

**Summary: MSU discussion group activity.  
August 2006 – August 2007**

Date posted	Topic	No. of responses	Response
16/8/2006	<p><b>Siting of a medium secure unit:</b> The quality network requested advice from members regarding a call from a member of the public seeking advice regarding the safety of a new build for a secure unit in the York and Harrogate area.</p>	5	<p>All responses expressed concern that the caller was likely to be a local resident gathering information to oppose planning. The advice of the group was taken and the network declined to respond to the caller.</p>
2/10/2006	<p><b>Community Meetings:</b> Inquiry regarding the use of community meetings in medium secure units.</p>	1	<p>Offer from a Head Forensic OT to share work undertaken on the evidence base and outline of community meetings</p>

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5/10/2006 and 6/5/2007	<p><b>Non smoking policies:</b> Request for members to share current policies and discuss experiences of the impact of bans.</p>	16	<p>All responding services had a view to going smoke free at the beginning of 2007, and several had already done so. Internal smoking rooms were generally becoming obsolete and replaced by outside 'bus shelter' spaces. Smoking cessation programmes incorporated into care plans were commonly reported, with some concern expressed regarding the ethics of medical/nursing staff signing plans approving smoking. Reports from services that had gone 'smoke free' were generally positive. The shift was eased by attention to ongoing communication with service users.</p>
21/3/2007	<p><b>Specialist nurse practitioner role:</b> Request for information on the role of specialist nurse practitioners in a medium secure setting.</p>	5	<p>Two services reported that they did not have such a role and three forwarded information such as job descriptions and contacts for colleagues in related roles.</p>
5/4/2007	<p><b>Tertiary hospital care – Canada:</b> Request from Vancouver Island Health Authority to compare the standards in the tertiary care facility with those in medium secure services in the UK.</p>	2	<p>The quality network forwarded the Standards for Medium Secure Units. There was also one response regarding the possibility of 'twinning' UK services with those abroad to aid sharing of information, and one offer to share information on the UK provision of medium secure services.</p>

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3/4/2007	<b>Abscension risk:</b> Request for structured or semi-structured tools for the assessment of abscension risk.	4	Amongst forwarded contact details for obtaining further information, an in-house tool called QACR, for use by clinical teams with daily revision by nurses, and the security scales of HoNOS-Secure were mentioned. The member seeking advice offered to collate information and circulate to the discussion group in due course.
13/4/2007 and 18/5/2007	<b>Sexual health:</b> Request for policies/procedures MSUs have in place regarding access to pornography for patients and addressing the sexual health of patients.	4	A number of policies were forwarded from services to the group, including a pornography policy, guidelines on patient sexuality, staff patient boundary guidelines, restricted items policy and a guideline on patient relationships. One unit was training nurses to provide sexual health education and another has developed a working party to address such issues and offered to share results on completion.
13/4/2007	<b>Security training:</b> Request for information/examples of existing programmes for staff in medium secure units.	7	Responses provided details of induction and other training programmes, such as annual updates, currently used in medium secure services.
17/4/2007	<b>Purchase of tobacco products:</b> Query regarding how services manage when the sale of products is prohibited within the unit.	4	Mixed responses – some units operating a complete ban, prohibiting tobacco products in a similar way to alcohol, others continuing to sell in the patient shop. One service reported an agreement with a local newsagent to take orders from the service. Smoking cessation programmes were reported to be common practice.

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18/4/2007	<b>Controlled access to alcohol:</b> Request for policies, procedures and general views on controlled access for pre-discharge patients.	0	
25/4/2007	<b>Policies and guidance request:</b> For searching, banning relatives and illicit drug control.	0	
27/4/2007	<b>Section 47 and 48 unescorted ground leave:</b> Request for procedure/guidance regarding ground leave for prison transfers.	3	Advice from colleagues generally recommending that leave outside the unit perimeter is not permitted for prison transfers. Quality of life issues were raised.
27/4/2007	<b>Perimeter fences:</b> Request for advice for the best course of action following town council rejection of a planning application on the grounds that the standard height for medium secure perimeter fences is 'excessive'.	4	Members with similar experiences responded, recommending that a recess could be dug in which to site the fence to reduce protrusion above ground, lower fences in addition to a detection system such as CCTV could be installed, support from local police could be sought, planners could be consulted and an amended application submitted, alongside investing time in talking to locals to address public concern.

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4/5/2007	<p><b>Certificate 18 DVDs:</b> Request for examples of practice across units regarding the ban of certificate 18 DVDs and equivalent computer games.</p>	6	<p>Responding services varied in policy, from blanket bans of such material to allowing them, reasoning that 18s can be legitimately purchased outside of the unit. Arguments included: ban is important to protect vulnerable patients who may be exposed to such material via other patients, it is unrealistic to police guidelines tailored to individuals, and others opposing blanket restrictions, arguing that patients' individual needs must be met and individual access can be recorded in care plans.</p>
4/5/2007	<p><b>Electronic patient record systems:</b> Seeking feedback from members on systems in use, to inform decision of which to implement.</p>	6	<p>Five respondents reported using the RiO system, generally concluding that it has been well received and improved productivity for clinical staff. One responder reported delaying implementation of an electronic system until the NHS Care Records Service is operationalised, est. 2009/10.</p>
8/5/2007	<p><b>Therapeutic communities in secure settings:</b> Advice sought for introducing the approach in a medium secure women's service.</p>	0	
8/5/2007	<p><b>Risk assessment tools:</b> Request for copies in current use in secure units.</p>	3	<p>A risk document based on HCR-20 was forwarded to the group and advice given to check the Risk Assessment Tools Evaluation Directory (RATED), published by the Scottish Risk Management Authority.</p>

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17/5/2007	<p><b>Cost Improvement Programme:</b> Request for advice from service directors on how services plan to meet saving targets for CIP.</p>	2	<p>Agreement that targets are difficult/impossible to meet with so many fixed costs. One service was generating income where possible and obtaining agreement from PCTs to annualise a lump sum of development monies for PD. Another was planning to disestablish posts and considering a grade mix reduction in staffing. Commissioners for this service were considering increasing the costs of the service.</p>
18/5/2007	<p><b>Administration support:</b> Request for ratios and details regarding the use of administration support in medium secure units, to assist with an internal review of support.</p>	5	<p>Ratios provided, for example 4.7 consultants for 71 beds, with 4.7 consultant secretaries, and in another service 5 secretaries for 8 psychiatrists and 1.5 wte secretaries for a psychology team of approx. 25. Contacts for information sharing were provided.</p>
23/5/2007	<p><b>Welfare Rights Advisor:</b> Information provided regarding a very successful employment of a welfare rights advisor in a medium secure unit.</p>	0	

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29/5/2007	<b>Alarm systems:</b> Request from a service for company details that have provided panic/attack alarm systems for medium secure units, with a view to inviting them to tender at the service.	2	Blick UK Ltd and Securassist Ltd details provided with positive reports.
30/5/2007	<b>Policies and Procedures group:</b> Sought advice regarding photographing patients, searching, and publishing policies and procedures on the Trust intranet.	1	Response from a service stating that all patients are photographed on admission, metal detectors are not routinely used for searching visitors and Trust policies are on the intranet and local policies are available to unit staff only.
6/6/2007	<b>Women's units:</b> Examples of nursing ratios and skill mix per shift on women's wards requested.	4	Examples of ratios/skill mix: 6 bed acute/intensive care ward with 4 staff per shift, min. 2 qualified and potentially up to 3 extra staff for one patient if high input required; 16 bed rehab ward with 4 staff per shift, min. 2 qualified and one extra working 9-5; 8 bed rehab ward with 4 staff for each day shift, 2 qualified nurses and 2 nursing assistants and 3 staff on night shift, 1 qualified and 2 assistants; 10 bed women's service with 1 clinical manager, 2 team leaders, 9 RMN, 14 HCW, working on a min. of 4 staff per shift plus ward manager working 9-5.

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7/6/2007	<b>Forensic community teams:</b> Seeking service models and job descriptions to assist with service developments	9	Four respondents from services with MDT forensic community teams and a range of community provisions, such as court psychiatric assessment services and hostel liaison. Contact details were provided for more detailed correspondence and one responder has subsequently arranged visits to forensic community teams around the country. Two members reported that they are currently undergoing service development in community teams and one does not have a community team.
14/6/2007	<b>Breakages:</b> Request for policies regarding action following the deliberate damage to unit property by patients.	0	

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14/6/2007	<b>Takeaways:</b> Request for examples of progress in reducing the number of takeaways eaten by patients.	8	The concern over the contribution of takeaway food to patient obesity was echoed and the topic has been emotive for several services. However, a number of measures have been introduced across services such as the restriction of orders – e.g. to ‘takeaway nights’; in some places a social occasion on wards and coupled with dvd nights etc. Also, obesity is being addressed through dieticians and the MDT via care plans. There were some concerns regarding human rights issues. One service had obtained a positive legal opinion and considered that legal concerns may be less of an obstacle than staff ambivalence. Concerns over blanket policies were raised, particularly if patients are ordering healthy takeaways to replace poor quality food provided in the unit. Some services have progressed well in this area by producing guidelines with service user input and keeping users well informed.
14/6/2007	<b>Opening mail:</b> Request for advice on managing/supervising patients opening incoming mail.	2	One member reported that any issues with mail are considered on an individual basis, and attached a procedure for handling incoming mail. Another reported that mail can be searched once opened/in a patient’s bedroom, if a supporting search policy is in place.

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21/6/2007	<p><b>Informal patients:</b> Request for advice on a debate at a Mental Health Review Tribunal regarding two patients applying for discharge with their solicitors arguing forcefully that the clients should be allowed to stay informally on the pre-discharge ward and complete treatment.</p>	3	<p>Responses from 3 consultant psychiatrists: one to the effect that informal patients are not justified given the cost of a medium secure bed; another that it is completely unacceptable to have patients in secure conditions on an informal basis and he/she must be transferred to an open psychiatric ward for treatment to continue and the third that case law indicates that further hospital treatment cannot be made a condition of a conditional discharge.</p>
22/6/2007	<p><b>Specification of internal glass:</b> Request for feedback on the specification of internal glass used within secure units.</p>	3	<p>The following advice was given: Georgian wired glass (fire protection) coated with an impact resistant polymer; an opposing view to steer away from Georgian wire as it is dangerous when broken, and use instead a glazing called Pyrodor and a third service uses polycarbonate on the inside of windows.</p>

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4/7/2007	<p><b>Provision of condoms:</b> Request for advice on how to facilitate provision for service users.</p>	4	<p>Varied responses: one to the effect that there are difficulties surrounding patient ability to consent to sex and patients can buy their own when they have leave, another service reported that sexual issues are raised with the clinical team and contraception discussed in this context on an individual basis. One response pointed to a judgement in the Judicial review, in which the court found in favour of a high secure hospital's ban on condoms due to the need to provide a safe and therapeutic environment for all patients.</p>
20/7/2007	<p><b>Art therapies:</b> Query regarding how commonly medium secure services provide art therapies.</p>	7	<p>Responses indicate that art therapies are a widespread clinical intervention in secure services. Art, drama and music therapy are available in all but one of the services that responded, with dance movement therapy also noted. Interventions are provided on a group and individual basis and are in some cases part of the psychology department. The Forensic Arts Therapies Advisory Group was noted as a resource for further information.</p>