



# Blanket Restrictions Policy

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<b>Ratifying committee or executive director</b>	<b>Clinical Governance Committee</b>	
<b>Date ratified</b>	<b>June 2023</b>	
<b>Next anticipated review</b>	<b>June 2026</b>	
<b>Executive director</b>	<b>Medical Director</b>	
<b>Policy lead</b>	<b>Interim Deputy Medical Director (Quality and Safety)</b>	
<b>Policy author (if different from above)</b>	<b>As Above</b>	
<b>Exec Sign off Signature (electronic)</b>	XXXX	
<b>Disclosable under Freedom of Information Act 2000</b>	<b>Yes</b>	

## Policy context

The policy seeks to ensure that all staff are aware of the need to ensure that BSMHFT fulfils its legal and good practice obligations in relation to blanket restrictions. The Trust will work with the overall aim of reducing restrictions to a minimum. Within the framework of the least restrictive practice.

The policy sets out the responsibilities and actions that staff are required to consider and undertake in clinical practice and the governance arrangements for review of blanket restrictions.

## Policy requirement (see Section 2)

The purpose of the policy is to ensure that the Trust fulfils its legal and good practice obligations in relation to blanket restrictions, with the aim of reducing them to a minimum. It addresses the regulatory requirements of the Care Quality Commission. The policy aims to support a culture where services are open and honest about the blanket restrictions that they employ and can evidence there has been a process of consideration and documentation which has been applied to each such restriction.

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## **1: Introduction**

### **1.1 Rationale (Why)**

Blanket Restrictions are defined as:

‘Rules or policies that restrict a patient’s or service user’s liberty and other rights, which are routinely applied to all patients [or service users], or to classes of patients [or service users], or within a service, without individual risk assessments to justify their application’.  
(Mental Health Act Code of Practice 2015).

This definition is to be applied to all service areas within Birmingham and Solihull Mental Health Foundation Trust (BSMHFT), not just hospital wards.

Blanket restrictions are sometimes needed in order to ensure safety within service areas operated by BSMHFT. However, as a Trust we recognise that such restrictions have the potential to have an impact on people’s lives and can potentially violate Article 8 of the European Convention on Human Rights (ECHR), which requires public authorities to respect a person’s right to a private life.

This policy is in place to ensure that BSMHFT fulfils its legal and good practice obligations in relation to blanket restrictions. The Trust will work with the overall aim of reducing restrictions to an individual, service user or group of service users.

### **1.2 Scope (Where, When, Who)**

This is a Trust wide policy and applies to **all areas** in which BSMHFT supports people in ward or community-based services.

Managers and clinical staff are required to follow the guidance and flowchart (Appendix 2) in this policy. The policy is consistent with guiding principles of the Mental Health Act 1983 Amended 2007 and the Mental Health Act Code of Practice 2015.

### **1.3 Principles (Beliefs)**

BSMHFT is committed to providing a positive, therapeutic culture, which focuses on the reduction of restrictive practices and if restrictions are required, it is important that they are justified as necessary and proportionate responses to risks identified for particular individuals.

The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, in order to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately in order to support this.

## 2: POLICY

2.1 The purpose of the policy is to ensure that BSMHFT fulfils its legal and good practice obligations in relation to blanket restrictions, with the aim of reducing them to a minimum. The policy aims to support a culture where services are open and honest about the blanket restrictions that they employ and can evidence there has been a process of consideration and documentation which has been applied to each such restrictions.

## 2.2

### 2.3 General principles

- Blanket restrictions include restrictions concerning access to the outside world, access to the internet, access to (or banning) mobile phones and chargers, incoming or outgoing mail, access to food/drinks, access to money or the ability to make personal purchases or take part in preferred activities. Such practices have no basis in national guidance or best practice; they promote neither independence nor recovery and may breach a patient's human rights.
- Blanket restrictions should be avoided unless they can be justified as necessary and proportionate responses to risks identified for individuals. The impact of a blanket restriction on each service user should be considered and documented in the individual's care plans. (CoP Ch 8.5)
- Sometimes restrictions are needed for risk management in relation to one or more service users but may have an impact on others who do not need such restrictions. For the other individuals affected, consideration should be given to how they are affected by these restrictions, whether these effects could be mitigated and the legal frameworks that are being used (see Section 3.1.1 below). It may be appropriate to consider whether it is still appropriate for these individuals to share an environment. Individual care planning may be required if there are reasonable and proportionate restrictions required for an individual at a certain time.
- Restrictions should never be introduced or applied in order to punish or humiliate, but only ever as a proportionate and measured response to an identified and documented risk; they should be applied for no longer than can be shown to be necessary. (CoP 8.6)
- On wards where staff prohibit or restrict patient access to items and especially to items that would not normally be prohibited or restricted, the service should have a set of auditable standards.

## 3: THE PROCEDURE

Chapter 8 of the Mental Health Act Code of Practice ('the Code') is concerned with privacy, safety and dignity, including the duty of public authorities to respect patients' rights to a private life under Article 8 of the European Convention on Human Rights (ECHR). It pays particular attention

to the practice of implementing blanket restrictions. BSMHFT believes that the principles set out in this chapter should apply to everyone that we support, regardless of where we provide that support or whether the Mental Health Act (1983) is explicitly being used as part of the legal framework around that person's care. Issues relating to safeguarding should be considered during the process and any concerns should be raised using the relevant processes outlined within Trust policies - Safeguarding Adults Policy and Safeguarding Children's Policy.

### **3.1. Principles of Practice**

**3.1.1** The specific processes that should be followed when implementing a blanket restriction are set out within this policy and in summary in the flow chart located in Appendix 2. These are based on the principles of practice and legal framework.

#### **Legal frameworks**

If the patient/service user is not subject to the Mental Health Act (either detained or consenting – under MHA s131- to informal admission and the attendant restrictions) the MHA CoP has no application. Due consideration must therefore be given to the alternative legal framework afforded by the Mental Capacity Act 2005 (MCA); i.e. any restriction, blanket or otherwise, is carried out with informed consent, or – if mental capacity is absent – in the patient/service user's best interests.

If blanket restrictions amount to a deprivation of liberty as defined by the 'acid test' those subject to them must have their deprivation of liberty authorised by detention under the MHA (if they are in hospital), or by Deprivation of Liberty Safeguards under the MCA (if they are in hospital or a registered care home) or an order made of the Court of Protection (in any other setting).

### **3.2. Exceptions permitted by the CQC in its 'Brief Guide for Inspectors'**

The CQC Brief Guide for Inspectors states that banning the following 'prohibited' or 'contraband' items SHOULD NOT BE CHALLENGED as a Blanket Restriction:

- Alcohol and drugs or substances not prescribed.
- Items used as weapons (firearms, real or replica; knives; other sharps; bats)
- Fire hazard items (flammable liquids; matches; incense)
- Pornographic material
- Material that incites violence or racial/cultural/religious/gender hatred
- Clingfilm; foil; chewing gum; Blu-tack; plastic bags; rope; metal clothes hangers
- Laser pens
- Animals
- Equipment that can record moving or still images.
- Smoke-free policies are deemed to be justifiable blanket restrictions.

The CQC Brief Guide also refers to searching:

- General Acute Wards: Random or routine searching permitted if there is a specific case.
- Psychiatric Intensive Care Units (PICU): Random or routine searching backed by policy which includes clear rationale on the purpose of any search.
- Low Secure Wards: Random searching likely; routine searching at times in response to specific issues.

### **3.3. Identifying and Documenting a Blanket Restriction**

If there is a need to introduce a blanket restriction on the grounds of risk of harm towards service users or staff, (at short notice), then immediate approval should be sought from the Clinical Nurse Manager / Service Manager (or whoever is authorised to carry out their duties in their absence) and arrangements made to have the situation considered by the local management team (Multidisciplinary Team and ward management team) as soon as possible. An incident form (Eclipse) should be completed, and the blanket restriction should be added to the local service area list, for discussion at the local Clinical Governance meeting.

Examples of blanket restrictions can include (this list is not exhaustive)

- Restricted courtyard access
- Access to food and drink (set times)
- Access to internet
- Access to mobile phone
- Access to property / personal possessions
- No access to television at set times
- Restricted access to communal areas within the wards
- Restricted visiting hours
- Restrictions to accessing/sending mail

**Blanket restrictions, as defined by the Code of Practice require:**

- a) **A RULE or POLICY which**
- b) **Restricts LIBERTY or other RIGHTS and**
- c) **WITHOUT an individual risk assessment for each person affected, is**
- d) **APPLIED TO ALL PATIENTS (or service users) or to CLASSES of PATIENTS (or service users) or WITHIN A SERVICE**
  - a) The impact on each patient of any blanket restriction must be recorded
  - b) Each area will have documentation detailing any Trust Wide blanket restriction as well as the blanket restrictions in place in that location. The service user will be informed of these restrictions as part of the process of explaining their rights under the MHA, and a record made that they have received this information.
  - c) Any Trust wide blanket restriction will be supported by a single rationale
  - d) Each area will maintain a local register of any blanket restrictions imposed
  - e) Each blanket restriction will be identified and supported by the completion of an eclipse form
  - f) Each area must review its practices; existing blanket restrictions and any discontinuation plans on a regular basis at Local Clinical Governance meetings (at least 6monthly) in order to identify and minimise the use of blanket restrictions. A record of blanket restrictions must be maintained in the governance minutes.
  - g) In the event that a practice is newly identified as a blanket restriction, an eclipse form should be completed.
  - h) If it is not immediately necessary to apply the restriction in a blanket fashion, ensure that it is only applied to the service users whose presentation warrants the restriction.
  - i) If it is immediately necessary for risk management purposes to impose the restrictions in a blanket fashion, this must be authorised by the Clinical Nurse Manager / Service Manager or the named person deputising in their absence.
  - j) The imposition of an immediately necessary blanket restriction must be reported by completion of an eclipse form.

- k) All patients should be informed that the restriction is in place and why.
- l) Any blanket restriction which is enforced needs to be regularly reviewed based on the type of restriction. This could be as frequently as shift-by-shift basis in some cases.

### **3.4. Identifying if the Restriction is Authorised by Trust Policy/ Procedure (i.e. Secure Settings or Contraband procedures)**

Within secure service settings some restrictions may form part of a broader package of physical, procedural, and relational security measures associated with an individual's identified need for enhanced security in order to manage high levels of risk to other patients, staff and members of the public. The individual's need for such security measures should be justified to meet the admission criteria for any secure service. In any event, the application of security measures should be based on the needs of an identified risk for individual service users and impose the least restriction possible. Where individual service users in secure services are assessed as not requiring certain security measures, consideration should be given to relaxing their application, where this will not compromise the overall security of the service. Where this is not possible, consideration should also be given as to whether the service user should more appropriately be managed in a service that operates under conditions of lesser security.

### **3.5. Implementing a Blanket Restriction**

A discussion must take place with the MDT and/or local management team to determine if the rule/procedure/restriction is necessary and proportionate to manage the risk for the individual(s).

The Clinical Nurse Manager / Service Manager should be notified immediately when a blanket restriction is being implemented.

Due consideration must be given to the legal frameworks that are being used to justify a person being subject to blanket restrictions (whether or not they are in place in response to that individual's risk assessments). These considerations must be documented within the individual's care plans along with considerations of how these blanket restrictions may impact upon them.

Legal considerations are likely to include – whether the person has given informed consent, use of the Mental Capacity Act (2005) and use of the Mental Health Act (1983).

### **3.6. Reviewing the Use of Blanket Restrictions**

Blanket restrictions should only be applied for no longer than is necessary and once applied should be reviewed on a frequency as agreed at the time of implementation by the MDT and/or Local Management Team with an overall aim of the reduction of restrictive practices.

Each service should put in place processes for identifying and appropriately responding to blanket restrictions within their service areas. A Trust-wide register of blanket restrictions is maintained by the Compliance Team (using records from the Eclipse system), who maintain regular contact with service areas for updates and reviews and have discussions regarding restrictions remaining on the register. Where changes are made, updates are made to the Eclipse system as well as the Local Clinical Governance Committee.

### 3.7. TRAINING REQUIREMENTS

The issue of blanket restrictions should be identified during local induction processes and identified in the training of the management of violence and aggression as well as the Mental Health Act and Mental Capacity Act training. This will be a component of this training rather than a standalone training requirement.

### 3.8. GOVERNANCE ARRANGEMENTS

In addition to the local arrangements described above, each directorate should put in place processes for identifying and appropriately responding to blanket restrictions within its service areas, this will be the local Clinical Governance committee.

Any blanket restrictions identified outside of the agreed process (including those identified during CQC inspections or MHA monitoring visits) will be subject to the arrangements already described above and action taken to appropriately record or review them.

The Reducing Restrictive Practice Steering group will review blanket restrictions quarterly and include in reports to QPESC (Quality, Patient Experience, Safety Committee) to identify themes and learning.

## 4. RESPONSIBILITIES

Post(s)	Responsibilities	Ref
<b>All Staff</b>	<p>All staff members are responsible for ensuring that their practice is safe and legal. All staff members are required to ensure they (and anyone they line manage) abide by BSMHFT requirements as set out in this policy.</p> <p>Staff are responsible for ensuring appropriate patient documentation and procedures are adhered to as identified in the flow chart for this policy.</p> <p>Staff are responsible for ensuring an 'eclipse' form is completed as necessary.</p>	
<b>Service, Clinical and Corporate Directors</b>	<p>The Service Directors are responsible for ensuring that all Managers and staff in their areas are aware of the policy and support its implementation.</p>	
<b>Policy Lead</b>	<p>To oversee and communicate any amendments during consultation and inception</p>	
<b>Executive Director</b>	<p>To ensure that policy is circulated across all services with a clear briefing and that all processes regarding ratification are completed.</p>	

<p><b>Ward/Team Managers</b></p>	<p>Ward/Team Managers are responsible for ensuring that the policy is fully implemented within the environment that they manage. They must ensure that the policy is readily available to all staff at all times.</p> <p>Managers must ensure that the recording and auditing is completed in line with this policy. Managers must respond to any concerns regarding the implementation of this policy within their service area</p>	
<p><b>Professional in Charge</b></p>	<p>Responsible for ensuring that all relevant documentation is appropriately completed i.e. an incident report, clinical entries (including care plans), escalating to appropriate management team.</p>	

## 5. DEVELOPMENT AND CONSULTATION

- This policy has been developed through the RRP Steering Group, and its predecessor the Positive and Proactive Care Expert Panel (PPCEP) and local Clinical Governance committees, following visits to various Trust sites and gathering feedback from staff and service users.
- This Policy will also be shared with Service user and Carer Groups.

<p><b>Consultation summary</b></p>		
<p><b>Date policy issued for consultation</b></p>	<p>December 2022</p>	
<p><b>Number of versions produced for consultation</b></p>	<p>1</p>	
<p><b>Committees / meetings where policy formally discussed</b></p>	<p><b>Date(s)</b></p>	
<p>PDMG</p>	<p>January 2023</p>	
<p><b>Where received</b></p>	<p><b>Summary of feedback</b></p>	<p><b>Actions / Response</b></p>

## 6: REFERENCE DOCUMENTS

- Code of practice: Mental Health Act 1983 (2008 Revised) by Great Britain: Department of Health (Department of Health, 2015)
- Mental Health Act
- Mental Capacity Act
- Human Rights Act
- Eclipse

## 7: BIBLIOGRAPHY:

None

## 8. GLOSSARY consisting of:

- AVERTS – Approaches to Violence through Effective Recognition and Training for Staff
- MHA – Mental Health Act
- MCA – Mental Capacity Act
- Eclipse – Incident Report System
- CoP – Code of Practice
- DoLs – Deprivation of Liberty Safeguards
- CQC – Care Quality Commission
- PICU – Psychiatric Intensive Care Units
- MDT – Multi Disciplinary Team

## 9. Audit and Assurance

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Policy Implementation	Local clinical leadership teams within Directorates- Clinical Director, Head of Nursing and AHP	Existing meeting structures to raise awareness	Quarterly review of themes at RRP Steering Group	Report to Trust Clinical Governance committee
Eclipse Reporting Mechanism of individual blanket restrictions	Local clinical leadership teams within Directorates- Clinical Director, Head of Nursing and AHP	Eclipse Report	Quarterly review of eclipse blanket restriction reports at RRP Steering group , then Trust CGC	Quarterly Report to CGC

## 10: Appendices

Appendix 1 Equality Impact Assessment

Appendix 2 Blanket Restrictions Flow Chart

Appendix 3 Completing an Eclipse for Blanket Restrictions

### Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect  
<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

<b>Title of Policy</b>	<b>Blanket Restriction policy</b>		
<b>Person Completing this policy</b>	XXXX	<b>Role or title</b>	DMD Quality and Safety (Interim policy Lead)
<b>Division</b>	All	<b>Service Area</b>	All
<b>Date Started</b>	Nov 2022	<b>Date completed</b>	Dec 2022
<b>Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.</b>			
<p>This is a Trust wide policy and applies to all areas in which the Trust supports people in ward or community based services.</p> <p>Managers and clinical staff are required to follow the guidance and flowchart (appendix 1) in this policy. The policy is consistent with guiding principles of the Mental Health Act and the Mental Health Act Code of Practice 2015.</p> <p>Birmingham and Solihull Mental Health Foundation Trust is committed to providing a positive, therapeutic culture which focuses on the reduction of restrictive practices and if restrictions are required, they are justified as necessary and proportionate responses to risks identified for particular individuals.</p> <p>The purpose of the policy is to ensure that the Trust fulfils its legal and good practice obligations in relation to blanket restrictions, with the aim of reducing them to a minimum. The policy aims to support a culture where services are open and honest about the blanket restrictions that they employ and can evidence there has been a process of consideration and documentation which has been applied to each such restriction.</p>			

<p>'The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, in order to ensure that service users and carers have a positive episode of care whilst in our services.</p>
<p><b>Who will benefit from the policy?</b></p>
<p>All patients and staff within the organisation</p>
<p><b>Does the policy affect service users, employees or the wider community?</b>  <i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i></p>
<p>Although the policy is relevant for those service users admitted to wards, it is important to consider the policy prior to the need for admission being identified, to consider any impact of blanket restrictions on an individual in advance and to minimise inequalities that may result from those restrictions</p>
<p><b>Does the policy significantly affect service delivery, business processes or policy?</b>  <i>How will these reduce inequality?</i></p>
<p>The policy will affect how care is given within clinical areas to service users</p>
<p><b>Does it involve a significant commitment of resources?</b>  <i>How will these reduce inequality?</i></p>
<p>No significant commitment of resources</p>
<p><b>Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment &amp; progression)</b></p>
<p>The policy relates to all clinical areas, and it not relating to areas of known inequalities, however it is designed to reduce inequalities where possible</p>
<p><b>Impacts on different Personal Protected Characteristics – Helpful Questions:</b></p>

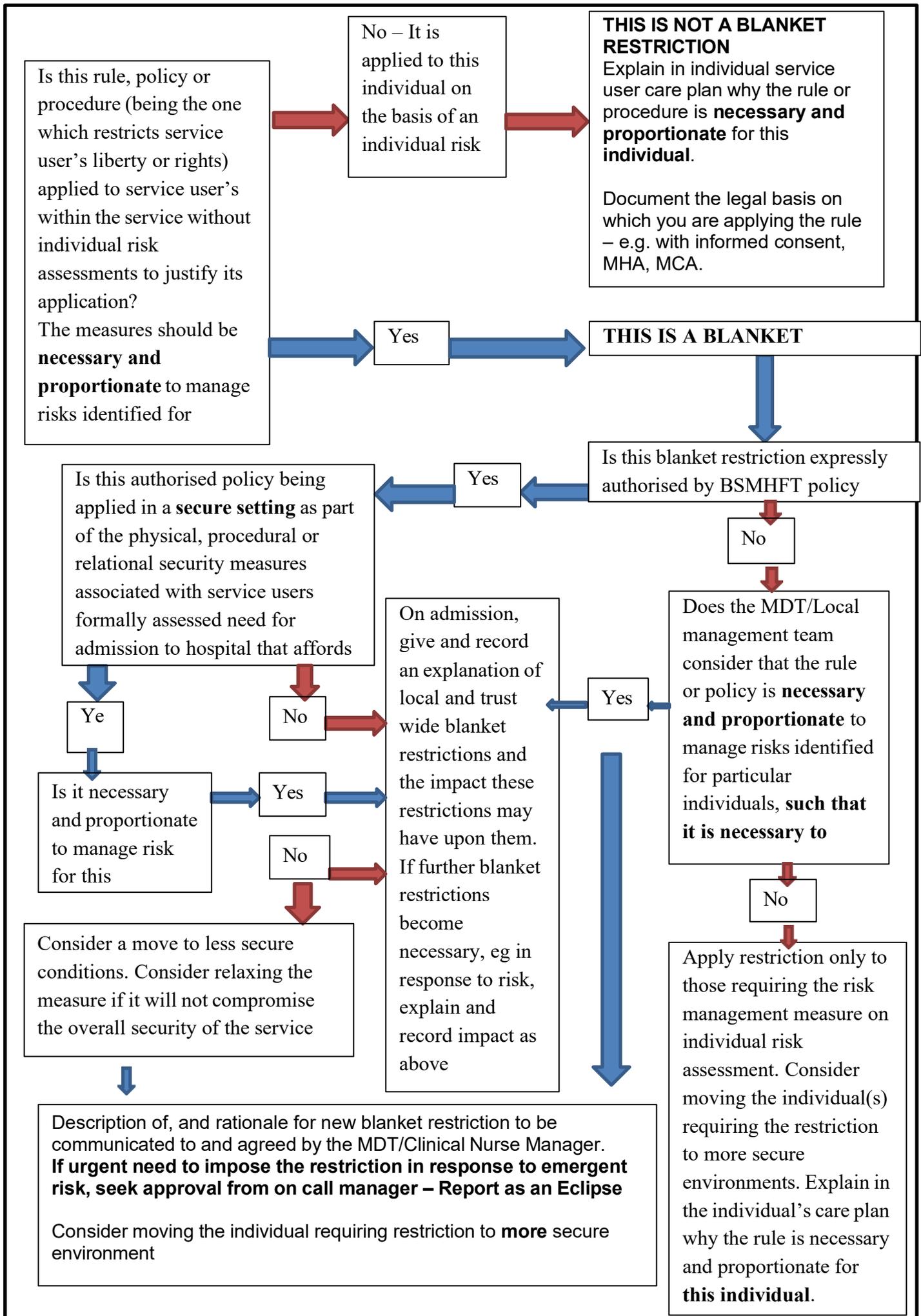
<p><i>Does this policy promote equality of opportunity?</i>  <i>Eliminate discrimination?</i>  <i>Eliminate harassment?</i>  <i>Eliminate victimisation?</i></p>				<p><i>Promote good community relations?</i>  <i>Promote positive attitudes towards disabled people?</i>  <i>Consider more favourable treatment of disabled people?</i>  <i>Promote involvement and consultation?</i>  <i>Protect and promote human rights?</i></p>
<b>Please click in the relevant impact box and include relevant data</b>				
<b>Personal Protected Characteristic</b>	<b>No/Minimum Impact</b>	<b>Negative Impact</b>	<b>Positive Impact</b>	<b>Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.</b>
<b>Age</b>			X	The policy will allow staff to consider if any restrictions placed on individuals according to their age constitute a blanket restriction and if so, staff will be required to consider how these restrictions can be mitigated
<p>Including children and people over 65  Is it easy for someone of any age to find out about your service or access your policy?  Are you able to justify the legal or lawful reasons when your service excludes certain age groups</p>				
<b>Disability</b>			X	The policy will allow staff to consider if any restrictions placed on individuals according to any disability they might have constitute a blanket restriction and if so, staff will be required to consider how these restrictions can be mitigated
<p>Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues  Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability?  Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?</p>				
<b>Gender</b>			X	The policy will allow staff to consider if any restrictions placed on individuals according to their gender constitute a blanket restriction and if so, staff will be required to consider how these restrictions can be mitigated
<p>This can include male and female or someone who has completed the gender reassignment process from one sex to another</p>				

Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your policy?				
<b>Marriage or Civil Partnerships</b>			X	This policy will allow staff to consider if any restrictions placed on individuals according to if they are married or in a civil partnership constitute a blanket restriction and if so, staff will be required to consider how these restrictions can be mitigated
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
<b>Pregnancy or Maternity</b>			X	This policy will allow staff to consider if any restrictions placed on individuals according to if they are pregnant or have just given birth constitute a blanket restriction and if so, staff will be required to consider how these restrictions can be mitigated
This includes women having a baby and women just after they have had a baby. Does your service accommodate the needs of expectant and postnatal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation into pregnancy and maternity?				
<b>Race or Ethnicity</b>			X	This policy will allow staff to consider if any restrictions placed on individuals according to their ethnicity constitute a blanket restriction and if so, staff will be required to consider how these restrictions can be mitigated
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
<b>Religion or Belief</b>			X	This policy will allow staff to consider if any restrictions placed on individuals according to their religion or belief constitute a blanket restriction and if so, staff will be required to consider how these restrictions can be mitigated

Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
<b>Sexual Orientation</b>			X	This policy will allow staff to consider if any restrictions placed on individuals according to their sexual orientation constitute a blanket restriction and if so, staff will be required to consider how these restrictions can be mitigated
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
<b>Transgender or Gender Reassignment</b>			X	This policy will allow staff to consider if any restrictions placed on individuals according to if their gender constitute a blanket restriction and if so, staff will be required to consider how these restrictions can be mitigated
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your policy or service?				
<b>Human Rights</b>			X	This policy is compliant with the HRA Act as set out above and will result in a positive impact for all service users in this domain
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
<b>If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)</b>				
	<b>Yes</b>	<b>No</b>		
	<b>High Impact</b>	<b>Medium Impact</b>	<b>Low Impact</b>	<b>No Impact</b>

<b>What do you consider the level of negative impact to be?</b>				
<p>If the impact could be discriminatory in law, please contact the <b>Equality and Diversity Lead</b> immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.</p>				
<p>If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the <b>Equality and Diversity Lead</b> before proceeding.</p>				
<p>If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the <b>Equality and Diversity Lead</b>.</p>				
<p><b>Action Planning:</b></p>				
<p>How could you minimise or remove any negative impact identified even if this is of low significance?</p>				
<p>Leads will work with the organisation to reduce impact of any detriment experienced by reports of concerns</p>				
<p>How will any impact or planned actions be monitored and reviewed?</p>				
<p>Feedback from reporters of concerns, escalating concerns through governance routes.</p>				
<p>Regular audits and policy updates, communication to managers through meetings and committees</p>				
<p>How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.</p>				
<p>Policy will be trust wide promoted in ways accessible to ALL staff.</p>				
<p>Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at <a href="mailto:bsmhft.edi.queries@nhs.net">bsmhft.edi.queries@nhs.net</a>. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis</p>				

## Appendix 2 – Blanket Restrictions Flow Chart



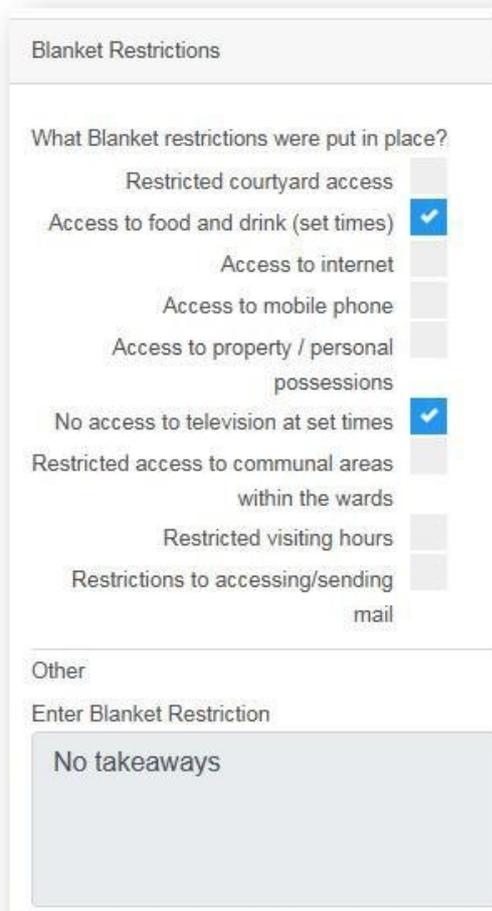
### Appendix 3: Completing an Eclipse for Blanket Restrictions

The Blanket Restrictions option has been added onto eclipse.



A screenshot of the Eclipse incident form showing four dropdown menus. The first is 'Cause Search' which is empty. The second is 'Type of Incident' with 'Quality Of Care And Compliance' selected. The third is 'Cause Group' with 'Blanket Restriction' selected. The fourth is 'Cause' with 'Blanket Restriction Incident' selected. Each dropdown has a small question mark icon to its right.

In order to capture the types of Blanket Restrictions there is a mandatory questionnaire at the end of the incident asking for the type of restriction(s). The reason for using the questionnaire is to enable staff to enter multiple Blanket Restrictions and to capture any non-listed restrictions.



A screenshot of the 'Blanket Restrictions' questionnaire. The title is 'Blanket Restrictions'. Below it is the question 'What Blanket restrictions were put in place?'. There are several options with checkboxes: 'Restricted courtyard access' (unchecked), 'Access to food and drink (set times)' (checked), 'Access to internet' (unchecked), 'Access to mobile phone' (unchecked), 'Access to property / personal possessions' (unchecked), 'No access to television at set times' (checked), 'Restricted access to communal areas within the wards' (unchecked), 'Restricted visiting hours' (unchecked), and 'Restrictions to accessing/sending mail' (unchecked). Below this is an 'Other' section with the label 'Enter Blanket Restriction' and a text input field containing 'No takeaways'.

## Appendix 4 – Blanket Restriction Process

