Broadmoor Hospital: Information for Clinicians
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>Admission</td>
<td>6</td>
</tr>
<tr>
<td>Care Pathway</td>
<td>9</td>
</tr>
<tr>
<td>Treatment and Activities</td>
<td>12</td>
</tr>
<tr>
<td>Discharge</td>
<td>15</td>
</tr>
</tbody>
</table>
Introduction

Broadmoor Hospital is one of three high-secure hospitals in England and Wales, covering London and the South of England. The hospital is renowned for its highly specialised care and research work, both nationally and across the world.

The hospital opened in 1863. Over 150 years later, in 2019, the hospital moved from its predominantly Victorian buildings into a state-of-the-art facility, purpose built to ensure a safe, therapeutic environment for the care, treatment and rehabilitation of patients who need high-secure psychiatric care.

The hospital is part of West London NHS Trust, which has been authorised by the Secretary of State for Health and Social Care to provide high-secure services. The hospital is subject to the High Security Psychiatric Services (Arrangements for Safety and Security) Directions 2019, which outline requirements concerning the safety, security and management of patients.

The hospital provides multi-disciplinary treatment for up to 210 men, over the age of 18 years, who suffer from a mental disorder and are detained under the Mental Health Act 1983. All patients are deemed on admission to present a grave risk of harm to others.

The hospital has a total of 14 wards, divided into:
- admission
- increased support and assertive treatment (ISAT)
- intensive care
- assertive rehabilitation

The average length of stay in the hospital is approximately five and a half years.

The hospital differentiates between mental illness and personality disorder care pathways at the admission and assertive rehabilitation stages; this reflects current national commissioning expectations. However, the hospital has adopted generic wards for increased dependency, which do not differentiate in their acceptance criteria between mental illness and personality disorder.

The hospital’s key objectives are to:
- provide a safe environment
- reduce the likelihood of current and future interpersonal violence
- maintain patient dignity through individualised, compassionate care
- improve health and wellbeing (including physical, mental and spiritual)
- maximise every patient’s opportunity for recovery and rehabilitation
Admission Pathway

The recognised pathways into high-secure services are:

- a step up from medium-secure care
- admission directly from the criminal justice system
- more rarely, a step up from other services or from the community

Admission Criteria

Patients admitted to Broadmoor are:

- Men over the age of 18 suffering from a mental disorder (including mental illness, neuro-developmental disorder and personality disorder), as defined within the Mental Health Act 1983, which is of a nature and/or degree warranting detention in hospital for medical treatment.
  Male patients who are deaf or who have a learning disability will be assessed by the national services at Rampton Hospital.

- Patients assessed as presenting a grave risk of harm to others, requiring in-patient care, and needing treatment interventions that cannot be provided safely in lower levels of security.

- Patients suitable for transfer from prisons under the Mental Health Act, who have generally been charged with, or have been convicted of, a specified violent or sexual offence as defined in Schedule 15 of the Criminal Justice Act 2003 or another serious offence, such as arson.

- On occasion, patients will be accepted without criminal charges where there is clear evidence of grave risk of harm to others. In such cases, there will generally be a pattern of assaults and escalating threats which may, in the light of an access assessment, constitute grounds for admission.

- Patients directed to conditions of high security by the Ministry of Justice, even if they have not been assessed to be a grave risk of harm to others by the hospital.
Exclusion Criteria

The following groups are not admitted to Broadmoor:

- People who do not present a grave risk of harm to others; they should be referred to less secure services
- People who present with severe self-harm are only admitted to high-secure services if their risk to others clearly necessitates it
- People under 18 years of age
- Female patients are assessed by the National Women's Service at Rampton Hospital

Referrals, Assessments and Admission Panel

Referrals are accepted from a consultant psychiatrist or the patient's Responsible Clinician. The referring clinician must seek an opinion from the patient's catchment area medium-secure Access Assessment Service before submitting a referral to a high-secure service. If a patient is detained in an independent medium-secure unit, evidence must be provided of a discussion with the catchment area medium-secure Access Assessment Service, prior to referral.

Assessments for high-secure care are generally carried out face-to-face by a consultant psychiatrist or a suitably qualified clinician under the supervision of a consultant psychiatrist. The assessor will provide recommendations and a report to the hospital's admission panel, which will decide whether or not the patient meets the criteria for admission and should be admitted. The hospital operates an appeals panel, if the referrer is unhappy with the admission panel decision.

The email address for referrals is:

wlm-tr.broadmoorreferrals@nhs.net
Care Pathway

The internal clinical care pathway through the hospital comprises the three phases shown in the diagram overleaf. Each patient’s journey is individualised, but the key clinical goals for the treatment phases are represented in the diagram.

Patients and their clinical team decide on the patient’s needs together and how they should be addressed. They consider the patient’s therapeutic needs and how much support they require. This depends on a range of factors, including the risk of imminent interpersonal violence. Multi-disciplinary input is co-ordinated through the care programme approach (CPA) framework.

The ward environment helps to ensure that patients are safe and able to access the services they need effectively. The wards are bright, open and spacious, enabling patients and staff to work together to plan care. The aim is to generate hope and genuine opportunities for each individual to recover and live safely among others.

The engagement and collaboration of patients are encouraged at every stage of the care pathway. Throughout each patient’s admission – and with their consent, using the principles of the Triangle of Care – the clinical team will seek to involve their family and friends in their care and wellbeing.
High-Secure Services: Broadmoor Hospital

Referral Source
Medium security / courts / prison estate

PHASE 1
(6 TO 9 MONTHS)
Admission and assessment

PHASE 2
(3 MONTHS PLUS)
Core treatment and recovery
Harm reduction

WARD
Admissions

Diagnosis and formulation
Establishing trust and shared understanding
Recover / stabilise wellbeing

OUTCOMES
Managing symptoms
Managing emotions
Conflict resolution
Relationship skills enhancement
Addressing trauma
Harm reduction
PHASE 3
(2 TO 5 YEARS PLUS)

Promotion of stability and preparation for discharge

- Assertive rehabilitation
- Maintenance of reduction of risk to self and others
- Maintaining interpersonal safety
- Maintenance of change and preparation for new environments

Discharge Destination

Medium security / prison estate
The hospital offers a wide range of therapeutic interventions, including medical, psychological and occupational therapies. In addition to mental health treatments, the hospital provides dedicated primary care services, including a part time general practitioner, registered general nurses, dietetics and physiotherapy.

A comprehensive assessment by the multi-disciplinary team helps in understanding why the patient was referred, how he might best be able to engage with the services on offer, what the barriers to this might be, and how all the professionals in the team can come together to provide a package of care which will improve his mental health and minimise future harm.

Psychological interventions are evidence-based and focus on reducing harm and managing features of mental disorder. Such interventions are led by clinicians with specialist training, with a constant focus on clinical outcomes. This is particularly important, given that many of the patients referred to the hospital have experienced a poor response to treatment in other services.

The hospital provides multiple therapeutic activities, vocational activities and education. It aims to create an environment where patients can engage with the treatment and activities on offer, try them, and develop strong, safe, therapeutic relationships with staff in all areas.

Treatment plans include daily routines, ward-based activities, encouraging healthy living habits, individual or group-based exercise, therapy and educational and vocational opportunities provided by the recovery college. These are reviewed regularly by every clinical team to assess patients’ progress, engagement and continuing needs. The management of harm and measurement of change are typical features of all CPA discussions. When a patient’s risk to others has shown a sustained decline and his mental state is known to be predictable and stable, he may be considered for transfer to a less restricted setting.
Treatment and Activities (continued)

Working with Patients and Carers

Patients are encouraged to take part in the hospital’s active patients’ forum, with patient representatives involved in all areas of hospital life, including staff recruitment.

The hospital has an active social work department which provides a range of support to patients and carers, including:

- undertaking social history assessments involving carers.
- helping carers to visit the hospital and get involved in the care and treatment of patients.
- undertaking statutory reports for CPAs, managers’ hearings and tribunals.
- helping carers with assessments undertaken by local authorities under the Care Act 2014.
- leading on safeguarding work in the hospital.
- leading on processing applications for child visits.
- pre and post discharge interventions with step down services and the responsible local authorities.
- acting as Appropriate Adults.

Carers play an integral role in the care and treatment of patients. The hospital encourages carers, staff and patients to work together to maximise every patient’s chance of recovery.

The hospital holds a quarterly carers’ forum, at which general themes of interest to carers are discussed. A carers’ strategy meeting is also held every two months, bringing together carers and senior managers to discuss all aspects of the hospital’s services for carers and any key developments.
Discharge

On discharge, approximately two-thirds of patients are transferred to medium-secure services; the majority of the remainder move to a custodial setting. Patients who transfer to other hospitals do so initially on a six month trial basis.
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