**CONFIDENTIAL BRIEFING REPORT FOR SECLUSION CONTINUING OVER 7 days (following alert by incident form and escalation by team)**

*This review should be completed by the Clinical Directorate Leadership Team or oncall manager is made aware of the incident and it is returned to the* [*Patient Safety Team*](mailto:HNF-TR.IncidentReporting@nhs.net) *and escalated to the Director of Operations, Exec Medical Director, Exec Director of Nursing and Director of Quality*

|  |  |
| --- | --- |
| **For Completion By The Patient Safety Team** | |
| **Date Request For Report Sent Out** |  |
| **Date Report Due To Be Completed** |  |
| **Date Report Received** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewer’s Details** | | | |
| **Reviewer’s Name** |  | **Reviewer’s Job Title** |  |
| **Reviewer’s Tel. no** |  | **Reviewer’s**  **E-mail** |  |
| **Name of Senior Manager Informed** |  | | |

|  |  |
| --- | --- |
| **Ulysses Reference** (will be linked to initial seclusion incident form and 48 hour incident report on prolonged seclusion and 72 hour incident form ) |  |
| **Date of initial Incident which led to seclusion** |  |
| **Date of this report** |  |
| **Directorate** |  |
| **Location of Incident (**Unit / Team / Department) |  |

|  |  |
| --- | --- |
| **Date and Time Seclusion Commenced** |  |
|  |  |

|  |  |
| --- | --- |
| **Patient Details** | |
| **Name** |  |
| **Insight number** |  |
| **Age** |  |
| **Gender** | Choose an item. |
| **Any protected characteristics ( gender, disability, ethnicity etc)** |  |
| **MHA Status at the time of the incident** (if applicable) |  |
| **Name of advocate** |  |

|  |  |
| --- | --- |
| **Duty of Candour** – The patient / family / carer must be informed of the incident when the level of harm to the patient is moderate or above.??? | |
| **Degree of Harm** (Degree of harm caused by the Trust) | Choose an item. |
| **Being open -** Has the incident been discussed with the Patient / Relative / Carer? | Yes  No |
| **If No - please state the reason below for not informing the patient / relative / carer:** | |
|  | |
| **If Yes - please answer the following:** | |
| When was the patient / family / carer informed: | **Discussed with the patient at seclusion reviews** |
| How was the patient / family / carer informed: | Face-to-Face  Over the telephone  Letter |
| Details of patient / family / carer who was informed: |  |

|  |
| --- |
| **Events leading up to, and rationale for seclusion** |
|  |
| **1. What was tried prior to seclusion?** |
|  |
| **2. Was restraint utilised prior to seclusion and is the use of restraint ongoing to support interventions? If Yes describe what levels were used.** |
|  |
| **3. Give an overview of all PRN and RT being utilised** |
|  |
| **4. Have physical health checks been carried out as per policy?** |
|  |
| **5. Have the Independent** **Reviews taken place as per Policy? What are the recommendations?** |
|  |
| **6. Have the Internal MDT’s taken place as per policy? If not describe why not.** |
|  |
| **7. Have the Nursing Reviews taken place as per policy? If not describe why not.** |
|  |
| **8. Have the Medical Reviews taken place as per Policy? If not describe why not.** |
|  |
| **9. Have 15 minute observations been carried out? If not describe why not.** |
|  |
| **10. Is there a clear rationale as to why seclusion needs to continue?** |
| Please append the patients seclusion careplan |

|  |
| --- |
| **Are there any Safeguarding issues (Adult or Child)? If so what action have you taken?** |
|  |
| **What is the exit plan to support the person to leave seclusion?** |

|  |  |  |
| --- | --- | --- |
| **Date next update due** |  | |
| **Update on continued seclusion (to be completed weekly)** | | |
|  | | |
| Written by:  Job Title: | | Date: |



## GLOSSARY

**Approved Clinician** - A mental health professional approved by the Secretary of State or a person or body exercising the approved function of the Secretary of State, or by the Welsh ministers, to act as an approved clinician for the purposes of the act. Some decisions under the Act can only be taken by people who are approved clinicians. All responsible clinicians must be approved clinicians.

**Association** – this refers to any time when the patient is escorted outside the seclusion room/area, possible in the company of other patients, as part of an assessment of whether or not seclusion should end.

**Multi-disciplinary Team** – a professional team including staff from a range of different professions.

**Patient Care Team** – the multi-disciplinary team normally responsible for providing and prescribing individual care.to the patient

**Positive Behavioural Support Plans** – individualised care plans should be developed with the services user and should be available to staff, kept up to date, and should include primary preventative strategies, secondary preventative strategies and tertiary strategies informed by a functional analysis.

**Responsible Clinician** – the approved clinician with overall responsibility for a patient’s case. Certain decisions (such as renewing a patient’s detention or placing a patient on a community treatment order) can only be taken by the responsible clinician.

**Senior Nurse/Senior Manager/Duty Manager** – these terms may be used interchangeably and be locally determined. It is expected that this would be a qualified professional with suitable experience of Band 7 or above.

**Advance Statement** – a statement made by a person, when they have capacity, setting out the person’s wishes about medical treatment. The statement must be taken into account at a future time when that person lacks capacity to be involved in discussions about the8ir care and treatment. Advance statements are not legally binding although health professionals should take them into account when making decisions about care and treatment.

**Sight and sound** – there must be a staff positioned within eyesight of the seclusion room. The positioning of the staff must be such that they would be likely to hear the patient should they attempt to summon staff attention

**Suitably skilled professional** - a member of clinical staff who has a knowledge of the seclusion policy, the specific clinical environment, and the specific needs of patients whilst in seclusion. They need not hold a formal disciplinary or academic qualification but must be aware of the specific risks and care needs of the patient they are providing care for.

**Voluntary Confinement Plan** –individual care plans should be developed with the services user, available to staff, kept up to date and should outline the criteria within the policy.