



THE STATE HOSPITALS BOARD FOR SCOTLAND

UNESCORTED GROUNDS ACCESS POLICY

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<http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

UNESCORTED GROUNDS ACCESS POLICY

This policy defines clinical and security practices for the safe management of the system by which State Hospital patients who, as part of their treatment plan, are recommended for unaccompanied access to the grounds of the hospital within a specified area and during specified times.

1. PURPOSE

- To ensure that all patients are fully assessed using a standard methodology by the multidisciplinary team using a risk assessment framework prior to the granting of grounds access. The Grounds Access Risk Assessment (Appendix A) seeks to consider the risk of harm to other patients, staff and external visitors that a patient may pose whilst on unescorted grounds access by considering relevant factors, the role these factors may play and how they can be effectively monitored and/or managed.
- To define the way in which patients will be observed and monitored when using Unescorted Grounds Access.
- To define a system for managing incidents arising from grounds access.
- To ensure that a robust system is in place to assess and review any patient who is considered to have shown behaviour or needs that could alter the arrangements for, or the extent of grounds access.
- To provide information for patients and their carers, including explanation of the policy and additional guidelines on appropriate behaviour during grounds access.

2. LEGISLATIVE BACKGROUND

- The Mental Health (Care & Treatment) (Scotland) Act 2003 defines the duties and responsibilities of mental health professionals in respect of patients detained under the Act. These provisions apply to all State Hospital patients, whether admitted under the Mental Health (Care & Treatment) (Scotland) Act 2003 or under sections of the Criminal Procedure (Scotland) Act 1995.
- The Mental Health (Care & Treatment) (Scotland) Act 2003 makes no mention of grounds access, nor is there any other statute or case law governing granting or withdrawal of grounds access. However State Hospital clinical practice includes the granting of unescorted grounds access to patients who would benefit therapeutically from increased rehabilitation within the hospital campus and whose risk of harm to others has been assessed as being sufficiently low and/or managed.
- The Health and Safety at Work act 1992 dictates that the employer has a duty to protect the health, safety and welfare of their employees and other people who might be affected by their business.

Ultimately, the senior managers at TSH have a legal duty of care and responsibility to ensure the Health, Safety and Welfare for all employees and any persons who come into contact with the organisation. With this in mind the governance and input into decisions that involve introducing any risks or hazards into the environment is ultimately their legal responsibility.

3. GUIDING PRINCIPLES

“The protection of persons with mental illness and the improvement of mental health care” comprise 25 principles adopted by the General Assembly of the United Nations in 1991.

The principles underpinning the policy on grounds access include the statement that

“Every person with a mental illness shall have the right to exercise all civil, political, economic, social and cultural rights as recognised in the Universal Declaration of Human Rights.”

- Article 8 refers to the right for respect for private life, interpreted as a right to develop and nurture relationships. This too is a qualified right and as such can justifiably be restricted in the context of the State Hospital, as long as there are clinical or security grounds and the response is proportionate. This means that the interference must be the minimum consistent with the actual security risk and subject to review as circumstances change. This is reflected in the duty to review each patient’s grounds access at every treatment plan review.
- Unescorted grounds access is a therapeutic intervention: it will vary over time to suit the evolving needs of the patient, their clinical presentation and the associated levels of safety and security risk. Grounds access and its therapeutic benefit will potentially be available to all patients, subject to legitimate security concerns. This policy does not address the issue of patients’ rights to escorted grounds access for the purposes of fresh air and exercise.
- The restriction of grounds access is justified by the duty of care of the State Hospital to protect the safety of other patients, staff and visitors where a patient is believed to pose a risk of harm to others. This general duty to safeguard the health and well-being of all patients is reflected in Article 8.
- In order to ensure the safety and security of the hospital site and all within it, and to facilitate effective monitoring of patients on grounds access, a limit will be set on numbers of patients allowed out at any one time. Changes to the agreed maximum of 40 will be at the discretion of the Senior Team, in consultation with the Security Governance Group.
- Allocation of grounds access will be approved, monitored and reviewed by the authorising Directors and the patients Clinical Team

4. DEFINITIONS

Grounds Access

Grounds access means unescorted access to all or part of the defined patient access areas or routes in the grounds of the hospital. Various levels of access can be prescribed; these are fully described below, along with a description of the amount of observation that will be provided by the Control Room via CCTV.

Any patients with active risk factors, other than physical or mental health, will not be eligible to apply for Grounds Access. The risk indicators must be reflective of current risk and must be updated prior to any application for Grounds Access being made.

Some patients may require additional support to obtain Ground Access such as a tailored management plan. These plans will predominantly be for patients who have a diagnosis of Intellectual Disability or have an active risk associated with their presentation due to Mental Health. If this is the case a robust management/traffic light plan must be submitted along with Appendix A.

The patients Clinical Team must specify what level(s) of Grounds Access are being applied for on the Grounds Access Application (Appendix A). It is considered that the Skye Centre will be the first level however CTMs may consider other levels and should provide supplementary information that supports this request.

Grounds Access Levels

Skye Centre Access (Level 1)

Skye Centre Access allows a patient to be unaccompanied between their Hub and the Skye Centre for the purpose of attending or returning from activity there.

Patients going to the Skye Centre Access will be limited to 10 minutes to travel from the Hub to the Skye Centre Reception using the most direct route.

This should be considered the first level applied for.

Hub Garden (Level 2)

Hub Garden Grounds Access allows a patient to leave the Hub by the front door and be unaccompanied in the Hub garden area only. CCTV monitoring of the hub gardens will be at least once in a five minute period. Hub gardens are only to be accessed by patients from that hub. **Patients on other levels of Grounds Access should not use the Hub Gardens.**

Hub Garden / Skye access (Level 3)

Patients being granted Hub Garden & Skye access have the choice of which level of access they wish to utilise. If Skye Centre access is used in the first instance then the patient is required to return to the ward where he will be booked back into the ward prior to then being booked out to the hub garden. The patient is **not allowed** to access the garden area directly from Skye access.

Central Area Grounds Access (Level 4)

Central Area grounds access allows a patient grounds access in the area generally bounded by the hubs, Skye Centre and Management Centre crossroads. **Grounds Access does not include use of the Hub Gardens**

CCTV monitoring of the central area will be at least once in a five minute period.

Full Grounds Access (Level 5)

Full Grounds access includes all previously described areas and the wander path behind the hubs.

Patients with this level of access are allowed Skye Centre, Hub Garden, and Central Area access unless explicitly stated otherwise and will be allowed to access agreed activities, therapies and placements directly from the ward or the Skye Atrium whilst booked out on full ground access (Appendix H Procedure for Patient Movement between the Skye Centre and Unescorted Grounds Access) . **Grounds Access does not include use of the Hub Gardens**

Running

Patients with specific approval from the Clinical Team for unsupervised running can run in the grounds. Approval to run in the grounds must be recorded on the Grounds Access change form. The area for running is the loop behind Iona accessed from the wander path beside Mull

Any patient with approval to use the grounds for unsupervised running must wear appropriate sportswear and an approved State Hospital Hi-Vis vest. The Hi-Vis vest will be supplied by Security and issued for use to the patient by the Hub Receptionist.

Grounds Access does not include use of the Hub Gardens

Guidance on Grounds Access Times

The permitted times for grounds access vary according to the season. They are defined by the Security Department who will notify wards and departments. Any cancellation of grounds access will be determined by the Duty Security Manager for security reasons and/or by Senior Clinical Cover for Health and Safety reasons.

Grounds access either in the grounds or to the Skye Centre will commence once all Skye Centre escorts have been completed. This should minimise disruption to patients who are disassociated. Once placements have concluded Grounds Access patients will return to their wards prior to the commencement of escorts.

Patients may be able to access the grounds during early evening (max 40 patients at any one time). The times will be determined by the Duty Security Manager and will be determined by the daylight hours, weather conditions etc.

Skye Centre Access (Level 1)

Patients will be restricted to 10 minutes travel time between the Hub and the Skye Centre using the most direct route. Clinical Teams should consider the use of this level of grounds access as the first stage to encourage access to the Skye Centre and to allow assessment of compliance and benefit before moving to less closely monitored levels.

If a patient has only Skye Centre Access, other areas within the grounds will not be permitted unsupervised until applied for and approved.

Hub Garden Access (Level 2)

This allows limited access to the site for patients whose progress to further levels of Grounds Access may be very slow, or who may never be able to have wider access to the grounds.

This level of access allows Clinical teams to further test the patient prior to applying for Central access as the Garden area is not time restricted.

If a patient has only Hub Garden Access, other areas within the grounds will not be permitted unsupervised until applied for and approved.

Conduct on Grounds Access

Rules on conduct whilst on grounds access are contained in the "Grounds Access Patient Information and guidance" letter (Appendix B).

Meal times

Patients may use grounds access at any time during the day within the overall limits set by security and dependant on light, weather conditions etc., with the exception of mealtimes. Meal times are considered as "protected", and this ensures that the patients are able to access at least 2 mealtimes per day, therefore must return to their ward.

5. STRUCTURE AND RESPONSIBILITIES

The clinical team are responsible for assessing a patient's suitability for a grounds access application and the subsequent amendment, suspension or withdrawal of Grounds Access.

Clinical Teams, have responsibility for the diagnosis and management of patients including risk of harm to themselves and others. Good practice statements advise that violence risk assessment is multidisciplinary in nature and draws on many sources of available information. The Grounds Access Risk Assessment (Appendix A) should therefore be completed by the multi-disciplinary clinical team. Risk is dynamic and changes over time and should be regularly reviewed at the patient's case reviews. Guidance notes are found within Appendix G.

The composition of and standards of attendance at clinical team meetings are described in the State Hospital Clinical Strategy and the Multidisciplinary Team Standards approved by the Clinical Forum. When a patient is to be recommended for grounds access, any clinical team members unable to be present are responsible for providing their views prior to completion and submission of the Grounds Access Risk Assessment (Appendix A) and authorisation forms.

Individual members of the clinical team have specific responsibilities in terms of initial recommendations for grounds access and recording in writing each patient's suitability for gaining or retaining grounds access at the intermediate and annual patient reviews.

The **Director of Security, Estates and Facilities or Deputy Director of Security** and the **Associate Medical Director or Medical Director** are responsible for authorisation or refusal of all applications. They may also withdraw their consent for any patient having grounds access following a change in the individual's patients risk following assessment.

Purpose:

Two Directors will consider any potential issues relating to the application, granting, refusal and monitoring of Grounds Access applications for all patients. This is achieved by the assessment and processing of applications for all levels of access to the hospital grounds including suspensions.

Directors or nominated deputies will:

- Act as a resource to advise Clinical Teams.

- Take a pro-active approach to issues of Grounds Access throughout the hospital.
- Ensure that in making a decision, they are cognisant of the security and safety of both the individual patient and the wider organisation.
- Take into account all relevant issues, and, where appropriate, impose restrictions or conditions on any Grounds Access they grant, including conditions or restrictions in respect of the area or areas of the hospital to which Grounds Access applies. Discussions around any additional measures should be discussed with the patient's full clinical team before they grant or refuse any request for Grounds Access.
- Provide impartial advice should a dispute occur within a Clinical Team regarding the Grounds Access status of a patient. Any discussions should be held with the RMO, hub Clinical Liaison Security Manager and party in disagreement.

Initial Assessment Procedure

The Clinical Team are responsible for considering, together with the patient, whether he would be suitable for unescorted grounds access. The initial written recommendation for grounds access should be included in the key worker's report to the clinical team for the patient's annual or intermediate review and at weekly CTM meetings.

The key worker is responsible for completing the form entitled "Grounds Access Risk Assessment" (Appendix A) prior to the clinical team meeting in consultation with other relevant members of the team. The risk assessment seeks to standardise information gathering and highlight when important risk information is absent. The completed form must be available for the CPA review or weekly CTM at which the recommendations are to be considered.

The key worker is responsible for liaising with the hub Clinical Security Liaison Manager regarding the provision of a security assessment to be made available prior to the meeting where the application will be discussed.

The Clinical Security Liaison Manager (CSLM) for the hub is responsible for informing the clinical team of any history of serious assaults on staff, patients or visitors particularly from other wards and departments otherwise not known to the clinical team or any significant breach/subversion of security.

The Clinical Team are responsible for considering any possible impact on members of staff, patients or visitors who may have been assaulted or put at risk in the past, including their duty to inform (with due respect to the patient's consent or overriding his confidentiality) where relevant. Particular consideration should be given to any disassociations.

All members of the patient's clinical team are responsible for checking the Grounds Access Risk Assessment (Appendix A) and agreeing its accuracy or recording irreconcilable differences of opinion.

The RMO, Senior Charge Nurse and CSLM are responsible for signing the Grounds Access Risk Assessment and Application Form (Appendix A) on behalf of the clinical team after the clinical team discussions and agreement.

Based on the risk assessment, the clinical team can recommend Skye Centre, Hub Garden, Hub Garden & Skye Access, Central Area or full Grounds Access / Running Access. Consideration should be given to partial levels of Grounds Access initially i.e. graded/supported grounds access for patients if the Grounds Access Risk Assessment indicates a possible risk of non-compliance to any form of treatment. This may be beneficial for patients who have additional needs and require an increased level of support to ensure

understanding of the parameters of grounds access. The patient will be informed of the type of grounds access being offered by the Keyworker or RMO.

The RMO, Senior Charge Nurse, and Clinical Security Liaison Manager are each responsible for signing the grounds access authorisation form which is included at the end of Appendix A.

The Keyworker will submit the completed Grounds Access Risk Assessment and Authorisation form (Appendix A) to Security Information Office for processing.

The Security Information office will collate all paperwork and forward the completed documentation to the Directors or nominees for consideration.

The Directors or Nominated Deputy are responsible for ensuring that the RMO is notified in writing about the outcome of their review of the application form.

The Director of Security, Estates and Facilities or Nominated Deputy is responsible for forwarding approved applications to the Security Information Office to be actioned. The Security Information Office will be responsible for ensuring the applications are copied into the patient's medical record.

The Keyworker is responsible for informing the patient of the outcome of completed Grounds Access Risk Assessment and Authorisation form (Appendix A) and issuing written guidelines to the patient (Appendix B)

The Medical Director is responsible for undertaking the duties of the Associate Medical Director during absence or when the Associate Medical Director is also the RMO.

Guidance for patients, including items to be taken out, dress and behaviour is provided at appendix B and must be discussed with the patient by the key worker before Grounds Access is used. The guidance must be signed by the patient and submitted to Security Information Office before the Grounds Access card is produced.

Conflict resolution

Differences of opinion may arise between:

- the Patient and the Clinical Team
- members of the Clinical Team (within the team)
- the Clinical Team and other members of staff who may have been assaulted or threatened in the past
- the Clinical Team and the Directors

If a patient is dissatisfied with their level of Grounds Access or any decisions regarding it they should be invited to discuss it further with an appropriate member of their Clinical Team in the hope of resolving their concern. They can also access the hospitals complaints system. If appropriate a referral to advocacy should also be made to assist the Patient in this process.

The Clinical Team will strive to achieve unanimity in respect of the risk assessment. In the case of less than unanimous agreement within the clinical team, the RMO will ensure all differences of opinion are recorded and the matter, with all relevant documentation, forwarded to the Security Information office to be recorded and prepared for consideration by the nominated directors or deposes.

In the rare event of an irreconcilable difference of opinion between members of the clinical team the Security/Medical Director will assist in reaching a resolution. If a failure to reach a reasonable solution remains following this review the Chief Executive's views will be requested.

Review Procedure

The clinical team will review a patient's eligibility for grounds access at the intermediate and annual review meeting. Where there has been no adverse incident or change in the patient's clinical presentation, the clinical team will ensure that the patient's current risk does not differ from the initial assessment.

At the clinical team meeting and or CPA review, information regarding the patient's behaviour on and off the ward will be made available.

Where any disagreement emerges at review the clinical team will invoke the appropriate conflict resolution procedures described above.

Changes to Grounds Access level

When the Clinical Team wish to change a patient's level of Grounds Access from that which was previously agreed the original documentation and level of change form (appendix E) and a report for ground access usage at their current level will be submitted and sent to the Security Information Office. Original documentation and the Level Change form will then be submitted to the nominated Directors or deposes for approval.

Suspension of, or removal of a level of, Grounds Access

Grounds access, may be suspended or withdrawn at any time when additional or historical information emerges that may change the risk assessment, when concerns exist about a patient's mental health and/or behaviour deteriorates or where there has been a security breach. This may be done by the patients RMO, Nurse in Charge, Keyworker, Clinical Security Liaison Manager or Directors. The grounds for suspension must be clearly documented within RiO, by the person who has made the decision. The Keyworker, Senior Charge Nurse and Clinical Security Liaison Manager should have a primary role in investigating the behaviour which resulted in suspension. The grounds access suspension form (Appendix C) should be completed for consideration at the next clinical team meeting.

If a patient's grounds access, is suspended, the Security Information Office and Control Room must be advised immediately, by phone and subsequently by email. The relevant paperwork (Appendix C) should be sent to the security information office for uploading onto RIO and for filing.

The clinical team will consider the suspension of grounds access at the next clinical team meeting, reviewing the grounds access suspension form, and the original risk assessment.

To reinstate grounds access to the same or different level approval must be sought from the Nominated Directors or Deposes. Where there is insufficient information available, grounds access should continue to be suspended until an investigation is undertaken and all documentation forwarded to the Security Information Office to be included for discussion at the next Policy Approval Group.

Any patient's suspended grounds access must not continue beyond 21 days. If reinstatement of grounds access is still being considered after 21 days, then grounds access must be withdrawn and re applied for.

Where any disagreement emerges the Clinical Team Meeting will invoke the appropriate conflict resolution procedures as detailed earlier.

Withdrawal of Grounds Access

Where there appears to have been a change in the risk of harm a patient poses (e.g. through a change in their mental health or additional historical information coming to light which would affect the completed Grounds Access Risk Assessment and Authorisation form (appendix A) the Clinical Team may withdraw a patient's grounds access.

Grounds Access must be withdrawn if suspension has been longer than 21 days.

All patients, visitors and staff have the right to visit or work in an environment without intimidation or being discriminated against. Unacceptable behaviours such as aggressive, abusive, sectarian, racist comments or inappropriate sexual behaviour or comment, will result in grounds access being withdrawn.

Ground Access withdrawal form (Appendix D) must be completed. The form should be sent to the Security Information Office where it will be filed and uploaded onto RIO.

6. GROUNDS ACCESS MANAGEMENT PROCEDURES

Security Administration

Once grounds access has been approved and the patient guidance documentation has been signed by the patient and submitted to the Security Information Office, they will arrange for the production and issue of the Grounds Access ID Card. This will be taken to the ward by security reception staff and handed directly to the Nurse in Charge (NiC) of the ward.

Grounds Access cards issued by security will be coloured as follows:

Skye Centre	Blue
Hub Garden	Red
Garden/Skye	Brown
Central	Yellow
Full	Green
Running	Purple

If authorisation is withdrawn or modified, the **Security Information Office** has the responsibility for arranging the withdrawal and re-issue of ID cards and ensuring this is reflective on RiO and the Patient Movement Tracking System (PMTS). They must update and maintain the current list of patients with grounds access with details of withdrawal of or amendment to the level of grounds access. This includes any temporary suspensions by ward nursing staff.

Control Room, Security Staff and Clinical Security Liaison Manager

The control room security staff are responsible for monitoring the grounds through CCTV and any grounds access control. They must alert the person responsible for site security to any incidents and maintain an alert surveillance routine. This includes:

Monitoring patients on grounds through CCTV including:

- Viewing all grounds access areas as per defined periods
- Reporting any behaviour conflicting with this policy to the Duty Security Manager and Ward.
- Reporting any other concerns to the Duty Security Manager.
- Ensure that all patients are seen and accounted for at least once in any 5 minute period.
- Viewing the Perimeter at least once in any 10 minute period.

- Managing the overall number of patients on the grounds by monitoring the Patient Monitoring and Tracking System and including the management of disassociated patients. This should not exceed 40 patients in the grounds at any one time.
- To ensure equity of access to the grounds wards will liaise with control room to ensure each ward has equally access to the grounds.

The duty CSLM is responsible informing wards of any changes to the times for grounds access as a result of weather or changing seasons.

In the event of a significant incident, control room staff will direct ward and security staff to the location of an incident or possible incident. The duty CSLM will make arrangements for the recall of patients on grounds access.

The duty CSLM is responsible for reducing the overall numbers of patients on grounds access or the areas available, should circumstances warrant this.

Grounds access from wards

Nursing staff are responsible for managing day to day requests from patients for ground access from the wards, their release and return. This includes: -

- Confirming the patient's grounds access authorisation. In addition, discussing with the patient which area, building, activity or route is to be used and informed of the times they can access the grounds.
- Assessing the patient's current and recent mental and physical state. This includes the patient's attitude to staff and others. If in doubt grounds access should be delayed or cancelled and the reason clearly documented within RIO and a Datix completed at the time the action took place.
- Checking dress is appropriate and that no unauthorised items are being carried. Guidance on behaviour and permitted items is included at Appendix B and staff guidance for incidents Appendix F.
- Carrying out random rubdown searches prior to grounds access and/or on their return, in accordance with the hospital search policy.
- Booking out patients on the Patient Movement Tracking System (PMTS) prior to them leaving the ward.
- If the patient is disassociated then the control room should be contacted for permission to use grounds access.
- Explaining to the patient and managing any reaction if grounds access is delayed or cancelled.
- Allowing the patient to re-enter the ward and booking them in on the PMTS.
- Re-assessing the patient's mental and physical state. This includes checking the patient's dress and attitude and assessing if any unauthorised items are being carried.
- Telephoning the Duty CSLM and SCC to advise them of any minor incidents, recording any incidents on DATIX including result of discussion with patient and noting this within RiO.
- Responding to requests from security for assistance if a significant or serious incident occurs.

Grounds access to and from The Skye Centre

Other clinical staff, including Skye Centre staff, OT and staff associated with psychological therapies, have similar responsibilities in terms of allowing patients to use Hub garden, Skye Centre, Hub Garden / Skye Centre, Central Access areas or Full Grounds Access to return to the Hub.

Hub Reception Staff

Hub reception staff will be responsible for:

- Keeping and issuing the hi-vis vest for use by patients permitted to run within the grounds.
- Ensuring all patients are accurately recorded on PMTS.
- Communicate effectively with control room around patients who are disassociated.
- Managing the access and egress of patients from the hub reception to the identified location.

7. INCIDENTS OCCURRING WHILST A PATIENT IS ON GROUNDS ACCESS

Categories

There are 3 categories of incident and each will have immediate responses that will be reflective of the nature and level of seriousness.

- Minor Incidents
These are relatively low-level risk situations where grounds access is not terminated e.g passing of sweets paper etc between patients. If observed on CCTV, security staff will alert the ward when contact is made on the patient's return to the ward. Security staff may inform the ward whilst the patient is still on ground access if they feel advice is needed on whether or not to terminate ground access.
- Significant Incidents.
These are low - medium risk safety or security situations where grounds access for the patient is terminated immediately e.g assaulting another patient, change in mental health, non-compliance with ward routines or treatment. If observed on CCTV security staff will alert the patient's ward of the activity and arrange for a nursing staff member to escort the patient back to the ward. If the incident appears a more serious risk, security staff will alert the nearest ward for staff to escort the patient back to the ward.
- Serious Incidents
These are high-risk situations where all patients are removed from the area and grounds access suspended and likely to be withdrawn e.g. serious assault, significant changes to risk assessment (Appendix A).

Review of Incidents

All incidents will be recorded on DATIX and as such, will be reviewed and graded using the Risk Matrix. This will determine the level of investigation required, including whether a Significant Untoward Incident (Category 1) or Critical Incident Review (Category 2) is commissioned.

Guidance for Staff

Guidance for staff involved in or observing an incident is provided in the “Staff Guidelines for incidents during grounds access” at appendix F.

8. REVIEW DATE

This policy will be reviewed in **12 months** or sooner if required.

9. FORMAT

The State Hospitals 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 with you the most practical and cost effective format suitable for your needs. Some of the services we are able to access include interpretation, translation, large print, Braille, tape recorded material, sign language, use of plain English / images.

If you require information in another format, please contact the Person Centred Improvement Lead on 01555 842072.

Key Stakeholders	Consulted (Y/N)
Patients	Yes
Staff	Yes
TSH Board	Yes
Carers	No
Volunteers	No

APPENDIX A

GROUPS ACCESS RISK ASSESSMENT

Patient Name:	Ward:
Reason for Admission:	Date:
Restricted YES / NO	Schedule 1 YES / NO

Guidance Notes can be found in Appendix F

1. IDENTIFICATION OF RISK FACTORS

Item	Details of Risk and relevance	Last known date	H	A*
Violence towards others				
Use of Weapons				
Inappropriate sexual behaviour				
Willful Fire-raising				
Suicide Attempts or Self Harm				
Drugs Misuse				
Alcohol Misuse				
Noncompliance				
Subverting security and safety				
Hostage Taker				
Escaper				
Absconder				
Disassociation				
Severe destruction of property				
Registered sex offender				
Other sex offences				
Schedule one offender				
Risk to Children				

2. DESCRIBE THE NATURE OR KIND OF VIOLENCE, AGGRESSION OR OTHER RELEVANT RISK THAT MAY OCCUR ON GROUNDS ACCESS.

Scenario: Unescorted grounds access	*Likelihood/ imminence
Most Likely <ul style="list-style-type: none"> • Nature of violence / aggression (verbal, physical, sexual) • Level of harm • Situation or context violence might occur • Likely victims. 	
Most Serious <ul style="list-style-type: none"> • Nature of violence / aggression (verbal, physical, sexual) • Level of harm • Situation or context violence might occur • Likely victims. 	
Other possible scenario (e.g. specific victims) <ul style="list-style-type: none"> • Nature of violence / aggression (verbal, physical, sexual) • Level of harm • Situation or context violence might occur • Likely victims. 	

Likelihood/imminence

**HIGH: High chance of committing a violent act in situation described – could occur anytime*

MEDIUM: Some chance of committing a violent act in situation described – not imminent but scenario could occur if situation were to change.

LOW: Little chance of committing a violent act in the situation described – or not in the foreseeable future VERY

LOW: Almost no chance of committing a violent act in the situation described – scenario described very unlikely to occur

3. WARNING SIGNS THAT INDICATE SUITABILITY FOR UNESCORTED GROUNDS ACCESS SHOULD BE REVIEWED

What warning signs would indicate that this person's risk is increasing or that a violent act may be imminent? Particular consideration should be made to warning signs that indicate suitability for unescorted grounds access should be reviewed. List all possible factors.

4. RISK MANAGEMENT STRATEGIES, WITH PARTICULAR CONSIDERATION TO BE GIVEN TO THE RISK MANAGEMENT OF THE PATIENT WHILST ON GROUNDS ACCESS.

- Supervision
- Monitoring
- Treatment
- Victim safety planning
- Additional assessments required i.e. Graded Grounds Access, Traffic Light Plan etc

5. RECOMMENDATION FOR UNESCORTED GROUNDS ACCESS

Decision regarding whether the Clinical Team believe the patient should receive grounds access: **YES** **NO**

Is the decision unanimously supported by all the members of the clinical team? (Circle as appropriate). **YES** **NO**

If the decision is not unanimous, please note brief details:

Record what level of Grounds Access the MDT plan to offer the patient. If Full Access is applied for with the intent of moving from restricted to full the MDT should agree changes and inform Security when they changing levels of grounds access.

Level and duration

Level of Grounds Access being Applied For	Tick / Cross as appropriate
Skye Centre	
Hub Garden	
Hub Garden & Skye Centre	
Central Area	
Full	
Running (requires Full Grounds Access)	

GROUND'S ACCESS AUTHORISATION FORM

Patient Name:	Ward:
	Date:

Clinical Team

<u>RMO</u> Signature: _____ Date: _____
<u>Senior Charge Nurse</u> Signature: _____ Date: _____
<u>Hub Clinical Security Liaison Manager</u> Signature: _____ Date: _____

Agreement of Directors

Level of Grounds Access being Approved	Tick / Cross as appropriate
Skye Centre	
Hub Garden	
Hub Garden & Skye Centre	
Central Area	
Full	
Running (requires Full Grounds Access)	

<u>Signature of Directors or Deputes</u> Signature: _____ Date: _____
Signature: _____ Date: _____

Issue of Grounds access ID Card

<u>Security</u> Signature: _____ Date: _____

Explanation of Grounds access and restrictions to Patient

Key worker Signature: _____ Date: _____

APPENDIX B

Grounds Access Patient Information and guidance

Procedure

Your application for Unescorted Ground access has been approved. This may be access to The Hub garden, Skye Centre, Garden/Skye Access Central Area or Full Grounds. If you have full grounds access you may also be given permission to run in the designated area.

Please keep in mind that Hub gardens are only to be used by patients from that hub.

Your keyworker will now process all the necessary paperwork. This may take up to one month.

When the paperwork is complete the security department will prepare your Grounds Access pass. You need to display this prominently at all times when using grounds access. It will be given to you before going out and needs to be given back to the nurse in charge when you return to the ward. The grounds access pass has a colour that lets others know what type of Grounds Access you have. If your Grounds Access level changes then a new card will be required before you use the new level; if your appearance changes significantly, e.g. you grow a beard, then a new photo will be taken and a new card produced.

Prior to going out for the first time, your keyworker will show you the areas you are allowed to access and take you through this document that explains how you can use grounds access. You will be asked to sign this form to confirm that you understand the contents.

If your mental state or behaviour changes this may result in your grounds access being suspended or withdrawn. If this happens then a full explanation will be given to you by your keyworker and or your RMO

From time to time there maybe changes to the Grounds Access areas due to construction or maintenance work around the hospital. Ward staff will explain these changes as they occur.

Times for grounds access

Grounds access is available following the completion of Skye Centre escorts until a time which will be determined by the security department. During summer months there will be evening grounds access. In winter months access may be limited due to weather or lighting conditions. During periods of bad weather, grounds access may be cancelled. It will always be reinstated as quickly as possible.

If you are using grounds access to attend an off ward placement please go directly to that placement by the quickest route.

Guidelines for Grounds Access

The staff will arrange for you to go on grounds access. Whilst on grounds access you will be monitored by CCTV. Security operators will report any concerns about your behaviour to your ward staff and the duty security manager.

Before going on grounds access you will be given your Grounds Access pass. If you lose your badge you must return to your ward and report this to the person in charge immediately.

Whilst on grounds access you are not allowed to wear camouflage or fluorescent clothing, unless it has been issued by the hospital for use when running. No excessive clothing is permissible, but a jacket or jumper may be taken out with you. We need to be able to

recognise you, so hoods or hats that obscure your face should not be worn. You can take a drink in a **500ml** plastic bottle and any prescribed medication (Inhaler).

We do not want personal stereos to be used. This is to prevent accidents, as you may not know what is going on around you. You can take a bag to your therapies if it contains important items for that therapy. This bag will be subject to a search by staff on **all** occasions.

Please stay on the grounds access paths. Grass areas are not included whilst on grounds access.

Please keep your top on when accessing the grounds. This helps protect you from harm from UV rays.

Please greet staff you know or who greet you. Passing the time of day is fine, but it is not the best place to discuss your care or to raise complaints. Ask your keyworker to arrange a meeting with staff you wish to speak to about issues like that.

All patients, visitors and staff have the right to visit or work in an environment without intimidation or being discriminated against. Unacceptable behaviours such as aggressive, abusive, sectarian, racist comments or inappropriate sexual behaviour or comment, will result in grounds access being withdrawn.

The hospital has a duty to ensure that vulnerable patients are not subject to intimidation. We need to monitor groups of patients to ensure this does not happen. Swapping of personal items such as clothing should not take place. You should also not attempt to pass any personal items to members of staff or patients within the grounds.

Whilst other patients are being escorted please do not approach the escort, or communicate with patients who are still in their wards, by (for instance) shouting through windows.

The hospital has provided seating areas for you. Please use these for sitting or gathering in a group. Please do not gather in groups of more than **FOUR** when walking around the site and **FOUR** within the seating areas.

Please treat the grounds and items in the grounds with respect and report any vandalism or damage to property. Also, please treat your litter responsibly and use the litter bins provided. Damage and litter make the grounds a less pleasant area to use for grounds access.

If you would like any of this explained further please speak to your key worker.

I understand the above guidance for the use of grounds access.

Signed

APPENDIX C

**GROUNDS ACCESS
SUSPENSION FORM**

Patient Name:	Ward:
	Date:

Current level of grounds access:

Member of staff suspending grounds access

Signature: _____

Date: _____

Reason:

Clinical Team Decision

Suspension pending reassessment

Re-granting at previous level

Re-granting with proviso (Specify)

<u>RMO</u> Signature: _____	Date: _____
<u>Senior Charge Nurse</u> Signature: _____	Date: _____
<u>Hub Clinical Security Liaison Manager</u> Signature: _____	Date: _____

<u>Received Nominated Directors or Deputes</u>	
Signature: _____	Date: _____
Signature: _____	Date: _____

APPENDIX D

**GROUND ACCESS
WITHDRAWAL FORM**

Patient Name:	Ward:
	Date:

Current level of grounds access:

Reason for withdrawal of grounds access

Clinical Team

<u>RMO</u> Signature: _____ Date: _____
<u>Senior Charge Nurse</u> Signature: _____ Date: _____
<u>Hub Clinical Security Liaison Manager</u> Signature: _____ Date: _____

Withdrawal of Grounds access ID Card

<u>Security Information Office</u> Signature: _____ Date: _____
--

Received by Nominated Directors or Deputes

Signature: _____ Date: _____
Signature: _____ Date: _____

APPENDIX E

GROUNDS ACCESS CHANGE FORM

Patient Name:	Ward:
	Date:

Current Grounds Access Approved:

New Grounds Access for approval:

Skye centre	
Hub Garden	
Garden & Skye	
Central Area	
Full	
Running (requires Full Grounds Access)	

Skye centre	
Hub Garden	
Garden & Skye	
Central Area	
Full	
Running (requires Full Grounds Access)	

<u>RMO</u> Signature: _____	Date: _____
<u>Senior Charge Nurse</u> Signature: _____	Date: _____
<u>Hub Clinical Security Liaison Manager</u> Signature: _____	Date: _____

Agreement of Directors or Deputes

<u>Signature of Nominated Directors or Deputes</u>	
Signature: _____	Date: _____
Signature: _____	Date: _____

Date Agreed at CTM:	
Keyworker (on behalf of CTM)	
Signature: _____	Date: _____

Date ward informed: _____

APPENDIX F

Staff Guidelines for incidents during grounds access

Reporting of breaches in behavioural guidelines

Any member of staff witnessing a patient not complying with the conditions of their grounds access may report it to the duty CSLM or to security control room immediately who will contact the patient's ward and/or clinical team they belong to.

Reporting of incidents and near misses

Any member of staff witnessing an incident or "near miss" on the grounds of the hospital should first report it to the duty CSLM and security control room by the quickest means available and then to their line manager. The member of staff should then complete a DATIX.

Only staff trained in Level Two PMVA Techniques are allowed to physically intervene with patients. Immediate intervention by staff should only occur if it is judged safe to do so using appropriate procedures.

APPENDIX G

Grounds Access Risk Assessment – GUIDANCE NOTES

Skye Centre Access

Grounds Access Risk Assessment

- A Grounds Access Risk Assessment should be discussed and completed by the Clinical Team when a patient is being considered for any level of grounds access for the first time.
- The purpose of the Grounds Access Risk Assessment is predominantly to help the clinical team consider the patient's risk of harm to others if he were to be granted unescorted grounds access. The assessment should therefore inform the team's decision regarding whether grounds access is appropriate, if so what level they would intend to offer: Skye Centre, Hub Garden, Hub Garden & Skye, Central Areas, Full access or Full Access with running and any risk management strategies which need to be in place to monitor the appropriateness of grounds access e.g. (graded access to the grounds).
- If grounds access is being considered after it has been suspended for a significant period of time (21 days) or withdrawn, the Grounds Access Risk Assessment requires to be reviewed and updated by the Clinical Team and submitted to the Security Information Office for processing.

Grounds Access Risk Assessment – stages

Stage 1 – identification of risk factors

- The first stage is to consider a number of risk factors which might be relevant when deciding what level of grounds access the patient should have (Skye Centre, hub garden, Garden & Skye, Central Area, full grounds access or full grounds access with running).
- A list of risk factors is presented in the Grounds Access Risk Assessment (Table 1).
- For each risk factor it should be noted whether this is present for the particular patient and whether it is historical (H) or active (A) (i.e. in the past 3 months).
- If a risk factor is noted as being present (either historical or active) brief details should also be noted. Reference should be made to how risk factors which are present may contribute or lead to an incident whilst the patient is using the intended level of grounds access.
- Further details regarding risk factors which are present should be available and easily accessed in other documents, e.g. HCR-20 evidence document, DRAMS, Care and Treatment Plan, File Review.
- The Ground Access Risk assessment (Appendix A) can be drafted by the patient's keyworker prior to the Clinical Team meeting; however it should then be reviewed and discussed by the Clinical Team.
- The risk factors are intended to be closely mapped on to the risk factors in the HCR-20 risk assessment, DRAMS and the "summary of risk behaviours" (completed by nursing staff).
- The patient must be subject to a risk assessment by the Clinical Team and assessed as low risk in relation to the following:
 - self-harm,
 - violence towards others
 - unpredictable behaviour towards others,
 - sexually inappropriate behaviour towards others
 - escape
 - organising or collaborating with others to subvert safety and security.
 - Non-compliance with care and treatment plan

- The patient's mental state must be considered appropriate for grounds access by the Clinical Team. When discussed or reviewed at the Clinical Team Meeting, the outcome must be recorded in the meeting minutes and within the patient's electronic record.
- The patient must be aware of and be participating in key aspects of their current treatment plan i.e. attendance at Skye Centre placements, psychological therapies, medication, ward routine etc.
- Patients who have not yet been assessed out of the ward environment (have no Skye Centre placements) would not be routinely considered for grounds access until they have a programme of activities that they fully participate in.
- Patients who are still undertaking court proceedings would not be routinely be considered for grounds access until a final decision has been reached.
- Grounds Access must be discussed and reviewed by the Clinical Team at the patient's annual or intermediate review and the outcome recorded in the CTM minutes and the patient's electronic record.
- To be considered for an increase in grounds access, a patient is required to have had the previous level for a **minimum period of 3 weeks** and regularly using his ground access.
- Patients must have been incident free for a period of 3 months, i.e.
 - No physical assaults on patients or staff.
 - No possession or use of illegal substances or refusal to supply a urine sample for drug / alcohol screening.
 - No incident of theft, arson, forgery, attempted or actual escape or absconds, subverting safety and security or organising action in collaboration with others to subvert safety and security.
 - No possession of items considered a security risk.
 - No security incidents, or information which gives cause for concern to the Clinical Team at the time of considering the application for Grounds Access (e.g. non-compliance with ward policies, entering another patient's room without authorisation, exchanging goods with others without authorisation, etc).

Table 1: Grounds Access Risk Assessment

Item	Details of Risk and Relevance	Last known date	H	A*
Violence towards others				
Use of Weapons				
Inappropriate sexual behaviour				
Wilful Fire-raising				
Suicide Attempts or Self Harm				
Drugs Misuse				
Alcohol Misuse				
Noncompliance				
Subverting security and safety				
Hostage Taker				
Escaper				
Absconder				
Disassociation				
Severe destruction of property				
Registered sex offender				
Other sex offences				
Schedule one offender				
Risk to children				

Stage 2 – scenario planning

- Scenario planning should be completed by discussion with the clinical team and placed in VRAMP section of Rio prior to the application being made. This scenario should then be copied into the form. This will prevent multiple versions of scenario planning being created and ensures that the scenario within the application is the one the clinical team have approved.
- The scenario plan should describe the most likely and most serious violent incident the patient would engage in and the situation that this would occur in whilst on unescorted grounds access. A rating should also be given (e.g. low, medium) of how likely the violence is to happen.
- The scenario plan should also reflect consideration of other possible scenarios such as subverting security measures – for example, not adhering to grounds access rules, attempting to abscond etc.
- The relevant risk factors identified in stage 1 should be reflected in the scenario plan where appropriate.

Table 2: Grounds Access Scenario Plan

Describe the nature or kind of violence or aggression (if any) the patient may commit along with the <u>context or situation this may occur</u> . Who are likely victims? What would be the level of physical or psychological harm caused? Also, consider behaviours that approximate or mirror previous offending.	How likely is it that this behaviour will occur? *
Most Likely	
Most Serious	
Other possible scenario (e.g. specific Victims)	

Stage 3 – Warning signs that indicate suitability for unescorted grounds access should be reviewed

- The third stage involves identification of warning signs which would indicate a revision in the appropriateness of grounds access. Nursing staff will monitor patients for evidence of these warning signs before deciding whether a patient should be permitted to leave the ward for any unescorted grounds access.
- Consideration of the relevance of risk factors (stage 1) and the scenario plan (stage 2) will assist the Clinical Team in identifying warning signs.
- Note that some warning signs and risk management strategies may require to be added to the VRAMP when reviewing grounds access application

Stage 4 – Risk management strategies

- The final stage involves identifying strategies which will enable the clinical team to monitor and assess the appropriateness of unescorted grounds access (e.g. monitor mental health, drug screen urinalysis).
- It may be necessary for certain patient to include management plans such as traffic light plans to demonstrate who varying levels of risk will be managed.(this would normally be for patients within the ID wards)
- If the team have agreed that Skye Centre, Hub garden, or Central areas is the appropriate level of grounds access for now, they may also wish to include a plan for working towards Full grounds access within this section if appropriate.
- Note that some warning signs and risk management strategies may require to be added to the VRAMP at the patient’s next case review.

Stage 5 – Recommendation for unescorted grounds access

- This stage involves obtaining a view from the clinical team as to whether they support Grounds access being applied for.
- If this decision is not unanimous then this should be recorded
- The level of Grounds Access being requested should be noted.

Appendix H

Procedure for Patient Movement between the Skye Centre and Unescorted Grounds Access

Introduction

This procedure has been formulated to facilitate the safe management of a patient or patients moving between the hospital grounds whilst on full grounds access into the Skye Centre to access the Atrium facilities.

Purpose

To define the way in which patients will be observed and monitored when moving between the Skye Centre and Unescorted Grounds Access

Definitions

a) Grounds Access

Grounds access means unescorted access to all or part of the defined patient access areas or routes in the grounds of the hospital. Various levels of access can be prescribed; these are fully described in the Unescorted Ground Access Policy along with a description of the amount of observation that will be provided by the Control room via CCTV.

b) Full Grounds Access

Patients with this level of access are allowed Hub Garden, Skye and Central Area access unless explicitly stated otherwise and will be allowed to access agreed activities, therapies and placements directly from the ward or from the grounds by dropping in to the Skye Atrium

The Control Room has responsibility for managing the overall number of patients in the grounds by monitoring the Patient Monitoring and Tracking System (PMTS) and including the management of disassociated patients. Should the control room feel the numbers of patients within the grounds become unmanageable to observe correctly they will contact the duty CSLM to highlight their concerns immediately.

Ward nursing staff are responsible for assessing the patient prior to leaving the ward on unescorted ground access and managing the day to day requests from patients for grounds access from the wards and managing PMTS and contact with control room if required.

Conduct on Grounds Access

Patients are fully apprised of the rules on conduct whilst using grounds access. Details related to this are contained in the "Grounds Access Patient Information and guidance" leaflet (*Unescorted Grounds Access Policy; Appendix B*)

Access Times

Patients **will not** be able access the facilities within the **Skye Centre Atrium** from Grounds Access at certain periods of the day as identified below:-

- Allocated Hub shop mornings
- Start and end of activity sessions whilst patients are entering/exiting the building.
- During agreed staff lunch periods

- Whilst operational procedures are being completed i.e. security checks
- Patients who are disassociated from one or more of their peers **will not be permitted** to access facilities within the Skye Centre Atrium whilst on ground access.
- The Skye Centre Receptionist will have access to the number of patients who are utilising grounds access via the Ground Access dashboard on PMTS.

The nurse in charge of the Skye Centre Atrium will be responsible for ensuring that consideration is given to the total number of patients located within the area at any given time period; staff to patient ratio and patient mix will be considered.

A visual notice will be displayed within the Skye Centre 'air lock' notifying patients whether the option for a 'drop in' is available at the Skye Centre Atrium.

When a patient or patients present themselves at the main entrance of the Skye Centre Atrium it will be the responsibility of the Skye Centre staff allocated to this area to assess the patients' current mental and physical state. This includes the patients' attitude to staff and others. If in doubt advice should be sought from the nurse in charge of the area.

If access is denied the reason should be clearly communicated to the patient(s) and documented within Rio. If any adverse behaviour occurs as a result of this a Datix should also be completed.

The Skye Centre Receptionist must ensure that the Patient Movement Tracking System (PMTS) is updated and amended accordingly once the patient, or patients enter the building.

Skye Centre Staff will adhere to any changes to the times for grounds access as a result of weather conditions or changing seasons. At times this may be at short notice as decided by the duty CSLM or SCC.

In the event of a significant incident within the Skye Centre, patients will not be permitted to access the facilities in the Skye Centre Atrium from Grounds Access. This will be communicated to patients who present themselves at the main entrance by the Atrium staff allocated to this area.

Random rubdown searches will be carried out by Atrium staff in accordance with the hospital search policy.

Patients who have concluded their attendance at a planned activity session can request to utilise grounds access rather than return directly to their home ward.

The Nurse in charge of the activity centre is responsible for managing day to day requests from patients for ground access after attendance at their planned activity session. This includes: -

- Confirming the patient's grounds access authorisation. In addition, discussing with the patient which route is to be used and inform them of the times they can access the grounds.
- Assessing the patient's current and recent mental and physical state. This includes the patient's attitude to staff and others. If in doubt grounds access should be delayed or cancelled and the reason clearly documented within RIO and a Datix completed.
- Checking dress is appropriate and that no unauthorised items are being carried. (Guidance on behaviour and permitted items is included within the Unescorted Grounds Access Policy Appendix B and staff guidance for incidents Appendix F).

Skye Centre departmental staff are responsible for:

- Booking out patients on the Patient Movement Tracking System (PMTS) prior to them leaving the department.
- Explaining to the patient and managing any reaction if grounds access is denied.
- Disassociated patients will not be permitted to leave the Skye Centre onto GA. The patient must return directly to their ward.
- Ensuring all patient escorts are completed prior to accepting patients on Grounds Access.

Meal times

Grounds Access will commence at 9am and will not be permitted during protected medicine and mealtimes.