



Seclusion Policy

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Please contact the Equality, Diversity and Human Rights Team on 01903 845724 or email

equality.diversity@sussexpartnership.nhs.uk

1. Equality and Human Rights Impact Analysis (EHRIA)

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1.1 Board Lead:	Chief Nurse	1.2 Analysis Start Date:	November 2017
		1.3 Analysis Submission Date:	May 2018 November 2019
1.4 Analysis Team Members:	1) Author / Editor: Nurse Consultants, Forensic Healthcare Service 2) Frontline Staff: John Canning, Ged Pattison, Dr Daniel Hume 3) Patient / End-user: This policy is necessarily based on the MHA Code of Practice which has legal standing and has been subject to extensive consultation with services users, carers and community groups, 4) I/We, being the author(s), Service Managers, acknowledge in good faith that this analysis uses accurate evidence to support accountable decision-makers with due regard to the National Equality Duties, and that the analysis has been carried out throughout the design or implementation stage of the service or policy.		
1.5 If this is a cross agency policy/service or strategy please indicate partner agencies and their formal title			
1.6 Completion Statement			
1.7 Policy Aim	Preventing behavioural disturbance, early recognition and de-escalation. When restrictive interventions cannot be avoided they will be used safely and respect human rights.		
 Send draft analysis along with the policy, strategy or service to equality.diversity@sussexpartnership.nhs.uk for internal quality control prior to ratification.			
1.8 Quality Assessor sign off	Cassandra Blowers		
1.9 Reference Number	CB 207B		

2. Evidence Pre-Analysis – The type and quality of evidence informing the assessment

X	2.1 Types of evidence identified as relevant have X marked against them	
X	Patient / Employee Monitoring Data	X Risk Assessments
	Recent Local Consultations	X Research Findings
X	Complaints / PALS / Incidents	X DH / NICE / National Reports
X	Focus Groups / Interviews	X Good Practice / Model Policies
X	Service User / Staff Surveys	Previous Impact Analysis
	Contract / Supplier Monitoring Data	X Clinical Audits
	Sussex Demographics / Census	X Serious Untoward Incidents
X	Data from other agencies, e.g. Services, Police, third sector	Equality Diversity and Human Rights Annual Report

Please provide detailed evidence for the areas highlighted, and also any other Evidence that may be relevant (please state):

Seclusion is a form of restrictive intervention. This policy is informed by the Human Rights Act, Mental Health Act and Mental Capacity Act and associated codes of practice. National best practice has been examined and a local audit has been conducted. Learning from incidents and complaints has been incorporated.

The policy and procedures that relate to Seclusion closely follow standards set nationally in the Mental Health Act Code of Practice which has legal standing. The Care Quality Commission monitor adherence to the Code of Practice. In formulating the Code of Practice the Department of Health has engaged with a broad cross section of people who use mental health services and organisations that represent their interests. There has also been an extensive formal consultation process.

3. [AimsAndFreedomsGuidance](#) **Impact and outcome Evaluation** – Any impacts or potential outcomes are described below.

[HelpEqualityImpactsGuidance](#)

Ref	Mark one X		Describe how this policy, strategy or service will lead to positive + outcomes for the protected characteristics . Describe how this policy, strategy or service will lead to negative - outcomes for the protected characteristics . (Please describe in full for each)	People's Characteristics (Mark with 'X'):								
	+	-		Age	Disability & Carers	Gender Reassignment	Pregnancy & Maternity	Race	Religion & Belief	Sex	Sexual Orientation	Human Rights
3.1	X		There is national evidence that Black and minority ethnic communities have higher seclusion rates than their counterparts. The policy raises awareness about this issue.					X				
3.2	X		There is national evidence that restrictive interventions carry higher levels of mental and physical health risk when used with older people, people with disabilities and people who have suffered violence and abuse. The policy states that this should be taken into account during seclusion.	X	X							X
3.3	X		The use of restrictive interventions, by definition, impinge on people's human rights, particularly the right to liberty. The policy clearly specifies when this right may be infringed in line with the Human Rights Act 1998. The policy also outlines situations that are NOT a valid reasons to limit patient's right to liberty, such as staff shortage. The policy includes a statement on proportionality in patient's restriction, in accordance with the European Convention on Human Rights.									X
3.4	X		The policy aims to prevent the use of restrictive interventions by creating an environment and staff-patient relationships that are sensitive to all protected characteristics. Prevention also reduces the likelihood of people's human rights being impacted. If, as a last resort, seclusion is required the policy sets out how this will be carefully explained to the person. The policy also stipulates that everything possible must be done during the period of seclusion to remain engaged with the person and promote their privacy and dignity. Following a period of seclusion the policy sets out how a review will take place so that the views of the person who was secluded can be properly heard. This learning can then impact on likelihood of further seclusion for the person and how this is implemented. There will also be more general learning pulled together by Matron's as a result of reviewing every period of seclusion.	X	X	X	X	X	X	X	X	X
3.5	X		The policy includes provisions on respecting patient's protected characteristics.	X	X	X	X	X	X	X	X	X

Ref	Mark one X		Describe how this policy, strategy or service will lead to positive + outcomes for the <u>protected characteristics</u> . Describe how this policy, strategy or service will lead to negative - outcomes for the <u>protected characteristics</u> . (Please describe in full for each)	People's Characteristics (Mark with 'X'):								
	+	-		Age	Disability & Carers	Gender Reassignment	Pregnancy & Maternity	Race	Religion & Belief	Sex	Sexual Orientation	Human Rights
3.6	X		The policy applies due regard in its provisions on searching a patient. It outlines that religious & cultural jewellery should only be removed if these pose a risk on the patient.					X	X			
3.7	X		The policy has a positive impact with reference to the Trust's Gender Reassignment policy and should ensure that guidance is available if patient is transgender.			X						
3.8	X		The policy outlines what should be done if the patient is a child or a young person. The 'time-out' process should be used at first instance and seclusion only as a last resort.	X								

Add more rows if necessary with new reference numbers in the left column

4. Monitoring Arrangements

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<p>4.1 The arrangements to monitor the effectiveness of the policy, strategy or service considering relevant characteristics? E.g.</p> <ul style="list-style-type: none"> ↳ survey results split by age-band reviewed annually by EMB and Trust Board ↳ Service user Disability reviewed quarterly by Equality and Diversity Steering Group or annually in the EDHR Annual Report 	<p>Annual review by Trust Board as part of Equality and Diversity Report and Mental Health Act report.</p> <p>Routine reporting to and review by the Quality Committee, a formal sub-committee of the Board. Data will include use of seclusion by protected characteristics.</p> <p>CDS Reducing Restrictive Interventions groups will robustly monitor seclusion and provide six-monthly reports to the Trust Reducing Restrictive Interventions Group</p> <p>The use of seclusion for people with each of the protected characteristics will be monitored and reported locally and six-monthly. This will help reduce the risk of discrimination that could potentially be unlawful.</p>
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5. Human Rights Pre-Assessment

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The Impacts identified in sections () have their reference numbers (e.g. 4.1) inserted in the appropriate column for each relevant right or freedom		
	+	-
A2. Right to life (e.g. Pain relief, DNAR, competency, suicide prevention)	3.4	
A3. Prohibition of torture, inhuman or degrading treatment (e.g. Service Users unable to consent)	3.1, 3.2, 3.4,	3.7

	3.5	
A4. Prohibition of slavery and forced labour (e.g. Safeguarding vulnerable patients policies)		
A5. Right to liberty and security (e.g. Deprivation of liberty protocols, security policy)	3.1, 3.3, 3.4	
A6&7. Rights to a fair trial; and no punishment without law (e.g. MHA Tribunals)		
A8. Right to respect for private and family life, home and correspondence (e.g. Confidentiality, access to family etc)	3.5, 3.6, 3.8	3.7
A9. Freedom of thought, conscience and religion (e.g. Animal-derived medicines/sacred space)	3.6	
A10. Freedom of expression (e.g. Patient information or whistle-blowing policies)		
A11. Freedom of assembly and association (e.g. Trade union recognition)		
A12. Right to marry and found a family (e.g. fertility, pregnancy)		
P1.A1. Protection of property (e.g. Service User property and belongings)		
P1.A2. Right to education (e.g. accessible information)		
P1.A3. Right to free elections (e.g. Foundation Trust governors)		

6. Risk Grading

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6.1 Consequence of negative impacts scored (1-5)	4	6.2 Likelihood of negative impacts scored (1-5):	1	6.3 Equality & Human Rights Risk Score = Consequence x Likelihood scores:	4
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7. Analysis Outcome– The outcome (A-D) of the analysis is marked below ('X') with a summary of the decision

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X	7.1 The outcome selected (A-D):	7.2 Summary for the outcome decision (mandatory)
	A. Policy, strategy or service addresses quality of outcome and is positive in its language and terminology. It promote equality and fosters good community relations	The policy is positive in promoting equality & diversity and taking into account the protected characteristics.
X	B. Improvements made or planned for in section 9 (potential or actual adverse impacts removed and missed opportunities addressed at point of design)	
	C. Policy, service or strategy continues with adverse impacts fully and lawfully justified (justification of adverse impacts should be set out in section 3 above)	

X	7.1 The outcome selected (A-D): D. Policy, service or strategy recommended to be stopped. Unlawful discrimination or abuse identified.	7.2 Summary for the outcome decision (mandatory)
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8. Equality & Human Rights Improvement Plan

Actions should when relevant and proportionate meet the different needs of people.

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<u>Impact Reference(s)</u> (from assessment)	What directorate (team) action plan will this be built into 	<u>Action</u>	Lead Person	Timescale	Resource Implications
3.1, 3.2, 3.3	Nursing and Quality	Regular monitoring of the use of seclusion by the Quality Committee through the Reducing Restrictive Interventions Group. Is included in the policy	Chief Nurse	Continuous	Built in to existing

Add more rows if necessary

 Build this plan into relevant parts of your project / business / service plans (reflect in their wording that they are 'equality objectives)