

STANDARD OPERATING PROCEDURE FORENSIC - PROHIBITED AND CONTROLLED ITEMS

Document Reference	SOP20-025
Version Number	2.3
Author/Lead Job Title	Kirsty Colley - Security Lead Adrian Deakin - Bank Security Lead
Instigated by:	Security Committee
Date Instigated:	September 2020
Date Last Reviewed:	3 July 2023
Date of Next Review:	July 2026
Consultation:	Ward managers, heads of department Security Committee
Ratified and Quality Checked by:	Security Committee
Date Ratified:	3 July 2023
Name of Trust Strategy / Policy / Guidelines this SOP refers to:	

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

CHANGE RECORD

Version	Date	Change details
2.0	Sept-2020	Moved into SOP template.
2.1	August 2021	Review and approved at ODG August 2021.
2.2	Jan 2023	Review date extended by 12 months. (General Manager's Sign-Off). No changes.
2.3	July 2023	Reviewed. Review date changed to 3-yearly for the SOP and to review the prohibited and controlled items list (Appendix 4) as new intelligence is received. Approved at Security Committee (3 July 2023).

Contents

1.	INTRODUCTION.....	3
2.	SCOPE.....	3
3.	PROTOCOL STATEMENT	3
4.	DUTIES AND RESPONSIBILITIES.....	3
5.	PROCEDURES.....	4
5.1	Formulation / Review	4
5.2	Publication	4
5.3	Rationale for inclusion.....	4
5.4	Adherence.....	4
5.5	Breaches /Failure to comply.....	4
6.	IMPLEMENTATION	4
7.	MONITORING AND AUDIT.....	4
8.	REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS	5
	Appendix A - Forensic Mental Health & Learning Disabilities Service. Prohibited and Controlled Items Protocol.....	6
	Appendix B - Forensic Mental Health & Learning Disabilities Service. Prohibited and Controlled Items Protocol.....	7
	Appendix C - Format of Prohibited Items List.....	8
	Appendix D - Forensic Mental Health & Learning Disabilities Service - Prohibited / Controlled Items List	9

1. INTRODUCTION

In the standards set by the Quality Network for Forensic Mental Health Services, criteria A72 requires that “there is a policy on prohibited items and a clear statement of these in reception and provided to all visitors, patients and staff and as a minimum this will include mobile phones, cameras, firearms, weapons, chewing gum, blue tac.” (RCP, 2011) (also set down as standard A64 in Best Practice Guidance – Specification for adult medium secure services (DoH, 2007).

The aim of this protocol is to ensure that staff, patients and visitors are made aware of which items may not be brought into service buildings.

2. SCOPE

This protocol is aimed at anybody who may enter the Humber Centre or Pine View, be they patients, visitors or staff.

3. PROTOCOL STATEMENT

In order to maintain a safe environment for patients, visitors and staff, it is important that certain risk items are not allowed into service buildings. Such items might be detrimental to health (such as drugs / alcohol), may pose a risk to safety (such as bladed implements, or sticky tape) or may pose a risk to security (such as tools, glue or “blu tak”).

Some of these items may be allowed into service buildings, under strictly controlled circumstances, such as tools required by contractors.

It is important that any measures taken are proportionate to the potential risk that they may pose: it is not the intention of the service to unreasonably deprive anybody of access to any item without good reason.

This protocol is intended to describe the process for formulating the necessary ‘contraband’ and ‘controlled’ items lists (‘the list’), and for ensuring that they are communicated to anyone who may enter the building.

4. DUTIES AND RESPONSIBILITIES

All staff will be made aware of this protocol during their security induction / refreshers.

Reception staff will bring the published lists to the attention of all visitors who enter the building.

The Security Lead will ensure that the lists are made available to all who enter the building by clearly positioning them in reception areas.

5. PROCEDURES.

5.1 Formulation / Review

The Security Committee (SC) will formulate, review and ratify the list in light of any intelligence received, be it from internal sources (adverse incidents, SUIs, etc.) or external sources (QNFMHS, other services, etc.) on a monthly basis.

5.2 Publication

Subsequent to any change, an updated copy of the list will be;

- Published in the relevant SC minutes,
- Circulated to all heads of department,
- Placed in reception areas at the Humber Centre and at Pine View (on A3 paper),
- Referred to in the information leaflet available to patients and visitors,
- The format of the list is included as appendix 'C'.
- The up to date list is included as appendix D

5.3 Rationale for inclusion

An accompanying booklet describing the rationale for inclusion in this list will be maintained by the Security Committee and made available electronically to all staff.

5.4 Adherence

It is the responsibility of all staff to be aware of the current list, and to incorporate it into their practice. This will involve raising the awareness of colleagues, patients and visitors.

5.5 Breaches /Failure to comply

It is likely that attempts to subvert this process will occur. Breaches or failure to comply raise risks in the service. This could result in compromised security and safety of patients and staff on site. Recommended pathways for dealing with breaches and non-compliance by staff and visitors are attached at appendix 'A' (non-staff) and appendix 'B' (staff).

6. IMPLEMENTATION

All new staff will be required to read the service protocols as part of their service security induction and security refresher. All visitors to the service will see the controlled item and contraband item list before entering the service.

7. MONITORING AND AUDIT

This protocol will be monitored and evaluated by the Security Committee. The Health, Safety and Security Lead will ensure that any review is actioned.

8. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

Best Practice Guidance – Specification for adult medium secure services Department of Health, 2007

See, Think, Act (3rd Ed) 2023– your guide to relational security Department of Health, 2010

Self-Review Workbook – Cycle 6 Review

Quality Network for Forensic Mental Health Services, 2011

Appendix A - Forensic Mental Health & Learning Disabilities Service. Prohibited and Controlled Items Protocol

Pathways for Dealing with Breach / Failure to Comply by Visitors and Contractors

Visitors (carers, family, friends, etc.)

1. Immediately remove / make safe contraband item(s),
2. Terminate visit,
3. Offer the visitors a de-brief, with the support of other staff as are available,
4. Offer the patient a de-brief,
5. Complete Datix
6. Suspend visits by those concerned, pending review at next clinical meeting and MDT.

Visitors (official, visiting professionals, other Trust staff, etc.)

1. Immediately remove / make safe contraband item(s),
2. Discuss with visitor, raise awareness,
3. Consider requesting the visitor to cease the visit,
4. Complete Datix.

Contractors

1. Immediately remove / make safe contraband item(s),
2. Discuss with contractor, raise awareness,
3. Consider (safely) ceasing the work in progress if necessary (consult with senior staff as are available),
4. Complete datix

Appendix B - Forensic Mental Health & Learning Disabilities Service. Prohibited and Controlled Items Protocol

Pathways for Dealing with Breach / Failure to Comply by Staff

The issue of contraband and controlled items is addressed in the Service Security Induction. It is not necessary to draw staff's attention to the list each time they enter the building. If staff inadvertently or deliberately bring contraband into the building, they are undermining the security of the building, the service, and its patients, staff and visitors.

All known breaches will be addressed; none will be ignored.



Appendix C - Format of Prohibited Items List

FORENSIC MENTAL HEALTH & LEARNING DISABILITIES SERVICE

PROHIBITED / CONTROLLED ITEMS LIST

The following items are PROHIBITED and may not be brought into the building;

- Item,
- Item,
- Item,
- Item,
- Item,
- Item,
- Item,
- Item,

The following items are CONTROLLED and may be brought into the building subject to individual risk assessment (please let the Receptionist know if you wish to bring them into the building);

- Item,
- Item,
- Item,
- Item,
- Item,
- Item,
- Item,
- Item,

Date ratified by Security Committee: Date

This list is required in order to help us to maintain a safe and secure environment for patients, staff and visitors.

**Appendix D - Forensic Mental Health & Learning Disabilities Service -
Prohibited / Controlled Items List**

[Forensic Mental Health and Learning Disabilities Service - Prohibited
and Controlled Items List](#)