



## BSMHFT SECURE CARE CLINICAL GUIDELINES

### RSS 15 INTERNAL/EXTERNAL THERAPEUTIC LEAVE

<b>APPLICABLE TO</b>	Men's Service
<b>RATIFYING COMMITTEE</b>	Men's Service Clinical Governance Committee
<b>DATE RATIFIED</b>	6 February 2017
<b>NEXT REVIEW DATE</b>	February 2020
<b>GUIDELINE AUTHOR</b>	Gareth O'Keefe, ANP
<b>FORMULATED VIA</b>	Men's Service Clinical Governance Committee
<b>RELEVANT TRUST POLICIES</b>	C55 Facilitating Informal Patient's Leave C56 Section 17 Leave of Absence RS07 The Management and Support of Smoke Free Services C37 Missing patient policy C05 Therapeutic observation policy RS27 Policy for the use of handcuffs RS45 Searching of Service Users
<b>RELATED GUIDELINES</b>	CL05 Alcohol & Withdrawal CL07 Drug Testing Among Inpatients CL10 Transfer of patient to acute care hospitals RSS08 Men's Service search and locker guidance
<b>Guideline Context &amp; Key Points</b>	
<p>This guideline relates to therapeutic leave granted to service users as part of their recovery programme.</p> <p>It describes the areas available for internal leave at Reaside &amp; Tamarind and defines escorting levels for internal leave.</p> <p>For community leave, it defines some geographical parameters of external leave.</p> <p>Key points include that patients will not take personal mobile phones on escorted external leave, and that section 17 leave may only be granted by the patient's responsible clinician.</p>	
<b>ARE SERVICE USERS ALLOWED TO READ THIS GUIDELINE?</b>	<b>YES</b>

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## **1 Introduction**

- 1.1 This policy should be read in conjunction with C56 Section 17 leave of absence, C37 Missing patient's policy, RS07 The Management and Support of Smoke Free Services and C05 Therapeutic Observation policy.

## **2 Internal Leave**

- 2.1 Internal leave allows a patient to access areas of the hospital beyond the ward or unit in which they are living, while remaining within the secure perimeter of the hospital.
- 2.2 A patient may have
- escorted internal leave,
  - group escorted internal leave, or
  - unescorted internal leave
- 2.3 Telephone liaison between units/wards may be used to manage any risks likely to arise from contact between particular patients or between particular patients and staff while patients are on leave from the ward or unit. Such issues should be addressed where appropriate by unit/ward staff and the relevant clinical teams, to try and safely resolve telephone liaisons when possible.

### **2.4 Areas accessible on internal leave**

#### *2.5 At Tamarind Centre*

- 2.5.1 There are two levels of internal leave included within the secure perimeter of the hospital:
- Willow leave – Service users have access to areas outside of the ward including the astro turf pitch, Willow therapy centre, Oak, the courtyard, the shop and canteen, visitor suite, tribunal area, GP room and dental suite. It is the responsibility of staff to ensure that the areas are safe to access and that non-attended rooms are locked.
  - Garden leave – the garden is made up of the pathway and the willow horticulture garden. The garden is within the secure perimeter however there is a double airlock at the entrance. Care plans must state if this leave encompasses just the pathway, the willow horticulture garden or the entire area encompassed by the fence. Leave may be in a group or on a 1:1 basis but there must always be staff in the garden when in use. Service users must not be granted unescorted leave to this area.

#### *2.6 At Reaside Clinic*

- 2.6.1 Internal leave allows access to the areas highlighted in Appendix B. This constitutes the area on the ground floor linking reception courtyard to the OT department which is typically accessible to service users during daytime working hours.
- 2.6.2 Access to the Astro turf, dining room courtyard and OT garden requires keys to unlock and typically will not form part of routine unescorted leave.
- 2.6.3 Sports field leave is specifically approved. The escort status on the sports field is usually the same as the internal leave status where up to 5 service users can be escorted within the group on the sports field. There has to be a minimum of 2 staff with a radio to manage the process of leave in/out of the airlock.

### **2.7 Escorted internal leave**

- 2.7.1 One escort is usual, but more may be required when necessary.
- 2.7.2 The escort may be from any clinical discipline, if the nurse in charge of the shift is satisfied that they are competent to escort the patient.
- 2.7.3 At all times, the escort will maintain vigilant observation of the patient's mental state and behaviour, and, unless otherwise specified in the care plan, remain within arm's length of

the patient. On return to the unit/ward from the escorted leave, the escort will feedback to the nurse-in-charge

## **2.8 Group Internal escorted leave**

- 2.8.1 The patient:staff ratio will not exceed 5:1
- 2.8.2 When escorting patients to a planned group activity, the escort must liaise with the group facilitator(s) to ensure they are aware that they are now responsible for the service user(s) and have capacity to take on the responsibility.
- 2.8.3 At Reaside Clinic, patients attending the last fresh air break of the day will be escorted.

## **2.9 Unescorted internal leave**

- 2.9.1 Unescorted internal leave may be used to allow patients to go from their ward/unit to therapeutic activities, to the dining room at Reaside Clinic, or to the shop. It may also be used to allow unstructured time off ward/unit, but this must be care planned to avoid groups of patients congregating in courtyards while not attending purposeful activities.
- 2.9.2 In some cases, telephone liaison between the unit/ward and the destination department provides reassurance that a patient has travelled safely and without detour to their planned activity
- 2.9.3 If there are concerns about changes in a patient's mental state or risk, the nurse in charge will suspend unescorted internal leave pending review by the clinical team
- 2.9.4 *At Tamarind Centre*
  - 2.9.4.1 Unescorted internal leave can only be taken in the main internal courtyards by the café and Astroturf.
  - 2.9.4.2 Destinations can include:
    - Shop
    - Gym and sports hall
    - Rooms where CTMs are being held
    - Courtyards for activities and exercise
    - Astro- Turf
    - Cafe
    - Leave to the Garden, GP, Multi-faith Room and Dentist remain as escorted leave either group or individual.
  - 2.9.4.3 Patients can have unescorted leave in the multi-faith room to pray but the member of staff must wait outside the room to lock and unlock the door and prevent other patients entering who are not going to pray.
  - 2.9.4.4 Patients can have unescorted leave to planned activities in Willow and Oak and can attend their CTM unescorted (although will need an escort to open the doors).
  - 2.9.4.5 Patients will be released from the ward by staff. On their return service users should use the videocom to gain entry back onto the ward.
  - 2.9.4.6 Staff should sign the service user out of the ward and back in on their return.
  - 2.9.4.7 Leave will start from 08:00hrs and finish at 17:00hrs (or by dark in winter which may be from 16:00hrs onwards) with breaks for lunch at 12-14:00hrs.
  - 2.9.4.8 If more than 5 service users are leaving the ward at any one time a member of staff will need to go out into the courtyard to observe activity for risk management

## **3 Community Leave**

- 3.1 Community leave is any leave which takes place outside the secure perimeter, including the hospital grounds.

- 3.2 Community leave usually forms part of a programme of leave, considered and planned as part of a patient's rehabilitation pathway.
- 3.3 Sometimes community leave will be required without a planned programme of leave, the most common examples being to attend court, to attend hospital outpatient appointments, or to access acute treatment at a general hospital.
- 3.4 All community leave will be recorded and provided as set out in the relevant Trust policies referenced on the front of this guideline
- 3.5 The geographical and time limits of leave will be specified on the leave prescription
- 3.6 When granting community leave, the clinical team and nursing team will ensure that:
  - The applicable risk assessments are up to date
  - Victim issues and locations of past offending are taken into account
- 3.7 Before going on community leave, and at the discretion of the nurse in charge, a patient will spend at least one hour up and about in the communal areas of the unit, to enable assessment of mental state and relevant risk factors.
- 3.8 Community leave may be granted to patients on acute wards/units, including the ICU. But this will be unusual, except, for example, for Court appearances or hospital appointments. In most cases, external leave for rehabilitation will commence after a patient has moved to a rehabilitation unit.
- 3.9 For patients detained under the Mental Health Act, any community leave will be section 17 leave. Only the Responsible Clinician may grant section 17 leave.

### **3.10 Escorted Community leave**

- 3.10.1 The number of escorts required will be specified on the leave prescription. If necessary, the gender of escorts may also be specified.
- 3.10.2 Prior to going on leave the escorting member of staff will ensure that they have read the leave prescription so that they are aware of all the parameters applicable to the leave.
- 3.10.3 During a period of escorted community leave, the escort(s) will ensure they are within eye and ear shot of the patient at all times. When necessary, the leave prescription may specify that the escort will remain within arm's length of the patient.
- 3.10.4 Unless otherwise specified in the leave prescription, it may be assumed that toilet privacy is allowable on escorted community leave. The clinical team must assess risk in relation to the service user or staff member using the toilet and if the risk is too high for the service user to be left unobserved for a short period of time then the escort level should be increased accordingly.
- 3.10.5 The escort must remain with the service user unless the role has been handed over to another suitably qualified/experienced member of clinical staff (e.g. OT/psychology) after agreement and an understanding of the responsibility entailed.
- 3.10.6 Escorted community leave for a patient who has not been granted permission for section 17 leave for rehabilitation may have to be arranged quickly. In these cases the nurse in charge will discuss the leave with the Responsible Clinician and particularly consider the required numbers of escorts, transport arrangements, and skill and gender mix of escorting staff. The use of handcuffs may be considered in line with the Trust policy
- 3.10.7 A patient may be granted group escorted community leave to facilitate involvement in group activities. The ratio of escorting staff to patients will not be less than 1:3.

### **3.11 Mobile Phones on community external leave**

- 3.11.1 Patients will not take their mobile phones on escorted community leave, because:
  - Having access to a mobile phone may facilitate absconding
  - Escorted community leave is an important opportunity for escorts to engage with the patient, to observe their interactions with the environment and other people

and to work on independent living skills. A mobile phone is not necessary for any of these, and may be a hindrance.

- 3.11.2 A clinical team may decide, by exception, to allow mobile phone use in an individual case, but this would be unusual. For example, a patient who persistently requires an escort for reasons not related to absconding or other risk behaviours.
- 3.11.3 Escorting staff will take a Trust mobile phone with them from the Control Room, to ensure that they are able to contact the hospital base promptly at any time. Staff will not use their personal mobile phones when escorting patients.
- 3.11.4 Patients will not be allowed to use the Trust mobile whilst on escorted community leave.

### **3.12 Unescorted Community leave**

- 3.12.1 Independently accessing specific community facilities for prescribed period of time is an important part of rehabilitation for patients.
- 3.12.2 Unescorted community leave will always occur as part of a planned programme of leaves, with specific rehabilitative goals.
- 3.12.3 Patients will not use their unescorted community leave to carry out the requests of other patients, such as shopping, delivering messages or communicating with other people.
- 3.12.4 On return from unescorted community leave patients will be subject to searching, in line with the applicable guideline and policy.

#### *3.13 Mobile Phones on unescorted community leave*

- 3.13.1 Patients will be encouraged to take a mobile phone with them when they go on unescorted community leave, so that they are able to contact the hospital if they need to do so.
- 3.13.2 If a patient does not have their own mobile phone, they will be given a leave mobile phone to take with them.

#### *3.14 Arrangements specific to Reaside*

- 3.15 In order to ensure equality of opportunity for leave, and depending on any criteria or restrictions put in place by the Responsible Clinician and clinical team, unit nursing staff will provide 3 hours of escorted community leave a week for each patient.
- 3.16 This allocation may be taken as a single leave or divided between a number of leave episodes, according to the rehabilitation needs of the patient.
- 3.17 Additional escorted leave will be facilitated by unit staff if resources across the hospital allow, but clinical teams will not assume this to be available.
- 3.18 Some escorted leave will be provided outside this general provision. Examples would be leave to attend Court, Hospital or other official appointments, initial visits to potential accommodation providers and some visits to see providers of community-based structured activities. Some of these types of leave will be escorted by non-unit based staff, such as OT staff, community staff and STR workers.

## **4 Changes to leave**

- 4.1 The nurse in charge may suspend leave, whether internal or community, at any time if they are concerned about risk, mental health, or any other matter.
- 4.2 Changes to leave should be discussed with the clinical team as soon as practicable.
- 4.3 If, while a leave is in progress, it is necessary to change the arrangements from those set out in the leave prescription, this should be discussed with the senior nurse on-call and with the Specialty Trainee (SpR) on call or the Responsible Clinician. This discussion should occur before the change is implemented if possible.
- 4.4 If a patient provides a sample of urine or a mouth swab, which tests positive for non-prescribed substances, the nurse in charge will suspend unescorted internal and community

leave and unescorted internal leave, as set out in the Drug Testing among Inpatients Clinical Guideline. Unless there are additional concerns, escorted internal leave may continue. The same response will be used when a drug dog gives a positive drug indication relating to a patient or their room.

Appendix 1

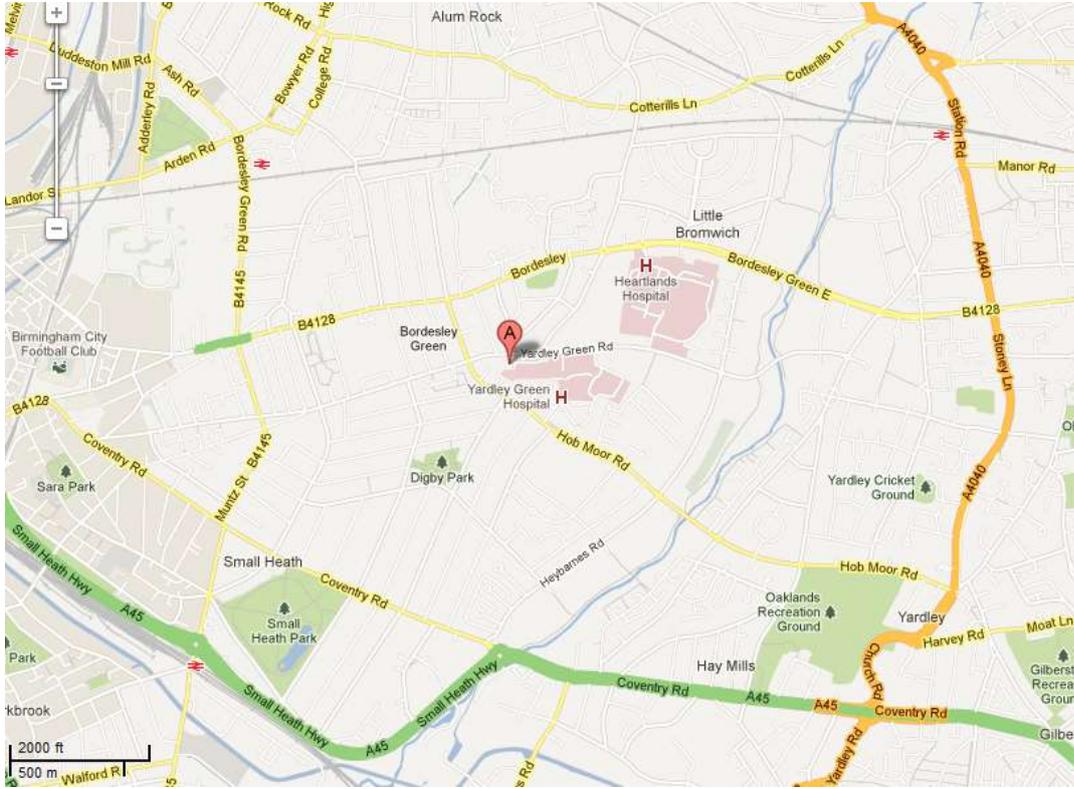
COMMUNITY LEAVE 1

Service	Name of Leave	Includes
<p>Reaside Clinic</p>	<p><b>Birmingham Great Park</b></p>	<p>This will typically be to Morrison’s initially before expanding to include other facilities within Birmingham Great Park. It includes the area South of Reaside Clinic and North of the A38.</p> 
<p>Tamarind Centre</p>	<p><b>Bordesley Green Leave</b></p> <p>Service users can also have external leave to walk in the Yardley Green Hospital grounds which is between the entrances of Yardley Green Road and Hob Moor Road by Newbridge House.</p>	<p>The triangle of roads which are encompassed by</p> <p>Bordesley green rd. &amp; Bordesley Green east            Blake Lane &amp; Hobmoor road            Newbridge road &amp; Little Bromwich road</p> 

**COMMUNITY LEAVE 2**

Service	Name of Leave	Includes
<p><b>Reaside Clinic</b></p>	<p><b>Rubery and Northfield Leave</b></p>	<p>Patients will typically have leave to Rubery initially progressing to Northfield as appropriate.</p> <p>Rubery leave is centralised on New Road.</p>  <p>Northfield leave is typically centralised on the high street, Bristol Road South.</p> 
<p><b>Tamarind Centre</b></p>	<p><b>St Andrews park/ ASDA leave</b></p>	<p>The Square of roads which are encompassed by</p> <p>A45 (small Heath Highway/ Coventry road)</p> <p>Stonely Road &amp; Station road</p>

	Cotterills road & Bowyer rd. & Arden rd. & Landor street
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**COMMUNITY LEAVE 3**

General community leave that is beyond the local areas outlined above. It is identified and agreed by the clinical team. This is often within the boundaries of Birmingham and may involve the use of public transport or taxis to access

I.e. City Centre, Star City, The Fort.

## **Appendix A**

### **Tamarind Community Leave 1**

Belchers Lane – 1 hour

Short walking distance from the hospital

Facilities -

McDonalds

Subway

Hairdressers/Barbers

Newsagents

Café

Fish and chip shop

Catholic Church (St Peter's)

### **Tamarind Community Leave 2 - 2 Hours**

**Morrisons** (30 minute walk there, short bus journey back)

**Alpha and Phoenix Community Centres** (No. 97 bus)

**Small Heath Retail Park** (10 minute bus ride, No. 17)

Boots

B&M bargains

Iceland

Miss Selfridge

Dixie's Chicken

Toys R Us

### **Small Heath Library and Leisure Centre**

Community Centre

Adult education

Gym

Youth groups

Squash

Dance

Weight training

Library

Small Heath High Street (20 minute walk at staff discretion)

### **Green Lane** (20 minute walk)

Chemists

A1 supermarket

Barbers

Police station

Methodist church

Fish and chip shop

Opticians

Park

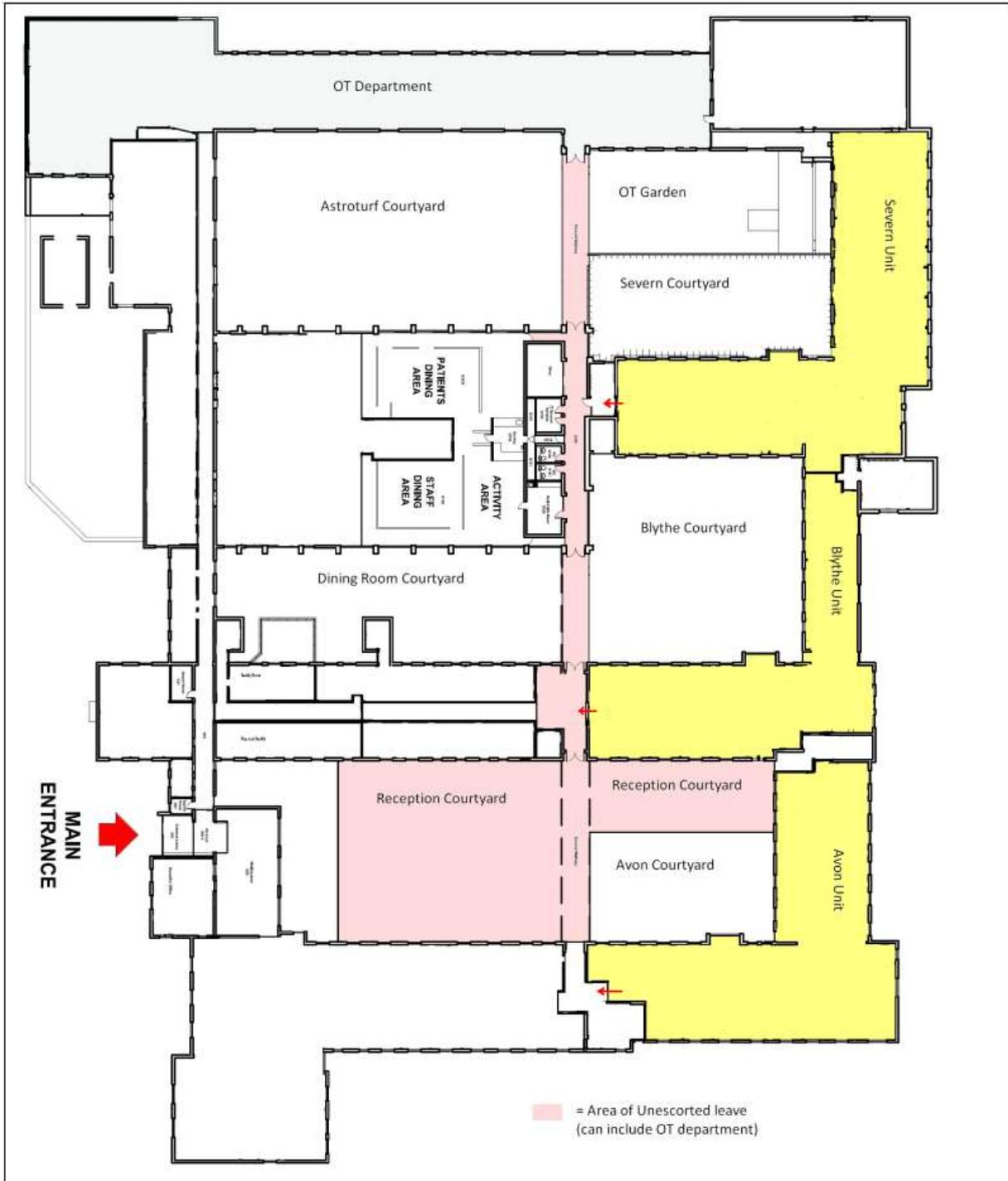
Mosque

### **Tamarind Leave 3**

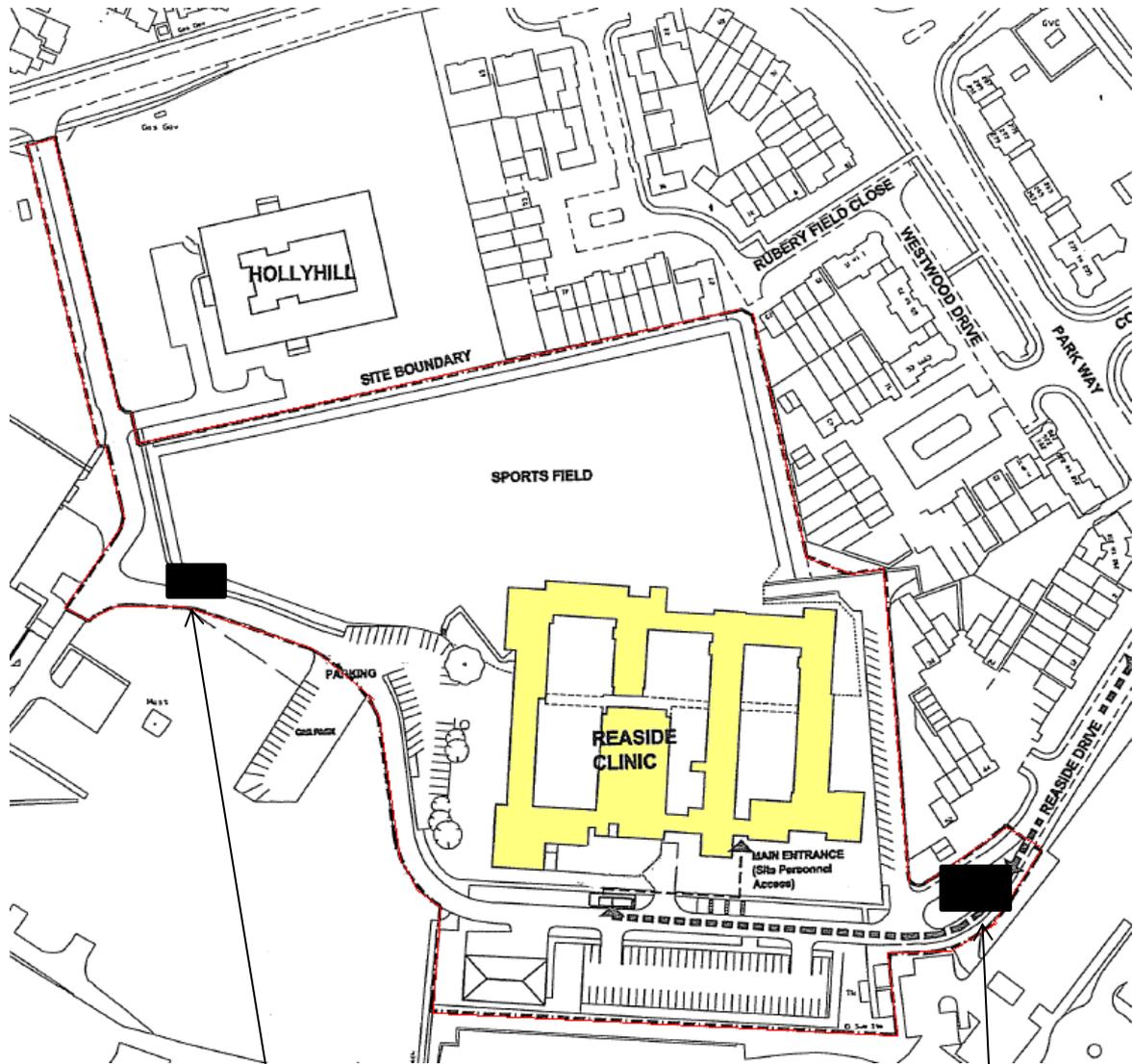
**City Centre** – 4 hours

**The Fort/Star city** – 2-4 hours

**Appendix B**



**Appendix C**



Grounds leave Boundary-  
Service users not to go  
beyond this point (on  
grounds leave only)

Grounds leave Boundary-  
Service users not to go  
beyond this point (on  
grounds leave only)