# STANDARD OPERATING PROCEDURE FORENSIC - DISCHARGE AND TRANSFER DOCUMENTATION

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| **Document Reference** | SOP19-038 |
| **Version Number** | V1.2 |
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| **Instigated by:**<br>**Date Instigated:** | Karen McDonnell, Service Manager<br>January 2019 |
| **Date Last Reviewed:** | 15 May 2023 |
| **Date of Next Review:** | May 2026 |
| **Consultation:** | Clinical network<br>Modern matrons, ward managers and all medical staff. |
| **Ratified and Quality Checked by:**<br>**Date Ratified:** | Forensic Clinical Governance Meeting<br>15 May 2023 |
| **Name of Trust Strategy / Policy / Guidelines this SOP refers to:** | Discharge and Transfer Policy N-032<br>Multi-Agency Public Protection Arrangements (MAPPA) Prot523 |

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

**CHANGE RECORD**

| Version | Date | Change details |
|---|---|---|
| *1.0* | *Jan-19* | *New SOP*<br>*Approved Risk and Referral Meeting 28 Jan-19* |
| *1.1* | *Feb 2022* | *Reviewed SOP. Appendix A added.* |
| *1.2* | *May 2023* | *Reviewed. Approved at Forensic Clinical Governance Meeting (15 May 2023).* |
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## Contents

## 1. INTRODUCTION

### Overview

The discharge and transfer of Forensic patients within the Trust differs significantly from those admitted into the Adult Mental Health Service.

The majority of the Forensic Services are commissioned by the Humber and North Yorkshire Provider Collaborative, with some commissioned by the ICB.

The service specification clearly details the required pathway for Medium and Low secure care in relation to the referral, admission, transfer and discharge criteria process.

While adhering to the principles of the Trust policy and required documentation, the Standard Operating Procedure refines and clarifies the process within the Forensic Mental Health and Learning Disability service. This will ensure the relevant management and risk related information is processed according to requirements.

### Clarity: The Diamond Model

Forensic services in Humber NHS Foundation Trust are underpinned by the Clarity clinical model. Clarity is a trauma-informed clinical care approach. Many service users have experienced trauma in their lives, and the team recognise that a trauma-informed way of working benefits all, even if they have not experienced specific trauma. At its core, trauma-informed working involves understanding that people's life experiences impact on them in their current life, and provides ways to support people with potential negative impacts of this. The model is underpinned by the five core-principles of trauma-informed care: Safety, Trustworthiness, Choice, Collaboration, and Empowerment.

The Forensic Services will possess the knowledge and understanding of a trauma informed approach and integrate into all practice areas.
The Forensic Services will embed the model throughout their care through the following means:

1. **Values and Principles** – Trauma informed theory and principles guiding practice.
2. **Stages of Treatment** – Safety and Stability, Understanding and Change, Strengthening and Applying
3. **Practice Domains** – assessment, formulation, therapeutic interventions and service culture.
4. **Integrated Pathways** –In-patient, In-reach, ONCF, transition, discharge, community
5. **Quality Standards** – service users experiences, need, risk, public safety, treatment, management, relapse, care planning collaboration, supervision, multi-disciplinary working, governance
6. **Outcomes Measures and Evaluation** – including (but not limited to) Honos, Requol, EssenCES, Core 10, NHSE data and Inequality data, service data, individualised outcome measurement

## 2. SCOPE

The standard operating procedure (SOP) will apply to all clinical staff involved in the transfer and discharge process within the Forensic Service of the Humber Teaching NHS Foundation Trust. It will inform and guide the process to all staff involved within the Care Pathway of any referred patient within adult forensic services.

The SOP applies to the discharge, transfer and flow of patients in the following services:

- Medium Secure services
- Low Secure services
- Single Point of Access

- Learning Disability Forensic Outreach Liaison Service
- Specialist Community Forensic Team

Although the Forensic Children and Adolescent Mental Health Service (FCAMHS) also sits under Forensic Services, this sits outside of the scope of this SOP.

## 3. DUTIES AND RESPONSIBILITIES

When reading the following please also refer to the Integrated Care Treatment Pathway (ICP) [Appendix A] for a detailed overview of responsibilities in relation to the transfer, discharge, and movement of patients through services.

Clinical / Operational Leads

Clinical and Operational leads must ensure that all staff within the Forensic Service are aware of the Standard Operational Procedure in relation to the transfer and discharge process.

They will be responsible for ensuring all required standards and specifications in relation to the Care Pathway for Adult Medium and Low Secure services are adhered to and reviewed accordingly.

Community Service Manager and Clinical Lead

The Community Service Manager and Clinical Lead hold responsibility in supporting community teams to adhere to the Care Pathway process. They will ensure all staff within their area of responsibility are trained and aware of the Standard Operational Procedure in relation to the transfer, discharge and movement through services.

They will be responsible for ensuring all required standards and specifications in relation to the Integrated Care Treatment Pathway for Community Services are adhered to and reviewed accordingly.

Responsible Clinicians / Consultants

Responsible clinicians and Consultants are responsible for all aspects of the medical requirements in relation to the transfer and discharge process. Under their supervision this may be delegated to a suitable competent junior medic.

Modern Matrons / Senior Professionals

Modern Matrons and senior professionals will ensure this Standard Operating Procedure is supported and reviewed accordingly in line with the Care Pathway / Clinical Model process for adult Forensic patients. They will ensure all clinical care is of the best quality in relation to the Standard Operating Procedure.

Ward Managers and Charge Nurses

The Ward Managers and Charge Nurses will ensure the Care Pathway process is implemented and followed accordingly. They will ensure all staff within their area of responsibility are trained and aware of their role within the process of transfer and discharge. They will ensure all communications and liaison with involved services and professionals is done within a timely and effective manner.

Other Humber Centre Forensic Team Staff

All staff within the Forensic Service have a responsibility to be aware of the process within the Standard Operational Procedure.

They will ensure its effective implementation process and report any concerns that affect the care in relation to assessment, admission, Transfer and discharge of any person to the Humber Centre Forensic Service.

All staff within the Humber Centre Forensic Service will ensure all patients receive the best quality care in relation to the process.

## 4. PROCEDURES

### 4.1. Community Teams

- The following procedures refer to the Specialist Community Service (SCFT) and the Learning Disability Forensic Outreach Liaison Service (LD FOLS). These services make up the forensic community teams for the East Riding and Hull.

- Community teams support individuals to safely transfer from medium and low secure care into the community. They provide in-reach support into in-patient services and offer a community and collaborative perspective to the review of management plans.

- There are some differences in what community teams provide. Some teams, such as the SCFT, offer in-reach support to patients within secure services with an estimated discharge date (EDD) of 6 months or less. Once the EDD is agreed an Associate Care Co-ordinator from the team is identified. Other services, such as FOLS, offer consultancy into in-patient secure services. Such services provide support to patients who are from the Hull and East Riding areas.

- For those patients who are out of area, other community services from their home area will provide support, but it may be pertinent to consider advice from the SCFT about out of area patients.

- For further information about these services refer to the SCFT SOP and the Ullswater and LDFOLS SOP, these can be found on the Trust Intranet.

### 4.2. Discharge, Transfer and Flow of Patients through Medium and Low Secure, and Community Services.

Considering the Discharge, Transfer and Flow of Patients Through Services

- Discharge and / or transition should be considered at the point of assessment with an estimated discharge date (EDD) being agreed within 4 weeks of admission. The estimated date of discharge should be shared with community teams who should be kept updated with any changes to this date. It should be noted that for the patients who do not fall under the Humber and North Yorkshire Provider Collaborative, their home area community services should be contacted.

- The Humber and North Yorkshire Provider Collaborative regularly review the placement of individuals as they progress through their pathways and provide input into considerations of flow and transitions through services.

- Teams should consider patients' readiness for step-down as they move through their treatment pathway. For instance, patients in Medium Secure Services with an estimated discharge date of 6-12 months could be considered for a low secure or community pathway and a referral made through the Single Point of Access (SPA). If teams are considering a referral to community services and subsequently the SCFT, a referral form is available and this should be completed by the patient's care co-ordinator.

- Direct discharge into the community from a medium or low secure service must reflect a whole person approach to recovery and rehabilitation based on risk assessment and proactive risk management strategies that must be agreed.

- The Low Secure provision includes South West Lodge. South West Lodge is a unit which is collaboratively managed by the SCFT and the Low Secure in-patient team. It provides a therapeutic environment to support patients preparing for a transition from secure services

to the community. Refer to the 'Service Specification for South West Lodge (Low Secure Service)' for more information.

- Patient preference should be considered when evaluating the options for discharge, transfer or flow through services.

- Discussions around discharge must include the possibility of remission to prison or a removal centre under the Immigration Act.

***Planning for the Discharge and Transfer of Patients from Services***

- The discharge must be under pinned by an assertive management approach to ensure this is carried out in a timely manner. This must include a review of care plans and management plans at regular intervals within multi-disciplinary meetings, CPA reviews and Recovery Meetings. This includes the review of risk management plans. Risk management plans should be reflective of the individual's stage in their pathway, for instance if community living is being considered, risk management plans should detail community-based scenarios. To ensure a collaborative and transparent approach, patients should be involved in developing risk management plans.

- A discharge care plan must be formulated. This will be evidence based reflecting and focusing on transition and engagement with the next service within the care pathway. Discharge and transfer plans are led by in-patient teams, and they should be co-produced with patients, carers and community teams. A collaborative approach to such plans supports individuals, who have potentially been in secure care for a long amount of time, to start to regain some autonomy. Community associate care co-ordinators should be invited to all planning meetings.

- To ensure a timely progression within the pathway, continuity must be maintained to avoid unnecessary delays especially when patients have to have repeat assessments and treatments. Community teams, such as the SCFT and FOLS, should be informed of any significant events.

- Services must adhere to the requirement to liaise with the bodies responsible for providing aftercare services to patients under the Mental Health Act. The Integrated Care Treatment Pathway (ICP) [Appendix A] outlines the requirements to meet when planning the transfer or discharge of patients, along with the requirements for community care.

- Discharge planning must include, as appropriate, effective and early liaison relevant agencies, such as the Ministry of Justice, probation services and MAPPA. Teams should be aware of the differences in discharge protocols which are dependent on section types under the Mental Health Act 1983. Patients should be supported to be aware of the processes. They are as follows:

    - Section 37-HO or 37(N) – Individuals are required to go through the Mental Health Tribunal process.
    - Section 37/41 – Individuals are required to go through the Mental Health Tribunal process. The MOJ will be notified of any discharge plans by the Responsible Clinician and they will identify any ongoing restrictions or treatment orders that must be adhered to.
    - Section 47/49 – Individuals are required to go through the Mental Health Tribunal process, and dependent on their prison sentence they may also have to attend a Parole Board hearing. The MOJ will be notified of any discharge plans by the Responsible Clinician and they will identify any ongoing restrictions or licence conditions that must be adhered to.

- Patients discharged to the community may still be required to adhere to certain restrictions or licence conditions as directed by the MOJ. Community teams should be aware of such restrictions and consider these in discharge planning and support.

- It should also be considered, when a patient is discharged to the community, whether their discharge conditions amount to a deprivation of liberty. In these circumstances inpatient and community services should work collaboratively to ensure that a DOLS application is submitted.

- For any patient being discharged or transferred the following essential information must be available (the ICP [Appendix A] outlines who is responsible for the completion of the following documents):-

    1. Immediate Discharge Letter (IDL) completed by the allocated medic. This will include details of current prescribed medication and any physical health needs.

    2. Section 117 minutes

    3. Safety Plan

    4. Risk Relapse Plan

    5. Updated and current HCR20 & START

    6. Physical Health Summary

    7. Any relevant reports (Tribunal / Psychology/CPA)

    8. TTO medication

- For patients being transferred back to prison or Immigration Removal Centre, an effective handover with these services, including an end of treatment report and an updated Multi-Disciplinary Team formulation must be provided. Services are expected to actively liaise with HM Prison Service, Ministry of Justice (MoJ) and the Probation Service.

- Services may come across various barriers when seeking to discharge a patient. Such barriers may include other services not accepting individuals for admission, a lack of bed availability, delays in funding or a lack of appropriate services. It is important to consider how patients may experience this and how it may impact on their pathway through services. Staff should remain open and transparent with patients about any disruptions to discharges, but consideration should also be made to the potential distress this disclosure may cause.

### 4.3. Multi Agency Public Protection Arrangements (MAPPA)

- Mental health practitioners have a duty to co-operate with MAPPA and share information about patients that is relevant to the statutory purposes of assessing and managing risk, even when the patient does not consent. Patients may be asked to consent to the sharing of other relevant information within MAPPA to assist in their risk assessment.

- As a statutory requirement all MAPPA offenders should be identified by Mental Health services within 3 days of sentence with admission or transfer to hospital through the Criminal Justice route.

- A designated member of the admitting team will ensure, as a failsafe procedure, at the first CPA meeting or equivalent that the offender has been marked as a MAPPA offender on the internal record keeping system.

- The relevant forms will be completed and sent to the appropriate MAPPA email address. This notification should be made as is practically possible from the identification.

- Any transfer of the patient, the receiving service will be informed pre transfer. It is the responsibility of the receiving service to recommend the above process.

## 5. IMPLEMENTATION AND MONITORING

The current SOP and all additional material, such as the ICP, will be shared across inpatient and community teams.

Inpatient teams should record patient's EDDs; these are then reviewed by Humber and North Yorkshire Partnership Collaborative workstreams along with patients' placements. Workstreams also monitor both patients in natural clinical flow and those who are out of natural clinical flow.

All delayed transfers and discharges should be monitored and these are recorded at the weekly Referral and Bed Management meeting, which is also attended by the SPA.

## 6. TRAINING AND SUPPORT

Team leaders will work together to support team access to training and supervision. Opportunities to develop in-house training opportunities will be identified by team and clinical leads, access to external training is available through Division Workforce meetings and will consider the availability of training to both the inpatient and community teams.

All training should be identified in individual staff appraisals. There will be a strength in development of supervision structures which span both teams in reciprocal clinical supervision arrangements.

**APPENDIX A: The Integrated Care Treatment Pathway (ICP)**

# Humber Centre Integrated Care Treatment Pathway (ICP)

## Service User Details

| | |
|---|---|
| Service User Name: | |
| NHS Number: | |
| DOB: | |
| Admission Date: | |

## Multi-Disciplinary Team

| | |
|---|---|
| CPA Co-ordinator and Care Team: | |
| Responsible Clinician: | |
| Psychologist: | |
| Occupational Therapist: | |
| Social Worker: | |
| Art Therapist: | |
| Speech and Language Therapist: | |
| Case Manager: | |

# Variance Codes for Humber Centre Integrated Care Treatment Pathway (ICP)

Instructions for Completion of ICP:
If an intervention is completed on time – enter 'YES' in 'Achieved' box and enter date.
If an intervention is completed but not on time – enter 'PARTIAL' in 'Achieved' box and enter date.
If an intervention is not completed please add 'NO' in 'Achieved' box and give brief reasons why not achieved in 'Comments' box.
If an intervention is not achieved please enter variance code in variance box.

Variance codes will be used to record whether standards have been achieved. Positive as well as negative variances will be recorded, that is, if standards have been completed ahead of time. Variances will be audited for individual patients and will also be aggregated for the service as a whole. This will enable any difficulties to be identified and addressed. Over time, this will provide evidence to refine the pathway and to develop the Personality Disorder service as a whole.

| Code | Variance | Code | Variance |
|---|---|---|---|
| **Patient Variances** | | **Patient Variances** | |
| PV1 | Patient refusal | PV6 | Patient has a visit (personal or professional) |
| PV2 | Patient's mental state prevents engagement | PV7 | Patient unable to tolerate additional professional involvement |
| PV3 | Patient is physically ill and unable to participate | PV8 | Leave has been suspended |
| PV4 | Changed engagement level affecting engagement | PV9 | Resource allocation |
| PV5 | Identified risk that precludes participation | | |
| **Resource Variances** | | | |
| RV1 | Room not available | RV5 | Planned escorting staff resource unavailable |
| RV4 | All or part of medical record missing | RV6 | Untoward incident |
| **Organizational Variances** | | | |
| OV1 | Staff absence | OV4 | On Section 17 leave |
| OV3 | Other professional seeing the patient | | |
| **Other** | | | |
| O1 | Pathway completed ahead of standard | O2 | Miscellaneous |

| ASSESSMENT PHASE<br>Interventions to complete PRE-ADMISSION | | | | | |
|---|---|---|---|---|---|
| **Responsible Profession** | **Type of Intervention** | **Achieved-Sign** | **Date Achieved** | **Variance** | **Recovery Star Area** |
| Assessment Team | Referral received and logged | | | | N/A |
| | Referral discussed and assessment team and date agreed | | | | N/A |
| | Assessment presented to MDT, risk and referral meeting and outcome agreed | | | | N/A |
| | Assessment and Recommendations report sent to the referrer, case manager and patient via standard assessment report. Copy admin in. | | | | N/A |
| Responsible Clinician | Ministry of Justice paperwork completed (if applicable) | | | | N/A |
| | Ministry of Justice approval received (if applicable) | | | | N/A |
| Assessment Team | Admission date agreed & ward / MDT informed (Add to MDT rota) | | | | N/A |
| Charge Nurse | Patient informed of admission date & sent welcome booklet | | | | 10 |
| | CPA Co-Ordinator/ Care Team allocated to patient | | | | N/A |
| Team / CPA co-ordinator | Bedroom identified & prepared | | | | 8 |
| | Inform Mental Health Legislation Department of admission date | | | | N/A |
| | Prepare welcome pack for the patient | | | | 8 |
| | Organise temporary finance arrangements | | | | 8 |
| Social Care Team | Identify situation regarding welfare benefits/transfer of existing finances to Humber Centre banking system | | | | 8 |
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| **ASSESSMENT PHASE**<br>**Interventions to complete on DAY OF ADMISSION (** Ideally within **6 HOURS**.)<br>(If the patient initially refuses to be physically examined, staff should try to complete this within the first 24 hours of admission. If a patient continues to refuse, beyond the 24 hour period, this must be clearly documented in the notes, with a management plan and review date.) | | | | | |
| **Responsible Profession** | **Type of Intervention** | **Achieved - sign** | **Date Achieved** | **Variance** | **Recovery Star Area** |
| Admitting Nurse | MHA section papers and transfer papers/warrant checked/accepted, & legislation contacted to arrange collection/delivery. Legislation to scan to lorenzo | | | | N/A |
| | Rub down search to be completed before patient enters ward | | | | N/A |
| | Inform medical secretaries of new patient to be admitted in Lorenzo | | | | N/A |
| | Complete NEWS2 within **one hour** of admission where practicable If baseline NEWS2 score is 0, repeat 12-hourly for a minimum of three days and should only be discontinued thereafter with sound clinical reason having been determined by the MDT | | | | 2 |
| | The Malnutrition Universal Screening Tool (MUST) within six hours and repeated as indicated. Appropriate plan of care devised. | | | | 2 |
| | Complete (dipstick) Urinalysis if clinically indicated Consider alcohol and drug screening if clinically indicated | | | | 2 |
| | Height and weight (BMI) and weight repeated weekly for first 6 weeks post admission then frequency agreed in MDT | | | | 2 |
| | Lying and standing blood pressure and the bedside vision check (as part of the falls prevention programme. People should be asked if they have had two or more falls in the last year and if yes should have a multifactorial assessment. See Falls Policy (Inpatients) | | | | 2 |
| | Safety Plan commenced & initial observations/engagements recorded on lorenzo | | | | 1 |
| | Fire list amended to include patient | | | | N/A |
| Medic/Admitting Nurse | Basic body check, as appropriate, observing and examining for physical injuries. Complete medical assessment | | | | 2 |
| | Visual skin assessment and Waterlow score within six hours and repeated as indicated. Appropriate plan of care devised | | | | 2 |
| | Complete Initial impression and Management Plan (with admitting nurse) | | | | 1 |
| Medic | Complete Capacity to Consent to Treatment form (Z48) | | | | 2 |

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| | Complete mental state examination | | | | 1 |
| **ASSESSMENT PHASE**<br>**Interventions to complete on DAY OF ADMISSION** (Within 24 hours) | | | | | |
| **Responsible Profession** | **Type of Intervention** | **Achieved-sign** | **Date Achieved** | **Variance** | **Recovery Star Area** |
| Medic | Complete clerking and prescribing of medicines - EPMA | | | | 1 |
| RC | RC complete T2 & send to legislation or apply for SOAD requesting T3 if applicable Copy will either be emailed from legislation or provided by medic. Copies of forms T2 or T3 placed in medication file | | | | N/A |
| Pharmacy | Commence antipsychotic monitoring form. (& clozapine monitoring if required) | | | | 1 |
| Admitting Nurse / Pharmacy | Complete Medicines reconciliation. Check of any drug allergies & document | | | | 1 |
| Admitting Nurse | Complete clerking of medication (unless this has been done by medical staff). Order medication prescribed - EPMA | | | | 1 |
| | Complete START Risk Assessment | | | | 1 |
| | Patient given information sheets on Human Rights Act, Mental Health solicitors and Advocacy services plus welcome booklet | | | | 9 |
| | MHA Section 132 giving of information; Section Rights Care Plan completed and relevant paperwork given | | | | 9 |
| | Photo of the patient taken – with completed consent form (for Lorenzo / case file / missing persons form completed) | | | | N/A |
| | Complete Disclosure of Information (consent to share information) Carer informed of admission, & Carer letter sent to Carer, alert social work team to carer details | | | | 6 |
| | Complete DAST-10 and Audit C Tool | | | | 7 |
| | Patient belongings searched and placed on Patient Property Inventory or Valuable Property Inventory | | | | 8 |
| | Clarify and record any concerns regarding safeguarding (record of any children known to be in patients' social network, their relationship to those children and any known risks whether or not reflected in convictions. | | | | N/A |
| | Complete updates and alerts on Lorenzo | | | | N/A |

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| | Assessment of dietary needs discussed, actioned and recorded | | | | 2 |
| | Complete referral form to MAPPA (form 1) and complete MAPPA spreadsheet | | | | N/A |
| **ASSESSMENT PHASE**<br><br>**Interventions to complete within FIRST TWO WEEKS OF ADMISSION** | | | | | |
| **Responsible Profession** | **Type of Intervention** | **Achieved-sign** | **Date Achieved** | **Variance** | **Recovery Star Area** |
| CPA coordinator | Complete Infection Prevention and Control (IPC) Initial Risk Assessment within **48 hours** of admission. Patients who meet the MRSA screening criteria are to be screened within **48 hours** of admission and staff to document on the IPC initial risk assessment the date screen was obtained. If unable to obtain an MRSA screen document reason on the IPC risk assessment. Where a patient lacks capacity to consent to examination this will be recorded, as will the doctor's reasons for proceeding with, or not proceeding with, physical examination, in line with Trust's consent policy (consider DoLS/mental capacity assessment). | | | | 2 |
| Medic / Nursing | A full physical health review will be completed within 1 week of admission but ideally within **72 hours**. As clinically appropriate, this should include:<br>□ any family history of premature cardiovascular disease or diabetes<br>□ personal history of, or exposure to, infectious diseases, including blood-borne viruses<br>□ all current medication, side effects and allergies including any home remedies or alternative therapies<br>□ the Health Improvement Profile should be completed within **7 days** of admission<br>□ details of health screening (e.g. dental care). Patients must be supported to attend for routine and emergency dental care where required<br>□ review of support for people with epilepsy to stay safe, particularly re: bathing | | | | 2 |
| OT / APOT / OTA | Discussion regarding therapeutic activities and basic timetable agreed | | | | 5 |
| Primary Care | Electrocardiograms should be carried out on all patients considered to be at significant risk of cardiovascular disease (or on antipsychotics), including arrhythmias. | | | | 2 |
| | Blood tests should be carried out as clinically indicated as a baseline on admission, usually to include full blood count, urea and electrolytes, liver function tests, blood glucose, thyroid function tests and lipids. Consider the physical health monitoring of patients prescribed antipsychotics. Also consider whether testing for BBv is clinically indicated | | | | 2 |
| | Complete Health Improvement Profile2 (within one week) | | | | 2 |

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| | ECG completed (if not done previously) | | | | 2 |
| MDT/CPA Coordinator | CQUIN letter to be issued to patient within first week of admission | | | | 10 |
| **ASSESSMENT PHASE**<br>**Interventions to complete within FIRST TWO WEEKS OF ADMISSION (continued)** | | | | | |
| **Responsible Profession** | **Type of Intervention** | **Achieved-sign** | **Date Achieved** | **Variance** | **Recovery Star Area** |
| RC | Mental Health Act Consent to Treatment provisions reviewed T2 & T3 | | | | 1 |
| SW / CPA coordinator | Discussion regarding visitors, identifying any social care input needed | | | | 6 |
| | Contact with family/ significant other made. Offer of support made- Complete Mental health Assessment Carers Screen | | | | 6 |
| | Complete Relative stress Scale Tool | | | | 6 |
| Social Care Team | Finances - Ensure that patient finances have been organised/apply for benefits where appropriate. Apply for clothing voucher where appropriate | | | | 8 |
| | Assess initial social care needs ie: Ascertain situation regarding urgent debts / housing concerns / belongings / issues with family or significant others. | | | | 4,6,8 |
| | Visits - If required, in conjunction with MDT do background safeguarding checks with respect to visits from children | | | | 4,6,8 |
| Psychology | Introduction by a member of the psychology team explaining psychological assessment process including gaining consent, and what is on offer | | | | 1,4,6,7,8 |
| Pharmacy | HDAT monitoring to be completed (if appropriate) | | | | 1 |
| MDT/CPA coordinator | Complete HCR-20 with scenarios and level of security and review at 6 months | | | | 1 |
| CPA coordinator | Complete Spiritual and Religious Care assessment | | | | 9 |
| | NEWS2 Completed and compared to initial assessment- frequency to be discussed | | | | 2 |
| | HONOS Secure completed /Complete HoNOS LD if applicable | | | | N/A |

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| | Antipsychotic side effect monitoring completed (if applicable) | | | | 1 |
| | Commence HCR-20 Risk Assessment | | | | 1 |

**ASSESSMENT PHASE**

## Interventions to complete within FIRST TWO WEEKS OF ADMISSION (Continued)

| Responsible Profession | Type of Intervention | Achieved-sign | Date Achieved | Variance | Recovery Star Area |
|---|---|---|---|---|---|
| CPA coordinator | If medication is prescribed, specific treatment targets are set for the patient, the risks and benefits are reviewed, a timescale for response is set and patient consent is recorded. *Guidance: Patients are helped to understand the functions, expected outcomes, limitations and side effects of their medications and to self-manage as far as possible.* | | | | 1 |
| | CPA Standards leaflet given to patient and others with consent (to be offered in different formats if required) | | | | 10 |
| | CPA Co-coordinator meets with patient to discuss CPA process and standards- 1st CPA date to be agreed (3 months post admission) - Invitations to be sent | | | | 10 |
| | Start Recovery Care Plan with patient | | | | 10 |
| | Check if patient has Lasting Power of Attorney or Advance Decision and record (within initial CPA or MDT record) | | | | N/A |
| | Complete mental health clustering tool and choose from Forensic 5 pathway | | | | N/A |
| | Complete Notification of Patient Comorbidities | | | | N/A |
| | Complete Safety Plan | | | | 1 |
| | Complete Kitchen Risk Assessment (if appropriate) | | | | 8 |
| | Commence Positive Behaviour Support Plan *(then review every 6 months)* | | | | 8 |
| | Complete Recovery Care Plan within 4 weeks. *Review monthly for 3 months following admission then 3 - 6 monthly (individually decided)* | | | | 1 - 10 |
| | Individual Activity timetable (weekly planner) formulated. Copy to patient | | | | 5 |

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| **ASSESSMENT PHASE**<br><br>**Interventions to complete within ongoing Assessment (Prior to 1st CPA / usually up to 3 months post admission)** | | | | | |
| **Responsible Profession** | **Type of Intervention** | **Achieved-sign** | **Date Achieved** | **Variance** | **Recovery Star Area** |
| OT | MOHOST 2012 commenced and reviewed at CPA | | | | 3,5 |
| | Occupational Self-assessment commenced | | | | 3,5 |
| | OT intervention plan incorporated within Recovery Care Plan | | | | 3,5 |
| Psychology | File review commenced and completed with the first three months | | | | 1,4,6,7,8 |
| | Initial assessment and formulation commenced | | | | 1,4,6,7,8 |
| MDT/CPA coordinator | Review START Risk Assessment (review led by changes in risk but at LEAST every 12 weeks) | | | | N/A |
| Social work | Review of needs commenced – ie: Identify future pathway, establish links with home team. Identify the authority responsible for future funding, preliminary planning re discharge arrangements/potential housing/follow on services identified | | | | 3,4 |
| | Social work intervention plan completed | | | | 3,4 |
| CPA coordinator | Commence Keeping Well Work (1:1 sessions, may include risk and relapse work, preparation to engage work & symptom monitoring, increasing insight, concordance work Patients are helped to understand the functions, expected outcomes, limitations and side effects of their medications and to self-manage as far as possible.) | | | | 1,6,8,9,10 |
| | Review clustering at 3 months | | | | N/A |
| | Medication management (inc side effects monitoring) completed / reviewed (3 monthly) | | | | 1 |

| | | | | | |
|---|---|---|---|---|---|
| | Review START (led by changes but at least every 12 weeks) | | | | 1 |

# First CPA 3 months post admission

**RECOVERY PHASE**

## Recovery Pathway Interventions (Repeatable 6 month pathway from 1st CPA)

| Responsible Profession | Type of Intervention | Achieved-sign | Date Achieved | Variance | Recovery Star Area |
|---|---|---|---|---|---|
| CPA coordinator | **Review** Safety Plan (At MDT review, minimum monthly) | | | | 1 |
| | **Review** Positive Behaviour Support Plan (every 6 months) | | | | 8 |
| | **Review** MUST (review yearly unless scores or clinical team dictates greater frequency) | | | | 2 |
| | **Review** Recovery Care Plan. Review monthly for 3 months following admission then 3 - 6 monthly (individually decided) | | | | 10 |
| | Medication management (inc side effects monitoring) completed / reviewed (3 monthly) | | | | 1 |
| | **Review** Keeping Well Work (includes 1:1 sessions & symptom monitoring, consider completing DAI30 & self-administration assessment) | | | | 1,6,10 |
| | Weight should be monitored monthly (or more frequently if indicated within nutrition screening tool). | | | | 2 |
| | HoNOS Secure / HoNOS LD completed / reviewed (6 monthly) | | | | N/A |
| Medic / MDT | Review medication & document, specific treatment targets set/risks & benefits reviewed/timescale for response set and consent recorded. | | | | 1,2 |
| RC / MDT | **Review** antipsychotic side effect monitoring form/HDAT (frequency as agreed in MDT, minimum 12 monthly) | | | | 1 |
| RC | **Review** review T2/T3 annually or with medication or RC change | | | | 1 |
| O/T & MDT | **Review** of activity programme & weekly planner (6 monthly) Copy to patient | | | | 3,5 |

| | | | | | |
|---|---|---|---|---|---|
| Psychology | Psychological intervention work identified and undertaken. Plan incorporated within Recovery Care Plan | | | | 1,4,6,7,8 |
| Primary Care / Medic / CPA coordinator | **Review** physical health **inc'** chronic disease monitoring (e.g. diabetes, asthma, COPD, cardiovascular disease) and take actions as required. (6 months following admission and thereafter on an annual basis which includes a full physical examination by a medic. Action taken, or a record of services being declined, should be documented. | | | | 2 |
| **RECOVERY PHASE** **Recovery Pathway Interventions (Repeatable 6 month pathway from 1st CPA) (continued)** | | | | | |
| **Responsible Profession** | **Type of Intervention** | **Achieved-sign** | **Date Achieved** | **Variance** | **Recovery Star Area** |
| MDT / CPA coordinator | **Review** Section 17 leave | | | | 4 |
| | **Review** risk HCR20 (6 monthly) | | | | 1 |
| | **Review** risk START (3 monthly or more frequently if changes occur) | | | | 1 |
| | **Review** level of security required | | | | 1 |
| | **Consider** self-administration of medication, document in clinical notes if not assessed to be appropriate at this time | | | | 1,3 |
| | **Review** progress with substance misuse work *(if required)* | | | | 1 |
| | **Review** Carer support & Involvement – are carers engaged? has there been regular contact with patient? Do Carers want a meeting? | | | | 4,6 |
| | **Review** level of patient engagement – if engagement is poor, does something different need to be done? | | | | 1,4,6 |
| | Discuss core business – What is being done to address offending behaviour and risk reduction | | | | 1-10 |
| | **Consider** referral to CFMHT (at least 3 months prior to discharge) | | | | |
| | If planning conditional discharge, identify Social Supervisor & Clinical Supervisor & future Care Co-ordinator prior to arranging Sec 117 | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | When considering unescorted leave/conditional discharge for restricted patients, Liaise with social supervisor Re MAPPA referral | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| **MOVING ON** | **Transfer / Discharge Pathway** | | | | |
|---|---|---|---|---|---|
| **Responsible Profession** | **Type of Intervention** | **Achieved-sign** | **Date Achieved** | **Variance** | **Recovery Star Area** |
| RC | Apply for MOJ approval/warrant – consider legal status, conditions of discharge | | | | N/A |
| RC / CPA coordinator | Liaise with MAPPA regard discharge planning arrangements | | | | N/A |
| Medic | Physical examination including bloods | | | | 2 |
| | Ongoing physical needs to be formulated & communicated to GP/CMHT/Patient | | | | 2 |
| | Immediate Discharge Summary completed | | | | N/A |
| | Prescribe discharge TTO's | | | | 1 |
| Medic/Nursing | Ensure Dentist/specialist physical healthcare professionals are informed of new contact details | | | | 2 |
| MDT/CPA coordinator | Review HCR-20 | | | | 1 |
| | Review START | | | | 1 |
| SW / CPA coordinator | Liaise with family/significant others regarding discharge arrangements. Review family and carers needs assessment | | | | 4,6 |
| Social Worker | Review of all social care needs. Ensure all is in place for a safe discharge including housing, finances, funding for care packages, follow on services, MAPPA. | | | | 3,5,6 |

| | | | | | |
|---|---|---|---|---|---|
| Therapist | Review needs, including previous input and complete intervention plan | | | | 1 - 10 |
| OT | Review MOHOST and OSA/outcome measures. Review needs & complete intervention plan | | | | 3,5 |
| Psychology | Completion of Clinical Outcome Measures / Update risk assessments where appropriate | | | | N/A |
| | | | | | |

**MOVING ON**

## Transfer / Discharge Pathway (continued)

| Responsible Profession | Type of Intervention | Achieved-sign | Date Achieved | Variance | Recovery Star Area |
|---|---|---|---|---|---|
| CPA coordinator | Arrange and hold 117 meeting – invite CFMHT / CMHT and outside agencies. | | | | 8,10 |
| | Referral to CFMH / CMHT (if not already done) | | | | |
| | Complete MUST and NEWS2 | | | | 2 |
| | Order discharge medication | | | | 1 |
| | Plan for ongoing medication management | | | | 1 |
| | Complete Care & Intervention Plan *(involve appropriate professionals e.g. community team)* | | | | 1 - 10 |
| | Patient Property Inventory updated | | | | N/A |
| | Valuable Property Inventory updated | | | | N/A |
| | Review safety plan | | | | 1 |
| | Review HoNOS secure/ HoNOS LD | | | | N/A |
| | Request original section paper from legislation (if required) | | | | N/A |
| | Team completing 7 day follow-up identified/confirmed | | | | N/A |

| | | | | | |
|---|---|---|---|---|---|
| Social Care / MDT / CPA coordinator | Identify / support to arrange suitable accommodation | | | | 8 |
| | Support organising finances – including applications for benefits, PIP, grants etc | | | | 8 |
| | Support GP registration & Primary Care arrangements | | | | 2 |
| **COMMUNITY** | **Community Care** | | | | |
| **Responsible Profession** | **Type of Intervention** | **Achieved-sign** | **Date Achieved** | **Variance** | **Recovery Star Area** |
| CFMHT | Complete 7 day or 48 hour follow up | | | | |
| | Is the person under any Section 41 restrictions? Identify Social/Medical Supervisor and Ministry of Justice reports to be completed every 3 months in line with legislation. | | | | |
| | Agree and meet on regular face to face contact with patient / Agree Lone working etc | | | | |
| | Complete consents Information share sharing, utilise text messaging etc | | | | |
| | Agree date, time and location of CPA (CPA to take place one month after discharge) | | | | |
| | Complete / Review Recovery Care Plan | | | | |
| | Check arrangements for ongoing supply & administration of medication | | | | |
| | Consider cultural needs Consider places of worship, food stores or religious beliefs. | | | | |
| | Consider Social Inclusion needs. | | | | |
| | Consider need for meaningful activity - Education, courses, groups, structured days/ Volunteering and building social networks. | | | | |
| | Attend further planned meetings CPA's etc | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | Discuss, update In CFMHT MDTs and record information via Lorenzo | | | | |
| | **Review** / update START | | | | |
| | **Review** / update HCR20 | | | | |
| | Issue patient and carers leaflet | | | | |