Humber Teaching
NHS Foundation Trust

STANDARD OPERATING PROCEDURE
ADULT MENTAL HEALTH INPATIENT TREATMENT UNITS

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

CHANGE RECORD

Version	Date	Change details
1.0	*19.05.2022*	*New SOP – Approved at MH Practice Network (Clinical Network) 01.06.2022*
1.1	*Feb 2024*	*Reviewed. Minor amendment – insertion of 7.12 Interpreters paragraph. (ref SEA 2023-03) Also ainor amendment – to include the admission and transfer of patients with physical health needs- SOP added to the appendix.* *Added to Section 4 Objectives* *Added to Section 7.2 Inpatients Pathway* *Added to Appendix B AMH Inpatient Pathway – (4) within 6 hrs (ref SI 2023-854, SI 2023-3490, SEA 2023-03)* *Approved at MH Practice Network (7 February 2024).*

Contents

1. INTRODUCTION

This document provides operational guidance for people working in Humber Teaching NHS Foundation Trust's Adult Mental Health Inpatient Service. This service sits within the Mental Health Division – Unplanned Care. This standard operational policy aims to support improvement within the service ensuring safe, evidence based care and treatment, providing a simpler and more efficient pathway into and through the inpatient service. This document will ensure that all staff are aware of the processes and pathways within the inpatient service.
The Adult Mental Health Inpatient Service consists of 6 units set over 5 community based sites. Three of the six are 'treatment units', these are:

- **Westlands (Treatment Unit)** Wheeler Street, Hull
- **Newbridges (Treatment Unit)** Newbridge Road, Birkdale Way, Hull
- **Mill View Court (Treatment unit)** Entrance 3, Castle Hill Hospital, Cottingham

Plus:

- **Avondale Assessment Unit,** Miranda House, Hull
- **Psychiatric Intensive Care Unit (PICU),**Miranda House, Hull
- **Specialist Treatment and Recovery Service (STaRS),** Townend Court, Hull

Adult inpatient services in Hull and the East Riding are focussed on providing care and treatment for people who are experiencing moderate to severe mental health problems such as, Schizophrenia, Bipolar Disorder, Personality Disorder, Severe Depression, and Severe Anxiety that may require hospital admission. The care the service offers is collaboratively planned and tailored to meet individual needs. The principles of choice, recovery and personalisation are always promoted. Care is reviewed and evaluated on a regular basis. All interventions are focussed on enabling service users to achieve their optimum level of recovery and independence. The service adopts the principles of 'least restrictive' care.

The current treatment inpatient bed base is as follows;

- Westlands -18 female
- Newbridges – 18 male
- Mill View Court – 5 male, 5 female and a 'pod' which can be either a further 5 male or female depending on need.

Access to the beds is managed by the Mental Health Crisis Intervention Team (MHCIT) who have responsibility for gatekeeping all Assessment and Treatment unit beds but not rehab beds into Beech at STaRS, that service manages their own referrals along with PICU.

This document will provide an outline of the pathway through the inpatient service from the point of admission to discharge. The nature of the services is such that it is not possible to cover all eventualities within this policy. The units will need to consider the principles of this policy and other trust policy and guidelines when making decisions to best meet the needs of the individual service users.

2. SCOPE

This SOP will be used across all Adult Inpatient Treatment Unit within Humber Teaching NHS Foundation Trust. It includes both registered and unregistered staff that are permanent, temporary, bank and agency staff excluding students, on commencement of working within the Adult Inpatient Treatment Units. To provide an outline of the pathway through the inpatient service from the point of admission to discharge. The units will need to consider the principles of this policy and other trust policy and guidelines when making decisions to best meet the needs of the individual service users.

3. DUTIES AND RESPONSIBILITIES

The Chief Executive retains overall responsibility for ensuring effective implementation of all policies and procedures.
The Trust Board – will ensure that this standard operating procedure is acted on through delegation of implementation to General Managers/Service Managers/Modern Matrons/Lead Professionals.

Service Managers, Modern Matrons and appropriate professional leads will ensure dissemination and implementation of the policy within the sphere of their responsibility. They should also ensure staff are supported the pathway through the inpatient service from the point of admission to discharge.

Charge Nurses/team leads will disseminate and implement the agreed SOP. The Charge Nurse/Team Leader will ensure mechanisms and systems are in place to provide the pathway through the inpatient service from the point of admission to discharge.

All staff both clinical and non-clinical employed by the Trust will familiarise themselves and follow the agreed SOP and associated guidance and competency documents. They will use approved documentation and complete relevant paperwork as per policy and Standard Operating Procedures as relevant to each clinical activity. They will make their line managers aware of barriers to implementation and completion

4. SERVICE AIMS & OBJECTIVES

AIMS

- We provide excellent quality and effective care based on evidence based practice that promotes recovery, inclusion and choice.
- We promote and support the provision of care based on the least restrictive option.
- We involve service users and their carer's/significant others in planning their care and in improving our services.
- We provide efficient services supporting a culture of learning and innovation.
- We value and develop our workforce.
- We provide a multidisciplinary approach, working with all stakeholders to ensure integrated working along the care pathway.

OBJECTIVES

- To provide 24/7 access to inpatient care
- To provide evidence based bio psychosocial assessments and interventions.
- To ensure the physical health needs of patients are met, offering environmental and equipment assessments, prior and throughout admission. Any aids and / or adaptations are prescribed and ordered at the earliest point.
- To work collaboratively with service users and their carer's.
- To provide clear service user/carer information that promotes choice.
- To ensure that discharge planning begins at the point of admission to ensure that discharge from hospital is facilitated at the earliest opportunity
- To ensure referrals to other services or agencies are completed in a timely manner to ensure there is no delay in discharge
- To establish risk and if required share information with other relevant agencies such as safeguarding concerns.

- To provide a safe and supportive environment which facilitates recovery, choice and inclusion.
- To provide a robust transfer pathway between inpatient units based on the needs of the patient
- To ensure that Mental Health Act Legislation is adhered to
- To ensure appropriate access to advocacy services
- To facilitate leave from the unit
- To complete timely reviews in line with the Care Programme Approach (CPA) process
- To work effectively with other Trust and non-Trust services.
- To monitor delivery of service impact through an agreed set of Key Performance Indicators and Quality measures.
- To adhere to Trust policies and guidelines
- To audit compliance and create action plans for areas of improvement
- To obtain feedback from service users and carers and implement improvements where possible

The purpose of Inpatient care is to provide treatment when a person's cannot be provided with appropriate safe treatment in the community. and where the situation is so severe that specialist care is required in a safe and therapeutic space. Admissions should be purposeful, integrated with other services, as open and transparent as possible and as local and as short as possible.

If the assessment and or gatekeeping completed by the MHCIT identify the need for admission, the MHCIT staff will liaise with the identified inpatient unit, to provide information on the Service User's current presentation and risks. This should be in liaison with the bed manager (see APPENDIX A for Bed Management SOP).

Assessment documentation which includes a risk assessment and initial plan of care are the minimum information that needs to be provided to the admitting unit.

5. STAFFING STRUCTURE

The service has a Service Manager and two Modern Matrons. Each Matron is responsible for specific senior clinical roles The Matrons and Service Manager provide a degree of cross-cover for one another during planned and unplanned absence.

All inpatient units have access to a full multi-disciplinary team including a Team Manager, Clinical Lead Deputy Charge Nurses, Specialist Nurses, Consultant Psychiatrist, Junior Medical staff, Clinical Psychologist, Registered Mental Health Nurses (RMNs), Health Care Assistants (HCAs), Occupational Therapists, Associate Practitioners of Occupational Therapy, Activity Workers, Social Worker, Admin support Services and Domestic Staff.

Peripatetic Staff Team
In addition to the staffing establishment on each of the units, there is a team of Healthcare Assistants rostered on duty 24 hours a day, 7 days a week whose purpose is to cover short notice, short-term absence on any of the Inpatient Units (Including OPMH Inpatients). The time period for use of the staff is for the following 24 hours only, absence beyond that time period should be addressed separately via safe movement of substantive staff if possible or the Flexible Workforce Team.

These staff are held on a central rota and for line-management purposes are based across the inpatient teams thus:

- 3 at Miranda House
- 2 at Newbridges
- 2 at Westlands
- 3 at Mill View
- 2 at Maister Lodge/Court

When not required to back fill any arising shortfalls, the staff will undertake duties on their base unit on the understanding they can be asked to move at any time should the need arise.

Any of the Band 6/7 Staff on the units can access the Peripatetic Rota to establish who is on the relevant shift and their location at that time. Any movement needs to be coordinated with the Service Manager or Matron in working hours or the Duty B7 at weekends wherever possible so the staff member can be moved on E-roster. Any movement of the Peripatetic staff by On-call should be emailed to the Service Manager so that retrospective alterations to the rota can be made.

6. INPATIENT UNITS WITHIN THE SERVICE

Avondale (see APPENDIX A for Avondale Clinical Decisions Unit SOP).

Westlands
Westlands treatment unit is an 18 bedded unit providing assessment and treatment for females suffering from an acute phase of mental illness from Hull and East Riding of Yorkshire.

Safe staffing:
Minimum staffing requirements for Westlands are:

- Early 6 staff (2 RMNs, 4 HCA),
- Late 6 staff (2 RMNs, 4 HCA),
- Night 5 staff (2 RMNs, 3 HCA)

In the absence of the Charge Nurse / Team Manager / Clinical Lead, the Nurse in Charge (as designated on the rota) is responsible for the overall running of the unit.

Westlands operates under the ERostering system, shift patterns consist: early 07:00hrs - 15:00 hrs, late 12:00noon- 20:00hrs, night 19:30hrs -07:30hrs.

People admitted to Westlands Inpatient Unit are either informal or detained under The Mental Health Act 1983. Westlands is an open unit with controlled access and egress (see access and egress process)

Westlands is the identified unit for under 18 female emergency admissions, all CAMHS admissions required a DATIX, notification to CQC and within eye sight engagement.

Newbridges
Newbridges treatment unit is an 18 bedded unit for males suffering from an acute phase of mental illness from Hull and the East riding of Yorkshire.
Safe staffing;

Minimum staffing requirements for Newbridges are;

- Early 6 staff (2 RMNs, 4 HCA),
- Late 6 staff (2 RMNs, 4 HCA),,
- Night 5 staff (2 RMNs, 3 HCA)

In the absence of the Charge Nurse / Team Manager / Clinical Lead, the Nurse in Charge is responsible for the overall running of the unit.

Newbridges operates under the Erostering system, shift patterns consist: early 07:00hrs - 15:00 hrs, late 12:00noon- 20:00hrs, night 19:30hrs -07:30hrs.

People admitted to Newbridges Inpatient Unit are either informal or detained under The Mental Health Act 1983. New Bridges is an open unit with controlled access and egress (see access and egress process)

Mill View Court
Mill View Court is a 15 bedded mixed gender environment for individuals suffering from an acute phase of mental illness from Hull or the East Riding of Yorkshire.

Safe staffing;
Minimum staffing
requirements for Mill View Court are;

- Early 5 staff (2 RMNs, 3 HCA),
- Late 5 staff (2 RMNs, 3 HCA),
- Night 4 staff (2 RMNs, 2 HCA)

In the absence of the Charge Nurse / Team Manager / Clinical Lead, the Nurse in Charge is responsible for the overall running of the unit.

Mill View Court operates under the Erostering system, shift patterns consist: early 07:00hrs - 15:00 hrs, late 12:00noon- 20:00hrs, night 19:30hrs -07:30hrs.

People admitted to Mill View Court Inpatient Unit are either informal or detained under The Mental Health Act 1983. Westlands is an open unit with controlled access and egress (see access and egress process)

Mill View Court is the identified unit for under 18 male emergency admissions, all CAMHS admissions required a DATIX, notification to CQC and within eye sight Engagements.

STaRS SOP (see APPENDIX A for Specialist Treatment and Recovery Service (STaRS) SOP)

Psychiatric Intensive Care Unit (PICU) (see APPENDIX A for Psychiatric Intensive Care Unit (PICU) SOP)

7. PROCEDURE

7.1. Transfer of patients between units from Avondale

The decision to transfer patients is based on clinical need and is discussed with patients and their carers at their clinical review or CPA meeting. Transfer refers to the movement of a patient within Humber inpatient clinical services. Following assessment on Avondale a transfer may take place to one of the following treatment units:
Westlands
New Bridges
Mill View Court

7.2. Inpatient Pathway (see APPENDIX B)

Following a gatekeeping by MHCIT a bed will be identified on an inpatient unit in liaison with the bed manager. Where possible all admissions will go directly to Avondale for a period of assessment and triage. The exception to this will be for service users who are detained under Section 3 of the Mental Health Act 1983 and/or are well known to the service or are being recalled on a Community

Treatment Order (CTO). Direct admissions should not be made to Beech at STaRS (Rehabilitation Unit). There may be circumstances where a direct admission to PICU is required due to a service user's presentation being unmanageable on an open unit – high risk of violence and aggression.

Admission to patients with physical health needs will be assessed on an individual basis to identify the most appropriate inpatient area to support the patient physical health needs. Prior to admission any existing aids and adaptations will be taken in to account and prescribed as needed to ensure the environment is able to meet the needs and promote independence. Any patients experiencing physical decline or deterioration whilst on an inpatient unit will be assessed and prescribed any equipment by an authorised prescriber and a thorough risk assessments will be completed, discussed and approved by the Multi-disciplinary Team. Referrals whilst on any inpatient unit to internal and external services will be completed based on the individuals physical health needs. Any physical health aids and adaptations on discharge will be provided in the transfer process and referred on the relevant service or agency (see appendix A for Equipment SOP).

If the patient initially refuses any physical health test – Body Map, NEWs 2, bloods (this list is not exhaustive see pathway), staff should try to complete this within the first 24 hours of admission. If a patient continues to refuse to be examined or to have basic observations undertaken beyond the 24-hour period, this must be clearly documented in the notes, with a management plan and review date.

The body map would be reviewed if there were any further injuries or concerns to the patient, if the wounds/injuries had healed this could also be evidenced on a further document, and if the Waterlow score reflected the need to do a body check.

7.3. CAMHS

There may be times when it is necessary to admit a person under 18 years of age to an adult unit. The Care Quality Commission (CQC) approved unit for males is Mill View court and for females is Westlands.

The *age appropriate environment* duty is set out in Section 131A of the 2015 amendments to the 1983 Mental Health Act (MHA). It requires hospital managers to ensure that under 18 year olds are admitted to an environment suitable for their age (subject to their need). This applies to both detained and informal patients. It also includes minors placed on community treatment orders (CTOs) who are recalled to hospital or who agree to informal admission while subject to a CTO.
(See APPENDIX A for CTO SOP)

7.4. Admission process

The process for admission remains the same regardless of which unit is the admitting unit. **The process is made clear in appendix one (Inpatient pathway) and appendix 7 (Lorenzo structured care plan).** The pathway is broken down into stages so that staff may pick it up at any point during a service user's journey. The stages are as follows:

1. On admission/arrival
2. Within 1 hour
3. Within 4 hours
4. Within 24 hours
5. Within 72 hours
6. Initial review
7. Transfer Process
8. Treatment stage
9. Discharge

7.5. Handovers

Handovers occur at a change in shift and should be attended by the shift co-ordinator from the previous shift and staff taking over the care on the next shift. Handovers of care from shift to shift will be led by the shift co-ordinator and will be centred on any concerns related to the service user's care and any outstanding pieces of work that require completion. Effective communication is key to handovers. While discussion is appropriate, it should be structured and concise and not take over the quality and content of information being handed over. The venue should be pre-determined by the unit team and should be in a place where there are minimal disruptions. The principles of 'Safe Wards' Positive words should be adopted in handover to support staff in feeling confident to take over the shift. Accountability for service users begins at the end of the handover on the shift staff come onto.

7.6. Carers

Staff will be actively engaged with patient and carer involvement, and they will be provided support as needed and inclusive intervention planning when consented by their family member/friend. Assessments under the Care Act will be completed and supported. With patient consent carers / family will be invited to reception meetings and CPA meetings to ensure continuity of care.

7.7. MDT Meeting

Reviews take place on a daily basis. The review is to include as many members of the MDT as possible.

All service users will be discussed on a regular basis; this is determined by their Red, Amber, Green (RAG) status and care requirements. The purpose of the review is to:

- Review the care plan and formulation to agree purpose of admission and review progress
- Ensure accurate prescribing and review of medication
- Make decisions on actions required to ensure timely discharge
- Identify and escalate barriers to discharge
- Identify safeguarding issues and agree actions
- Discuss risk and risk management plans
- Review level of supportive engagement
- Ensure effective communication between the MDT
- Ensure unmet needs are identified and action plans put in place to resolve issues
- Make sure actions are completed

7.8. Documentation

All documentation for the inpatient service is recorded using Lorenzo. There should be a minimum of one entry per shift for each service user. All assessments, care plans, risk assessments, safety plans and discharge summaries should be completed on Lorenzo before the end of a staff members' shift. Risk assessments, care plans and safety plans should be reviewed daily as part of the MDT discussion, should a service user's risk change this needs updating within the FACE. A service user's care plan should be completed with them, in their words and be reviewed on a regular basis depending on their changing care needs. A fully updated risk assessment and care plan is required at point of discharge.

The Trust utilises Electronic Patient Medication Administration system (EPMA).
The current exception to electronic recording is The National Early Warning Score (NEWS2) which should also be recorded on the nationally approved chart.

7.9. Supportive engagement

The primary purpose of supportive engagement is to maximise patient safety, minimise risk and to initiate and build supportive therapeutic relationships.

See APPENDIX A for Supportive Engagement Policy and Supportive Engagement Guideline

7.10. Weekly Inpatient Senior Meeting – Monday Morning

All moderate incidents of harm and all incidents of self-harm or safer staffing incidents as reported above are reviewed weekly by the Division and membership includes the Service Manager and Matrons, Charge Nurses/Team Leaders or deputies, with a mechanism for escalation to the General Manager and Clinical Lead where needed. This meeting ensures the following;

- To provide oversight of the care and management of those inpatients who present the most serious threat to their own safety or the safety of others.
- To deploy clinical expertise to provide advice and support to inpatient staff in the management of highly complex cases.
- To review on a weekly basis all moderate/severe harm incidents and identify any themes or risks which will benefit from senior clinical or managerial support or influence.
- To maintain oversight of compounding factors associated with staffing, acuity, bed capacity and risk which requires pro-active management across the care group to relieve.
- Take appropriate action to relieve acute pressure points and/or consider escalation to senior leaders in the Trust where containment of risk is problematic.
- Establish when compounding features require consideration of closure of beds and follow the escalation procedures.
- To review delayed transfers of care and commission action to resolve where greater authority can be brought to effect discharge or minimise delay.

7.11. Service User/Carer Involvement

The service is fully engaged in developing strong links with service user and carer forums and engaging them in future recruitment and on-going service development and training.
As a service we value service/carer feedback we work closely with patient experience service in relation to complaints and compliments from carers and patients the service can be contacted at any time. Friends and family questionnaires should be given out to service users/carers at CPA meetings and at any other appropriate times during the admission

Service user and carer feedback are used to improve and develop the service. All units have a 'You said…we did' board which clearly shows answers to questions and how the feedback has been used to improve services. Feedback from Friends and family surveys are collated at trust level and fed back to the service/teams.

Community meetings are also held on a regular basis on the units allowing continued dialogue around changes to unit activities, safety concerns and allow a platform to engage service users in on-going developments of the unit they are residing

7.12. Interpreters

If a patient's first spoken language is not English, the ward has access to language line 24/7 and access to face to face interpreters if needed. Mental health interpreters reduce the risk of misunderstanding and misdiagnosis which can in turn lead to the wrong treatment and intervention for an individual. The use of an interpreter should be identified at point of assessment and admission to the ward.

7.13. Supervision and Reflection

See APPENDIX A for Supervision Policy – clinical practice and non-clinical.

Supervision forms an integral part of the development and support for inpatient staff. The Team Leader or Clinical Lead are responsible for ensuring that staff receive managerial/professional supervision within the team in line with Trusts supervision policy. Each staff member should also access clinical supervision in line with trust policy. This can be accessed within the team or with an external supervisor. Each member of staff will have an annual appraisal. Each unit will have a supervision structure. In addition to individual supervision, peer supervision and reflection sessions are available to all members of staff on at least a fortnightly basis and also staff can use business

meetings and handovers for reflection and peer supervision. It is essential that all staff have regular support to help them deal with the emotional impact of working within the inpatient service. Staff support has a preventative role in serious untoward incidents and dealing with incidents as they arise.

7.14. Key performance Indicators

Contract KPI's
Bed Occupancy % - Unit
DTOC Rate %
ReQoL 10 - Quality of Life - Percentage of Patients with a reliable change improvement of 5+ (PROM)
HONOS Total Score - Percentage of Score Improvement at discharge when compared to the initial score at entry (CROM)
Percentage of patients/carers who rated the service positively - Results from the FFT Survey (PREM)
Patient Experience : (Information) - positive outcome (PREM)
Patient Experience : (Friendly & Helpful) - positive outcome (PREM)
Patient Experience : (Involved) - positive outcome (PREM)

No of new admissions - inpatients
No of discharges - Inpatients
Occupied Bed Days Available
Occupied Bed Days (including leave)
Occupied Bed Days (excluding leave)
No of new Delayed Transfer of Care Cases in the reporting period
No of occupied bed days delayed due to NHS
No of occupied bed days delayed due to Social Care
No of occupied bed days delayed due to Both
Length of Stay - current (snapshot)
Length of Stay - discharge
Number of referrals assessed and referred back to the GP
Number of F&F Responses in the reporting period
Number of complaints responded to in the reporting period
Number of complaints responded to in the reporting period which were fully upheld
Number of complaints responded to in the reporting period which were partly upheld
Number of compliments received in the reporting period

Additional Internal KPI's
Patients Followed up within 72 hours of inpatient discharge
Immediate Discharge Summaries Created within 7 days
Number of New Admissions with a completed HIP within 2 days of the admission.
Safer Staffing Fill rates / Day / Night / Registered / Non Registered
Budget vs Expenditure
Use of Bank / Agency Costs/Spends
Sickness/Absence Rates
Mandatory Training Compliance
Clinical Supervision
Appraisals Completion (due for completion between April and July).

7.15. Search

See APPENDIX A for Search Policy Inpatients

- Every patient will have a property search on admission due to high levels of patient safety incidents occurring within inpatient units involving restricted items. This search will also constitute the patient possession list on admission. The Trust will support this blanket rule/restriction on the basis of overall patient safety.

- Every item will be logged and any restricted items will be withheld. Restricted (A list of restricted items will be displayed on each ward. **Appendix 8**). The Patient's Money and Property Procedures must be followed.
- Thereafter any additional belongings, room or personal searches for any patients returning from leave in any of the inpatient services will only be undertaken in line with the patients individual risk assessment. Routine searching of patients or their belongings on return from leave is NOT supported.

7.16. Key/Alarm Systems

Each unit will have a procedure in place for the use of keys and personal alarms which should be followed by staff at all times. Staff should receive keys following their environmental induction to the unit. All patients will be given a personal alarm on admission unless a risk assessment reflects otherwise. Further information regarding this, it is in APPENDIX A Patient Personal Safety Procedure for Inpatient Areas.

7.17. Controlled Access and Egress

See APPENDIX A for Patient Personal Safety Procedure for Inpatient Areas

All units must have a single robust controlled point of entry where people who are not staff or patients cannot enter the building without being authorised to do so. A record of all those visiting the ward, to include staff from other areas of the Trust, will be kept in reception or the appropriate designated place for every ward. A separate record will be kept for all contractors entering/exiting the ward as per Estates Contractor Control Policy
There are circumstances where visitors access may be restricted, refused entry or asked to leave. The two principal grounds on which the above may occur are: clinical grounds and security grounds. Exclusion from visiting may be necessary following previous and/or current behaviours from a particular visitor. The Mental Health Code of Practice (2015) Chapter 11 lists the following as exclusion criteria:

- Incitement to abscond.
- Smuggling of illicit drugs or alcohol.
- Transfer of potential weapons.
- Unacceptable aggression
- Attempts by the media to gain unauthorised access.

Staff have a responsibility to verify the authenticity of people wishing to gain access to a ward and to restrict such access in order to maintain the safety and privacy of patients and staff.

Any decision to exclude a visitor should be fully documented and explained to the relevant patient. Any visitor being excluded should be given a rationale as to why they have not been granted access to the ward, ensuring patient confidentiality is maintained. This decision should be reviewed on a regular basis as clinically appropriate based on risk.

All units should have only one door that is regularly used to permit patients to leave the unit. This door will remain permanently controlled by staff. How exit is managed will be agreed at ward level and may differ across services. This will be supported by local procedures. It is the responsibility of the Team Leader or Clinical Lead to ensure these procedures are in place and for the Modern Matron to ensure they are followed and compliance monitored. This procedure will be clearly explained to patients on admission and documented in their clinical notes. In the event of a fire all fire doors should automatically open that are designated to do so. On admission patients will be informed what their role will be in case of a fire and to listen to staff guidance in this situation.

Trust staff must remember their duty of care towards all potentially vulnerable patients who are using services and to reduce the instances of tailgating across inpatient areas. When staff are leaving inpatient facilities they must supportively question any patients wishing to leave and/or ensure that staff on the ward are made aware of the patients intentions before they leave the building. If the patient says they have agreement to leave then this must be checked with the staff

on duty, before allowing the person to leave the building (Blue Light Alert 2013-10). If a patient successfully tailgates a member of Trust staff from the building this must be reported to the nurse in charge immediately and if appropriate Missing Patient Procedure implemented. All instances of tailgating must be reported to the ward, whether successful or not, and an Adverse Incident form completed to ensure appropriate strategies are put in place to support the patient.

Any patient wishing to leave the ward must be reviewed by a qualified nurse to ensure the appropriate documentation is in place, Section 17 leave for detained patients, and to assess the mental state of the individual.

7.18. Band 7 Cover

To ensure robust support and senior cover for the service there is a band 7 charge nurse on duty each weekend. This is done on a rota whereby each charge nurse will work one weekend in 6 (flexibly) to cover all units between the hours of 8-4/9-5. The rota is given to all units and displayed so that if staff need senior support they will contact the covering charge nurse. It is usual that the nurse will be based on their own unit for most of the time but will attend other units to respond to any operational or clinical need if required.
Through the night MHCIT have a band 7 that can be accessed for clinical advice and support, 7 nights per week.

7.19. Local Workplace and Environmental Induction

The HR Recruitment Team send each new starter a Local Workplace Induction pack. It is the responsibility of the individual and their line manager to work through and complete the Local Workplace Induction Checklist and confirmation slip within 8 weeks of commencement of employment. A copy of these completed documents should be sent to the HR Recruitment Team, where they will be placed on the individual's personal file.

The **environmental induction** will be completed as soon as the staff member arrives on the unit and/or before they start their shift. This applies to all staff including non-substantive (bank, agency), students, medics, locums, domestic staff, admin etc. This induction is bespoke to each unit and covers all safety and risk issues such as ligatures, contraband items, keys and alarm systems, lines of sight, supportive engagement, clinically managed risks, CCTV, fire alarm system and exit points, supervised access rooms and resuscitation equipment.

7.19.1. Induction of students – Nursing and Allied Health Professionals (AHP's)

- The Trust supports the training for a variety of student placements.
- All training attended by students is recorded by both the Trust and the relevant University. The Trust works with the University to identify training needs for each student. Where the level of training required by the Trust is not provided by the University, the Trust delivers the training in order to satisfy statutory and mandatory requirements.
- All attendance lists are collated and recorded on The Oracle Learning Management (OLM) system by the Training Department.

Mentors/supervisors should ensure that an environmental induction is completed when the student arrives on the unit and that all relevant training is up to date.

7.19.2. Induction of Medical staff

- The medical staffing team will book Consultants, Associate Specialists and Staff Grades onto the Trust Corporate Induction Programme and monitor non-attendance in association with the HR Recruitment Team.
- Doctors in training will receive a separate induction which is coordinated by the post-graduate secretary in association with the Training Department.
- The process for follow-up of those that do not attend Induction is the same that in place for all other staff.

• All medical staff will have to complete a Local Workplace Induction Checklist and environmental induction.

7.20. Zoning/risk indicator (At a glance board)

Each unit will RAG (Red Amber Green) rate service users and make it clear on the at a glance board which level of risk is associated with the service user. This makes it easier for staff to identify who the high risk service users are. At a glance boards are the same on each unit and have the following items;

Name, date of birth, admission date, assessments completed, outstanding tasks, screening, physical health, community worker.

Boards should be updated following daily reviews to reflect changes in risk and actions completed.

	RED	AMBER	GREEN
INDICATORS	**New admission** **Mental state unstable and service user experiencing distressing symptoms** **Incomplete risk assessment** **Severe risks identified** **Significant risks identified but not addressed** **Difficulties in engagement** **Commencing new medication with potential risk of major side effects** **Carers expressing significant distress re: safety** **High/increased level of engagement**	**Mental state remains unstable but responding to treatment** **Engaging with team** **Completed risk assessment** **Significant risks, but team confidence in management of these** **Treatment regime established** **Some outstanding tasks but some completed** **Reduced level of engagement**	**Approaching discharge** **Marked reduction in risk or chronic risks remain but with clearly shared management plan in place** **Marked improvement in symptomatology** **Discharge plan devised and communicated to patient/carer** **General level of engagement**

7.21. Discharge / Transfer Planning

- Discharge or Transfer planning will begin at the point of admission and should involve colleagues who will work with the service user after discharge / transfer to a CMHT.
- If a service user is likely to need a new service this should be planned on admission or at the earliest point possible and a referral made at that time.
- Staff should consider any accommodation needs for the service user to ensure timely referrals to housing/supported living
- All units follow the Trust's guidance developed to support NICE Guidance 53 (see APPENDIX A).

7.21.1. Early Discharge from inpatient units

If the MDT identifies that a Service User is ready for discharge from inpatient services to Home Based Treatment (HBT) the MDT will liaise directly with HBT staff.

From the discharging unit prior to referral

- Joint agreed interim care plan.
- Patient should be aware of the referral, indicating a degree of willingness/motivation to engage with the HBT. Discussions with Community care-co, and carers is essential at this stage.
- It is necessary that the medical team are aware and agree to the referral.
- Referrals must be made prior to the patient being discharged from hospital, The HBT team should, be involved in the leave care plans.
- A referral for longer term service provision should be facilitated by the unit as soon as possible post admission.

Once Discharge / transfer of care has been agreed between the unit and HBT.

An individualised plan, for "early discharge "will be completed by the discharging unit staff, HBT and the patient/ carer and family.

Discussions/review needs to take place with the medics/unit regarding appropriate discharge from the unit, solely to the HBT team, the unit can be advised officially if the patient is to be discharged into the care of the HBT, the ward completes the discharge/ CPA paperwork. At this time all Risk documentation/plans should be completed/agreed by the ward / HBT/ Medics/ and patient were appropriate.

Quality standards

To facilitate discharge from Hospital and to commence home treatment there must be evidence that the presenting risks and symptoms which informed the hospital admission have decreased to enable the patient to be managed in the community with a Home treatment support plan by the HBT Team. The plan will be continually reviewed until a discharge plan is agreed: (transferred to a community team/ voluntary sector/ counselling service/waiting list or referred back to their GP) or if the presenting risks and symptoms increase then re-admission may be considered.

- HBT to be invited to discharge planning meetings, at the earliest opportunity, to discuss a potential referral. This can be done by email an invite to MHCITLeadershipteam@nhs.net.
- Referrals from the unit for early discharge, should be discussed with the Responsible Clinician of the unit and HBT staff.
- If after assessment the patient is not accepted for home treatment, the bed manager must clearly identify the reasons why early discharge is not appropriate, identifying what changes to the patients presentation need to occur, to be able to facilitate early discharge and home treatment.

Enhanced Leave of Support Planning (Home Treatment)

- HBT will work closely with the inpatient wards to ensure that they identify patients who can continue their treatment at home. The bed manager will attend the Daily Review Meetings on the Admission unit(Avondale).

7.21.2. Prior to discharge the team should ensure that:

- There is a good understanding by the service user, their family, carers and relevant others of why the crisis occurred and how it may be avoided in the future.
- Coping strategies have been explored with the service user ad family/carer
- A relapse plan is in place.
- The decision to discharge will be based on evidence to show that: the presenting risks and symptoms of the service user, that indicated their hospital admission, have reduced to a point where discharge is safe for the service user, their family/carers OR there is an appropriate risk management plan in place to manage the existing risk
- The decision to discharge from the unit should be made through consultation between the units MDT ,service user, carers and significant others including the care co-coordinator.
- Service users and their family/carers should be given the opportunity to provide feedback via friends and family questionnaire to contribute to service development.
- The GP will receive a copy of the discharge letter
- The CPA plan must comply with Trust CPA standard documentation and remains the responsibility of the Care co-ordinator.

There are times when service users and their carer's are anxious about being discharged by the from hospital. It is therefore important that the process of discharge is adequately discussed during the care planning and implementation phase of care.

7.21.3. Delayed Transfers of Care DToC

The definition of a delayed discharge is a service user who no longer requires hospital admission and could be discharged or transferred to appropriate follow up care. All delayed discharges will be recorded on Lorenzo with a rational for why the delay has occurred. This will be monitored via a weekly huddle to ensure delays are resolved as promptly as possible.

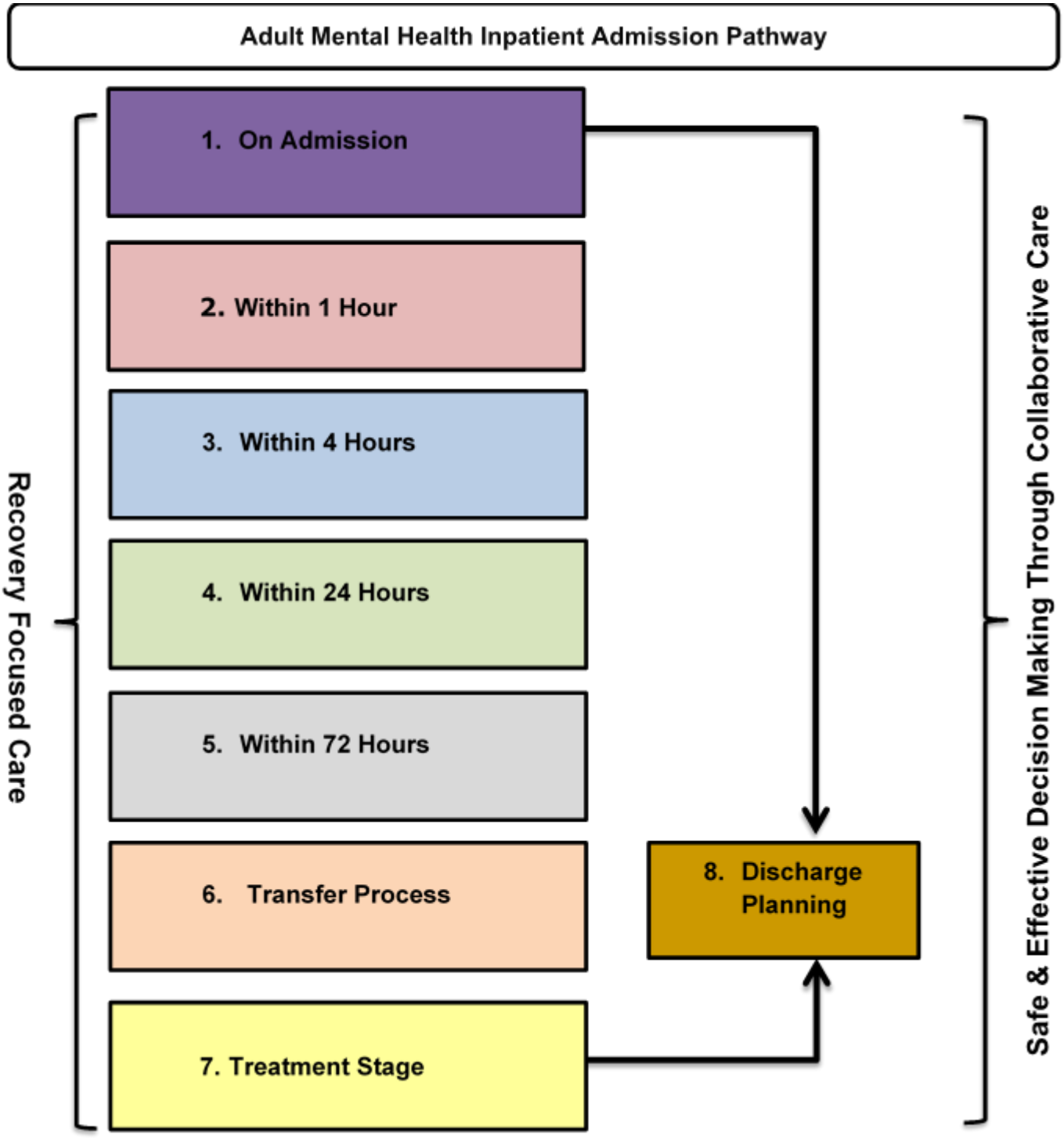
APPENDIX A: Related Policies/Procedures/Guidelines

Related Policies/Procedures/Guidelines to be used in conjunction with this SOP

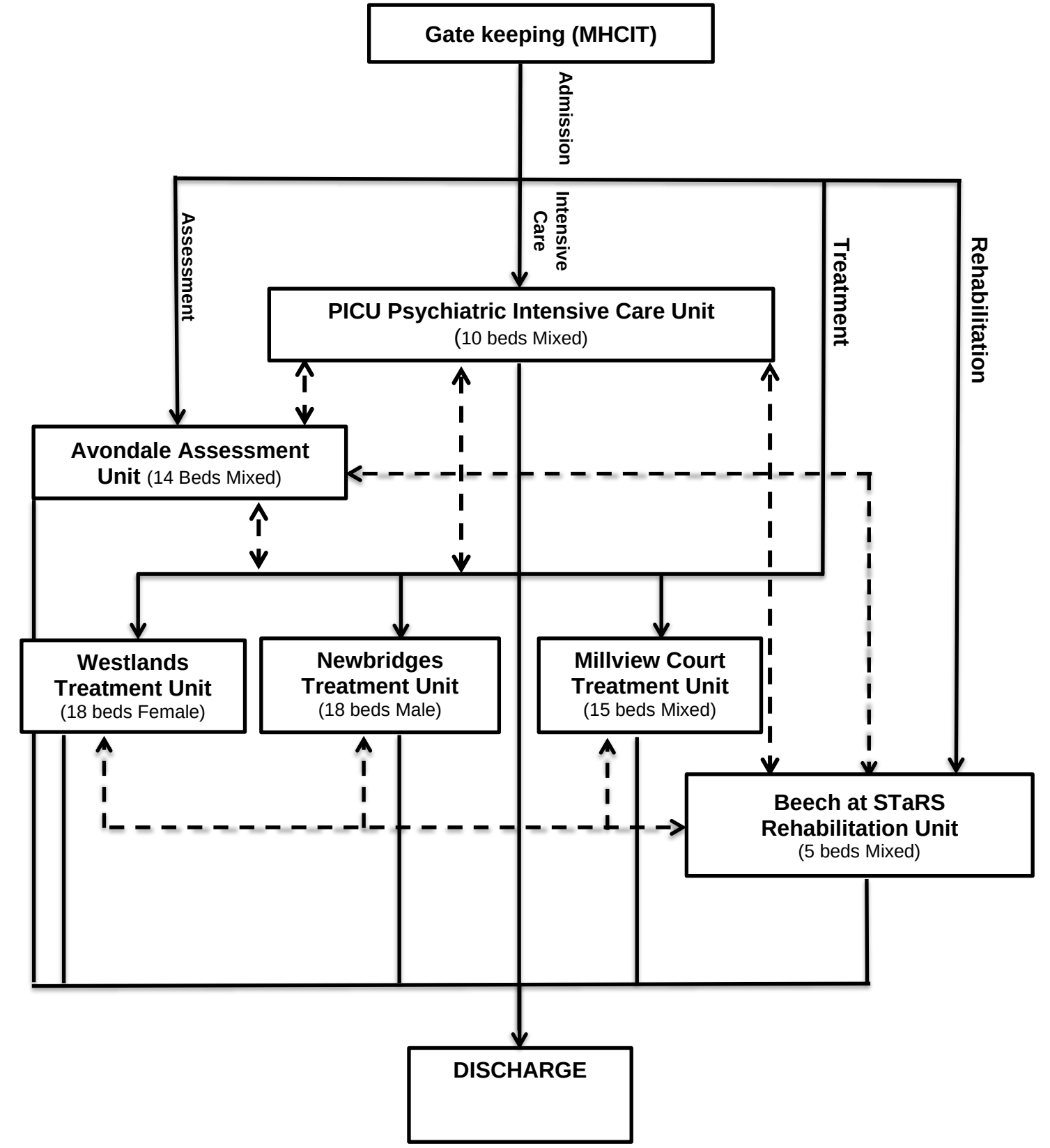
Avondale Clinical Decisions Unit SOP (page 6)	MH - Avondale Clinical Decisions Unit SOP21-035.pdf (humber.nhs.uk)
Bed Management SOP (page 5)	MH - Adult and Older Adults Bed Management SOP22-017.pdf (humber.nhs.uk)
Complaints and PALS Policy	Corporate Policies, Procedures and SOPs (humber.nhs.uk)
Confidentiality and Code of Conduct	Corporate Policies, Procedures and SOPs (humber.nhs.uk)
Consent Policy	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Caldecott and Data Protection Policy	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
CPA Policy and Procedural Guidance	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Clinical Risk Assessment, Management and Training Policy	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Consent to Treatment SOP (page 8)	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Duty of Candour policy and Procedure	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Inpatient Leave Policy	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Leave SOP	*currently creating a SOP for and will be linked once approved*
Patient Personal Safety Procedure for Inpatient Areas (page 11)	*currently creating a SOP for and will be linked once approved*
Psychiatric Intensive Care Unit (PICU) (Page 7)	*currently creating a SOP for and will be linked once approved*
Specialist Treatment and Recovery Service (STaRS) SOP (page 7)	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Supervision Policy – clinical practice and non-clinical (page 10)	Corporate Policies, Procedures and SOPs (humber.nhs.uk)
Supportive Engagement Policy (page 9)	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Supportive Engagement SOP (page 9)	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Search Policy Inpatients (page 11)	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Safeguarding Adults Policy	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Safeguarding Children Policy	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Safeguarding Children Visiting inpatient Units policy:	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Emergency and Atypical Admissions of Young people onto adult Mental Health Units Procedure	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Entry and Exit Policy for Non Secure Inpatient Units	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Fire Safety Policy	Clinical Policies, Procedures and SOPs (humber.nhs.uk)

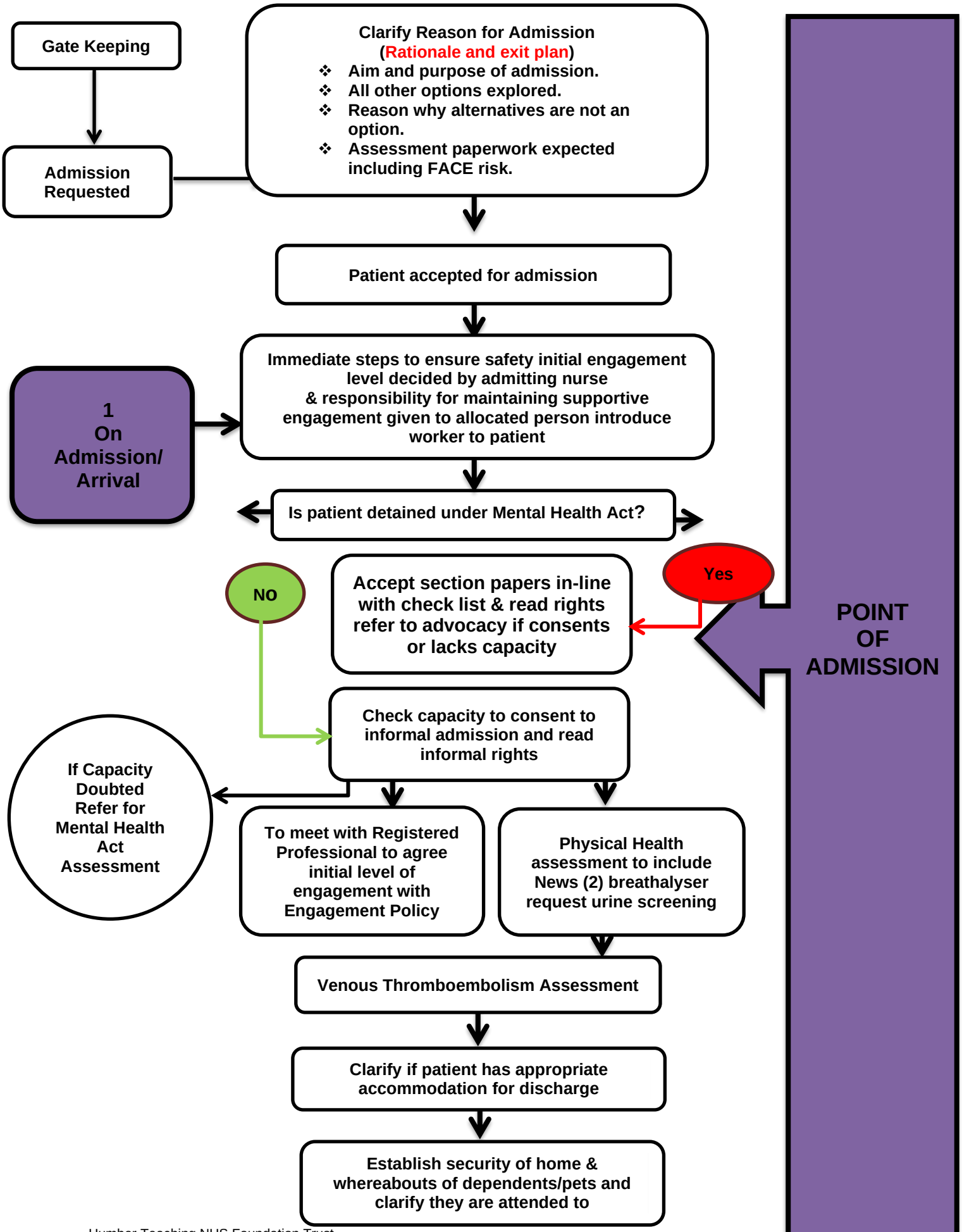
Seclusion or Segregation Use of Policy	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Medication management polices	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Rapid Tranquilisation Policy	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
NG 53Transition between inpatient mental health settings and community or care home settings	Overview | Transition between inpatient mental health settings and community or care home settings | Guidance | NICE
Discharge and Transfer Policy	Clinical Policies, Procedures and SOPs (humber.nhs.uk)
Discharge and Transfer SOP (AOAMHI)	MH - Discharge and Transfer AOAMHI SOP20-001.pdf (humber.nhs.uk)
Equipment Provision for Patients with impaired Mobility or Physical Function on Mental Health Units SOP21-029	Clinical Polices, Procedures and SOPs (humber.nhs.uk)

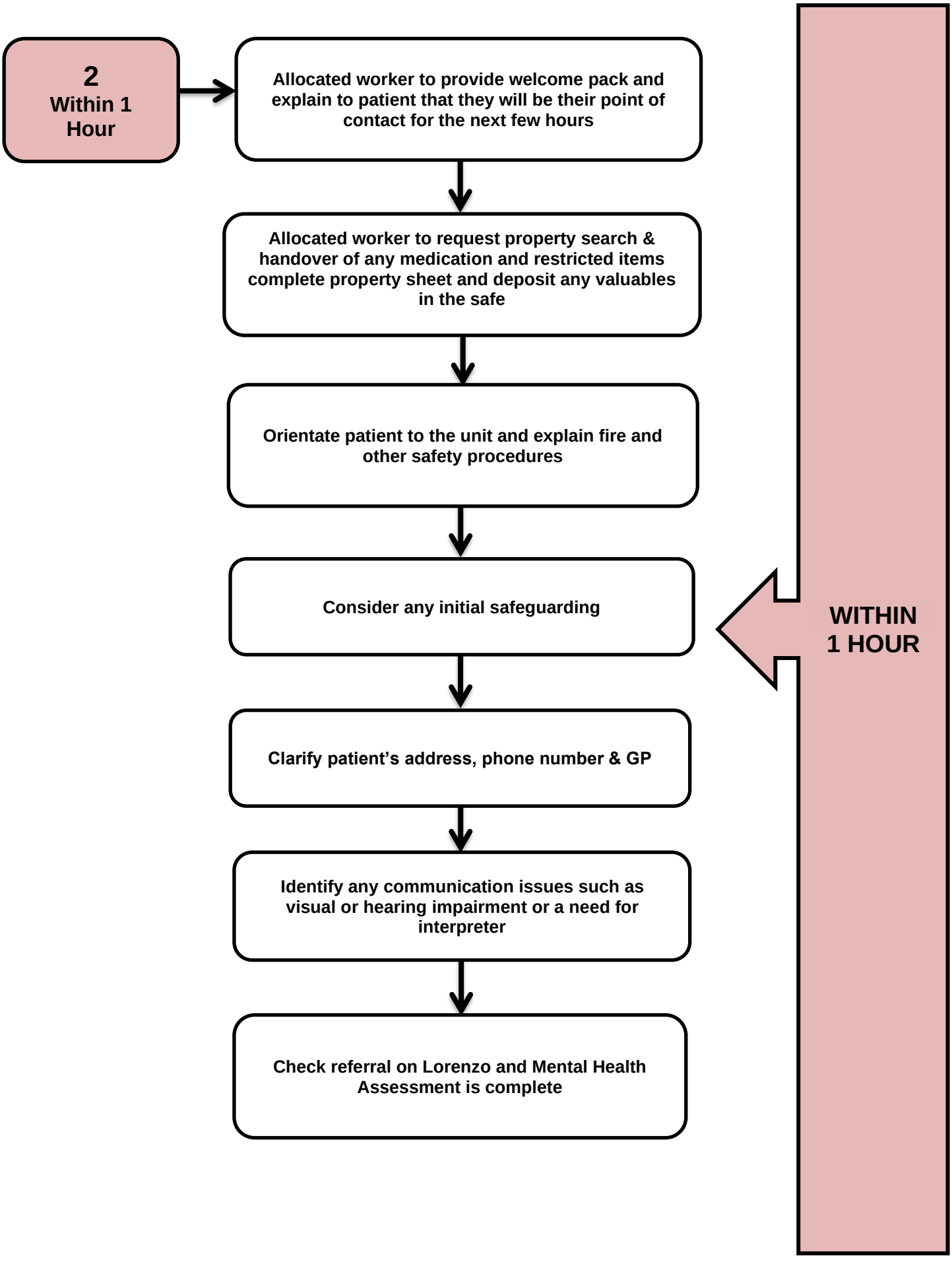
APPENDIX B: Adult Mental Health Inpatient Pathway

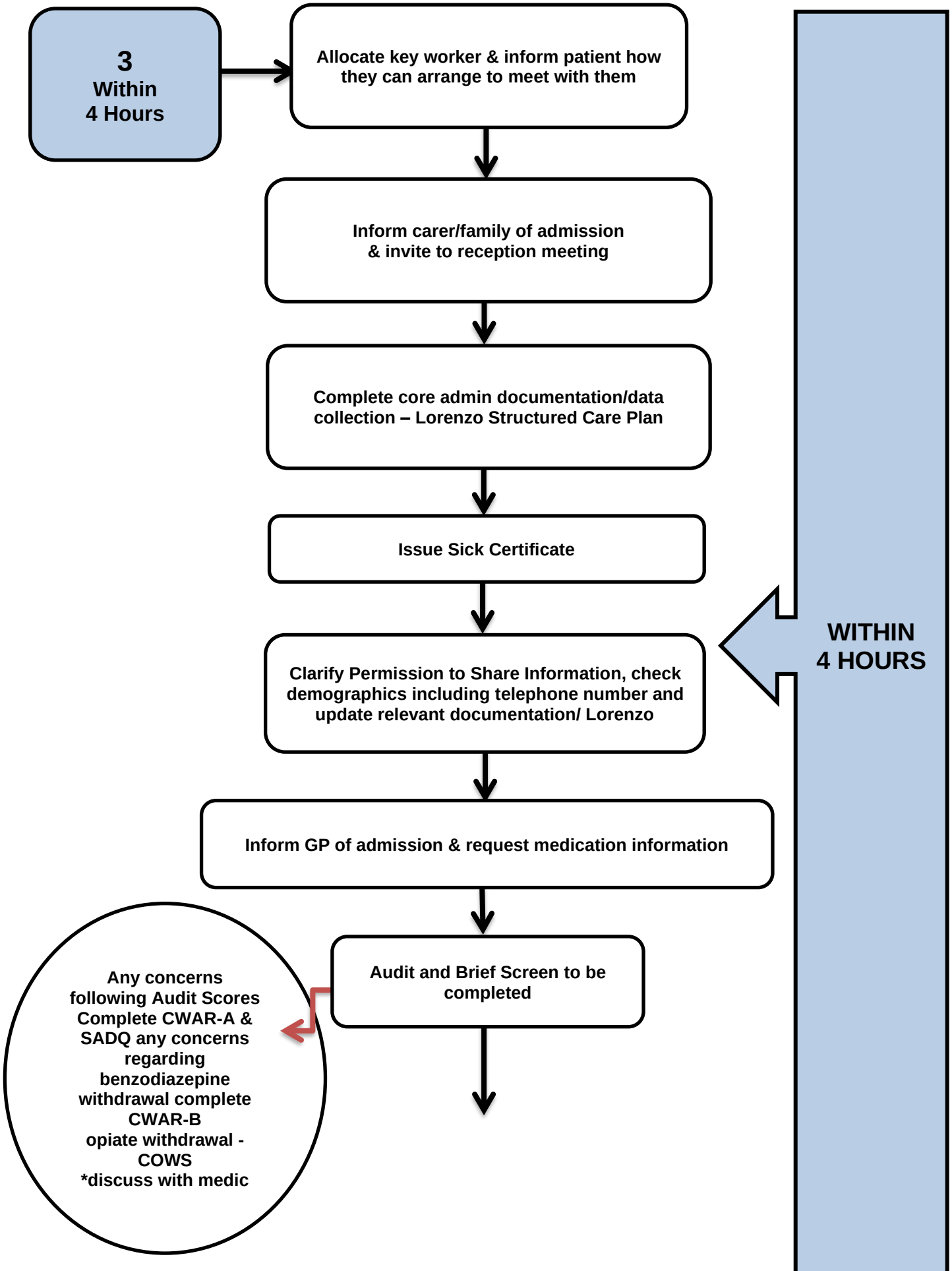


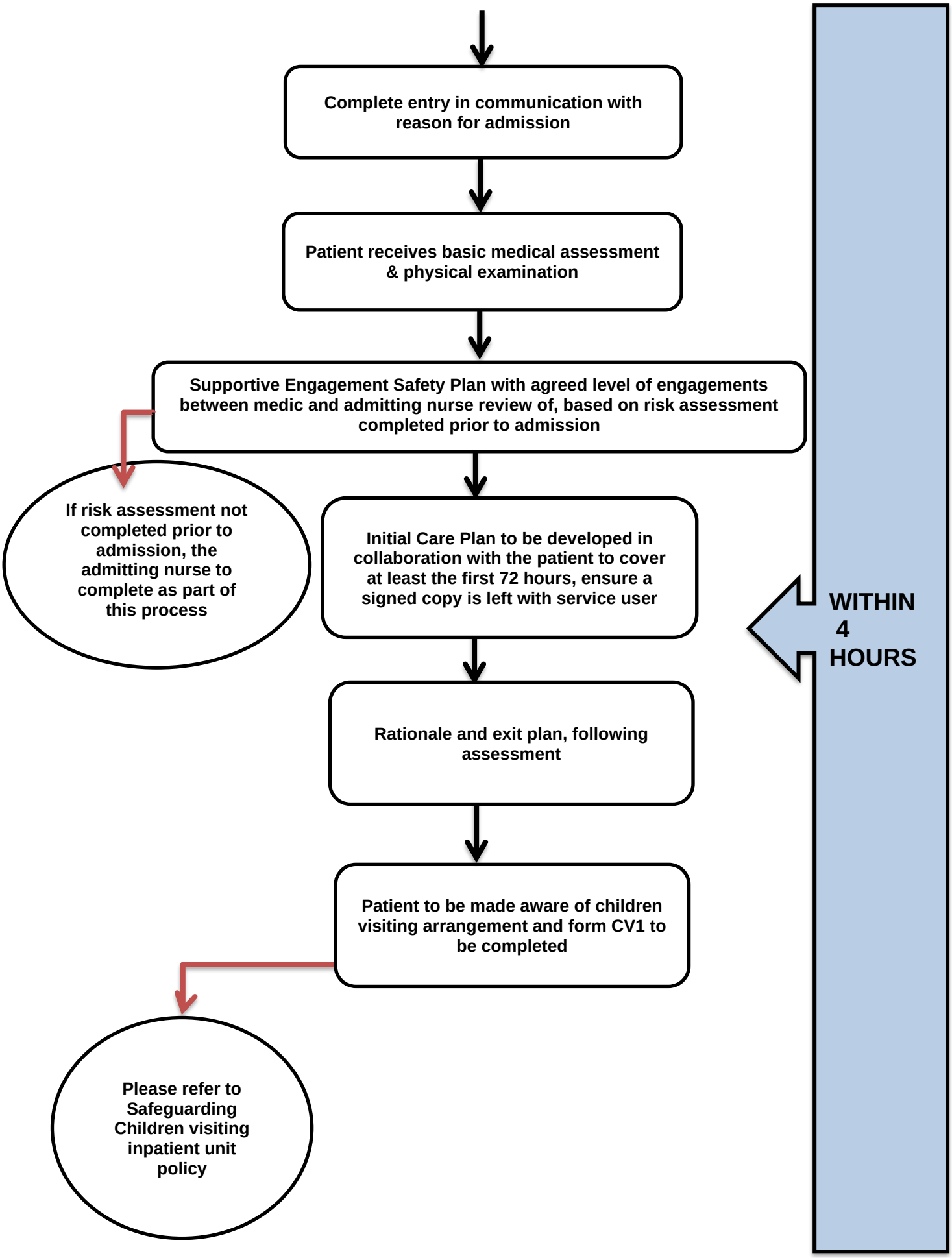
HUMBER TEACHING NHS FOUNDATION TRUST
ADULT MENTAL HEALTH INPATIENT SERVICE

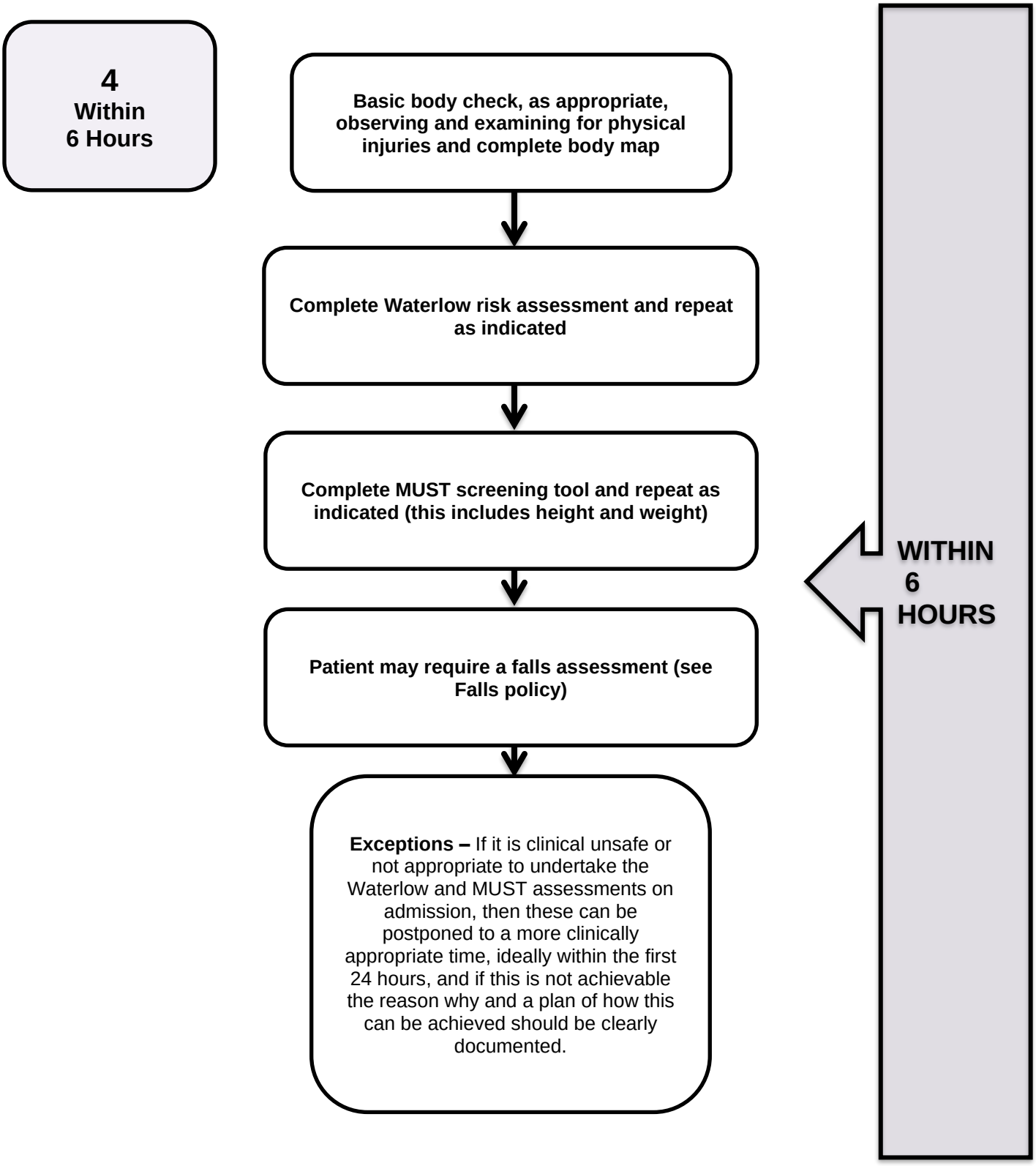


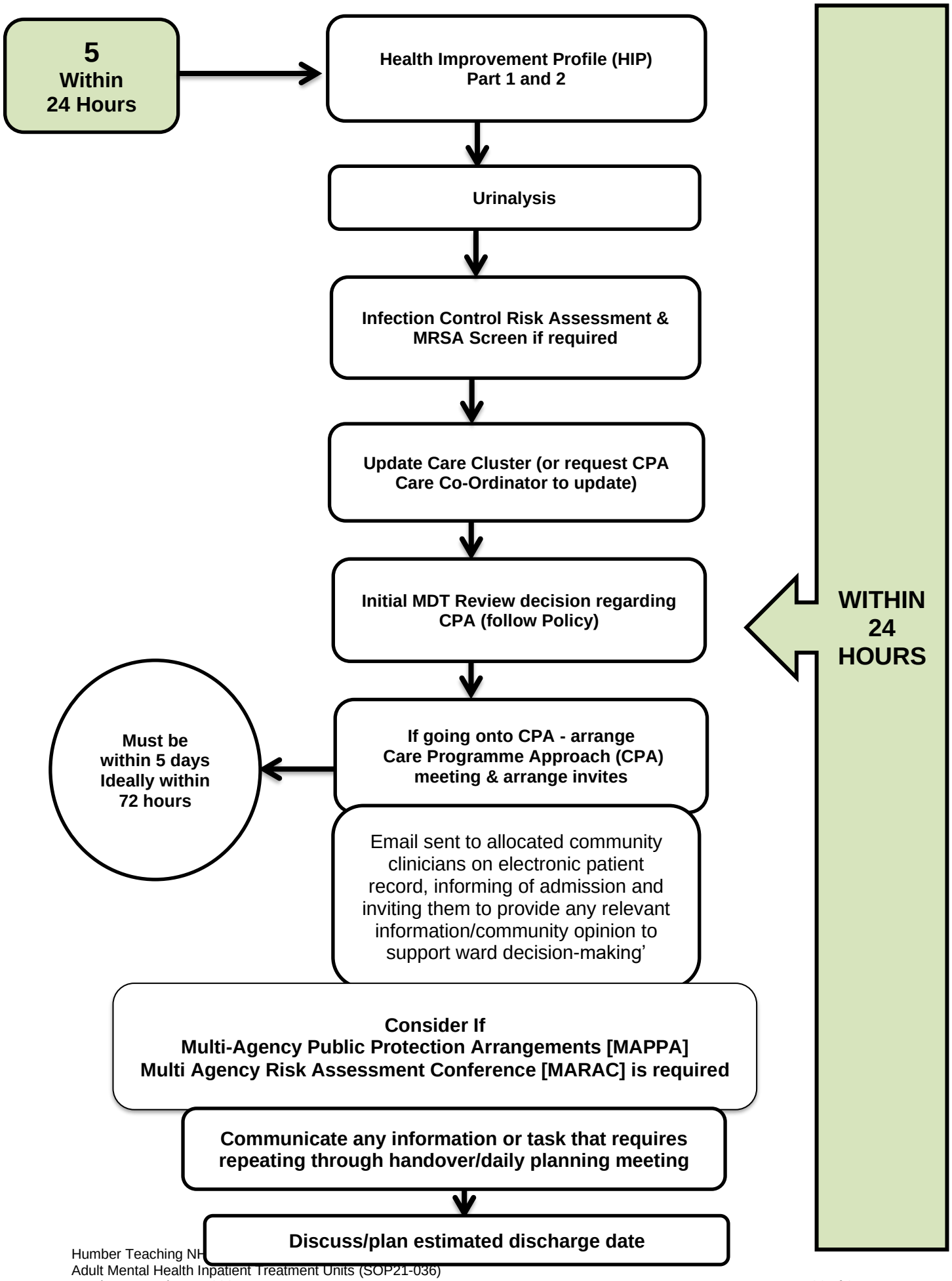

Gate Keeping
Admission Requested
Clarify Reason for Admission
(Rationale and exit plan)
❖ Aim and purpose of admission.
❖ All other options explored.
❖ Reason why alternatives are not an option.
❖ Assessment paperwork expected including FACE risk.
Patient accepted for admission
1 On Admission/ Arrival
Immediate steps to ensure safety initial engagement level decided by admitting nurse & responsibility for maintaining supportive engagement given to allocated person introduce worker to patient
Is patient detained under Mental Health Act?
NO
Yes
Accept section papers in-line with check list & read rights refer to advocacy if consents or lacks capacity
POINT OF ADMISSION
Check capacity to consent to informal admission and read informal rights
If Capacity Doubted Refer for Mental Health Act Assessment
To meet with Registered Professional to agree initial level of engagement with Engagement Policy
Physical Health assessment to include News (2) breathalyser request urine screening
Venous Thromboembolism Assessment
Clarify if patient has appropriate accommodation for discharge
Establish security of home & whereabouts of dependents/pets and clarify they are attended to

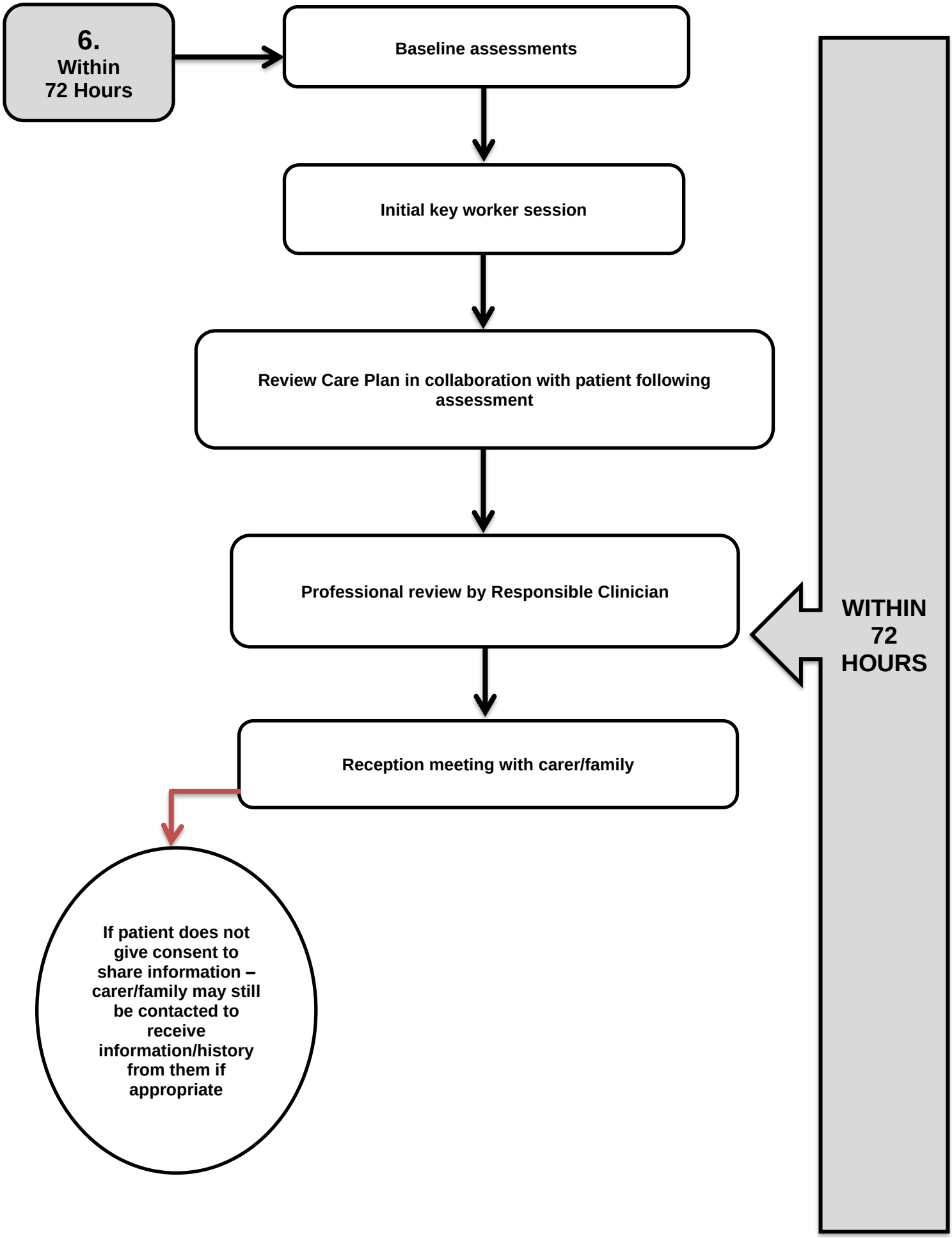

2
Within 1 Hour
Allocated worker to provide welcome pack and explain to patient that they will be their point of contact for the next few hours
Allocated worker to request property search & handover of any medication and restricted items complete property sheet and deposit any valuables in the safe
Orientate patient to the unit and explain fire and other safety procedures
Consider any initial safeguarding
Clarify patient's address, phone number & GP
Identify any communication issues such as visual or hearing impairment or a need for interpreter
Check referral on Lorenzo and Mental Health Assessment is complete
WITHIN 1 HOUR

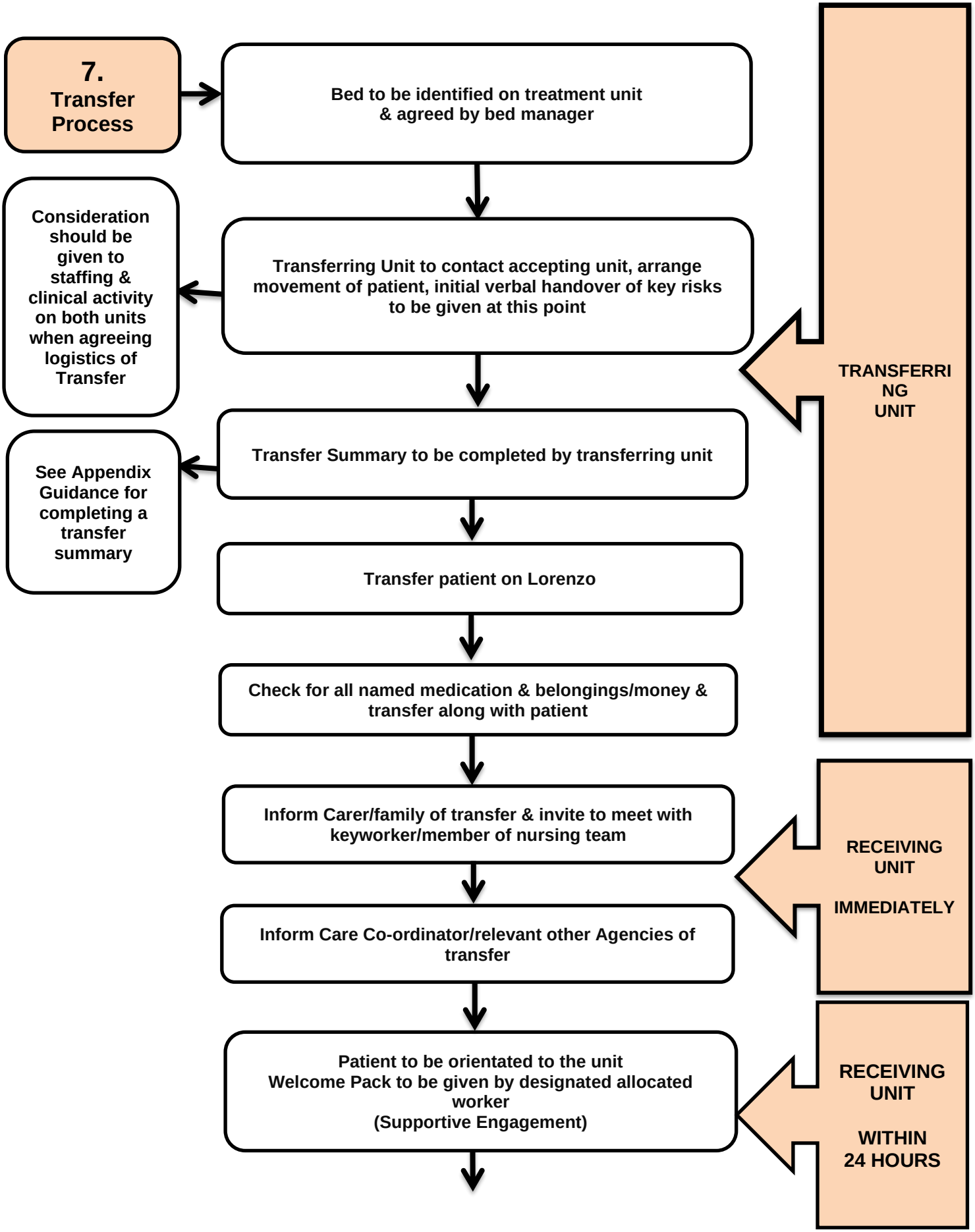

3
Within
4 Hours
Allocate key worker & inform patient how they can arrange to meet with them
Inform carer/family of admission & invite to reception meeting
Complete core admin documentation/data collection – Lorenzo Structured Care Plan
Issue Sick Certificate
Clarify Permission to Share Information, check demographics including telephone number and update relevant documentation/ Lorenzo
Inform GP of admission & request medication information
Audit and Brief Screen to be completed
Any concerns following Audit Scores Complete CWAR-A & SADQ any concerns regarding benzodiazepine withdrawal complete CWAR-B
opiate withdrawal - COWS
*discuss with medic
WITHIN 4 HOURS

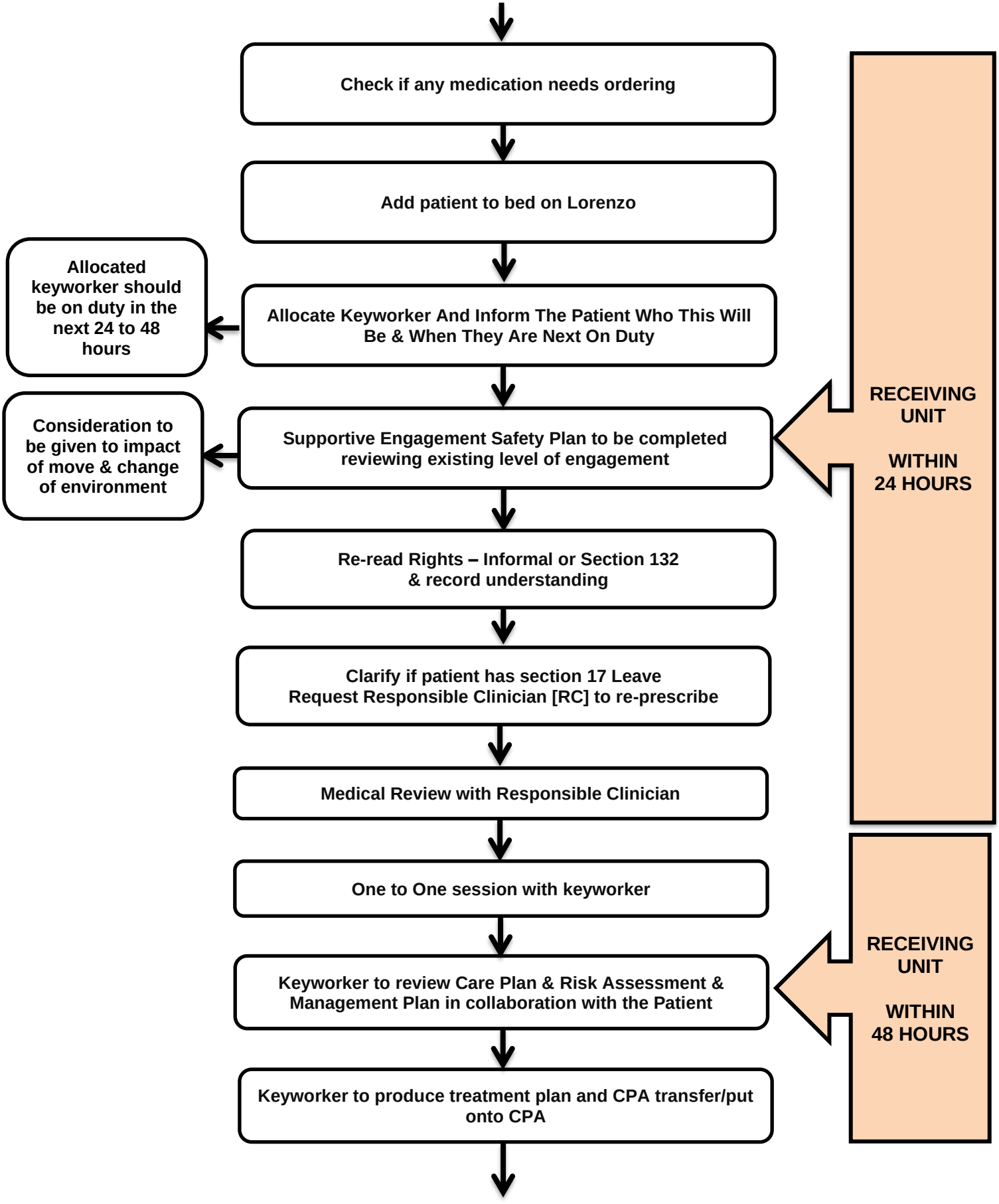

Complete entry in communication with reason for admission
Patient receives basic medical assessment & physical examination
Supportive Engagement Safety Plan with agreed level of engagements between medic and admitting nurse review of, based on risk assessment completed prior to admission
If risk assessment not completed prior to admission, the admitting nurse to complete as part of this process
Initial Care Plan to be developed in collaboration with the patient to cover at least the first 72 hours, ensure a signed copy is left with service user
WITHIN 4 HOURS
Rationale and exit plan, following assessment
Patient to be made aware of children visiting arrangement and form CV1 to be completed
Please refer to Safeguarding Children visiting inpatient unit policy

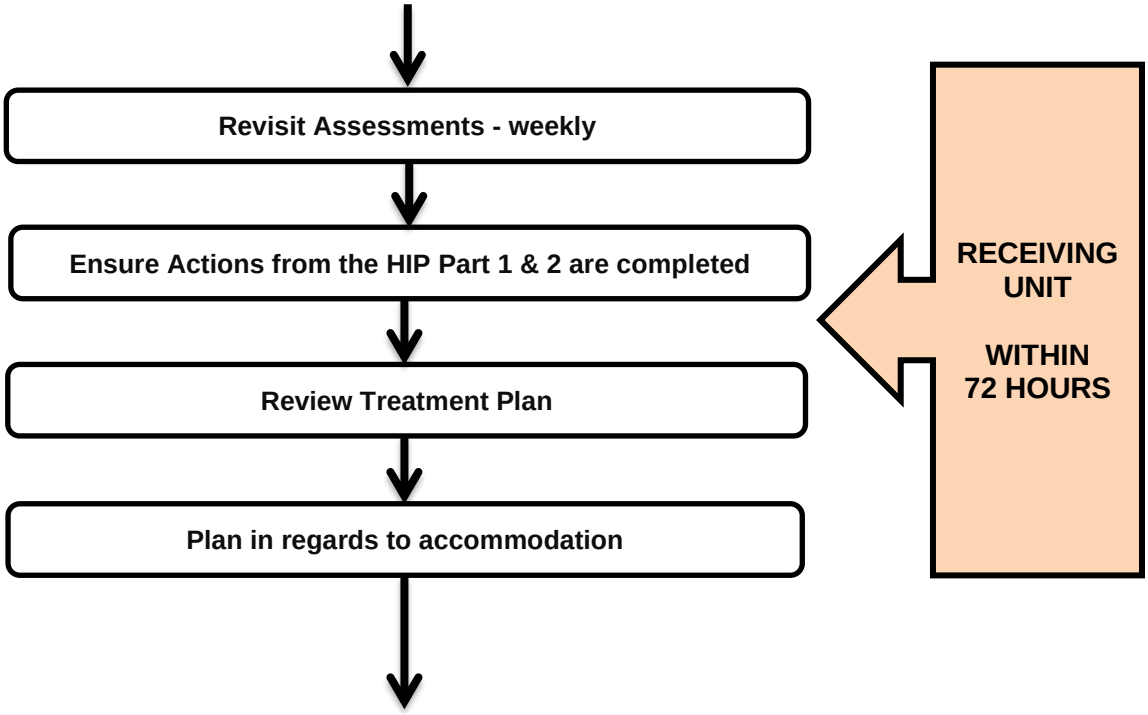

4
Within
6 Hours
Basic body check, as appropriate, observing and examining for physical injuries and complete body map
Complete Waterlow risk assessment and repeat as indicated
Complete MUST screening tool and repeat as indicated (this includes height and weight)
Patient may require a falls assessment (see Falls policy)
Exceptions – If it is clinical unsafe or not appropriate to undertake the Waterlow and MUST assessments on admission, then these can be postponed to a more clinically appropriate time, ideally within the first 24 hours, and if this is not achievable the reason why and a plan of how this can be achieved should be clearly documented.
WITHIN 6 HOURS

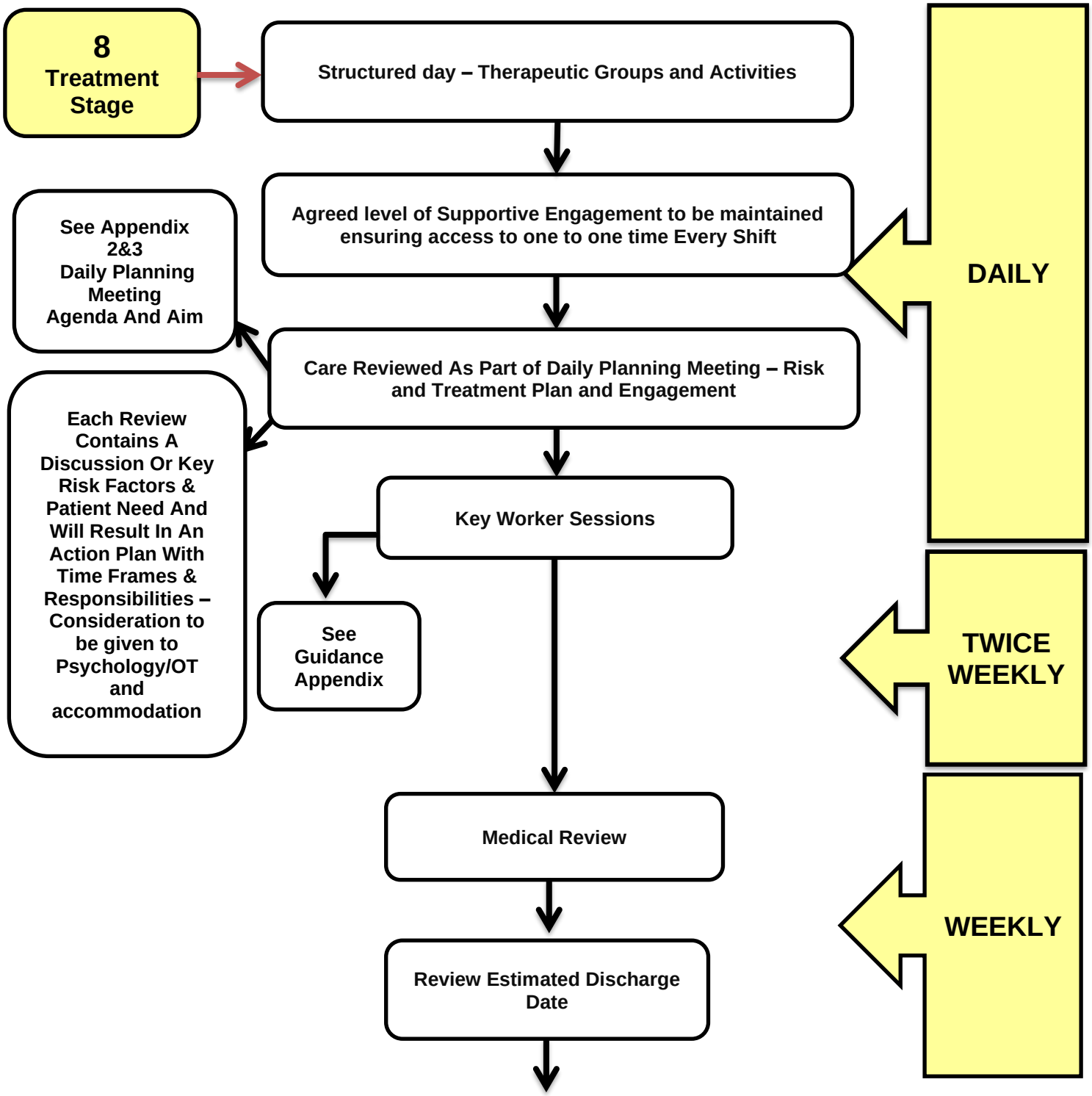

5
Within
24 Hours
Health Improvement Profile (HIP)
Part 1 and 2
Urinalysis
Infection Control Risk Assessment &
MRSA Screen if required
Update Care Cluster (or request CPA
Care Co-Ordinator to update)
Initial MDT Review decision regarding
CPA (follow Policy)
WITHIN
24
HOURS
Must be
within 5 days
Ideally within
72 hours
If going onto CPA - arrange
Care Programme Approach (CPA)
meeting & arrange invites
Email sent to allocated community clinicians on electronic patient record, informing of admission and inviting them to provide any relevant information/community opinion to support ward decision-making'
Consider If
Multi-Agency Public Protection Arrangements [MAPPA]
Multi Agency Risk Assessment Conference [MARAC] is required
Communicate any information or task that requires repeating through handover/daily planning meeting
Discuss/plan estimated discharge date

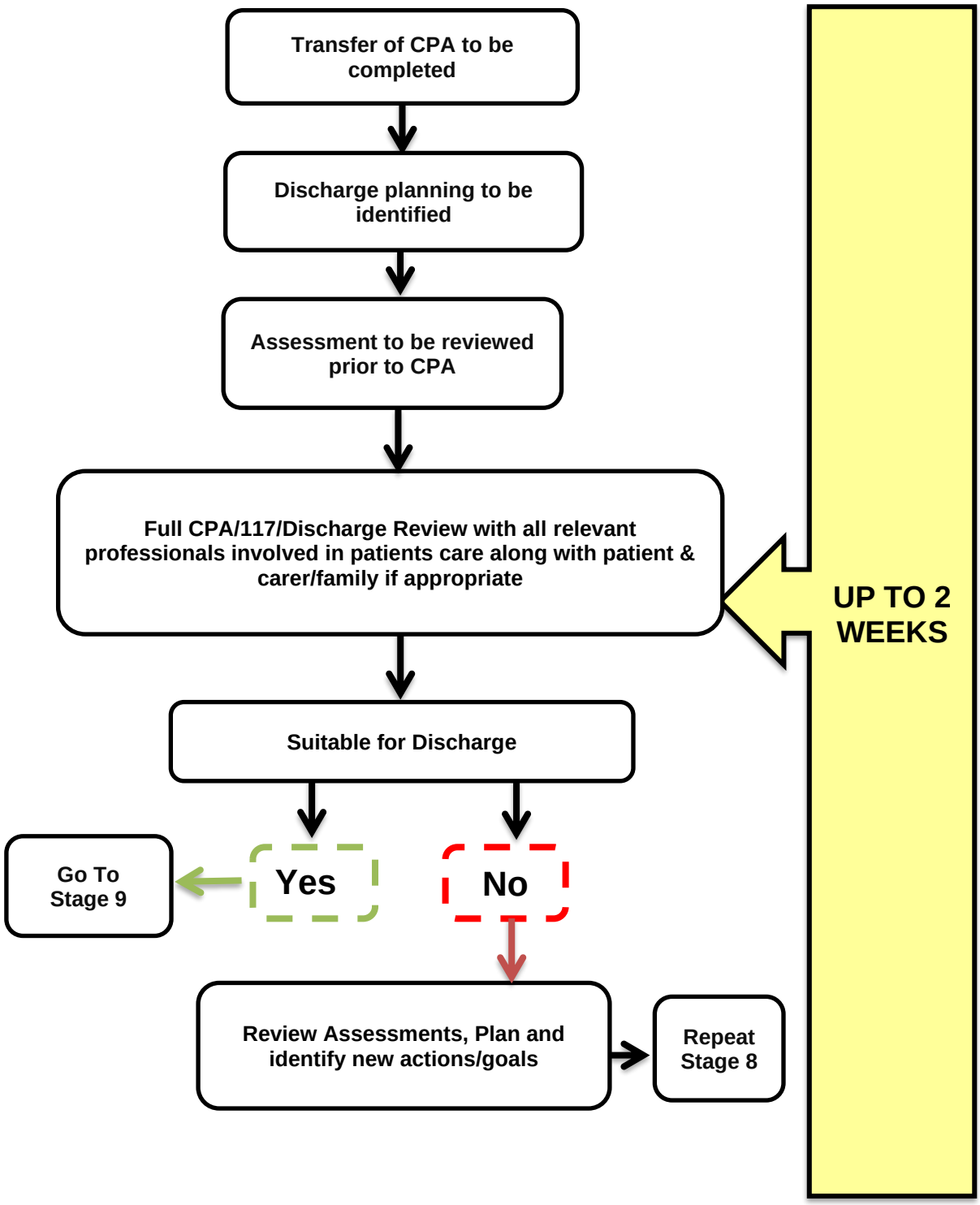

6.
Within
72 Hours
Baseline assessments
Initial key worker session
Review Care Plan in collaboration with patient following assessment
Professional review by Responsible Clinician
Reception meeting with carer/family
If patient does not give consent to share information – carer/family may still be contacted to receive information/history from them if appropriate
WITHIN 72 HOURS

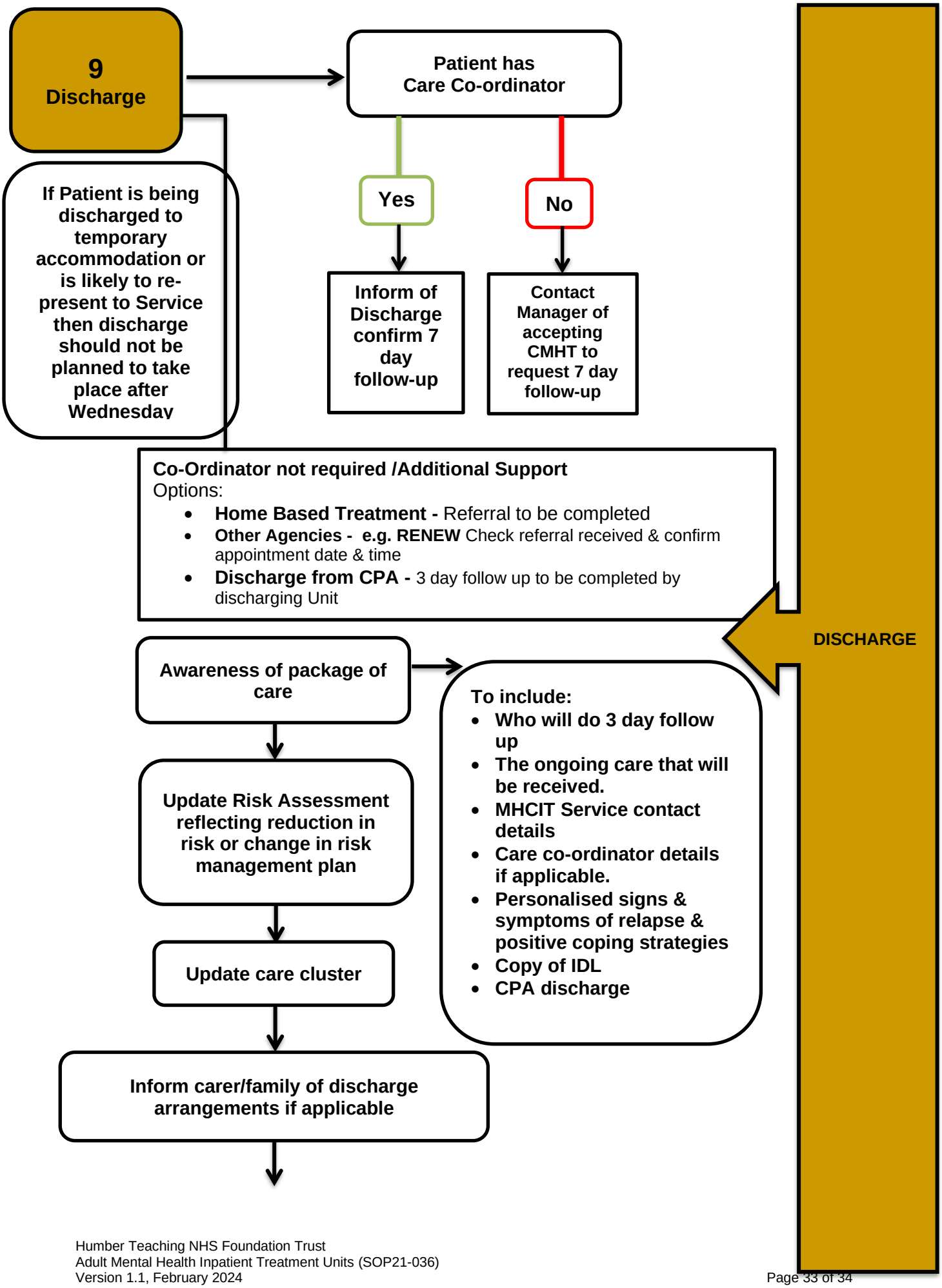

7. Transfer Process
Bed to be identified on treatment unit & agreed by bed manager
Consideration should be given to staffing & clinical activity on both units when agreeing logistics of Transfer
Transferring Unit to contact accepting unit, arrange movement of patient, initial verbal handover of key risks to be given at this point
See Appendix Guidance for completing a transfer summary
Transfer Summary to be completed by transferring unit
Transfer patient on Lorenzo
Check for all named medication & belongings/money & transfer along with patient
TRANSFERRING UNIT
Inform Carer/family of transfer & invite to meet with keyworker/member of nursing team
Inform Care Co-ordinator/relevant other Agencies of transfer
RECEIVING UNIT
IMMEDIATELY
Patient to be orientated to the unit
Welcome Pack to be given by designated allocated worker
(Supportive Engagement)
RECEIVING UNIT
WITHIN 24 HOURS

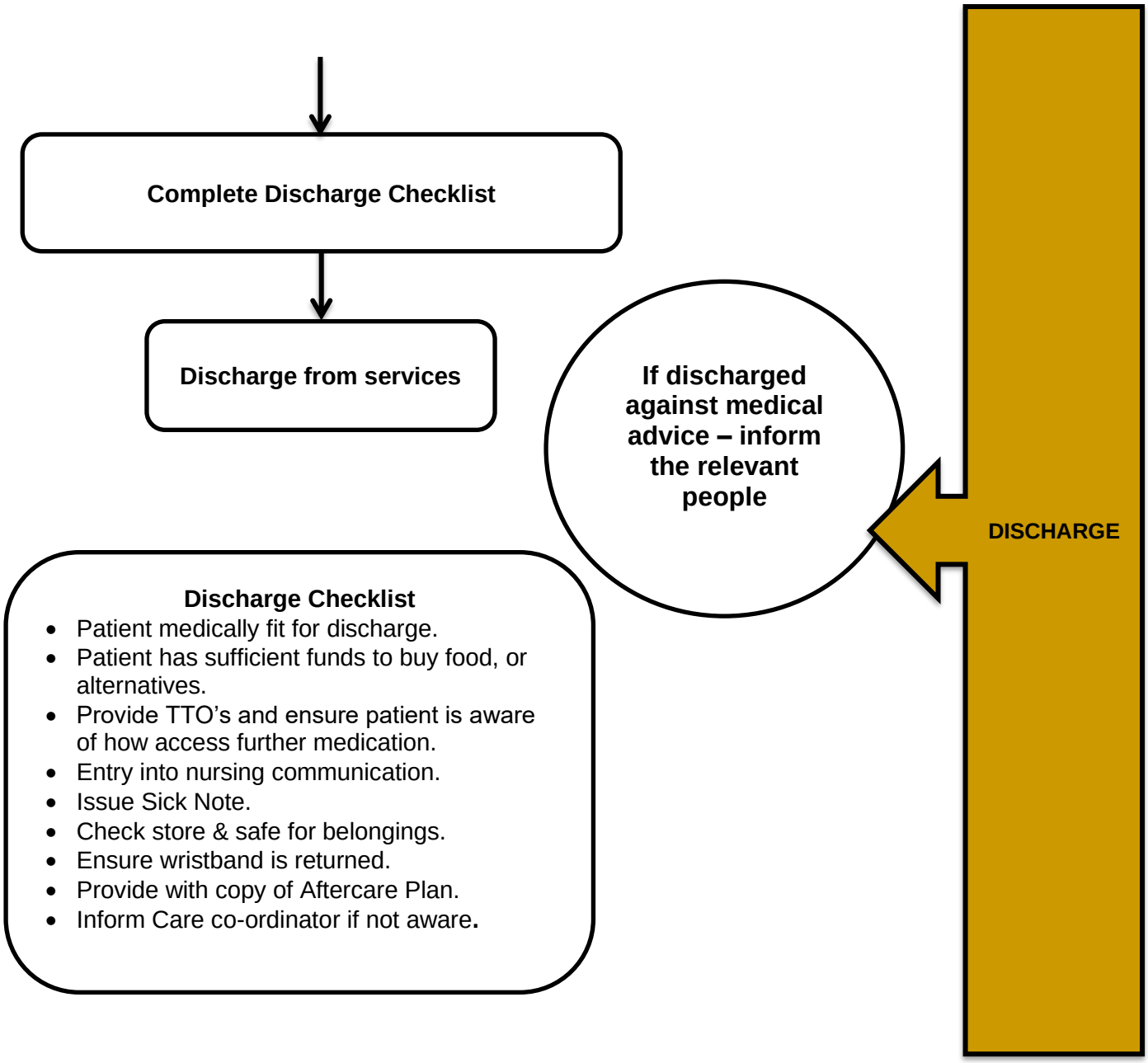

Check if any medication needs ordering
Add patient to bed on Lorenzo
Allocated keyworker should be on duty in the next 24 to 48 hours
Allocate Keyworker And Inform The Patient Who This Will Be & When They Are Next On Duty
Consideration to be given to impact of move & change of environment
Supportive Engagement Safety Plan to be completed reviewing existing level of engagement
RECEIVING UNIT
WITHIN 24 HOURS
Re-read Rights – Informal or Section 132 & record understanding
Clarify if patient has section 17 Leave
Request Responsible Clinician [RC] to re-prescribe
Medical Review with Responsible Clinician
One to One session with keyworker
Keyworker to review Care Plan & Risk Assessment & Management Plan in collaboration with the Patient
RECEIVING UNIT
WITHIN 48 HOURS
Keyworker to produce treatment plan and CPA transfer/put onto CPA


Revisit Assessments - weekly
Ensure Actions from the HIP Part 1 & 2 are completed
Review Treatment Plan
Plan in regards to accommodation
RECEIVING UNIT
WITHIN 72 HOURS


8
Treatment
Stage
Structured day – Therapeutic Groups and Activities
Agreed level of Supportive Engagement to be maintained ensuring access to one to one time Every Shift
DAILY
See Appendix 2&3 Daily Planning Meeting Agenda And Aim
Care Reviewed As Part of Daily Planning Meeting – Risk and Treatment Plan and Engagement
Each Review Contains A Discussion Or Key Risk Factors & Patient Need And Will Result In An Action Plan With Time Frames & Responsibilities – Consideration to be given to Psychology/OT and accommodation
Key Worker Sessions
See Guidance Appendix
TWICE WEEKLY
Medical Review
Review Estimated Discharge Date
WEEKLY


Transfer of CPA to be completed
Discharge planning to be identified
Assessment to be reviewed prior to CPA
Full CPA/117/Discharge Review with all relevant professionals involved in patients care along with patient & carer/family if appropriate
UP TO 2 WEEKS
Suitable for Discharge
Go To Stage 9
Yes
No
Review Assessments, Plan and identify new actions/goals
Repeat Stage 8


9
Discharge
Patient has
Care Co-ordinator
Yes
No
Inform of Discharge confirm 7 day follow-up
Contact Manager of accepting CMHT to request 7 day follow-up
If Patient is being discharged to temporary accommodation or is likely to re-present to Service then discharge should not be planned to take place after Wednesday
Co-Ordinator not required /Additional Support
Options:
Home Based Treatment - Referral to be completed
Other Agencies - e.g. RENEW Check referral received & confirm appointment date & time
Discharge from CPA - 3 day follow up to be completed by discharging Unit
DISCHARGE
Awareness of package of care
To include:
Who will do 3 day follow up
The ongoing care that will be received.
MHCIT Service contact details
Care co-ordinator details if applicable.
Personalised signs & symptoms of relapse & positive coping strategies
Copy of IDL
CPA discharge
Update Risk Assessment reflecting reduction in risk or change in risk management plan
Update care cluster
Inform carer/family of discharge arrangements if applicable


Complete Discharge Checklist
Discharge from services
If discharged against medical advice – inform the relevant people
DISCHARGE
Discharge Checklist
Patient medically fit for discharge.
Patient has sufficient funds to buy food, or alternatives.
Provide TTO's and ensure patient is aware of how access further medication.
Entry into nursing communication.
Issue Sick Note.
Check store & safe for belongings.
Ensure wristband is returned.
Provide with copy of Aftercare Plan.
Inform Care co-ordinator if not aware.