

- 16.30 Treatment in conditions of enhanced security should last for the minimum period necessary. Where responsible clinicians have taken the decision to transfer a patient within a hospital to a ward with enhanced security, they should ensure that arrangements are made to facilitate the patient's prompt return to a less secure ward when that enhanced security is no longer required.
- 16.31 Where responsible clinicians believe that patients no longer require conditions of enhanced security (or the current level of security), they should take steps to arrange their transfer to more appropriate accommodation. Where necessary, this may involve identifying another hospital that is willing and able to offer the patient suitable accommodation.
- 16.32 In the case of restricted patients, it will be necessary to seek the consent of the Secretary of State for Justice for a transfer to another hospital or, where the patient's detention is restricted to a particular unit, for a move within the same hospital.
- 16.33 Managers of hospitals offering accommodation with enhanced levels of security should ensure that:
- accommodation specifically designated for this purpose has adequate staffing levels; and
 - they have written guidelines, setting out the categories of patient for whom it is appropriate to use physically secure conditions and those for whom it is not appropriate.

Physical security in other hospital accommodation

- 16.34 Hospital managers will need to consider what arrangements should be put in place to ensure the safety of patients who are not subject to enhanced security.
- 16.35 Patients admitted to acute wards, whether or not they are formally detained there, will have complex and specific needs. In such an environment, ward staff must balance competing priorities and interests when determining what safety measures are necessary.

- 16.36 The intention should be to protect patients, in particular those who are at risk of suicide, self-harm, accidents or inflicting harm on others unless they are prevented from leaving the ward. Arrangements should also aim not to impose any unnecessary or disproportionate restrictions on patients or to make them feel as though they are subject to such restrictions. It may also be necessary to have in place arrangements for protecting patients and others from people whose mere presence on a ward may pose a risk to their health or safety.
- 16.37 It should be borne in mind that the nature of engagement with patients and of therapeutic interventions, and the structure and quality of life on the ward, are important factors in encouraging patients to remain in the ward and in minimising a culture of containment.
- 16.38 Locking doors, placing staff on reception to control entry to particular areas, and the use of electronic swipe cards, electronic key fobs and other technological innovations of this sort are all methods that hospitals should consider to manage entry to and exit from clinical areas to ensure the safety of their patients and others.
- 16.39 If hospitals are to manage entry to and exit from the ward effectively, they will need to have a policy for doing so. A written policy that sets out precisely what the ward arrangements are and how patients can exit from the ward, if they are legally free to leave and made available to all patients on the ward. The policy should be explained to patients on admission and to their visitors. In addition to producing the policy in English, hospitals may need to consider translating it into other languages if these are in common use in the local area.

16.40 If managing entry and exit by means of locked external doors (or other physical barriers) is considered to be an appropriate way to maintain safety, the practice adopted must be reviewed regularly to ensure that there are clear benefits for patients and that it is not being used for the convenience of staff. It should never be necessary to lock patients and others in wards simply because of inadequate staffing levels. In conjunction with clinical staff, managers should regularly review and evaluate the mix of patients (there may, for example, be some patients who ought to be in a more secure environment), staffing levels and the skills mix and training needs of staff.

Related material

- *Using Mobile Phones in NHS Hospitals*, May 2007
- *The Safety and Security in Ashworth, Broadmoor and Rampton Hospitals Directions*, 2000 (as amended)

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