

THE STATE HOSPITALS BOARD FOR SCOTLAND

DISASSOCIATION POLICY

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Lead Author	Head of Security	
Contributing Authors	Clinical Security Liaison Managers Group	
	Responsible Medical Officers	
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The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: <http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)

Changes required to policy (evidence base checked)

Summary of changes within policy:

December 2021 review:

- The policy has been moved from the PMVA suite into the security policies section.
- Introduction of an option for patients to be in the same area at the same time if adequately supervised.
- Removal of partial disassociation instead a local management process which would be managed by clinical teams and would not be disassociation.
- Introduction of a more structured and regular review process which requires a clear recording and review process.
- Introduction of a patient information sheet explaining what disassociation means and the impact it may have on them.
- Introduction of a conflict resolution process which allows for patients to meet in a supervised, planned and safe face to face meeting prior to a disassociation being lifted.
- Introduction of an option for a patient/staff or volunteer disassociation request to be raised to the hospital managers by any staff member or volunteer of The State Hospital.

May 2022 revision:

Appendix B: The State Hospital Disassociation Process Information for patients who have been disassociated - formatted into standardised layout for patient information sheets.

July 2022 revision:

Section 5: Patient to staff / volunteer disassociation - text within this section has been updated and highlighted in bold to provide clarity on the process to be followed.

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The State Hospital (TSH) has a duty to ensure the safety and security of all stakeholders. Legislation including the Mental Health (Care & Treatment) (Scotland) Act 2003 provide a framework requiring the organisation to apply the least restrictive means necessary to safeguard all stakeholders. This approach enables TSH to make tailored arrangements in specific situations which result in restricting the movement of patients.

1. Purpose

The purpose of this policy is to ensure that where it has been identified interactions involving at least one patient introduces a risk related to:

- Violence towards identified others
- The good order of the Hospital
- A previous non-professional association

That there will be a risk management system in place to remove or mitigate the identified risk.

2. Scope

This policy applies to all staff, volunteers and patients within TSH and will generally involve individual patients being restricted in their contact with specific patients or members of staff/volunteers.

3. Definitions

Disassociation is a risk management procedure which relates to patients who:

- Have been involved in violent or aggressive episodes with other patients or with particular members of staff/volunteers.
- Have a relationship with another patient which has or is likely to result in violent or aggressive episodes or risk to the good order of the Hospital.
- Who have had a non-professional association with a staff member prior to admission.

These patients will be restricted in their contact with those persons in any area of the Hospital unless a full risk assessment has been undertaken when a specific event is taking place.

Individual management plan

An individually tailored management plan which reduces the contact 2 individuals may have, this would be managed locally with an agreed management plan recorded in RiO, and shared with relevant staff who may be involved in the patients' management outside of the ward area e.g. Skye Centre staff. This would not be considered disassociation.

Enhanced disassociation

If the Clinical Team believe that even the lowest level of passing contact presents significant risk. For example, if the possibility of seeing or meeting with an individual even from a distance is likely to present significant risk of aggression, the disassociation of these patients will prescribe that they shall not be in any area at the same time including the Hospital grounds or the Skye Centre Atrium. This would be recorded in RiO, the Disassociation Record form (Appendix A) completed and sent to the Security Information Office (SIO) and the information shared with relevant staff who may be involved in the management of the patients concerned out with the ward area e.g. Skye Centre staff.

4. Patient to Patient Disassociation

There are many different situations when it may become necessary to disassociate a patient from another patient however the circumstances of each case must be explored and Clinical Teams must take account of the context and the risks presented before such restrictions are imposed. The following are some examples of when disassociation should be considered:

- After a physical assault by one patient on another, where the assaulted patient was a deliberately chosen target for the assault.
- When a patient has threatened to assault another patient, where the threat is made directly, via a third party (staff, other patient, volunteer or visitor) either verbally (in person or by telephone) or in written form.
- When a patient has a history of aggression or threatened aggression against another patient (mutual or not) in a previous hospital, establishment or in the public arena.
- When two patients are to appear as co-accused in a forthcoming trial or where a patient is due to give evidence or take part in the trial of another patient.
- When patients have a history of colluding to undermine discipline, incite non-compliance or otherwise contribute negatively to the good order of the Hospital.
- When patients are related **and** where there is actual or historical evidence of violence or aggression, colluding to undermine discipline, incite non-compliance.
- Violence/Aggression towards relative/acquaintance of another patient.
- Any other reason for a disassociation, where the reason is validated by the Security Director or Nominated Deputy and Director of Nursing and AHPs, or Associate Medical Director.

4.1 Initiation of a Disassociation between Patients

If any of the above criteria are met or there are grounds to disassociate then the Clinical Teams of the patients involved should discuss the situation at their next meeting.

If a disassociation becomes necessary out with Monday – Friday 9-5 pm, the Security Manager and Senior Clinical Cover will impose a temporary disassociation until the Clinical Teams of the relevant patient(s) are available, informing the appropriate Clinical Teams and the SIO.

A temporary disassociation will be put in place immediately until both Clinical Teams have met. The nurse in charge of the ward where the patient is residing should ensure that the patient has been informed that there is a disassociation in place and that they have been given a copy of Appendix B: The State Hospital Disassociation Process Information for patients who have been disassociated.

Both teams must agree to the disassociation. If there is disagreement, the Associate Medical Director or Director of Nursing and AHPs and the Security Director or Nominated Deputy will adjudicate.

4.2 Continuation of a Disassociation between Patients

Within 72hrs

Following the introduction of a temporary disassociation there should be an initial review following a “cooling off period” of no more than 72 hrs. The patients should be encouraged to consider the incident and be engaged in a discussion around the need for ongoing disassociation. The implications of this should be fully discussed with the patients and the information provided in Appendix B should be explained. In the event that both patients agree there is no further need for the disassociation the Clinical Teams should give full consideration to the risks of the two patients meeting and a plan for moving forward should be agreed, the options being discontinuation, continuation to standard disassociation or enhanced disassociation. This will be documented in the individuals’ care plan and described in the Disassociation Record form. which should be sent to the SIO.

Within 10 days

This review will normally be the Clinical Team meeting following the initial cooling off period. Full consideration should be given to the need for the disassociation; the views of both patients should be sought prior to this meeting. The Clinical Team should consider the risks of the two patients meeting and a plan for moving forward should be agreed and documented. This will be documented in the individuals’ care plans and described in the Disassociation Record form. which

should be sent to the SIO.

Within 4 weeks

If the disassociation has been continued, a review at this stage should take place. Full consideration should be given to the need for the disassociation; the views of both patients should be sought prior to this meeting, the Clinical Team should consider the risks of the two patients meeting and a plan for moving forward should be agreed the options being discontinuation, continuation with standard disassociation or Enhanced Disassociation. This will be documented in the individuals' care plans and described in the Disassociation Record form. which should be sent to the SIO.

At each Care Programme Approach (CPA) Review meeting

The continuing necessity for a disassociation will be discussed at each CPA review, the outcome recorded and dated in the CPA section 2.5.4 "Live tailored security measures" and communicated immediately to the Clinical Team responsible for the care of the patient from whom the patient is disassociated.

Individual management plan

At any stage in this review period the Clinical Teams may wish to introduce a less formal individual management plan which minimises the contact individuals may have. This would be managed locally with an agreed management plan recorded in RiO, and shared with relevant staff who may be involved in the patient's management out with the ward area e.g. Skye Centre staff. This would mean ending the disassociation, documenting in the individual's care plan and updating the Disassociation Record form. which should be sent to the security information

It is the responsibility of the person in charge of each area and escort to ensure that systems are in place so that the disassociated patients in their care are managed safely. It is imperative therefore that if individuals have been identified as requiring enhanced disassociation that this is identified to the control room staff when they are contacted to initiate patient movement via Patient Movement and Tracking System (PMTS)

4.3 Procedure to ensure that Disassociated Patients are managed safely

Patient to patient disassociation allows for individuals to be in the same area when in transit and their final destination is not the same, e.g. the Hospital grounds or the Skye Atrium if at least one of the individuals is being escorted with staffing requirements agreed by the Clinical Team.

On Staff Escort

The person in charge of the escort will have access to the up to date disassociation list and must ensure that the appropriate measures are taken to manage the patients safely. Disassociated patients can be in the Hospital grounds or the Skye Atrium at the same time to facilitate access to a placement, clinical appointment, family visit, tribunal or video court attendance if at least one of the individuals is being escorted by staff and their final destination area is not the same (for the purposes of this policy a final destination area is considered a separate self-contained area e.g. the atrium and the gardens in the Skye Centre are two separate areas; if one patient is unescorted on grounds access for exercise the other patient may be escorted from his ward directly to his placement in the Skye Centre but not for exercise in the grounds). Any contact the two patients have shall be maintained at a distance and the two patients should not interact.

Any interactions must be reported and documented in RiO subsequently discussed by the Clinical Team, who should give consideration to the disassociation; Does it remain proportionate? Would an individualised management plan be sufficient? Does an enhanced disassociation plan require to be in place or does the standard disassociation manage the risks sufficiently?

Unescorted Grounds Access

Disassociated patients will not be allowed to be on general grounds access as a final destination at the same time. The PMTS cannot be used for patients who have a disassociation in place, other

than by the Control Room. The Control Room must be contacted to seek permission for any such patient to leave for any destination. If individuals have been identified as being inappropriate to meet at all, this must be identified to the Control Room staff when they are contacted to initiate movement via PMTS. If a potential meeting of unescorted disassociated patients is identified, the patient will not leave the area unescorted until the other patient has returned or an escort is provided. The Control Room Operator will inform the ward/department when it is permitted for the patient to commence movement.

When two patients are disassociated and wish to make regular use of their grounds access, this will routinely be managed by the Control Room and the relevant wards. If a problem of equity is perceived by any party, the respective Clinical Teams will agree separate times/days for each patient to access the grounds.

With the exception of specific events where there has been an Assessment of Risk and Management Plan agreed, disassociated patients may not be escorted together, take part in any indoor or outdoor activity together, be permitted to have general grounds access at the same time or go on any outings together.

The Management Plan for disassociated patients attending any organised event must be agreed by both Clinical Teams concerned and the manager of the area responsible for organising the event. The details of the Management Plan will be communicated to all wards, relevant departments, escorts and Control Room staff and specifically to the person in charge of the event.

If both patients are required to appear in court or similar location at the same time, the potential risks must be discussed by the Clinical Teams and brought to the attention of the escorting agency by the Security Department for an appropriate management plan to be agreed, which ensures the patients remain apart throughout the escort.

4.4 Discontinuing a Disassociation between patients

Both Clinical Teams responsible for the care of the patients disassociated from each other must agree that the disassociation is no longer appropriate. Clinical Teams should include discussion around disassociation at their weekly meetings and this should be documented in their minutes. Any discontinuation or change to a disassociation should be as a result of a Clinical Team review and must be recorded on RiO and the Disassociation Record form. completed and sent to the SIO.

5. Patient to staff / volunteer disassociation

In order to ensure their safety, it may become necessary to disassociate a member of staff/volunteer from a patient.

A disassociation will be considered under the following circumstances:

- after a physical or sexual assault made by a patient on a member of staff/volunteer, where this was an impulsive assault or where the staff member/volunteer was a deliberately chosen target.
- when a patient has threatened to assault a named member of staff/volunteer, whether the threat is made directly to the member of staff/volunteer or made via a third party (staff, patient, volunteer, visitor) either verbally (in person or by telephone) or in written form.
- when a patient has a history of aggression or threatened aggression against a named member of staff/volunteer in a previous hospital, establishment or in the public arena.
- when a patient and a member of staff/volunteer are related or well known to each other prior to admission or where a chance meeting in the Hospital is deemed by the patient's clinical team be therapeutically detrimental to the patient.
- when a patient expresses delusional ideation about a member of staff/volunteer and the patient has a history of acting on delusions in a violent or sexual manner.

- Any other reason for a disassociation, where the reason is validated by the Medical Director or Nursing Director and the Security Director or Nominated Deputy.

5.1 Imposition of a disassociation between staff/volunteer and patient

(a) If any of the above criteria are met Monday – Friday 9-5 pm

- The member of staff/volunteer in question will request a disassociation in writing through their line manager to the Director of Nursing and AHPs or Nominated Deputy, the Security Director or Nominated Deputy and the patient's RMO.
- The patient and staff member/volunteer will be immediately disassociated albeit on a temporary basis until a final decision is made. This should be within three working days after the initial request.
- Dependent on the presenting risks and potential operational impact, it may be necessary to move the member of staff/volunteer or the patient on a temporary or permanent basis. This should be discussed and agreed with the relevant line manager and the patients Clinical Team.
- If the staff member/volunteer wishes to have no contact from the patient via other means e.g. mail a formal request must be made in writing to the patient's RMO and Clinical Team.

(b) If any of the above criteria are met out with Monday – Friday 9-5 pm

The member of staff/volunteer in question will request a disassociation in writing through their line manager to Senior Clinical Cover and the Duty Security Manager, the imposition of a disassociation. A temporary disassociation will be imposed until the Directors (or their nominated deputies) and RMO listed in 5.1(a) are available.

(c) Exceptional circumstances

It is recognised that there may be circumstances where it may be necessary to disclose confidential patient information to prevent risk of death or serious harm. Any disclosure must be limited and relevant to the prevention of death or serious harm. Should such a situation arise it is recommended that discussion take place with the Caldicott Guardian or Data Protection Officer. As the amount of information that can be disclosed to the staff member will be limited there may be a need for hospital managers to make a decision on behalf of the staff member in relation to any disassociation between a patient and a staff member.

The hospital managers have a duty of care and legal responsibility under the Health Safety and Work act to provide a safe environment for all staff, volunteers, patients and visitors to TSH, as such **the hospital managers reserve the right impose a disassociation where a significant risk is identified**. This decision will be made on behalf of the hospital managers by the Director of Nursing and AHPs and the Security Director or Nominated Deputies. A request for such a disassociation can be raised to the hospital manager's representatives by any staff member or volunteer of The State Hospital, recognising the duty of all staff to report any concerns they have of potential risk of harm.

5.2 Continuation/Discontinuation of a Disassociation between staff/volunteer and patient

The continuing necessity for the imposition of a disassociation between staff/volunteer and patient will be discussed by the patient's Clinical Team at the patient's case review after the imposition and at each subsequent case review until the disassociation is withdrawn. The member of staff/volunteer in question must be invited by the Clinical Teams to offer an opinion about the disassociation either in person (staff only) or in writing at the review. The result of the discussions will be communicated immediately after the review to the member of staff/volunteer via the line manager, Medical Director or Director of Nursing and AHPs and the Security Director or Nominated Deputies.

The decision to discontinue a disassociation between any patient and a member of staff / volunteer will be made jointly by the Associate Medical Director or Director of Nursing and AHPs and the Security Director or Nominated Deputies after consideration of the outcome of the Clinical Team discussion.

The recommendation must be made with the full knowledge and agreement of the member of staff, **who retains the right to veto any decision to discontinue.**

For volunteers the Directors will discuss the outcome with the volunteer and their line manager.

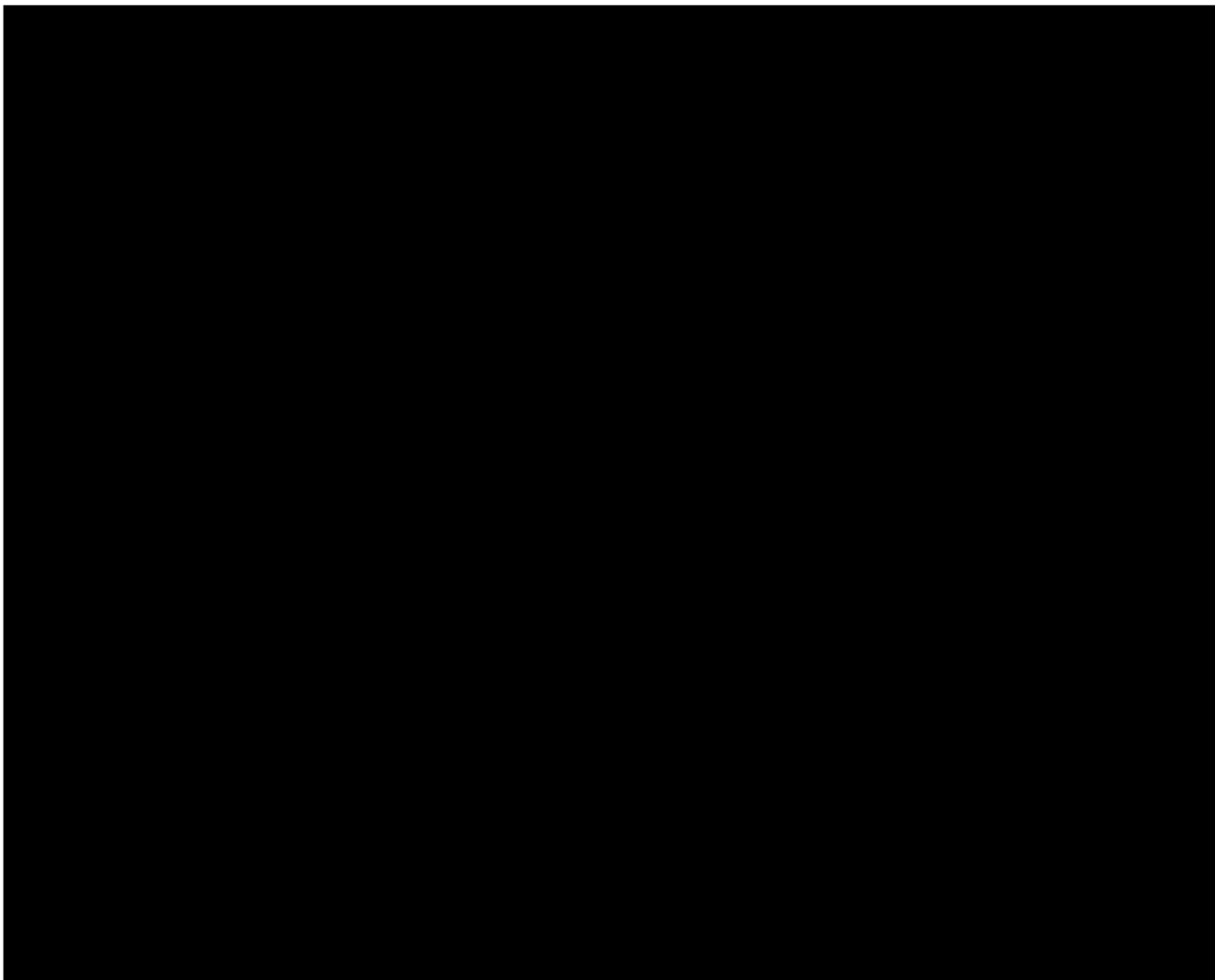
The line manager for the staff/volunteer should discuss the relevance of the disassociation on at least an annual basis, which this will involve liaising with the patient's Clinical Team.

Any staff member/volunteer disassociated from a patient should be offered support via their line manager and if necessary Occupational Health.

Discontinuing of a patient to staff / volunteer disassociation

The line manager, on behalf of the staff/volunteer may request to meet with the patient prior to a discontinuation of the disassociation to assure themselves that the patient no longer poses a risk to the staff member/volunteer. This meeting should be facilitated by the patient's Clinical Team.

5.3 Procedures for ensuring the safety of a member of staff/volunteer disassociated from a patient



6. Records

Any formal introduction, discontinuation or change to a disassociation should be as a result of a Clinical Team review and must be recorded on RiO and the Disassociation Record form completed and sent to the SIO. These decisions and actions should then be recorded within a RiO progress note.

It is the responsibility of the Security Director or Nominated Deputy to ensure that an accurate and up-to-date list of disassociated patients, and patients disassociated from staff, is maintained and disseminated to all wards and departments on the first working day of every month.

It is the responsibility of all members of staff and volunteers' line manager to familiarise themselves with this list, to assist in ensuring security and safety.

7. Conflict resolution

Clinical Teams

If there is disagreement between the respective Clinical Teams – i.e. one team seeking to end the disassociation and the other to continue it – representatives from each team should meet to try and resolve the matter. If they are unable to reach agreement, the matter should be referred to the Medical Director or Director of Nursing and AHPs and the Security Director or Nominated Deputy, with rationale both for and against discontinuation. This referral should be made within seven days from the failed resolution attempt.

Patient to patient

Where there is evidence to support the discontinuation of a disassociation, however some concerns are raised by any party, the option for the patients to meet under close supervision should be considered. This must be done following a safe, planned and consensual process as outlined in Appendix C.

8. Communication, Implementation, Monitoring and Review of Policy

This policy will be communicated to all stakeholders within The State Hospital via the intranet and through the staff bulletin.

The Security, Risk & Resilience and Health & Safety Group will be responsible for the implementation and monitoring of this policy.

This policy will be reviewed every **four** years or earlier if required.

9. Equality and Diversity

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments

are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Carers / Named Persons are encouraged to highlight any barriers to communication, physical disability or anything else which would prevent them from being meaningfully involved in the patient's care (where the patient has consented) and / or other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy".

The volunteer recruitment and induction process supports volunteers to highlight any barriers to communication, physical disability or anything else which would prevent them from contributing meaningfully to patient care and / or engage in other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

10. Stakeholder Engagement

Key Stakeholders	Consulted (Y/N)
Patients	Y
Staff	Y
TSH Board	Y
Carers	N
Volunteers	Y



THE STATE HOSPITAL PATIENT TO PATIENT DISASSOCIATION RECORD FORM

Patient Names:		Wards:	
		Date:	

Current disassociation level:

- Temporary disassociation
- Disassociation
- Enhanced disassociation

Reason:

Disassociation Review

	Date	Outcome (Continued, Enhanced, Discontinued)
72hrs		
10 days		
4 weeks		

<p>RMO</p> <p>Signature: _____ Date: _____</p>
<p>Lead Nurse/Senior Charge Nurse</p> <p>Signature: _____ Date: _____</p>
<p>Clinical Liaison Security Manager</p> <p>Signature: _____ Date: _____</p>

Once completed this should be documented in RiO and sent to the Security Information office.

Information for Patients Who Have Been Disassociated

What does disassociation mean?

In the State Hospital there are times when we might feel that it is unsafe for some people to spend time together. This may be because we are worried that someone may be hurt or that having contact with that person is not helpful.

In the State hospital this is known as Disassociation.

How will it affect you?

If you are disassociated from another patient or a member of staff / volunteer, you will not be able to spend time in that person's company.

This means that there might be:

- Delays in you getting to and from placements.
- Changes to your off ward placements.
- Activities you may not be able to attend or may only be able to attend for part of the event.
- Times when you are unable to use unescorted grounds access or may need to be escorted.
- If you apply for grounds access when disassociated, this may mean could that there are delays with processing your application or you may not be approved to have unescorted grounds access.

How long will the disassociation be in place?

It is important that patients are free to spend time with other people and are able to move around the Hospital as has been approved. Having patients disassociated from other people is difficult for everyone. Your Clinical Team will be keen to lift the disassociation as soon as it is safe to do so. After the initial decision has been made to disassociate you, your Clinical Team will discuss whether the disassociation needs to continue. If they feel this is necessary, they will review this within 4 weeks and regularly after that. You will be included in discussions about the risks of lifting the disassociation.

What if you don't agree with the disassociation?

If you are unhappy with the decision about disassociation or feel it is unnecessary you should speak to your RMO or Keyworker. Your views will be shared with your Clinical Team for further discussion and they will let you know what has been decided. If they agree with you that it is unnecessary, they will need to contact the other patient's Clinical Team or the member of staff / volunteer to understand how they feel.

If, following this process, you are still unhappy with the decision, you have the right to make a complaint. You can ask staff to contact the Complaints Officer who will arrange to meet you or you can write to the Complaints Officer directly via internal mail. If you need some help to make a complaint or would prefer that your Advocate does this for you, you should contact the Advocacy Team direct by telephone or ask staff to contact Advocacy to ask them to meet with you.



THE STATE HOSPITAL DISASSOCIATION PROCESS CONFLICT RESOLUTION

Pre meeting

Prior to any meeting:

- The disassociation must be discussed and agreed by the Clinical Team.
- There must be consent from all parties.

The meeting

Must be undertaken, adopting a structured approach with consideration given to:

- When the meeting will take place.
- Who will lead the session?
- An appropriate venue, discussed and agreed in advance.
- The layout and the size of the venue, the impact on the surrounding area and the ability to react/respond should the meeting become hostile.
- Staff resourcing support engagement safely.
- Whether the patient requires any support to engage e.g. interpreter, communication aids.

Post meeting

The outcomes of the meeting will be:

- Recorded in RiO.
- Discussed and recorded by both Clinical Teams.
- Communicated to the patient(s), member of staff / volunteer (via the line manager).
- In the event that consensus is not reached the matter escalated as per paragraph 4.4.