Humber Teaching
NHS Foundation Trust

STANDARD OPERATING PROCEDURE
FORENSIC - MANAGEMENT OF HEALTH, SAFETY AND SECURITY FOR FORENSIC SERVICES

Document Reference	SOP20-047
Version Number	1.2
Author/Lead **Job Title**	Adrian Deakin Health, Safety, and Security Lead, Forensic Services.
Instigated by: **Date Instigated:**	Security Committee September 2020
Date Last Reviewed:	3 July 2023
Date of Next Review:	July 2026
Consultation:	Paula Philips (General Manager) Helen Courtney (Modern Matron) Bekki Whisker (Community Clinical Lead) Andrea Arundel (Service Manager) Richard Weldrick (Clinical Lead) Vickie Shaw (safety advisor and accredited local security management specialist) Rob Atkinson (Head of Estates)
Ratified and Quality Checked by: **Date Ratified:**	Security Committee Meeting 3 July 2023
Name of Trust Strategy / Policy / Guidelines this SOP refers to:	Health and Safety

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*Sept-20*	*New SOP – approved ODG 28-sept-20*
1.1	*Nov 2021*	*Reviewed - division name changed from Forensic Services to Forensic Services and the wording amended to reflect clarity. (Security Committee 6th June 2022)*
1.2	*July 2023*	*Updated and information on relational security added and community team information included. Approved at Security Committee Meeting (3 July 2023).*

Contents

1. INTRODUCTION 3
2. SCOPE 3
3. PROCEDURE STATEMENT 3
4. DUTIES AND RESPONSIBILITIES 4
5. PROCEDURES 5
  5.1. Investigation and learning from incidents 5
  5.2. Assessment of risk 5
  5.3. Maintenance of the service 6
  5.4. Management of Graffiti and damage to property 6
  5.5. Schedule works and environmental checks 6
  5.6. Works orders 7
  5.7. Monitoring of faults 7
  5.8. Fire 7
  5.9. Security 8
  5.10. Physical security document 8
  5.11. Procedural security index 9
  5.12. Relational Security 9
  5.13. Ward Safety and security Profile 9
  5.14. Electrical extension leads 9
6. IMPLEMENTATION 9
7. MONITORING & AUDIT 9
8. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS 10
Appendix 1 - Current Health and safety risk assessment 11
Appendix 2 - Procedural security index document 14
Appendix 3 – See Think Act 15

1. INTRODUCTION

Within forensic services, there are two overarching aims in service delivery. One is held in common with all other hospital services – that of delivering high-quality clinical assessments, healthcare and treatment appropriate to the needs of the presenting clients The other relates to the forensic service needing to balance the twin factors of treating mental disorder and managing and reducing risk. Risk of harm to others is what distinguishes forensic psychiatry patients from those individuals with mental disorders who present to general psychiatry, and likewise, those in the criminal justice system may only be differentiated from forensic psychiatry patients by the absence of mental disorder requiring hospital treatment.

Humber Teaching NHS Foundation Trust has produced a core Health, Safety, and Security Standard Operating Procedure to comply with the requirements of Section 2(3) of the Health and Safety at Work etc. Act 1974. This Standard operating procedure supports compliance with the Care Quality Commission Outcome 10, Safety and suitability of premises and Outcome 11, Safety, availability and suitability of equipment. The standard operation Procedure describes to process that forensic services will comply with the Trust health and safety policy and the Health and Safety Act 1974.

The forensic service has produced this Standard operating procedure to comply with the Royal College of Psychiatrists Standards for Forensic Mental Health Services: Low and Medium Secure Care – Third Edition Quality Network for Forensic Mental Health Services.

2. SCOPE

The Trust has a legal and moral responsibility to manage and reduce all significant organisational risks. The provision and maintenance of safe workplaces and safe working practices so staff, service users and others are not injured or suffer ill health as a result of any of our work activities, are fundamental parts of the Trust's Risk Management Strategy.

The Trust recognises that it has responsibility for all staff working on its premises or conducting business elsewhere. In addition, it is responsible for all individuals, including patients, visitors and contractors whilst on our premises and those in the community around us, who may be affected by our activities. This Standard operating procedure applies to forensic services and should be used in conjunction with the Trust health and safety policy.

3. PROCEDURE STATEMENT

It is the policy of the Trust, so far as is reasonably practicable:

- To have health and safety as a core management function.
- To provide adequate control of the health and safety risks arising from our work activities.
- To provide and maintain safe plant and equipment.
- To ensure safe handling and use of substances.
- To maintain safe and healthy working conditions.
- To reduce the number of accidents and cases of ill-health to as low a level as is reasonably practicable.
- To provide safety information, instruction and supervision for staff.
- To ensure all staff are competent to do their tasks, and to provide them with adequate training.
- To consult with staff on matters affecting their Health and Safety.
- To review and revise this policy as necessary at regular intervals.

Humber Teaching NHS Foundation Trust forensic services have a zero tolerance of graffiti and damage to the environment, and any that occurs, aiming to removed/cleaned/painted/repaired within 48 hours.

This is to provide a safe and pleasant environment for all patients and staff.

4. DUTIES AND RESPONSIBILITIES

Directors of forensic services: Clinical Lead and General Manager
Responsible for:
- Ensuring that the Health and Safety Policy is effectively implemented in all areas under their control.
- Allocating sufficient resources to achieve policy objectives.
- Reviewing the health and safety performance of areas under their control.
- Understanding health and safety-related policies and procedures and disseminating them through the management in the division.
- Ensuring that all levels of management undertake the required health and safety training, including refreshers, according to their responsibilities.
- Ensuring management of health and safety responsibilities are contained within job descriptions
- Accountable for Health, Safety, and Security of forensic services.

All Line Managers
Responsible for:
- Implementing the Health and Safety Policy in all areas under their control.
- Ensuring that incidents, near misses and occupational health issues are reported and investigated in line with the Trust's Incident Reporting Policy and Procedure
- (N-038).
- Ensuring risk assessment control measures are implemented.
- Employee health and safety training requirements are identified and implemented in line with the Trust Statutory & Mandatory Training Policy and training needs analysis.
- Providing information and support to safety representatives and safety champions to enable them to fulfil their roles.
- Ensuring that staff are not given unrealistic deadlines which may lead to safe working practices being compromised or work-related stress.
- Co-operating with the safety and information manager to maintain safe working practices and safe working areas.

All Staff (including Bank, Agency, Volunteer and Work Placements)
Responsible for:
- Taking reasonable care of theirs and others' health and safety.
- Co-operating with management in maintaining a safe and healthy environment.
- Reporting accidents, incidents, near misses, cases of work-related ill health and shortcomings in health and safety arrangements to their manager.
- Adhering to safe working procedures in accordance with Trust policies.

Local Security Management Specialist (LSMS)/Safety Advisor
Responsible for:
- Monitoring and reporting of all violence related incidents and initiatives to reduce them.
- Providing advice and guidance to managers and staff in personal safety and security matters.
- Producing security related reports and statistics for the Trust.
- Investigation of security incidents as necessary.
- Liaising with and assisting the safety and information manager on the implementation of this procedure.

Forensic Services Health, Safety and Security Lead

- Delegated responsibility for Health, Safety, and Security for forensic services.
- Ensuring that assessments of hazards are undertaken, reviewed and communicated to all staff.
- Maintaining health and safety-related policies, procedures, details of first aid arrangements and emergency evacuation procedures and ensuring that these are communicated.
- Responsibility for all tasks in this document referring to Security Lead.

Security Committee

The security committee comprises of a representative from each department and is chaired by the Clinical Lead or General manager. It is responsible for updating and maintaining the security risk register, new works tracker, and Estates tracker. It is responsible for reviewing security related standard operating procedures which are recorded in the procedural security index. The group is responsible for providing advice on the environmental design of the service; this includes fixture, fittings, and furniture. The security group will provide advice to clinical teams on any Health, Safety, or security issues within their department. It is the responsibility of the security group to monitor the implementation of this Standard Operating Procedure.

5. PROCEDURES

5.1. Investigation and learning from incidents

Staff will follow the Trust reporting mechanism through Datix, they will also inform the duty manager for all adverse incidents.

Investigations will be carried out by the team leaders or deputised staff member. All Datix will be reviewed by the team leader and the health, safety, and security led. Any trends, security related incidents, and significant incidents will be discussed at the security committee. There may be a need to review current procedure and practices as a result of the investigation.

The Sharing of Learning for inpatient teams will be done through the forensic ward manager meeting and the monthly security committee, alongside the Trust sharing learning mechanism. It is then the responsibility of the team leader to then disseminate this information to their team. The health, safety, and security lead may need to send a security brief to all staff.

5.2. Assessment of risk

It is the responsibility of all staff to identify risks within the service. Any risk identified must have a plan in place to minimise the risk. It is the responsibility of the team leader to identify any Health and Safety, and COSHH risk assessment that need to be undertaken. Once the risk is identified the security lead will undertake a risk assessment, which will identify current safe ways of working, and recommend any safer ways of working. It is the responsibility of the team leader to implement these changes.
Risk cannot be reduced fully, but the Trust has a duty of care to put in place reasonably practicable measures to reduce the risk that are present.

Any Health and safety, and COSHH risk assessment carried out for the service will be stored on the Trust v-drive in the specialists, Health, Safety, and security folder in the public file. All staff working in the forensic service will have access to this file. It is the responsibility of the team leader to ensure that all their staff has access to the file and they have read and understood the assessment. Monitoring of this will be done by staff signing to say they have read, understood and know where to access these documents. Eachassessment will be reviewed annually by the security lead, with the monitoring repeated annually. (Appendix 1).

There will be a checklist on inpatient ward areas, for the ward staff ensure the Health, Safety, and Security of the ward. The Health, Safety, and security lead will then audit these checklists to ensure these are being done, identify any issues with the area manager, and report to the forensic division ward managers meeting.

5.3. Maintenance of the service

All external Trust staff and contractors completing works with the forensic perimeter, will need to inform reception at the Humber Centre, when they intend to come to the Humber Centre to complete the works. The Humber Centre General assistant will have a diary which the reception staff can book works to be carried out. The General assistant can only escort for 1 works project at a time. If The General Assistant isn't available, then the reception staff will inform the external staff or contractors, that they will inform the reception manager or deputised manager, but until an escort can be identified the works cannot be booked in, once an identified escort has been arranged the estates department/ Contractor will be informed. If external Trust staff or contractors attend the unit to complete works, without booking in with reception, the duty manager or between midnight and 08.00 a qualified staff nurse must be informed to organise an escort, if an escort is not able to be identified, an email is to be sent to the estates helpdesk informing them that the works couldn't be carried out because no escort was available, and that the works hadn't been booked. For priority one works, the manager that reports the fault needs to organise to escort and ensure the escort is available for completing the works.

Portable Electrical equipment Testing

Each inpatient team will keep a log of all Portable Electrical equipment on a spreadsheet which is assessable by the team on the teams V-drive folder. All equipment must be re- tested as per the Trust PAT procedure.

It is the responsibility of each team leader or delegated person, to ensure that all electrical equipment is log and tested as per the Trust procedure.

5.4. Management of Graffiti and damage to property

Staff will identify any Graffiti in patient environments; they will attempt to remove the graffiti by cleaning it. If the Graffiti cannot be removed by cleaning, the Staff are to report this to reception staff. During office hours, the reception staff will report this to the forensic service general assistant who will assess to job, see if they can do anything to remove the graffiti. If the General assistant cannot remove the graffiti, then they are to report this to estates, as per the standard operating procedure for management of Health, Safety, and Security for forensic services.

Forensic services acknowledge that graffiti can occur outside working hours, in these circumstances, if staff cannot remove the graffiti they will report it to reception, for the handyman to resolve the next working day.

Other damage to the environment will be reported to reception, during working hours the general assistant will assess if they can repair the damage, if not the escalate to the estates department as described above

All graffiti and damage to the environment will be reported to and recorded by the duty manager in the duty manager daily log. Each team leader will monitor their environment aiming to remove / clean / paint / repair within 48 hours. If the job exceeds the 48-hour timeframe, then the team leader will escalate to the Health, Safety, and Security lead.

The Health Safety and security lead will contact the estates department, to determine when the work will be completed. They will then inform the General Manager of forensic services, who will monitor and escalate if required.

5.5. Schedule works and environmental checks

There will be a 2 Tracker, one for Estates maintenance work and one for new works orders, these will be stored on the v-drive in the reception folder, which contains a program of maintenance, this program will include what work is required, the date it was reported, the leave of urgency, and when it was then completed. The level of urgency will be determined by the area manager or duty manager in their absence for priority one and the shift leader for priority three's. The Security team will do a monthly inspection of the service and keep the program of maintenance up to date, identifying work works have been completed and any new works required. The health, safety, and security lead will inspect the

entirety of the forensic service with a management member of the estates department once every 4 months. This is to update the programme of maintenance of the environment, including furnishings, fittings, and equipment. Also, this will identify any outstanding works, and plan for them to be resolved. The health, safety, and security lead with then brief the department management of any updates through the forensic division ward managers meeting and monthly security committee. This will safeguard that any works are completed within a timely fashion, which is reasonably practicable. Any works outstanding for a period of time that isn't reasonably practicable will be placed on the risk register, this process will be managed through the Operational Delivery group, to decide what is reasonably practicable.

A programme of maintenance of the perimeter is agreed with the estates department, to ensure that the perimeter security will not be hampered by the presence of shrubbery close to or growing on the perimeter fence or buildings that form the perimeter. The Health, Safety, and Security lead will walk around the Perimeter with Estates once every 4 months to identify any issues

5.6. Works orders

Any new works orders will need to go through the monthly security committee to identify if there are any security issues. If there are security issues, then the security group will advise on how these can be rectified. Once these amendments have been completed. If there are financial costs attached to the works order, then this will need to be agreed by the Operational Delivery group. Any new work must comply with the forensic guidelines for environmental design and must pass the environment testing programme; this includes fixture, fittings, and furniture. A record of these tests will be stored with the estates department. The testing to be arranged by the health, safety, and security lead and the estates department. Any new works orders will be tracked on a tracker, which is reviewed by the security group.

5.7. Monitoring of faults

The reception staff will record the fault, it will be reported to the Estates department as a priority 3 on a night.

Any Fault that is deemed to need to be resolved in 24 hours which possess an immediate risk to safety, will need to be discussed with the areas team leader, if not available the unit duty or service manager. They will authorise the escalation as a priority one, to the reception staff who will record the fault and inform estates or on-call engineer.

When reporting a fault to reception staff must state the room number, the location of the fault, and details of the fault. The estates department will provide the reception staff with reference number of the fault. The reception staff will then log all of this information on the Estates work tracker.

Once the work is carried out, the reception staff will log the date this was completed. Team leaders will inspect the work to ensure it is completed to a satisfactory state or if further work is required. The Security team will meet with team leader once a month to review any faults and update the tracker. Any further work required the health, safety, and security lead will report to the security committee any security implications.

5.8. Fire

The health, safety, and security lead will inspect the service on a monthly basis, and with the Fire Safety lead on an annual basis. To ensure that any fault found and reported for repair, and the repair is completed within a reasonably practicable time frame, any identified risk will be placed on the risk register: During this inspection the health, safety, and security lead with also audit all fire folders to ensure they are kept up to date. They will also complete a visual inspection with the ward management of the following:

- Cold smoke seals fit correctly.
- Where fitted, the hydraulic self-closing device operates correctly to close the door fully and tightly against the rebate.
- The hinges are tightly fastened into the door and frame.
- There are no holes or gaps in either the door or frame which would allow the

passage of smoke and flame.
- Any glazing to the door or surrounding screen is fire resisting to a standard of not less than 30 minutes.
- Selective self-closers where fitted, function correctly to allow doors to close in the correct manner.
- Doors bear signage stating 'Fire Door – Keep Shut' or 'Fire Door – Keep Locked' as appropriate.
- Fire doors cannot be held open by the use of wedges or other such devices. If it is regarded necessary to have fire doors held open, the doors should be provided with approved devices linked into the fire warning system which must incorporate smoke detection to either side of the relevant door.

Team leaders are responsible for completing weekly and monthly fire checks for their area.

Community teams should remain vigilant of fire risks within the community and patient homes, reporting to necessary statutory agencies when required.

5.9. Security

The Forensic service offers 2 levels of inpatient security, Low and medium. For patients admitted to forensic services they must meet the following criteria.

Medium forensic services provide care and treatment to those adults who present a **serious** risk of harm to others and whose escape from hospital must be prevented

Low forensic services provide care and treatment who present a **significant** risk of harm to others and whose escape from hospital must be impeded.

Community teams will be presented with different security challenges and should utilise the Security Lead, divisional SOP and Trust Health and Safety Policy. As a result of this there is a requirement to maintain the security and integrity of the service, there are blanket restrictions in place. The service risk assesses and documents justifiable blanket restrictions for all patients in the service, in accordance with the standard operating procedure and reviewed at a minimum annually or if the risks change by the security group. The service then individually assesses each area and designates which blanket restrictions are in place, the justification, and the management around these restrictions, which are documented in the ward safety and security profile, which is reviewed as a minimum of annually with the team leader and security group. These restrictions will be based on the specification for each ward. For example, an assessment and acute treatment ward, would be more restrictive than a Treatment and rehabilitation ward. Any blanket restriction for Forensic services will be discussed with patients, to gain their perspective, and seek advice through the reducing restrictive practice group and Patient council.

Patients will be individually risk assessed, before and during their admission on the ward. Their risk must require the level of restrictions or require increased restriction imposed on them. If they don't require these restrictions then the multi-disciplinary team (MDT) must refer the patient onto an appropriate service, through liaison with the case manager and Single Point of Access (SPA). There may be a gap between the decision that the patient doesn't meet the required restriction and them moving to an appropriate service. In these circumstances the MDT will agree a management plan identifying the risk, and for how the restriction could be reduced whilst minimising the effect on the security of the service. This plan will then be discussed and agreed at the security group. If the plan isn't agreed, then the clinical lead makes the final decision. Any patient that has different restrictions in place than the environment than they are being supported in will be placed on the health, safety, and security risk register.

5.10. Physical security document

The Physical Security Document (PSD) with be developed and reviewed by the health, safety, and security lead. Any amendments will then be discussed and agreed at the forensic Clinical Governance meeting. The PSD is a document evidencing the processes the service has to meet the forensic

standards. It will be reviewed and updated annually or following a serious security breach.

5.11. Procedural security index

The Procedural security index (PSI) is a list of security related procedures. The PSI is designed to inform staff how to maintain the security of the service. It is the responsibility of the security group to ensure that all Standard Operating Procedures on this list are reviewed and any new ones developed are added to the list. Once the Standard Operating Procedure is agreed by the Security Group, it is then passed to the forensic Clinical governance meeting for ratification. Once ratified it is sent to the Trust procedure department who will place it on the Trust internet. (Appendix 2)

5.12. Relational Security

"Relational Security is the knowledge and understanding we have of a patient and of the environment, and the translation of that information into appropriate responses and care. Relational security is not simply about having 'a good relationship' with a patient. Safe and effective relationships between staff and patients must be professional, therapeutic and purposeful, with understood limits. Limits enable staff to maintain their professional integrity and say 'no' when boundaries are being tested."– See Think Act (2015). (Appendix 3).
Everyone who has regular contact with a patient, including ward staff, clinicians, community team members, housekeeping staff, bank staff and managers. It can also include visitors, friends, and external professionals, such as solicitors or religious ministers etc.

Relational security looks at boundaries, therapies, the patient mix and dynamics, personal issues, the ward or living environment and external factors, including people.

Knowledge of how important relational security is vital for the health, safety and security of all patients and staff and whereas the physical and procedural may be cast in tablets of stone, relational security elements must be dynamic. Relational security must be an integral part of security practice and engrained within the induction and update process for all staff.

5.13. Ward Safety and security Profile

The WSSP is a document for each Ward area, which identifies how the ward manages the security and safety risks. This based on the ward's population and the ward environment. All blanket restriction for the ward must be documented in the WSSP, with a clear rational.

5.14. Electrical extension leads

Due to the risk of fire, ligature, use as a weapon, and harm to self if tampered with, no electrical extension leads to be used in unsupervised patient accessed spaces.

6. IMPLEMENTATION

This policy will be disseminated by the method described in the Policy and Procedural Documents Development and Management Policy.

It should then be discussed and shared via the interactive sessions within MDT/team meetings, by senior staff within teams/units.

Clear accountability and responsibility is identified within teams/units.

The implementation of this policy requires no additional financial resource.

7. MONITORING & AUDIT

Monitoring will be via the review of the implementation and operation of the Local Operational Procedures in each Ward/Service area at least once a year by the Senior Service Manager or their delegate.

The Procedure will be monitored through the Clinical Network, Governance meeting, and Security Group

8. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

- Health and Safety Policy
- Occupational Dermatoses including Latex Allergy Policy
- Lone Worker Policy
- Moving and Handling Policy
- Management of Injuries from Contaminated Sharps Policy
- Slips, Trips and Falls (Non-patient) Policy
- Patient Falls Policy
- Physical Security of premises and other Assets policy
- Smoke Free Policy
- Stress at Work Policy
- Statutory and Mandatory Training Policy
- Waste Management Policy
- Water Management Policy
- Working Time Regulations Policy
- Substances Hazardous to Health Policy
- Display Screen Equipment Policy
- Fire Safety Policy

RCP Standards for Forensic Mental Health Services: Low and Medium Forensic Care – Third Edition
Quality Network for Forensic Mental Health Services

Appendix 1 - Current Health and safety risk assessment

Reviewed August 2020

- RA1 - Alcohol dispensers
- RA2 - Barbecue risk assessment
- RA3 - Contractors maintenance staff in the unit
- RA4 - Crockery and cutlery
- RA5 - Driving at work
- RA6 - Fishing Activity
- RA7 - Modelling activity
- RA8 - Hot and Cold water dispensers
- RA9 - Kitchen areas (employees)
- RA10 - Kitchen areas (Patients)
- RA11 - Laundry
- RA12 - Moving and Handling
- RA13 - patient community outings
- RA14 - Patient using forensic garden
- RA15 - Personal protective equipment
- RA16 - Walking Group
- RA17 - Use of seclusion
- RA18 - Violence and Aggression
- RA19 - Rug in patient areas
- RA20 - Stress risk assessment
- RA21 - Recreational activities
- RA22 - Bathing and Showering of patients
- RA23 - Handling and disposal of clinical waste
- RA24 - Hot water flasks
- RA25 - Laundry
- RA26 - Lone Working
- RA27 - office risk assessment
- RA28 - Patient property cupboard
- RA28 - Photocopier
- RA30 - Prescription medication
- RA31 - Sharps
- RA32 - Slip Trips and Falls
- RA33 - Students
- RA34 - Therapeutic activities
- RA35 - TV without TV cabinet
- RA36 - Use of games consoles
- RA37 - Dart Board
- RA38 - Covid 19 Fan’s patient areas
- RA39 - Covid 19 Fan’s non patient areas

Current COSHH Risk Assessment

i. Acticlor Plus
ii. ASDA Washing Powder
iii. Spirigel Hand rub
iv. Virkon disinfectant
v. Alcohol Gel
vi. Fabreze
vii. Insulin injections
viii. Intramuscular and subcutaneous injections
ix. Taking Bloods
x. Ice pack
xi. Soiled Laundry
xii. Blood and Body fluids
xiii. Modelling paints and glues
xiv. Clinell Wipes
xv. Photocopier

Risk Assessments Briefing Record

The following staff were briefed on the contents of this Unit/Department Risk Assessments identified in the current health and Safety, and COSHH lists

Table G

DATE	NAME	SIGNATURE

Appendix 2 - Procedural security index document

The service has an index of procedural security policies. The policies and procedures are specific and tailored to the needs of the service. All policies and procedures are authorised by the service or their organisation.

- Business Continuity Plan
- Internal Maintenance
- Service Description & Operating Policy
- Use of the Gym
- Use of the Workshop
- Bullying of Patients
- Alcohol & Substances Testing
- Patients Monies
- Patient Mail
- Relational Boundaries
- Sexual Relationships
- Self Harm
- Management of Seclusion Capacity
- Use of Kitchens
- Use of Bank Staff at the Humber Centre
- Duty Manager Role
- E-Cigarettes
- Access to Primary care
- Alarms & Locators
- Keys and Key Management
- Use of Hand Held Radios
- Security Briefs
- Handcuffs and softcuffs
- Lock Down Procedure
- search
- Suitability to Drive Unit Vehicles
- Patient Personal Alarms
- Prohibited & Controlled Items
- Emergency Access to Pineview and South West Lodge
- Management of patients Property
- Security Induction & Update
- Patient Leave & Movement
- Personal Visitors
- Patient Internet and WiFi Access
- Fire
- Dining
- Deliveries
- Patient access to telephones (including Mobile Phones)
- Adult materials
- Electronic Equipment - Staff / Prof Visitors
- AWOL
- SKYPE
- Lone Working
- Escort to Court
- Active Security Reviews (ASR)
- Activating Y&H Emergency Evacuation Plan
- Information sharing
- Appeal Process
- Discharge and Transfer
- Safety plan supportive engagements

Any documentation to be inserted into client records must be the approved-Trust format and accessed via the Trust's intranet.

Appendix 3 – See Think Act

See Think Act – 3rd Edition