Briefing for the Oxfordshire Health Overview & Scrutiny Committee

5 December 2013

Safety and Security in Mental Health Wards in Oxfordshire

1. Introduction

This paper sets out the range of inpatient facilities run by Oxford Health in Oxfordshire and outlines how they are run to   maintain and improving the safety and security of patients, staff and the public. The majority of mental health conditions are treated effectively through a wide range of therapeutic and social interventions by multidisciplinary staff (Nurses ,Drs, Social Workers, OTs, psychologists and support staff) working in community based teams and day services which were put in place to facilitate the closure of the large mental hospitals. A small number of people need inpatient care when they have become acutely unwell or their mental disorder cannot be managed at home as it poses a risk to the individual or occasionally to other people. Inpatient admission for the majority is a brief episode on the journey to regaining better health and recovery

2. Inpatients wards in Oxfordshire

Oxford Health run 26 inpatient adult mental health wards including wards for children and young people (1 ward in Oxfordshire), wards for mentally unwell adults (5 wards in Oxfordshire), older adults (3 wards in Oxfordshire) and people needing more specialist services including people suffering from eating disorders (1 ward in Oxfordshire) and forensic wards for people who come from the courts for assessment or treatment of their mental disorder.

3. Forensic wards - secure mental health wards

There are nine 'forensic' wards, six of them in Oxfordshire. Patients have often committed serious offences, such as murder, arson or sexual offences as a result of their mental disorder and need hospital treatment rather than a custodial prison sentence. Patients may be referred from courts, prisons, high secure hospitals or the adult mental health services within the Thames Valley. Patients may be sent by the court for an assessment before they go to trial, to establish if they were mentally ill at the time they committed their offence and whether they require treatment. When they go to trial, if it is felt that they were unwell when they committed their offence, then they may get transferred to a forensic ward for treatment instead of receiving a prison sentence. Prisoners serving a sentence may also be referred if they become unwell whilst in prison and need a transfer to hospital for treatment. High secure hospitals (such as Broadmoor) also refer patients that have completed several years of treatment and are ready to move to a less secure unit where they can start using leave and becoming more independent. Occasionally mental health wards may refer a patient who

is very difficult to manage on acute wards due to their levels of aggression or challenging behaviour.

There are three types of forensic wards: medium secure, low secure and an open pre discharge unit. Medium secure units were established in the 1980s and were called medium secure as they were in between the security of high secure hospitals like Broadmoor and a local acute mental health ward. There are now clear specifications as to the physical environment (how high the fence must be how keys must be managed etc) procedures that they must operate (such as searching patients and what items are banned) and relational security (ensuring that staff know their patients well and there are ample therapeutic activities in which patients engage).

Most patients from prisons, courts and high secure hospital will initially be admitted to a medium secure unit. The Trust has two MSUs, the Oxford Clinic at Littlemore and Marlborough House in Milton Keynes. In these two locations there are two wards that can broadly be seen as an assessment ward and a rehabilitation ward. They only admit male patients.

Low secure wards do not have the same level of physical security as the MSUs but are still locked and many of the security procedures are the same. There are also now national specifications for how low secure units are built and run. The Trust's low secure wards are Wenric at Littlemore and Woodlands in Aylesbury. They usually admit patients who have been through the medium secure units and now need less physical security but do require ongoing care in a secure unit for some time. These patients may have treatment resistant schizophrenia. Some patients from adult mental health wards are also admitted to low security. Wenric only takes male patients but Woodlands takes men and women.

Thames House at Littlemore is an 'enhanced' low secure unit for women, with two wards that also can be thought of as an admission ward for patients who need high levels of support and a rehabilitation ward for women requiring less intensive support. It is called enhanced as it sits between medium and low secure services and is able to take both medium and low secure patients.

Lambourn House at Littlemore is an open pre-discharge unit that operates much like a hostel in the community. The unit is not locked, patients are self catering and encouraged to access services in the community rather than in hospital. This unit is an important part of the discharge pathway and is frequently the route for discharge from secure mental health care. Patients normally stay there for 6-12 months and then move into residential placements in local communities. It is analogous to an open prison setting to which prisoners might transfer towards the end of their sentence. The physical security of the building does not prevent them from leaving and they are expected to access the local community for work and leisure activities.

Patient pathway or journey through forensic services

A typical pathway for a male patient would be to be admitted to a medium secure assessment ward for six to 12 months, then transfer to the medium secure rehabilitation ward for a further one to two years. They might then go to low secure if they required further time (perhaps years) in secure care or to the pre discharge unit if they are working towards living in the community. Female patients might similarly move through Thames House to a low secure or pre discharge bed.

Forensic Wards are assessed by teams from the Royal College of Psychiatrists and peers from other units every year against the national medium and low secure standards. Our units are broadly compliant with some needs due to the age of Marlborough House, which needs a better reception area to meet the latest standards. The service has a Health and Safety / security lead, its own internal security procedures and all staff receive annual security awareness training. On every shift on every ward, there is a designated security nurse with clear security related tasks to oversee. The units are also part of the usual inspection regime of the CQC and of the assessment schedule of the Trusts Local Security Management Specialist (LSMS). The CQC include aspects of security in their standards – on a visit last year they raised that a bin store on the Littlemore site had been left unlocked.

4. Adult mental health inpatients

There are 8 adult mental health wards 5 in Oxfordshire. They are less secure than the forensic wards and entry and egress is controlled by the use of passes voluntary patients are free to come and go so long as this is an agreed part of their care plan. Most patients are admitted from the community when in Crisis and are admitted for around two weeks before returning to their homes.

There is one psychiatric intensive care ward called Ashurst on the Littlemore site. This ward has more security and controlled entry and egress with an air lock. Patients who need intensive nursing to manage acute distress are admitted for brief periods to this ward. The majority of patients are detailed under the Mental Health Act.

There are two male and two female admission wards divided between the Littlemore and Warneford sites. The mental health wards also have their security related procedures and a security nurse on every shift. There have been recent concerns over their physical security in that detained patients have been able to leave, by scaling the fence in the ward gardens or by forcing windows or doors. This weakness is in part due to an aging estate and in particular restrictive planning controls on the Warneford Hospital site. There has been a lot of remedial works to raise fence heights and fit more robust doors and windows and generally refurbish the wards, however given these planning restrictions the Warneford wards will not

have the same level of physical security as purpose built new mental health wards or the forensic wards.

Oxford Health NHSFT has built a new mental health inpatient facility in Buckinghamshire and in the medium term would wish to replace its aging estate in Oxfordshire.

5. Recent incidents

Two recent incidents have led to the press raising security concerns. A transferred prisoner went missing from Lambourn House (Littlemore), making his way to Poland where he subsequently died. Lambourn is not a locked secure ward so could not easily prevent this happening. The prisoner had been through the usual pathway through medium security to the pre discharge unit and was felt to be appropriately placed. The subsequent investigation which included the Medical Director of Broadmoor found three main causes for concern: the nursing observation on the night that he left were not done properly (staff did not detect that he had placed pillows in his bed and had left), a member of staff had some information about the patient that they should have shared with the team, and this man was still not well as well understood by the clinical team as he could have been. Action has been taken immediately to respond to the findings. NHS England and Oxfordshire CCG externally scrutinise the Investigation report to consider the need for a further independent Investigation.

The other incident recently covered by the press involved a female patient from Allen Ward (Warneford Hospital) who went missing. Although she was informal and could have left at any time, she climbed from her bedroom window. She was subsequently found to be living at her mother's address. Several days later she killed her mother; there had been no indication that this was a risk before the incident occurred. This case is subject to a Multi - agency Domestic Homicide Review.

6. Standardisation to improve quality and reduce error

All wards need to balance the need for physical security and safety with maintaining an environment that is therapeutic and as pleasant as possible in which for patients to stay. An approved list of furniture and fittings exists. The forensic wards fit as standard different doors and window compared to other wards. Windows for example do not open conventionality, they slide open to give some ventilation and have a secure internal mesh. Some acute wards are located in old buildings.   At the Warneford Hospital, there are constraints on changing windows; they do have window restrictors in place however replacement to modern standards made more complex by planning controls.

The Trust meets every month in Oxon and Bucks with the police in 'Problems in Practice' meetings. A list of all joint issues that have occurred in that month is tabled and discussed to look at patterns or any issues in joint working with the police for example when patients have failed to return on time to wards . Data from the incident reporting system is reported

every quarter into the Integrated Governance Committee, including the number of patients who have not returned to wards on time or violent incidents and what wards are experiencing most incidents. All incidents of violence and aggression are also reviewed and reported externally.

The Trust is participating in a 'Safer Care' programme. This includes using improvement methods to reduce the harms. Its focus is to reduce the number of patients who do not return on time and reducing the level of violence and aggression and self harm. This is infancy, however initial results are positive. Acute wards are for example, issuing cards to patients going on leave to ensure they know how to contact the ward if they are running late. The focus is involving patients as active partners in their treatment and care plans to reduce the potential for harmful behaviour or incidents.