

## THE STATE HOSPITALS BOARD FOR SCOTLAND

### UNESCORTED GROUNDS ACCESS POLICY

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## REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)



Changes required to policy (evidence base checked)



### Summary of changes within policy: 2022/2023 Full Review of Policy

#### 1. Purpose

This section has been reorganised and had additions taken from the former 'guiding principles' section of the previous version.

#### 2. Legislative Background & Guiding principles

This section combined the majority of the two sections of these names from the previous version, as well as the majority of the content that was previously under the heading 'definitions', making the content more succinct and adding updated reference material. Some content has also been relocated from the previous Appendix G: Grounds Access Risk Assessment Guidance notes.

#### 5. Initial Assessment and Application (minor title change)

Section content revised to reflect changes to process following the Grounds Access forms moving to RiO rather than the current paper based system. Significant amount of content also relocated to this section from the previous Appendix G: Grounds Access Risk Assessment Guidance Notes, as it is more appropriately placed within the main policy document. Some minor amendments made to content of both.

#### 6. Conflict Resolution

New sections added to describe the process of arranging a meeting with the patient's team when the Directors are declining an application and the process for resolving conflict in this situation.

#### 8. Changes to Grounds Access Levels

Paragraph 8.2 added. This is not new content but has been moved from what was previously Appendix G: Grounds Access Risk Assessment Guidance Notes.

#### 9. Suspension of Grounds Access

Section added to paragraph 9.6 to give clarity to the timescales for decision making on suspended grounds access. Paragraphs 9.8 and 9.9 added to clarify the potential to add a facility for a 'local pause' for patients who are subject to additional support / management plans, where this process is described in said plans. Paragraph 9.9 describes the limitations of a 'local pause'.

#### 10. Withdrawal of Grounds Access

Addition made to paragraph 10.3 to clarify that the listed behaviours might not necessarily lead to an automatic withdrawal of grounds access but only where there is an agreed management plan in place for the individual as described elsewhere in the policy. Paragraph 10.4 added to clarify that violence / sexually inappropriate behaviour will result in withdrawal.

#### 12. Management of Incidents during Grounds Access

Minor textual amendments plus the addition of paragraphs 12.4 and 12.5 which were moved over from the previous Appendix F: Staff Guidelines for incidents during grounds access.

#### New Appendix A: Grounds Access Patient Information

This document has been revised to adopt a clearer structure and language.

**Previous Appendices A, C, D and E: Grounds Access Application, Grounds Access Change form, Suspension Form and Withdrawal Form**

These have all been removed and will now form part of a separate guide document that will outline the process for the completion of the electronic version of these forms within RiO.

**Previous Appendix F: Staff Guidelines for incidents during grounds access**

This has been removed and amalgamated with Section 12: Management of Incidents during Grounds Access.

**Previous Appendix G: Grounds Access Risk Assessment Guidance Notes**

This document has now been removed. Content from the document that was not already replicated elsewhere in the main body of the policy has now been relocated to the relevant sections.

**Previous Appendix H: Procedure for Patient Movement between the Skye Centre and Unescorted Grounds Access - now entitled Appendix B**

The following sections within this appendix were removed as were superfluous:

- Introduction.
- Purpose.
- Definitions.
- Conduct on Grounds Access.

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## **1 PURPOSE**

- 1.1** To ensure that the potential benefits of unescorted access to the grounds are balanced against the potential risk of harm to other patients, staff and 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.
- 1.2** Unescorted grounds access and its therapeutic benefit will be available to all patients, subject to legitimate safety and security concerns. This policy does not address the issue of patients' rights to escorted grounds access for the purposes of fresh air and exercise.
- 1.3** To describe the way in which patients will be observed and monitored, when using unescorted grounds access, and the system for managing incidents arising from grounds access.
- 1.4** 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.
- 1.5** To ensure staff, patients and carers have the appropriate information required for patients to safely and effectively access the grounds.

## **2 LEGISLATIVE BACKGROUND & GUIDING PRINCIPLES**

- 2.1** The State Hospital, as a public authority, has an obligation to ensure that respect for Human Rights is at the core of their day to day work. Legally, Human Rights should not be compromised without justification. The Human Rights (Scotland) Act 1998 demands that limiting these rights and freedoms can only be when it is 'necessary in a democratic society' and 'proportionate'. The rights and freedoms in the Act may be restricted in order to achieve an important objective, e.g. protecting public health and/or safety. The State Hospital has a duty to provide a safe environment for patients, staff, volunteers and visitors. To achieve this duty a number of security measures are taken. This includes ensuring that; whilst a patient(s) pose(s) an identified risk/s, which cannot be reasonably ameliorated without direct staff supervision, to the safety and security of patients, staff, volunteers or visitors, or the security of the Hospital; that patient(s) will not be permitted unescorted access to the grounds.
- 2.2** 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 grounds and whose risk of harm to others has been assessed as being sufficiently low and/or managed, in line with the principles of the Act.

[Mental Health \(Care and Treatment\) \(Scotland\) Act 2003 Principles for discharging certain functions](#)

- 2.3** Patients are detained at The State Hospital due to them requiring *"treatment under conditions of special security on account of their dangerous, violent or criminal propensities."* (National Health Service (Scotland) Act 1978) and as such; the Managers of The State Hospital have clear responsibilities under the Health and Safety at Work act (1992) which 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.
- 2.4** 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. Allocation of grounds access will be approved, monitored and reviewed by the authorising Directors and the patients Clinical Team.

- 2.5** Any patients with 'active' risk factors (evidence of the behaviour within the last 3 months) identified within the grounds access risk assessment, that are relevant to unescorted grounds access, will not normally 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. If there are particular aspects of the patient's presentation that support an application being made despite ongoing active risks, these should be highlighted and clarified in the application.
- 2.6** Some patients may require additional support to obtain Grounds Access such as a tailored management plan. If this is the case a robust management plan designed to ensure safety and security in the grounds must be submitted along with the Grounds Access application.
- 2.7** The patients Clinical Team must specify what level(s) of Grounds Access is (are) being applied for on the Grounds Access Application. Either the Hub Garden or Skye Centre will normally be the first level, however CTMs may consider other levels and should provide supplementary information that supports this request, if this is the case.
- 2.8** 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 Corporate Management Team, in consultation with the Security & Resilience Governance Group.

### **3 DEFINITIONS**

#### **3.1 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 applied for; these are fully described below, along with a description of the amount of observation that will be provided by the Control Room via Closed Circuit Television (CCTV).

#### **3.2 Grounds Access Levels**

##### **3.2.1 Hub Garden (Level 1)**

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.

##### **3.2.2 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 using Grounds Access will be expected to travel to & from the Hub to the Skye Centre Reception using the most direct route and usually within a 10 minute timescale. Where there are limitations on a patient's ability to undertake the journey within this timeframe then this should be noted in the application.

##### **3.2.3 Hub Garden / Skye access (Level 2)**

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 first, prior to using the hub garden, then the patient must return to the ward where they will then be booked back into the ward prior to being booked out to the hub garden. The patient is not allowed to access the garden

area directly from Skye access.

#### **3.2.4 Central Area Grounds Access (Level 3)**

Central Area grounds access allows a patient grounds access in the area generally bounded by the hubs, Skye Centre and Management Centre crossroads. CCTV monitoring of the central area will be at least once in a five minute period.

#### **3.2.5 Full Grounds Access (Level 4)**

Full Grounds access includes all previously described areas and the wander path behind Lewis and Mull 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 B Procedure for Patient Movement between the Skye Centre and Unescorted Grounds Access).

#### **3.2.6 Running (Level 5)**

Patients with specific approval for unsupervised running can run in the grounds. Approval to run in the grounds must be recorded on a 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 vest will be supplied by Security, and issued for use to the patient, by the Hub Receptionist.

### **3.3 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.

### **3.4 Conduct on Grounds Access**

Rules on conduct whilst on grounds access are contained in the "Grounds Access Patient Information" document (Appendix A).

### **3.5 Meal times**

Patients may use grounds access at any time during the day within the overall limits set by security and dependent 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.

## **4 STRUCTURE AND RESPONSIBILITIES**

### **4.1 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.

### **4.2 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 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.

### **4.3** 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 and authorisation forms.

- 4.4** 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.
- 4.5** **The Director of Security, Estates and Resilience or Head of Security and the Associate Medical Director or Medical Director (herein referred to as 'the Directors')** 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.
- 4.6** The 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.
- 4.7** **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 Responsible Medical Officer (RMO).
- 4.8** 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 safety and security 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 held with the patient's 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 Security Liaison Manager (CSLM), Senior Charge Nurse (SCN), Psychologist and party in disagreement.

## **5 INITIAL ASSESSMENT AND APPLICATION**

- 5.1** The initial recommendation for grounds access should be noted by the clinical team in the patient's annual or intermediate review or weekly CTM meeting.
- 5.2** The Clinical Team are responsible for considering, together with the patient, whether they would be suitable for unescorted grounds access. The patient must be subject to a risk assessment by the Clinical Team and deemed to be a suitable level of risk in relation to the following:
- Self-harm.
  - Physical violence towards others.
  - Threatening behaviour towards others.
  - Sexually inappropriate behaviour towards others.
  - Escape / absconding.
  - Subverting safety and security or collaborating with others to subvert safety and security.
  - Non-compliance with care and treatment plan (i.e. medication, ward routine).
- 5.3** It is expected that patients will have been free of serious incidents for a period of 3 months, prior to making an application i.e.
- No physical assaults on patients or staff.



- No possession or use of illegal substances or refusal to supply a sample for screening.
  - No incident of theft, arson, forgery, attempted or actual escape or absconding, 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, which give cause for concern to the Clinical Team at the time of considering the application for Grounds Access.
- 5.4** 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 within the patient's electronic record.
- 5.5** The patient must be participating in key aspects of their current treatment plan as prescribed by their clinical team (e.g. medication, ward routine etc).
- 5.6** Patients who have not yet been assessed out of the ward environment would not normally be considered for grounds access until they have demonstrated engagement in a programme of activities.
- 5.7** Grounds Access, as a minimum, must be discussed and reviewed by the Clinical Team at the patient's annual or intermediate review and the outcome recorded in the patient's electronic record.
- 5.8** **The key worker / other member of staff delegated by the Senior Charge Nurse** is responsible for initiating the Grounds Access Application form within RiO prior to the clinical team meeting in consultation with other relevant members of the team.
- 5.9** **The Clinical Security Liaison Manager** for the hub is responsible for ensuring that the patient's Security Risk Assessment is updated and 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.
- 5.10** **The Psychologist** is responsible for ensuring that the patient's Violence Risk Assessment and Management Profile (VRAMP) is updated and that this includes relevant scenario planning and risk management strategies for unescorted grounds access, and for ensuring that this is discussed with the team.
- 5.11** Scenario planning should be completed through discussion with the clinical team and placed in the VRAMP section of RiO prior to the application being made.
- The scenarios should describe the most likely and most serious incident the patient would engage in and the situation that this may occur in whilst on unescorted grounds access.
  - The scenario plan should also reflect consideration of other possible scenarios, where relevant, such as subverting security measures – for example, not adhering to grounds access rules, attempting to abscond etc.
  - The relevant risk factors identified should be reflected in the scenario plan where appropriate.
  - Risk management strategies should be documented which will enable the clinical team to monitor and assess the appropriateness of unescorted grounds access (e.g. monitor mental health, drug screening, etc).
  - It may be necessary, for certain patients, to include management plans such as traffic light plans to demonstrate how varying levels of risk will be managed, within the overall parameters of the policy (as per 2.8).

- 5.12 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 confidentiality) where relevant. Particular consideration must be given to any disassociations.
- 5.13 All members of the patient's clinical team** are responsible for checking the Grounds Access Risk Assessment in RiO and agreeing its accuracy or recording irreconcilable differences of opinion.
- 5.14** Based on the risk assessment, the clinical team can recommend Hub Garden, Skye Centre, Hub Garden & Skye Centre Access, Central Area or full Grounds Access / Running Access.
- 5.15** 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. 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 applied for by the Keyworker or RMO.
- 5.16 The RMO, SCN and CSLM** are responsible for signing the Grounds Access Risk Assessment and Application Form on behalf of the clinical team after the clinical team discussions and agreement.
- 5.17** The completed Grounds Access Risk Assessment and Authorisation form will then pass to the Directors (or nominated deputies) for consideration.
- 5.18 The Directors** (or Nominated Deputies) will consider the application and are responsible for ensuring that the RMO is notified in writing about the outcome of their review of the application. Where the application is approved this will then pass to the Security Information Office to action.
- 5.19 The Keyworker** is responsible for informing the patient of the outcome of the application and issuing the Grounds Access Patient Information (Appendix A) to the patient. This document includes instructions on matters such as; procedures to be followed, items that can be taken out, dress and behaviour, etc. This must be discussed with the patient before Grounds Access is used. The guidance must be signed by the patient and submitted to the Security Information Office before the Grounds Access card is produced.

## **6 CONFLICT RESOLUTION**

- 6.1** Differences of opinion may arise between:
- The Patient and the Clinical Team.
  - Members of the Clinical Team.
  - The Clinical Team and other members of staff.
  - The Clinical Team and the Directors.
- 6.2** 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 hospital complaints system. If appropriate, a referral to independent advocacy should also be made to assist the Patient in this process.
- 6.3** The Clinical Team will strive to achieve unanimity in respect of the risk assessment. In the case of disagreement 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 deputies).

- 6.4** In the rare event of an irreconcilable difference of opinion, between members of the clinical team, the Directors 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.
- 6.5** Where a Clinical Team have unanimously supported an application for a patient to be granted grounds access, but following a review of the application, the Directors determine that grounds access should not be granted, the Directors should, in the first instance, arrange a meeting with the signatories of the application (RMO, SCN & CSLM). The purpose of the meeting will be for the Directors to discuss why they are considering declining the application and for the identified Clinical Team members to present evidence to support why they believe the application should be granted, if they disagree with the rationale presented by the Directors.
- 6.6** In the rare event that the Clinical Team members remain in disagreement with the decision of the Directors following the above meeting and the meeting is unable to reach a reasonable conclusion / resolution, then the views of the Chief Executive will be requested, as per 6.4 above.

## **7 REVIEW PROCEDURE**

- 7.1** Grounds Access, as a minimum, must be discussed and reviewed by the Clinical Team at the patient's annual or intermediate review and the outcome recorded in the patient's electronic record.
- 7.2** At the clinical team meeting and or CPA review, information regarding the patient's behaviour on and off the ward will be made available.
- 7.3** Where any disagreement emerges at review the clinical team will invoke the appropriate conflict resolution procedures described above.

## **8 CHANGES TO GROUNDS ACCESS LEVELS**

- 8.1** When the Clinical Team wish to apply to change a patient's level of Grounds Access, a change form will need to be completed. The Security Information Office will also produce a report for grounds access usage at their current level. The Directors (or deputies) will then review the Change form for approval.
- 8.2** 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 be regularly using his grounds access.

## **9 SUSPENSION OF GROUNDS ACCESS**

- 9.1** Grounds access may be suspended or withdrawn at any time when:
- New, or additional historical information emerges that may change the risk assessment.
  - Concerns exist about a patient's mental health and/or their behaviour deteriorates in a manner that impacts on their risk.
  - There has been a security breach, involving the patient.
- 9.2** This may be done by the patients RMO, Nurse in Charge, Keyworker, CSLM or the

Directors. The grounds for suspension must be clearly documented within RiO, by the person who has made the decision. The Keyworker, SCN and CSLM should have a primary role in investigating the behaviour which resulted in suspension. The grounds access suspension form should be completed for consideration at the next clinical team meeting.

- 9.3** 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 suspension form will also be sent to the security information office.
- 9.4** 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.
- 9.5** To reinstate grounds access either to the same level, or a different level, approval must be sought from the Directors (or nominated Deputies). Where there is insufficient information available, grounds access should continue to be suspended until further investigation is undertaken and all documentation forwarded to the Security Information Office.
- 9.6** Any suspension of a patient's 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 a Clinical Team decide to apply to reinstate a patient's grounds access, this should be submitted to the Directors at least 3 working days ahead of the 21 day deadline. If approved by the Directors, then the grounds access will be reinstated, at the agreed level, within 2 working days of this being signed off.
- 9.7** Where any disagreement emerges, the Clinical Team Meeting will invoke the appropriate conflict resolution procedures as detailed in section 6 above.
- 9.8** As per paragraph 2.8; some patients may require additional support to gain and/or maintain grounds access. In some cases, it may be acceptable for the management plans that are developed for such individuals to include a facility for a 'local pause' of grounds access. For example this may be in response to concerns regarding a minor deterioration in a patient's mental state / presentation, without the presence of any risk behaviours. Or it may be in response to low level risk behaviours outlined in their plan and agreed by the Directors as not necessarily warranting a formal suspension / withdrawal. Neither suspension nor a local pause, as described above, will apply in instances where a patient has exhibited the behaviours outlined in paragraph 10.4 below.
- 9.9** When a 'local pause' in a patient's grounds access is used, the reasons for this must be clearly documented in the patient's progress notes and in the hub handover. If a local pause is required for 72 hours or more, then it would be expected that the patient's grounds access be suspended, unless this is precluded by a pre-agreed management plan as referred to in paragraph 2.8 and 9.8 above.

## **10 WITHDRAWAL OF GROUNDS ACCESS**

- 10.1** Where there appears to have been a change in the risks that a patient poses (e.g. through a change in their mental health or new / additional historical information coming to light which would affect the Grounds Access Risk Assessment and Authorisation form the Clinical Team may decide to withdraw a patient's grounds access.
- 10.2** As per paragraph 9.6 Grounds Access must be withdrawn if suspension has been longer than 21 days.
- 10.3** All patients, visitors and staff have the right to live, visit or work in an environment without intimidation or being discriminated against. Unacceptable behaviours such as aggressive,

abusive, sectarian, racist comments or inappropriate sexual comments, will result in grounds access being suspended or may result in withdrawal (subject to individual plans as per paragraph 9.8).

- 10.4** Any incident of violence / inappropriate sexual behaviour whether on / off ward must result in immediate withdrawal of Grounds Access, regardless of whether a patient has an individualised management plan.
- 10.5** In the event of a decision being made to withdraw a patient's grounds access; a Grounds Access withdrawal form must be completed.

## **11 GROUNDS ACCESS MANAGEMENT PROCEDURES**

### **Security Information Office**

- 11.1** 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 staff, and handed directly to the Nurse in Charge (NiC) of the ward.
- 11.2** 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

- 11.3** If authorisation is suspended, withdrawn or modified, the Security Information Office is responsible for arranging the withdrawal and re-issue of ID cards and ensuring this is reflected 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 suspension, withdrawal of or amendment to the level of grounds access.

### **Control Room / Duty Security Manager**

- 11.4** The control room 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 that each ward has equal access to the grounds.
- 11.5** The Duty Security Manager is responsible for informing wards of any changes to the times

for grounds access as a result of weather or changing seasons.

- 11.6** 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 Security Manager will make arrangements for the recall of patients on grounds access.
- 11.7** The Duty Security Manager is responsible for reducing the overall numbers of patients on grounds access or the areas available, should circumstances warrant this.

### **Grounds access from wards**

- 11.8** Nursing staff are responsible for managing day to day requests from patients for grounds access from the wards, their departure 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 informing 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 at the time the action took place (see also section 9 - suspension of grounds access).
  - Checking dress is appropriate and that no unauthorised items are being carried. Guidance on behaviour and permitted items is included at Appendix A and staff guidance for incidents in section 12 below.
  - Carrying out searches 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 if grounds access is delayed or cancelled.
  - Allowing the patient to re-enter the ward on their return 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 Security Manager and Senior Clinical Cover to advise them of any 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 an incident occurs.

### **Grounds access to and from The Skye Centre**

- 11.9** 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**

- 11.10** Hub reception staff will be responsible for:
- Keeping and issuing the hi-visibility vest for use by patients permitted to run within the grounds.
  - Ensuring all patients are accurately recorded on PMTS.
  - Communicate effectively with control room regarding patients who are disassociated.
  - Managing the access and egress of patients from the hub reception to and from their destination.

## **12 MANAGEMENT OF INCIDENTS DURING GROUNDS ACCESS**

### **Categories**

#### **12.1 Minor Incidents**

These are relatively low risk situations where grounds access is not necessarily terminated, e.g. suspected passing of sweets, pieces of paper etc between patients. If observed on CCTV, security staff will alert the ward and the necessary searches should be carried out in accordance with the search policy.

#### **12.2 Significant Incidents**

These are more significant safety or security situations where grounds access for the patient is terminated immediately e.g. change in mental state / presentation, non-compliance with the Grounds Access patient information & guidance. If observed on CCTV, security staff will alert the patient's ward of the activity and ask that nursing staff 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.

#### **12.3 Serious Incidents**

These are high-risk situations where all patients are removed from the area and grounds access is likely to be withdrawn e.g. assault / attempted assault, subverting safety and security, significant changes to risk assessment etc.

#### **12.4 Reporting of breaches in behavioural guidelines**

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

#### **12.5 Reporting of incidents and near misses**

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

Immediate intervention by staff should only occur if it is deemed safe to do so, using appropriate procedures.

## **13 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 Person Centred Improvement Service will facilitate communication with Patients.

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

Any deviation from policy should be notified directly to the policy Lead Author. The Lead Author will be responsible for notifying the Advisory Group of the occurrence.

This policy will be reviewed **one** year following implementation.

## **14 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.

## 15 STAKEHOLDER ENGAGEMENT

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



## **APPENDIX A: Grounds Access Patient Information**

Your application for Unescorted Grounds access has been approved.

When the paperwork is complete the security department will prepare your Grounds Access pass.

### **Using Your Pass**

- Staff will give you your pass before you go out and you must give it back to the ward staff when you return to the ward.
- Your pass must be visible at all times when using grounds access.
- The colour of your grounds access pass lets people know what type of Grounds Access you have.
- If your Grounds Access level changes then a new card will be needed before you use the new level.
- If your appearance changes (e.g. you grow a beard), then a new photo will be needed to be taken and a new card produced.
- If you lose your badge you must return to your ward and report this to the person in charge immediately.

### **Times for grounds access**

- Grounds access times are determined by the security department.
- During summer months there will be evening grounds access.
- In winter months access will be more limited due to daylight hours.
- During periods of bad weather, grounds access may have to be cancelled.

### **Conditions of Use**

- Prior to going out for the first time, a member of staff 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 this information has been explained to you.
- 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 may be changes to the Grounds Access areas due to work around the hospital. Ward staff will explain these changes as they occur.
- 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.
- You are not allowed to wear camouflage clothing.
- You are not allowed to wear fluorescent clothing, unless it has been issued by the hospital for use when running.

- Excessive clothing is not permitted, but a jacket or jumper may be taken out with you.
- We need to be able to recognise you, so hoods or hats that prevent the cameras from seeing your face should not be worn.
- You can take a drink in a 500ml bottle.
- You can take prescribed medication (Inhalers) if necessary and approved by your Clinical Team.
- You must not use personal stereos / headphones in the grounds.
- You can take a bag to your placement if it contains important items for that placement. This bag will be subject to a search by staff on all occasions.
- If you are using grounds access to attend an off ward placement please go directly to that placement by the quickest route.
- Please stay on the grounds access paths. Grass areas are not part of the grounds access areas.
- Please keep your top on when accessing the grounds.
- You can greet staff you know or who greet you. Passing the time of day is fine, but it is not appropriate to discuss your care or to raise complaints.
- Unacceptable behaviours such as aggressive, abusive, sectarian or racist comments or inappropriate sexual comment, will result in grounds access being suspended or withdrawn and any incident of violence / inappropriate sexual behaviour whether on / off ward will result in immediate withdrawal of Grounds Access.
- 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. Passing of items should not take place. You should also not attempt to pass any items to members of staff 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, for example by 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 or 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 do not drop litter; use the bins provided.

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

### **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 Grounds 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(s) 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.

In the event of an 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).

### **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 Grounds Access. 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.