Essex Partnership University
NHS Foundation Trust

ADMISSIONS TO SECURE SERVICES PROTOCOL

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The Director responsible for monitoring and reviewing this policy is:
The Director of Specialist Services

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

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Title	**Section No.**

SCOPE

Services	Applicable	Comments
Essex	✓	
Bedfordshire	✓	

ADMISSIONS TO SECURE SERVICES PROTOCOL

1.0 INTRODUCTION

1.1 This protocol sets out the process of admission to Secure Services and should be read in conjunction with Trust policies relating to the Mental Health Act MH 101-126, Corporate Policy pertaining to record management CP9 and Secure Services Protocol SSOP3 (Patient Assessment) and Quality Network for Forensic Mental Health Services – Standards for LSU and MSU Secure Care.

2.0 OBJECTIVES

2.1 The EPUT Secure Mental Health Services provides admission, assessment, treatment, rehabilitation and discharge services to specific groups of patients who require these in a setting of medium or low security. (Brockfield House provides both medium and low secure wards, Edward House in Chelmsford and Robin Pinto Unit in Bedfordshire only offers admissions in a low secure service to men over 18 years old, and Wood Lea clinic provides a low secure facility for patients with learning difficulties.

3.0 REVIEW AND MONITORING

3.1 This protocol is applicable to all patients admitted into the care of the EPUT Secure Services.

3.2 It is the responsibility of the Responsible Clinician, Ward charge nurses / Sister and Integrated Clinical Leads/Matron to ensure that the procedure is followed. No changes to this procedure shall be undertaken without the authorisation of the Secure Services Policy Group and the Secure Services Senior Managers Group.

3.1 Senior Managers of the Secure Unit are to ensure that the Forensic Protocol and Trust Policy for the admission of patients are followed. Ward sisters and charge nurses are responsible for ensuring that these procedures are carried out on their respective wards.

3.2

3.3 This protocol will be reviewed by the Secure Services Policy Group.

4.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

4.1 Record Management - CP9

4.2 SSOP 3 – Patient Assessment

4.3 CPA Policy - CLP 30

5.0 SOURCE AND TYPE OF REFERRAL

5.1 Referrals will originate from other secure hospitals, prisons, the Courts, the Criminal Justice Mental Health Team at the point of arrest and generic adult mental health services. All referrals should be emailed to the following email address epunft.forensicreferrals@nhs.net and will be discussed at the weekly referral meetings

5.2 Patients can be grouped into types based around the current location of the referred patient. These groups can be defined as follows:

5.3 Mentally disordered offenders admitted from Prison:

5.3.1 Individuals remanded to Prison, charged (but not yet convicted) of a criminal offence and are suspected or known to suffer from a mental disorder as defined in the MHA 1983, as amended 2007, where the level of clinical risk requires in-patient assessment and/or treatment in conditions of medium or low security.

5.3.2 Patients serving a prison sentence who require on-going and active assessment, treatment and rehabilitation for a mental disorder before being discharged back to prison to continue their sentence or, following its expiry, into the wider community.

5.3.3 The Home Secretary will direct the transfer of both groups of patients to the hospital and impose restrictions upon such patients leave, transfer or discharge

5.4 Mentally disordered offenders admitted from Courts:

5.4.1 Individuals passing through the criminal justice pathway and assessed to be suffering from Mental disorder are ordered by the court for admission to Medium or Low secure wards, where the level of clinical risk requires in- patient assessment and/or treatment in the secure conditions.

5.4.2 This group will be admitted for:

- Psychiatric reports
- Psychiatric assessment
- Interim period of treatment prior to sentencing

- Treatment

5.5 Admissions from lower security levels:

5.5.1 Patients from general psychiatric hospitals (or, in the case of the medium secure service from a PICU or other low secure service) who present unusual/extreme management difficulties due to the level of clinical risk and cannot be managed or contained within their current clinical environment. However all such admissions would not meet the criteria for a High Secure Hospital placement.

5.6 Admissions from high secure hospitals:

5.6.1 Patients may be admitted (sometimes on trial leave) from both high secure hospitals (in the case of the medium secure service) or from high or medium secure units (in the case of the low secure service) for further treatment and rehabilitation when they no longer require the higher level of secure care.

5.6.2 Where patients previously discharged on conditions under section 41 are subject to recall, it is up to the assessing team, in collaboration with the Ministry of Justice, to decide whether the patient should be recalled to the secure services or whether they can safely be managed within a general service.

5.7 All admissions to Secure Services will have had a gatekeeping assessment which must be in place prior to admission.

6.0 EXCLUSION CRITERIA

6.1 The following patients will normally be considered unsuitable for admission:

(i) Patients who require a higher level of security than can safely be provided by our medium (or low) security services.

(ii) Sexual offenders without any underlying mental disorder.

(iii) Young persons under the age of 18 years.

(iv) Those suffering from moderate to severe learning disabilities (excluding Woodlea which is a low secure unit for learning disabled patients).

(v) Patients who can be managed and treated in mainstream mental health services or a psychiatric intensive care unit (PICU).

(vi) Patients with substance misuse problem-users who have no other co-existing mental disorder.

(vii) Patients with a primary diagnosis of anti-social personality disorder in the absence of any co-morbid mental illness.

(viii) Patients in which the primary reason for detention is suicidal or self-harming risk but there is no significant forensic history.

6.2 A report will be sent to the referring consultant / referrer from the multi-disciplinary team (where applicable) on those occasions when a person is not considered suitable for admission to either service.

7.0 ADMISSION PROCESS

7.1 The decision to admit any patient to the secure services will be made following an MDT assessment. The patient will be sent a letter giving information about the unit where they are to be admitted (see appendices 1-3). Where appropriate, their carers will also be sent an introductory letter containing information, an offer of an assessment and an invitation to visit the unit (see Appendix 4). In the case of a transfer from high secure services (or other medium or low secure services), the receiving team in EPUT will attend, if possible, the discharge CPA, where one is held, to receive an effective hand over of the patient's care.

7.2 Prior to any admission to the service the RC will complete the IPPA (Individual Patient Placement Agreement) form and send this to the Senior Case Manager for the East of England Provider Collaborative.

7.3 Upon admission to the unit the patient will be welcomed by the charge nurse / ward sister. The nurse in charge will introduce themselves and allocate a member of staff to show the patient around the ward and introduce them to the other members of staff and patients. A nursing key-worker will be allocated who will complete an initial assessment of needs and risk form before the initial CPA.

7.4 On admission staff should follow the latest guidance for Infection Prevention Control Measures.

7.5 The patients will be informed of their rights under Section 132 of the Mental Health Act 1983(revised/2007) and issued with the relevant information leaflets.

7.6 The nurse in charge must ensure completion of an admission checklist, carrying out the listed tasks and signing when they are completed (see CPA policy, CLP 30)

7.7 Patient will be assessed by a doctor with the current mental state examination, risk assessment and full physical examination undertaken and documented. If full physical examination was not undertaken for various reasons it should be specified and a date given for the next follow-up.

7.8 The allocated key worker must ensure that the patient has an interim care plan and risk assessment on the day of or prior to admission.

7.9 A Care Co-ordinator will be nominated prior to admission as per the guidelines in the Patient Assessment Protocol, SSOPG 3. The Care Co-ordinator must ensure that the CPA front sheet / CPA registration forms are completed and sent to Medical Records within one week of the patient being admitted. A copy will kept on file.

7.10 An initial CPA should be scheduled within 3 months of the patient being admitted and every 6 months thereafter (Best Practice Standards for MSU and LSU). The full CPA comprehensive assessment must be completed for the first CPA review.

7.11 At the first CPA, the RC will lead on completing the HONOS Secure, and thereafter at every CPA.

7.12 At the first CPA, the ward psychologist will take the lead and support on completing HCR-20 risk assessments.

END