MONITORING FORM

### Urgent Assistance and Use of Extra Care Protocol and Seclusion Monitoring Form

This form should be completed by the person completing the DATIX incident for the respective incident and passed to their Service Manager/Matron. Review will be completed following circulation to all Service Managers/Matrons on the Greenacres Site.

Name of staff requesting urgent assistance / Seclusion facility	
Date / Time of Incident	
Ward	
Department/Service	
When did you initiate the protocol?	
Why did you initiate the protocol? <b><i>Please explain the circumstances leading up to your request for urgent assist</i></b>	
What response did you receive?	
Name/s of staff that responded?	
Comments <b><i>Comments are welcomed from staff requesting the assist and/or staff who have assisted</i></b>	
Details of staff support provided.	

## APPENDIX B

## SECURE SERVICES SECLUSION USE AIDE MEMOIRE

\*aide memoire\*

### Do

- Be reminded that this is a secure service.
- Sign in to the visitors' book upon arrival, pit alarm and keys will be issued thereafter (Fire safety requirement).
- Store personal belongings in the lockers provided at the reception, the key remains with you and must be returned to the reception when you collect your belongings.
- Know there is a list of contraband items not allowed in this environment (chewing gum, mobile phones, cans and glass bottles top this list – the full list is available at the reception).
- Be advised the seclusion toilets are the most vulnerable area; if the patient escalates, please activate your pit for urgent additional support.
- Know the repair process is both time and financial intensive.
- Leave the seclusion suite the way you would like to find it; as immediate use may be required.
- Access medication from our treatment rooms (as available).
- Maintain compliance with the trust personal safety and seclusion policy.

### Do NOT

- Assume, please do ask and follow the guidance given.
- Bring your **personal bags, can drinks, glass bottles, aerosols, mobile phones** or **chewing gum** onto the ward / seclusion suite.
- Forget the trust values to which we are all contracted.
- Open the seclusion room without a team of trained staff to support you.
- Leave a mess and the patient's belongings behind when seclusion is terminated.
- Bring the patient's food across the carpark, we can liaise with the kitchen for the delivery of an additional meal – we are all KMPT.