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| **Tower Hamlets****Department of Psychological Medicine****And Mental Health Liaison Service****Operational Policy** |

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| **Team Model and Structure** |

1. **Purpose of the policy**

The Department of Psychological Medicine (DOPM) is the umbrella organisation within which the Tower Hamlets MENTAL HEALTH LIAISON TEAM service sits alongside sub-specialist mental health services for gastroenterology, renal, HIV and asthma services as well as our A&E Consultation Service and soon to be developed services in neuropsychiatry/trauma and diabetes.

The Tower Hamlets MENTAL HEALTH LIAISON TEAM service is a core part of the DOPM. A formal agreement has been made with NHS Tower Hamlets Clinical Commissioning Group (CCG) for East London NHS Foundation Trust (ELFT) to provide a Liaison Psychiatry Service which has a single point of access available 24 hours a day 7 days a week and is available to all patients with mental health and drug and alcohol problems who present to acute care. The Department of Psychological Medicine (/Mental Health Liaison) will provide this single, multidisciplinary, mental health and drug and alcohol assessment service. The service will provide expert advice, support and training to clinicians at the Royal London Hospital Emergency Department and the wards at the Royal London Hospital and St Bartholomew’s hospital as set out in the Service Specification.

Mental disorder in acute hospital in-patients is an independent predictor of poor outcome and increased length of stay. All patients admitted to an acute and general hospital have a 28 per cent chance of also having a diagnosable psychiatric disorder. Two thirds of NHS beds in acute and general hospitals are used by people over 65 years of age. Embedding specialist psychiatric and psychology expertise within the acute or general hospital team ensures appropriate identification, assessment and treatment of the mental disorder leading to improved patient experience, improved health related outcomes, reduced length of stay and reduced admissions (Parsonage & Fossey, 2011, Tadros et al, 2013).

1. **Philosophy and model of care**

MENTAL HEALTH LIAISON TEAM is a model of liaison psychiatry which incorporates a multidisciplinary approach with a single point of access available 24 hours a day, 7 days a week for people aged 16 years and over. This model of liaison psychiatry was established at Birmingham City Hospital in 2009 and was subject to a positive evaluation by LSE/Centre for Mental Health in 2011 (Parsonage & Fossey, 2011, Tadros et al, 2013).

Tower Hamlets Partners are working together to deliver an integrated care system in Tower Hamlets and the MENTAL HEALTH LIAISON TEAM/Mental Health Liaison Service is one of the nine high impact initiatives being piloted to help achieve this.

The Royal London Hospital is a large acute training hospital. The service will be fully integrated into the Royal London Hospital and will remain high profile within the hospital.

**2.1 The primary aims of the service are to:**

* Improve health outcomes for patients with a mental health or drug or alcohol problem who have been admitted to wards at the Royal London Hospital
* Reduce length of stay for patients with a mental health or drug or alcohol problem who are admitted to wards at the Royal London Hospital
* Reduce readmissions for patients with a mental health or drug or alcohol problem who are admitted to wards at the Royal London Hospital
* Reduce re-attendances at the Emergency Department by patients with a mental health or drug or alcohol problem who have been admitted to wards at the Royal London Hospital
* Improve the experience of patients with a mental health or drug or alcohol problem who are admitted to wards or who attend the emergency department at the Royal London Hospital
* Reduce direct admissions of people with a mental health or drug or alcohol problem to care homes
* Improve Royal London Hospital staff awareness, skills and knowledge in mental health and drugs and alcohol

**2.2 The philosophy of the service:**

Patients with mental health problems in the acute hospital setting should have equal and fair access to psychiatric assessment and treatment by appropriately skilled professional staff.

As such the staff working in the Mental Health Liaison Service, will promote the rights of patients with mental health problems and will at all times be:

* **Accessible** – The referral process will be simple, thorough assessments performed without undue delay and outcomes communicated to referrers, General Practitioners (GP’s), patients, their families or friends.
* **Professional** – We aim to be clear about the roles and work within recognised professional and organisational guidelines to provide safe and effective interventions. The service will maintain high standards through a commitment to Continuous Professional Development and adherence to relevant national and international guidelines.
* **Innovative** – We strive to reflect on colleague, patient and carers’ feedback to continuously improve outcomes. The service will have an emphasis on quality, and will avoid bureaucratic barriers to service development and improvement.
* **Resourceful** – We are ambitious to secure resources and share knowledge that will promote the mental well-being of our patients and the workforce.
1. **Introduction to the team**
	1. **Clinical setting**

The Service works within the Royal London Hospital and St Bartholomew’s Hospital. The service does not cover any other sites within the BH footprint. The Service offers outpatient follow up for a maximum of three sessions, but these follow up sessions can only be referred into by Mental Health Liaison staff.

We will work with patients within the Emergency Department or inpatient wards across these three sites. We do not generally cover the outpatient department, or non-NHS parts of the hospital, but will assist in clinical emergencies, at the discretion of the shift co-ordinator or liaison consultant on duty.

* 1. **Service contacts**

We operate a single point of access for psychiatry services within the Royal London Hospital, and St Bartholomew’s Hospital. The single point of access telephone line is: 0203 594 3179.

We accept referrals via telephone or face to face referral contacts. A referral form is available on the Barts Health clinical records system (CRS) under ad hoc forms titled liaison psychiatry, and should be completed. The team must then be notified by one of the above methods.

**3.3 Referral Criteria**

We accept referrals for all patients aged 16 and above with suspected or known mental health problems, cognitive impairment or drug and alcohol problems. We may accept the patient ourselves or pass to a more suitable service, but we will not ask the referrer to do this.

We accept referrals from all members of clinical staff. We accept self or carer referrals via the Emergency Department only.

1. **Team composition**

**.1 Team Organisational Structure (see embedded flowchart: in Appendix 1)**

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**4.2** The team consists of the following roles and responsibilities:

* **Associate Clinical Director - Consultant Psychiatrist:**

Provides clinical leadership to the team and provides assessment, diagnosis and recommends treatment plans

* **Consultant Psychiatrists**

Provides assessment, diagnosis and recommends treatment plans

* **Service Manager**

Provides operational management to the team

* **Nurse Consultant**

Leads on education and provides specialist, complex clinical assessment and advice

* **Specialist Doctors**

Provide specialist mental health assessment

* **Specialist Older Adult Mental Health Nurses**

Provide specialist assessments and advice on care planning and complex discharge planning

* **Specialist Adult Mental Health Nurses**

Provide specialist assessments and advice on care planning and complex discharge planning

* **Specialist drug and alcohol nurses**

Provide specialist advice and support on drug and alcohol problems

* **Occupational Therapist**

Provide advice and support with complex discharge planning and early discharge plans

* **Clinical Psychologist**

Provide assessment of complex psychological presentations and recommends management plans

* **Administrative staff**

Support clinical staff and systems, assist in data collection and analysis

1. **Hours of operation and service provision**

**5.1 Hours of Operation**

The Mental Health Liaison is a twenty-four hours a day, seven day a week service.

**5.2 Team Base and Contacting the Team**

The team based in the David Hughes Building on Stepney Way. The team contact number is: **0203 594 6695 (within working hours) and 0203 594 3179 (24/7).** This operates twenty-four hours/day, seven days/week. Referrals can be made by phone or face to face. BH referrers should also complete the Psychiatry referral form on CRS.

**5.3 Staffing complement:**

* **Mon-Fri 9am – 5pm**: Two frontline liaison staff members; occupational therapist; psychologist; nurse consultant; Service Manager; between two and four junior medical staff; between one and three consultant psychiatrists. Currently, 0.7 wte additional liaison nurse and two drug and alcohol nurses directly employed by Barts Health work alongside our team during office hours. Three administrative staff.
* **Mon-Fri 5pm – 9pm:** Amaximum of two frontline liaison staff members;one junior doctor; access to Specialty Registrar and Consultant on call.
* **Mon-Fri 9pm-9am, weekends and Bank Holidays:** A maximum of two frontline liaison staff members (nursing); one junior doctor based at Mile End hospital and with duties there; access to Specialty Registrar and Consultant on call.
	1. **Duty systems**

There will be a shift co-ordinator for each shift, which will normally be one of the Psychiatric Liaison Nurses.

* 1. **Shift Co-ordinator Role**
* A band 7 Senior Liaison Nurse Practitioner (PLN) will take on the role on each shift as shift coordinator
* The shift coordinator will be responsible for the following throughout the shift:
1. Allocating breaks to all staff on duty for the duration of the shift
2. Taking referrals to the team from acute colleagues
3. Organisation in the event of a major incident
4. Ensuring the completion of breach reports
5. Updating the Service Manager on any performance issues eg. Sickness, absence, lateness, incidents, staffing issues for the shift or oncoming shift
6. Organising staff in the event of sickness or absence
7. Making sure staff are released for training as appropriate
8. Delegation of referrals to a clinical colleague – for those received outside of established referral meetings - and allocate these according to:
* Speciality
* Discipline
* Availability of clinical staff
* Location of patient across 3 sites
* Dependent on KPI timeframe
* Urgency of referral in terms of risk
* Ensure all staff taking referrals completes (or ensures referrer has completed) MENTAL HEALTH LIAISON TEAM referral form on CRS
* Ensure each member of clinical staff (who has assessed the patient) completes the MENTAL HEALTH LIAISON TEAM assessment outcome form on CRS for each clinical contact.
* Checks the MENTAL HEALTH LIAISON TEAM mobile phone for battery charge and calls overnight from Home Treatment Team patients
* Checks the security alarms have been returned
1. **Team meetings**

**6.1 Business Meetings**

The team will have a monthly business meeting formally known as the steering group, chaired by the Clinical Lead or Service Manager. The agenda will be circulated to the team a minimum of 1 week in advance for comment and additional items. Minutes will be taken by administrative staff and circulated a maximum of 7 days after the meeting.

**6.2 Inpatient cases open to Mental Health Liaison Service**

The older adult team meet each morning to allocate new referrals for the wards and on a Wednesday morning for a multidisciplinary review of all the older adult inpatient cases open to Mental Health Liaison Service

The adult team meet every morning to allocate new referrals for the wards and on a Tuesday morning to review all the adult inpatient cases open to Mental Health Liaison Service

1. **Supervision and leadership**

**7.1 Management and Leadership within the team**

The team is managed by the Service Manager and Associate Clinical Director (ACD) and they are responsible for the operational management and clinical excellence of the service.

**7.2 Medical Supervision**

FY, CT and ST doctors within the team will be supervised by a nominated consultant. The consultant’s report to the ACD and Clinical Director within the Tower Hamlets adult directorate. Supervision of junior doctors is documented according to RCPsych Portfolio guidance. Any issues can be escalated to the Training Programme Lead.

**7.3 Nursing Supervision**

All nursing staff within the team will be supervised by either the Service Manager or the Nurse Consultant. They will use the Liaison Nursing Competency Framework as a guide for their PDP and supervision will be documented on the ELFT system.

**7.4 Supervision of other Allied Health Professionals**

Other staff will be supervised by a suitable member of their profession in addition to supervision from the service manager or nurse consultant.

* 1. **Induction of New Staff to the Team**

Bank staff will attend for a minimum of 1 shift in the Emergency Department prior to being expected to work a full shift. Whilst there, a nominated staff member will take them through the normal procedures and policies, including this policy.

Permanent staff joining the team will have a longer induction, which will include shadowing team members in all specialities.

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| **Clinical Processes** |

1. **Referral**
	1. **Inclusion and Exclusion Criteria**
* We accept referrals for all patients aged 16 and above with suspected or known mental health problems, cognitive impairment or drug and alcohol problems. We may accept the patient ourselves or pass to a more suitable service, but we will not ask the referrer to do this.
* We accept referrals from all members of clinical staff. We accept self or carer referrals via the Emergency Department only.
* We only accept referrals for patients within the Royal London Hospital and St Bartholomew’s Hospital The clinical areas we accept referrals from are the Emergency Department and inpatient wards.
* We do not accept referrals from non-NHS sites within the Trust, nor from the Outpatient Department, however, in a clinical emergency, we may assist at the discretion of the shift co-ordinator or liaison consultant.
* GPs and other outside agencies (including CMHTs) should not send patients to the Emergency Department for a psychiatric assessment except in a genuine emergency. Where a GP or other professional does direct a patient to the Emergency Department they should contact us directly to make a referral.

**8.2 Referral Processes**

* Referrals will be accepted as above from any clinical staff member within Royal London Hospital or St Bartholomew’s Hospital. For Emergency Department referrals, patients can self-refer or carers may refer them to see a member of the Mental Health Liaison. In this case, the patient will go through the normal Emergency Department triage processes.
* Referrals should be communicated via the single point of access telephone line : (0203 594 3179), or face to face and accepted by the shift co-ordinator. A CRS referral form should be completed by the acute staff member making the referral, however in some cases, the Mental Health Liaison member may complete this on behalf of the acute staff member.
* The shift co-ordinator will discuss the case with the referrer to ascertain suitability for the service, whether the patient is fit for interview, and to clarify outstanding medical problems that may impact on our care of the patient. The referral will normally be assessed first by a member of nursing or junior medical staff.
* It often happens that referrals are picked up by different Mental Health Liaison staff members on the wards or in clinical meetings. In these cases, the Mental Health Liaison staff member should triage the referral and then pass on the information to the shift co-ordinator. The staff member accepting the referral should ensure the CRS referral form is completed.
* The shift co-ordinator will allocate the referral, and ensure the patient has been seen within the target timeframe. They will ensure the referral is documented on the CRS system and on the daily handover sheets for the Mental Health Liaison.
* The target timeframes for responding to referrals and seeing patients are as follows:
	+ **Emergency Department:** within 1 hour of referral
	+ **CDU/AAU:** Within 4 hours of referral
	+ **Other RLH ward and St Bartholomew’s Hospital:** within 24 hours of referral
* All referrals will be triaged according to clinical urgency and may be seen sooner if warranted.

**8.3 Referral Outcomes**

The referral will either be accepted or rejected by the shift co-ordinator, and will be triaged according to urgency and the timeframes we are required to meet for each clinical area.

Some referrals may be rejected, or may be for advice only. In these cases a referral and an assessment form must still be completed by the Mental Health Liaison staff to allow this to still be counted in our activity data.

* 1. **Referrals for children and young people under the age of 18**

The Mental Health Liaison Service accepts referrals for patients 16 and over. However, we work closely with community Child and Mental Health Service (CAMHS) and the inpatient child Psychiatric Liaison Team.

Referrals for patients in the Emergency Department who are under 16, have self-harmed, are suicidal or who are known to CAMHS should be redirected to the Community CAMHS duty during working hours.

Out of hours, these patients and all other under 18s in the Emergency Department will be assessed by the duty CT1-3 and discussed with the on-call CAMHS SpR.

All patients within the hospital who are under 16 will be seen by the children’s psychiatric liaison team. Inpatients between the age of 16-18 will be initially assessed by the Mental Health Liaison.

Out of hours they should be discussed with the duty CAMHS SpR, and in hours with the liaison consultant.

The consultant ,when they are on duty, will ultimately make a decision about whether the patient will be treated under the Mental Health Liaison, CAMHS or the children’s Psychiatric Liaison Team. Any disputes regarding this will be escalated to the TH CAMHS and Adult Directorate Clinical Directors. For flowchart see Appendix 2.

1. **Assessment**

The staff member assessing the patient will endeavour to do so in a private area; however this is not always possible due to mobility and space restrictions. If a carer is present, the staff member should ask the patient whether they would prefer to be interviewed with the carer present or not. However, regardless of the answer, the patient (and in some cases the carer) **must always** be interviewed alone for at least part of the assessment, in order to follow NICE guidelines.

The staff member will feed back their findings and actions directly to the clinical team where possible. For every referral, an assessment outcome form will be completed on CRS, which will be accessible by acute hospital staff. Where wards are not using the electronic records fully, an entry will be handwritten in the paper notes, directing clinicians to the electronic record.

Each patient seen between 9-5 should be discussed with the liaison consultant for the day. Outside these hours patients should be discussed, if necessary, with the on-call SpR or Consultant for Tower Hamlets. Inpatients will generally have a longer stay, and so can be generally discussed with the consultant in the daily allocation meetings. More urgent situations concerning inpatients should be discussed with the duty senior doctor on call.

Each patient seen should also have a RiO file created, or the notes added to their existing file. Admin staff may open new patients when they are available, but this is the responsibility of the assessing clinician, and should be done as close to the time of seeing the patient as possible. Notes can be cut and pasted from the CRS electronic record into RiO.

It is the responsibility for the assessing clinician to make arrangements for follow-up. This may mean handing over to the next shift Mental Health Liaison team or referring on to other services. It includes writing the discharge summary to GP if the patient is being discharged.

**9.1 Consultant input**

The older adult and adult consultants will attend the daily allocation meeting when they are clinical consultant cover for the day. This is currently at 9:15am in the David Hughes Building for older adults and at 9:15 in the Emergency Department, 2nd floor meeting room, for adults. They will be available for patients to be discussed with them, as well as having their own caseload of reviews/assessments.

If consultants are on leave or otherwise not available they should arrange for cover in advance. The change in cover should be circulated to all consultants and to the Mental Health Liaison Emergency Department administrator, who produces a weekly timetable of cover. The administrator will update this in the event of changes.

Out of hours, the duty SpR should be contacted, who will make a decision regarding contacting the on-call consultant.

**9.2 SpR Cover**

The Mental Health Liaison has one ST4-6 trainee who will cover the general workload outside of their special interest and other specialty working times. Special interest SpRs also form part of the team at times.

Out of hours, the policy is as follows:

1. Patients referred to the Mental Health Liaison Service out of hours should be discussed with the on-call ST1-3 (OCST) at the earliest opportunity.
2. The OCST must prioritise Emergency Department patients unless there is an emergency on the wards at Mile End.
3. If the OCST is unable to attend due to emergency, call the ST4-6 on-call who will need to attend in their place.
4. This should be escalated to the Consultant on-call if junior doctors cannot agree on who will see the patient and a breach looks likely.

The on-call ST 4-6 should attend when there is either:

* A clinically urgent situation, and the rest of the team are similarly dealing with other urgent cases (especially where a doctor’s input is specifically needed)
* A risk of breach in the Emergency Department, and the rest of the team are dealing with clinically urgent cases/other cases at risk of breach.

**9.3 1:1 RMN cover**

In some cases the assessing clinician may recommend an RMN 1:1 for enhanced observation. The acute hospital policy is that the Mental Health Liaison must authorise the first use of RMN enhanced observation for each individual patient. However booking and funding the RMN remains the responsibility of the acute hospital staff from the relevant clinical area.

The patient with RMN 1:1 recommended by the Mental Health Liaison should be assessed on a daily basis, and the use of specialling reviewed.

**9.4 Mental Health Act Assessments**

Where a Mental Health Act Assessment is required, this will be co-ordinated by the liaison psychiatry consultant/SpR . Out of hours, the on call SpR should be contacted.

The Approved Mental Health Professional (AMHP) should be contacted via the Community Mental Health Team. They are expected to respond within an hour and attend with a S12 doctor within 2 hours.

Out of hours, the AMHP will be provided by the Out Of Hours emergency duty service. The AMHP has responsibility for finding a S12 doctor and for ensuring the patient is safely conveyed to the new ward. The AMHP and Mental Health Liaison staff will work together to facilitate the above, and to find a bed. The doctors assessing the patient have responsibility for ensuring the patient is medically well enough to be safely cared for on a mental health unit.

The **nominated deputy** within the Royal London Hospital site is the junior doctor on call for psychiatry, and they are the only people who should place patients on Section 5(2). The Site Practitioner for the Royal London Hospital will receive and scrutinise the paperwork, which will then be accepted by the Mental Health Act Administrator at the Tower Hamlets Centre for Mental Health.

The **Responsible Clinician** for patients within the Royal London Hospital will be the psychiatric liaison consultant who is covering on that day for the relevant specialty. In general, once a patient has been taken on by a consultant, they will remain the RC, but may delegate or transfer this if needed.

Please refer to the Royal London Hospital Mental Health Act policy for further detail on use of the MHA within Barts Health sites.

Mental Health Act assessments for patients in the St Bartholomew’s Hospital will be conducted by the AMHP from the Homerton Hospital/Hackney services

1. **Allocation and co-ordination of care**
	1. **Older Adults**

For older adults, a case management system is used, and they will have a nominated professional managing their case, who may be a nurse, occupational therapist, psychologist, consultant or junior doctor. The case manager has responsibility for handing over tasks to be completed in their absence.

* 1. **Adults**

For adult patients, and patients in the Emergency Department, they will be managed by the team, although in specific cases, where specialist input is required or for long stay patients, one clinician will usually take the lead.

* 1. **Outpatient Clinics**

The Mental Health Liaison Service will provide some outpatient clinic provision. This will consist of short term follow-up only, to a maximum of three sessions.

Referrals will only be accepted from within the Mental Health Liaison Service and all patients seen will be those who have had inpatient/Emergency Department contact with the Mental Health Liaison Service, or who are part of the Frequent Attenders project. Please refer to the Follow-up clinic Operational Policy for full details.

1. **Medication arrangements**
	1. **Inpatients**

Medication for inpatients will generally be administered and prescribed by acute hospital staff, with guidance from Mental Health Liaison staff who are prescribers.

Mental Health Liaison staff must not prescribe on an acute hospital prescription charts for inpatients.

Mental Health Liaison nursing staff will at times advise on and assist with administration of depot antipsychotic medication where nursing staff in the acute hospital are unfamiliar with this.

Medicines reconciliation for inpatients will be carried out by Barts Health pharmacies. For patients under the Mental Health Liaison Service, checks on psychotropic medication and medication history will be carried out by the Mental Health Liaison clinicians, using GP and CMHT records.

* 1. **Patients in the Emergency Department**

Patients in the Emergency Department requiring immediate medication for rapid tranquilisation or other reasons will have medication prescribed by the Emergency Department staff and their physical healthcare and monitoring will remain the responsibility of the Emergency Department. The Barts Health rapid tranquilisation policy should be adhered to.

On rare occasions, patients within the Emergency Department may be given a small supply of medication, or an FP10 for a small supply of medication. This must always be discussed with the doctor on call for the Mental Health Liaison Service.

This supply of medication should generally be for up to 3 days, and no more than 1 week. Patients should be encouraged to seek prescriptions from their CMHT or GP to avoid repeat attendances simply for prescriptions. As such, medication should only be supplied when there is a significant risk of deterioration in the patient’s mental health which could be avoided by an immediate prescription.

Particular care should be taken with benzodiazepines. NICE guidance on anxiety should be adhered to. This states that benzodiazepines should not be prescribed in panic disorder, and only in short-term crises in Generalised Anxiety Disorder. FP10s for benzodiazepines and other potential drugs of abuse should only be given in very rare circumstances: this can be discussed with the senior psychiatry doctor on call in cases of uncertainty.

Particular caution in prescribing should be taken in patients who drink alcohol; are on other sedating medications; are at risk of overdose and who have a history of addictions.

1. **Discharge procedures**
	1. **Documentation**

Patients assessed by the Mental Health Liaison Service may be discharged to a variety of destinations, including institutional care (nursing/residential homes), hospital, to Home Treatment Team and home. It is the responsibility of the assessing clinician, or for longer term patients, the person who assesses before discharge to ensure that an appropriate follow-up plan is in place.

Please refer to the discharge documentation checklist (appendix 3) regarding the necessary paperwork sorted by discharge destination, and ensure all documentation is completed.

All assessments must be both on RiO and on the CRS system prior to discharge (or on discharge for Emergency Department patients).

* 1. **Transfer documentation**

As per ELFT policy, when a patient is transferred internally or externally, the following list of documentation should always accompany them:

* Assessment of current health & social care needs (including infection control issues)
* Up to date clinical risk assessment
* Up to date care plan which includes crisis & contingency arrangements
* Current/ongoing medication
* Legal status and CPA level as applicable
* For those detained under the Mental Health Act, relevant documentation for long-term transfer under Section 19/Section 17 leave, and copy of original section papers.

**12.3 Discharge Summaries**

The Mental Health Liaison discharge summary template can be found on the K drive. This should be completed by the discharging clinician for each patient discharged. This should be sent to the GP, CMHT and referring consultant (where appropriate). A copy should be sent to the inpatient location if the patient is discharged, including transfer to other acute hospitals outside the Mental Health Liaison’s clinical area. If there is a psychiatric liaison team at the patient’s new site, a copy should be sent to them, and they should be handed over to that liaison team by telephone.

Discharge summaries must be sent within 24 hours as per ELFT policy.

Discharge summaries should be sent to the patient on almost all occasions. Where there are concerns about sending this to the patient, this can be discussed with a senior liaison clinician and the outcome documented in the patient’s clinical notes.

**12.4 Transfer of patients to Tower Hamlets Centre for Mental Health (THCMH), Mile End Hospital site**

It is the responsibility of the medical staff from the treating medical team at the acute hospital to ensure that patients requiring transfer to THCMH are medically well enough to be safely cared for within the unit. The medical staff in Mental Health Liaison must make sure these checks are completed. Please refer to the relevant policies for adults and older adults regarding agreed standards (Appendix 4). Staff on acute wards and the Emergency Department will be made aware that patients should not be transferred to Mental Health units without agreement from the liaison team, or the Tower Hamlets Duty Senior Nurse (DSN).

Before transfer, please refer to the checklist (Appendix 3) to ensure the necessary documentation is completed. This varies for formal/informal patients.

**12.5 Transfer of patients back to Tower Hamlets Centre for Mental Health, Mile End from the Royal London Hospital**

Where a patient has been transferred to the Royal London Hospital from THCMH, the patient’s own consultant and clinical team should be consulted prior to transfer, to ensure that they are satisfied that the patient is medically well enough to be treated in their unit. Out of hours, the nurse in charge of the relevant unit should be contacted. The relevant treating team will delegate assessment of this to the Mental Health Liaison staff, and should accept their decision as per the transfer policy. Where it is felt the transfer was inappropriate, this should be communicated by the relevant consultant to the Mental Health Liaison Associate Clinical Director and Service Manager.

**12.6 Transfer of non-Tower Hamlets patients to Tower Hamlets Centre for Mental Health, Mile End Hospital site**

Where non Tower Hamlets patients are being considered for transfer to Mile End Hospital (this may be due to lack of beds at their home site, or due to their home site being geographically distant), the funding for this bed must be agreed with the Bed Manager for their home site, prior to them being accepted by Tower Hamlets. It is the responsibility of the liaison clinician in question to identify the patient’s home site and agree the bed with the relevant bed manager. In exceptional circumstances, eg to avoid 12 hour ED breaches, THCMH may accept the patient without this agreement, but this is at the discretion of the TH DSN and service manager.

**12.7 Transfer of patients to other Mental Health Units**

It is the responsibility of the medical staff in the Mental Health Liaison Service to ensure that patients requiring transfer to other Mental Health units are medically well enough to be safely cared for within the unit. Please refer to the relevant policies for adults and older adults regarding agreed standards (Appendix 4): although this policy will not be binding on other Mental Health units, it provides a useful guide to safe transfers. Staff on acute wards and the Emergency Department are aware that patients should not be transferred to Mental Health units without agreement from the liaison team, or the Duty Senior Nurse for that site. It is the responsibility of the relevant liaison clinician to agree the transfer with the bed manager for that site.

Where patients are being transferred back, having been admitted to the Royal London Hospital from their local Mental Health unit, this should be agreed with the bed manager and nurse in charge for the ward by the liaison clinician. When possible, liaising with the patient’s consultant in addition is good practice.

**12.8 Transfer of patients from Mental Health Units to the Royal London Hospital**

The Mental Health Liaison Service should be informed of the transfer, and a verbal and written handover given which includes current medication, Mental Health Act status and care plans, as well as the expected pathway after discharge from the acute hospital. As we are a 24/7 service this should happen for all transfers, including emergency transfers.

For patients detained under the Mental Health Act, the Responsible Clinician should generally send the patient under S17 leave. In some cases, a transfer of Responsible Clinician may be felt to be more appropriate. In these cases the referring consultant should discuss with one of the liaison psychiatry consultants prior to this being agreed. Patients subject to a restriction order should only be transferred with authorisation from the Secretary of State unless the transfer is for the purpose of urgent medical assessment and treatment (refer to the Ministry of Justice ‟ Leave of Absence for Patients Subject to Restrictions - Guidance for Responsible Clinicians”).

**12.9 Escorting patients to and from the Royal London Hospital and Mental Health Units**

For patients requiring transfer from the Royal London Hospital site under the Mental Health Act they should always travel by ambulance with a member of staff. This will generally be the AMPH or Liaison Nurse, or the patient’s RMN 1:1 if applicable. A risk assessment should be carried out, and caged/secure ambulance used where needed.

For patients requiring transfer from the Royal London Hospital site informally, again, a risk assessment should be carried out. Based on this the patient may be transferred by ambulance or by taxi, again, escorted by an appropriate staff member. This may be a Mental Health Liaison Nurse, RMN 1:1 or acute hospital staff member.

For patients requiring transfer *to* the Royal London Hospital, they should be escorted by an appropriate staff member from their Mental Health unit, based on the risk assessment made there. A staff member from the unit should stay with the patient at all times if they require an Emergency Department assessment only. For patients being admitted to an inpatient site, the home unit should provide a 1:1 staff member for a minimum of the first two hours. The need for ongoing 1:1 should be discussed between the acute hospital staff, Mental Health Liaison and home unit, and a decision made as to whether this is necessary based on risk. After the first shift, RMN 1:1 nurses should be provided through the Royal London Hospital staff bank/agency. The ELFT Transfer & Discharge Protocol should be adhered to. This makes it clear that disagreements about funding should not impact on a patient’s care, and problems should be quickly escalated to the relevant service manager, or out of hours, the DSN or Senior Manager On Call.

1. **Service-user and carers involvement**
	1. **Care planning**

Care planning for patients seen by the Mental Health Liaison staff will be carried out, wherever possible, in conjunction with the service user and their CMHT. Carers will be involved where this is appropriate and there is patient consent for this.

The care plan and contingency plans will be communicated to service users via the discharge summary.

* 1. **Carer’s assessment and personal budgets**

Where there are concerns over either of these issues, it is the responsibility of the Mental Health Liaison clinician to clarify this and pass it on to the relevant professional. It is not within the remit of the Mental Health Liaison Service to do detailed work on either of these issues. Where the service user has a CMHT, this responsibility will pass to them. In other cases, the Mental Health Liaison staff will make a referral to the acute hospital social work team, and be responsible for ensuring referrals are received and acted on.

* 1. **Advance directives**

It is the responsibility of the Mental Health Liaison clinicians, in conjunction with acute hospital staff, to ascertain, as far as is reasonably practicable, whether patients presenting have an advance directive. Should this exist, the responsibility for establishing whether this is valid and applicable will remain with Bart’s Health as the treating Trust.

In patients who do not have an advance directive, but who would like one, the Mental Health Liaison staff can advise on this where it relates to mental health. Although we can advise on matters relating to the Mental Capacity Act, it is not the responsibility of the Mental Health Liaison to make a final decision on capacity where the advance directive relates primarily to physical health treatment.

In general, patients who would like to make an advance directive relating to their mental health will be directed to their usual treating consultant psychiatrist. For patients who are long stay patients, or who have complex presentations requiring liaison psychiatry expertise, a consultant within the Mental Health Liaison Service may take the lead on this.

* 1. **Service user and carer satisfaction**

Part of the Key Performance Indicators the department have been set deal with the requirement for service user and carer satisfaction. Every service user/carer coming into contact with the service will be offered the opportunity of completing a satisfaction survey, using the survey on the Ipad, where this is clinically appropriate. This feedback will be sent electronically to Trust HQ and the data will be analysed and published on a monthly basis then scrutinised by the Service Manager and by commissioners, and discussed in the team business meeting, with the aim of implementing changes based on our feedback.

TheMental Health Liaison Service adheres to the Trust’s Carer’s Charter.

1. **Team documentation**
	1. **Referral forms**

Referral forms will be available on CRS, to which the majority of our referrers have access. In addition to completing the form, due to the tight timeframes required for assessment and the lack of immediate and constant access to the CRS system, the referrer must also contact the Mental Health Liaison Service by telephone or in person.

Where a referrer does not have access to CRS, or cannot complete the form for another reason, this will be completed by the Mental Health Liaison staff member accepting the referral. Mental Health Liaison staff have responsibility for ensuring a referral form is in the system, and should not insist on this being completed by referrers where they are reluctant to use this, as the person accepting the referral can simply complete the form themselves.

Referral forms are thus available to view on the system by all staff who have legitimate reason to view the CRS patient record.

* 1. **Assessment forms**

Assessment Outcome forms are also available on the CRS system, and should be used for every patient contact. The information on this form should also be put onto the RiO electronic records system. Staff completing this form should be aware that all clinicians subsequently viewing the patient’s acute trust record will be able to view this form, and should consider sensitively what information regarding a patients’ mental health and personal circumstances needs to be made available. Staff should use the Caldicott Principles when completing documentation on both systems, being aware of what information needs to be available to mental health and acute trust staff.

* 1. **Specific and CPA care plans**

Specific care plans pertaining to the patient’s stay will be documented on the assessment form, and handwritten/printed copy placed in the patient’s clinical notes for areas where this is the primary clinical communication tool. They will also be directly communicated to the relevant clinical staff where possible.

Where an RMN 1:1 is being used, this nurse will be given a specific written care plan for the patient.

Mental Health Liaison do not maintain a caseload of patients using the CPA programme, and CPA responsibility will remain with the patient’s usual care co-ordinator. Mental Health Liaison staff will ensure the care co-ordinator is kept up to date with any changes and involved in decision making where possible, and will feed into CPA care planning where this is appropriate.

* 1. **Additional assessment and planning tools**

Specialist assessment and planning tools will be used by some members of the team, including for cognitive assessment, as well as specialist OT and psychology/neuropsychology assessments. These will be scanned into the ‘Documents’ section of RiO, and copied into the patient’s paper record with the acute trust.

* 1. **Discharge Summaries and correspondence**

The Mental Health Liaison discharge summary template can be found on the K drive. This should be completed by the discharging clinician for each patient discharged. This should be sent to the GP, CMHT and referring consultant (where appropriate). A copy should be sent to the inpatient location if the patient is discharged, including transfer to other acute hospitals outside the Mental Health Liaison’s clinical area. If there is a psychiatric liaison team at the patient’s new site, a copy should be sent to them, and they should be handed over to that liaison team by telephone.

Discharge summaries must be sent within 24 hours as per ELFT policy.

Discharge summaries should be sent to the patient on almost all occasions. Where there are concerns about sending this to the patient, this can be discussed with a senior liaison clinician.

1. **Safeguarding Children and Vulnerable Adults**
	1. **Responsibilities of individual team members**

It is the responsibility of all clinical staff to be aware of issues around vulnerable adults and safeguarding children, and to ensure they have completed the appropriate mandatory training. All staff must take these issues into account when assessing service users. This should include routinely enquiring about contact with persons under 18 or with vulnerable adults. For people who may be a vulnerable adult, care should be taken in assessments not to miss possible abuse or exploitation.

* 1. **Reporting arrangements**

If a safeguarding issue is suspected, this should normally be discussed with your line manager (Service manager or consultant). They will make a decision regarding action, and may raise this to the Adult Social Care Team, Named Nurse for Safeguarding Children, or Children’s Social Services as appropriate.

If abuse is suspected, the bare facts should be established, but leading questions must be avoided as this may prejudice further investigation. The staff member raising the alert should generally explain this to the child, parent or vulnerable adult where appropriate, and gain consent. Where it is felt this would cause an increase in risk to the person in question however, this is not necessary. Even without consent, an alert should still be raised, and the vulnerable person in question informed of this, unless it would, as above, increase the risk to that person.

* 1. **Child visiting and Children being on Trust premises**

The Barts Health policies regarding the above will be adhered to by the Mental Health Liaison staff. This varies on individual units, and staff should check with the nurse in charge of that unit if they are unsure of the policy.

1. **Equality and Diversity**
	1. **Relevant Policies**

All staff should have completed mandatory Equality and Diversity training relevant to their role, and should adhere to ELFT policies and national guidance. This can be found on the ELFT Intranet Equality – Guidance and Resources page.

* 1. **Gender Recognition Act**

Staff should specifically ensure they are aware of the criminal offences in regard to disclosing information under the Gender Recognition Act.

Section 22 of the Gender Recognition Act says that:

*“It is an offence for a person who has acquired protected information in an official capacity to disclose the information to any other person.”*

“Protected information” means information which relates to a person who has made an application under the Gender Recognition Act. This covers both the fact of the application itself and, if the application was successful, the fact that the individual was previously of the opposite gender to the one in which they are now legally recognised.

All staff should read this policy carefully, but should understand that without explicit consent, preferably written, disclosing any of the above eg in a referral, GP letter, or conversation between professionals, may constitute a criminal offence.

* 1. **Access to interpreting**

The responsibility for access to interpreting and funding of interpreters remains with Barts Health(Acute Hospital). All Mental Health Liaison staff should be aware of the local procedures for accessing interpreters and should advocate for patients where this is required. In particular, staff should ensure that patients’ relatives or acute hospital staff members not directly involved in that person’s clinical care are not routinely used to interpret. This may be necessary in emergency situations, but an interview with a professional interpreter should then take place as early as possible.

* 1. **Access to faith services**

This is provided to patients within the Royal London and St Bartholomew’s Hospital via the Barts Health Chaplaincy service. This should be offered to patients where appropriate, and in these cases the Mental Health Liaison staff member or a relevant member of Barts Health should make a referral via the Chaplaincy service. The Chaplaincy service can provide a chaplain of the relevant faith, and have links with community faith services to allow them to access other representatives as requested.

1. **Liaison with other teams/agencies**
	1. **Liaison with GPs**

The Mental Health Liaison Service accepts referrals from GPs via the Emergency Department. We will also accept referral where a GP has concerns regarding the mental health of a current inpatient in the Royal London Hospital or St Bartholomew’s Hospital.

Where a patient has been seen by our service, a discharge summary will be sent to the GP, via hybrid mail or e communication.

Where a patient refuses consent for this, it should be considered whether the patient has capacity to make this decision, and what risks may arise from the GP not having such information. Most such disputes can be settled by negotiating what information needs to be included in the letter. Where an adult with capacity absolutely refuses, this must be respected. The exception would be where there is specific risk to another person, in which case the police should be informed, or the Local Authority if the risk is to a dependent child/vulnerable adult.

Where an adult who lacks capacity refuses, their best interests should be considered.

In all cases, Caldicott Principles should be adhered to in information sharing: all information shared should be relevant and proportionate.

Where a patient does not have a GP, they will be given a copy of the letter to take to a GP on registration.

We have close links with our GP commissioners, and they receive regular feedback on the progress and performance of the service via monthly reports.

* 1. **Liaison with CMHT/Other Mental Health teams**

Where a patient is under our care, we will, where possible, contact the CMHT while the patient is in the department to ensure shared care. Where this is not possible, the CMHT will be notified as soon as possible and informed of the presentation, assessment and any changes made. For patients who attend frequently to the Emergency Department, a shared plan on managing this will be put in place in conjunction with their CMHT. Should a member of CMHT staff have concerns about patient care in the department, this should be fed back to the Service Manager.

We have regular liaison meetings with the local Home Treatment Team and Crisis Intervention Service, to ensure we are working together for the benefit of our patients.

* 1. **Liaison with inpatient mental health services**

As above, we will ensure information sharing and shared decision making where a patient is also a current MH inpatient. For transfers, please see section 12.

* 1. **Liaison with acute trust services**

Our service has, at its core, a duty and philosophy of shared care with acute trust colleagues. This includes sharing information as per Section 8,9 and 14.

We have regular liaison meetings with the Emergency Department and with senior Bart’s Health staff to ensure that we are able to work together in the best interests of our patients.

We also provide training to the acute trust staff to improve their awareness, knowledge and skills around mental health issues, and feed into policy development in areas impacting on mental health care.

* 1. **Providing Teaching and Training to Bart’s Health**

The MENTAL HEALTH LIAISON TEAM/Mental Health Liaison Service has a specific mandate from our commissioners to provide education to our acute trust colleagues. This role is led by our Nurse Consultant, and supported by all team clinicians.

This will include induction training, specific training targeted to staff groups and clinical areas and bespoke training provided to individual clinical teams. This training will be monitored by our commissioners. The aim in providing this is to improve Bart’s Health Trust staff knowledge, skills and attitudes to Mental Health care, thereby improving the experience of all patients within Barts Health, whether referred to the MENTAL HEALTH LIAISON TEAM/Mental Health Liaison or not.

In addition to formal training, our clinical staff discuss every patient with their clinical team, at the point of referral, throughout their inpatient stay and on discharge to provide education as well as clinical information. This will be monitored via the CRS outcome forms, and fed back to the Service Manager and Nurse consultant, the commissioners and the team.

|  |
| --- |
| **Quality and Governance** |

1. **Information Governance**

The Mental Health Liaison Service will abide by ELFT policies on information governance, and all staff must attend mandatory training appropriate to their role. The ELFT Information Governance page has a range of useful resources and patient information leaflets which should be used for patients when appropriate.

All staff will in addition, be aware of, and abide by Barts Health information governance policies when using the CRS records, and must attend training regarding use of the CRS record system, powerchart training.

1. **RiO**

The Mental Health Liaison clinician first assessing a patient has responsibility for opening their case on RiO. This may be delegated to an administrator where available. If the patient is to be discharged from all trust services, the discharging clinician has responsibility for ensuring this is carried out in a timely manner.

The Mental Health Liaison staff do not use RiO for contact recordings, this information will be recorded and stored on CRS. This information will be made available to our commissioners and to ELFT as requested.

Clinical notes may be stored as either Clinical Document Uploads or via progress notes. In the case of Clinical Document Uploads being used, an entry should be put in the Progress note section alerting other users to access Clinical Documents. Correct codes should be used in clinical documents at all times.

All staff must ensure they have had appropriate RiO training to ensure correct use of the system.

1. **Management of clinical case files**

Presently, clinical case files are stored in the Mental Health Liaison office in paper format. Files are not allowed to be removed from the office. On discharge, these are uploaded to RiO and the paper file is securely destroyed. We are aiming to move to a paperless system using CRS. In all cases, relevant information will also be transferred to RiO. Due to our placement within the acute trust, as Mental Health providers, it is necessary that duplicate recording to each Trust system is carried out. As the primary case file system used by the Service is electronic, files will not be lost.

1. **Incident management**

The Service will adhere to both the ELFT and Barts Health incident management policies. Incidents are reported in parallel on each system to ensure adequate investigation. All staff are responsible for reporting clinical incidents where these are identified, and are responsible for ensuring they have adequate training according to their role. The Service Manager is responsible for following up on incident reports where necessary, and all incidents should be reported to her. All incidents should be reported via datix.

Investigation, where necessary, should be carried out either by Barts Health, ELFT or jointly. The Clinical Risk Managers at each site should liaise regarding this and make a decision.

The service manager or nominated deputy will attend the monthly clinical governance meeting held by Barts Health in the Emergency Department to share and learn from incidents

Senior staff will be identified as co-investigators for any serious incidents which involve mental health

All serious mental health incidents will be presented and discussed at the ELFT quarterly serious incident seminar

1. **Health and Safety**
	1. **Induction & General safety**

Prior to working in the Emergency Department, all staff will receive an induction, highlighting safe working practices and break areas.

All staff should ensure they lock the office doors when they are the last person leaving.

Mental Health Liaison staff carrying out assessments in the Emergency Department must ensure they have a security alarm with them at all times in case they require help in an emergency

* 1. **Section 136/High Risk Assessments**

The local Tower Hamlets section 136 protocol must be followed prior to police bringing someone under a section 136 to the Emergency Department.

All section 136 and high risk assessments, where medically appropriate should be carried out in the specialised psychiatry assessment room (P1). This room is ligature light, with safe furnishings, and CCTV monitored from the Mental Health Liaison office in the Emergency Department. The ELFT Tower Hamlets Section 136 policy should be adhered to.

However, regardless of these precautions, ensure that someone is aware of where you are, and if the patient is identified as posing significant risk to others, assess with another member of the team, and consider calling security to stand by as back up. You should also use a personal alarm, which links to the hospital security.

For Section 136 assessments, the duty doctor must attend without delay. As Section 136 is applied by non-clinical staff, it is a legal requirement that the patient is reviewed by a doctor as soon as possible. This allows the section to be lifted without delay in cases where the patient is not suffering from a mental disorder, and allows treatment to be started without delay where the patient requires this. In the event that room P1 is not available the nearest room to P1 will be used as an alternative.

* 1. **Major Incident Procedure**

Refer score card in appendix 5 which details the role of MENTAL HEALTH LIAISON TEAM staff

1. **Governance: quality, safety and performance monitoring**
	1. **Key performance indicators**

The service will now report monthly to the commissioners on a number of qualitative and quantitative core metrics. This information will be collected mainly via the CRS system. It is imperative that all activity is logged to allow accurate reporting. This includes referrals for advice and information only.

* 1. **Clinical Audit**

Once the monitoring requirements are well established, a programme of audit will be developed to support the proactive working streams. This will be focussed on establishing the impact of pilot projects, to ensure that our resources are best directed.

* 1. **Complaints & Learning**

The MENTAL HEALTH LIAISON TEAM/Mental Health Liaison staff will abide by the ELFT complaints procedures, and staff will comply with any investigations required for complaint or incident review purpose. Any incidents which involve the team will be fed back for learning during the monthly business meetings.

1. **Implementation and monitoring of the operational policy**

The operational policy will be reviewed annually by the service manager Associate Clinical Director. Prior to implementation it will be presented to the team and agreed during our business meeting.

Copies of the operational policy will be made available on the K drive in a folder titled policies

The team will be encouraged to suggest improvements to the policy via the business meetings, where these can be discussed and signed off as needed.

* Annual review by service manager Associate Clinical Director
* Agreement and sign off by the service
* Implementation and dissemination plan (team, directorate and Trustwide)
* Monitoring of update by service manager/ACD
* Guidance for local operational policies in the Organisation-wide Policy for the Development and Management of Procedural Documents
1. **References**
* East London Trust policies
	+ Access to Records Policy
	+ Admission and Discharge Policy
	+ Advance Directive For Mental Health Guidelines
	+ Carer’s Charter
	+ Clinical Rio Health Records Policy
	+ Clinical Risk Assessment and Management Policy
	+ Complaints Policy
	+ Consent to Treatment Policy
	+ Creating, Storing and Sharing Information Electronically
	+ Data Quality Policy
	+ Health and Safety Policy
	+ Health Records Policy
	+ Incident Policy
	+ Induction Policy for New Staff
	+ Information Governance and IM&T Security Policy
	+ Place of Safety Policy
	+ Procedural Documents Policy
	+ Responsible Clinician and Nominated Deputy Policy
	+ Safeguarding Adults and Domestic Abuse Pathways
	+ Safeguarding Children Policy and Procedures
	+ Transfer and Discharge Protocol
* Barts Health Policies
	+ Adverse Incident Policy
	+ Alcohol Withdrawal Policy
	+ Being Open Policy
	+ Children visiting policy
	+ Close Observation Policy
	+ Confidentiality Code of Practice
	+ Data Protection Policy
	+ Domestic Abuse Policy
	+ Hand Hygiene Policy
	+ Human Rights, Equality and Diversity Policy
	+ Information Governance Policy
	+ Major Incident Plan
	+ Management of opiate addicted patients
	+ Mental Health Act Policy
	+ Therapeutic Restraint and Containment
	+ Use of BH Clinical Records System
	+ Risk Management Policy
* National Guidance
	+ Liaison Psychiatry in the Modern NHS. Parsonage and Fossey. Centre for Mental Health 2012.
	+ Integrated care for patients and populations: Improving outcomes by Working together. A report to the Department of Health and the NHS Future Forum. Goodwin N et al. King’s Fund and Nuffield Trust 2012.
	+ NICE CG113 Generalised Anxiety and Panic disorder in Adults. NICE. Jan 2011.
	+ NICE CG16 Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. NICE. July 2004.
	+ NICE CG133 Self harm: longer-term management. NICE. Nov 2011.
* Consultation records/minutes

**Appendix 2: Flowchart for Referrals of Children Under 18**

**PATIENTS UNDER THE AGE OF 18 PRESENTING TO ROYAL LONDON HOSPITAL REQUIRING PSYCHIATIC INPUT**

CAMHS – Child & Adolescent Mental Health Service

DoPM – Department of Psychological Medicine

PLT – Paediatric Liaison Team

DoPM worker to assess. DoPM consultant will liaise with CAMHS as needed.

CAMHS worker to assess. If breach risk, DoPM may assess after negotiation with CAMHS

Discuss with CAMHS Spr on call

DoPM worker to assess.

Refer to DoPM

Refer to DoPM

Refer to local CAMHS team via DoPM

Self-harm or suicidality?

Duty Dr review and discuss with CAMHS SpR

Wait until office hours & refer to PLT

Is this an emergency?

Refer to Paediatric Liaison Team on 020 3594 0407

Known to community CAMHS services?

Patients aged 0-15

Patients aged 16-18

Contact patient’s regular community team

Refer to Department of Psychological Medicine on 0203 594 3179

**Appendix 3: Discharge Checklist**

Upload to RIO.

**Checklist on Discharge**

Hybrid mail

Scan

**Patient home with no follow up.**

1. Discharge Letter (found on the K drive) completed.

X

X

X

1. Discharge Letter to GP.

X

X

1. Risk Assessment completed.

X

X

1. A&E Notes
2. Progress note completed on RIO.
3. Copy of Discharge Letter posted to the Patient.
4. Night and Day/CDU book completed for patient.

**Patient home with HTT follow up.**

1. Discharge Letter (found on the K drive) completed.

X

X

X

1. Discharge Letter to GP.

X

X

1. Risk Assessment completed.
2. HTT team Proforma (found in the black “paperwork” folder next to the fax machine) completed.

X

X

X

X

X

1. A&E Notes
2. Progress note Completed on RIO.
3. Copy of Discharge Letter posted to the Patient.
4. Night and Day/CDU book completed for patient.

**Patient home with CMHT referral.**

1. Discharge Letter (found on the K drive) completed.

X

X

X

X

1. Discharge Letter Faxed to GP.

X

1. Risk Assessment completed.

X

X

X

1. Brief Referral Letter written to Local CMHT

X

X

1. A&E Notes
2. Progress note Completed on RIO.
3. Copy of Discharge Letter posted to the Patient.
4. Night and Day/CDU book completed for patient.

Hybrid mail

Upload to RIO.

Scan

**Patient home and under CMHT.**

1. Discharge Letter (found on the K drive) completed.

X

X

X

X

1. Discharge Letter Faxed to GP.

X

1. Risk Assessment completed.

X

X

X

1. Brief Letter written to duty worker at Local CMHT

X

X

1. A&E Notes
2. Progress note Completed on RIO.
3. Copy of Discharge Letter posted to the Patient.
4. Night and Day/CDU book completed for patient.

**Informal admission.**

1. Discharge Letter (found on the K drive) completed.

X

X

X

1. Discharge Letter Faxed to GP.

X

X

1. Risk Assessment completed.
2. HTT team Proforma (found in the black “paperwork” folder next to the fax machine) completed.

X

X

X

1. A&E Notes

X

X

X

X

1. Capacity form completed
2. Drug chart completed
3. Progress note Completed on RIO.
4. Copy of Discharge Letter posted to the Patient.
5. Night and Day/CDU book completed for patient.

**Formal admission.**

1. Discharge Letter (found on the K drive) completed.

X

X

X

1. Discharge Letter Faxed to GP.

X

X

1. Risk Assessment completed.
2. HTT team Proforma (found in the black “paperwork” folder next to the fax machine) completed.

X

X

X

1. A&E Notes

X

X

X

X

1. Capacity form completed
2. Drug chart completed

X

X

1. Mental Health Act Assessment +Recommendations
2. Progress note Completed on RIO.
3. Copy of Discharge Letter posted to the Patient.
4. Night and Day/ CDU book completed for patient.

**Appendix 4: Protocol for transferring patients to Mental Health Wards**

**within Tower Hamlets**

Aim

This protocol has been drawn up to give some guidance on when it would be appropriate to transfer patients to any of the Tower Hamlets Centre for Mental Health (THCMH) wards following a period of admission at Royal London Hospital (Whitechapel), Mile End hospital or the London Chest Hospital. It applies to both older adults and adult patients. Patients under the age of 18 should always be discussed with the relevant CAMHS registrar.

Description of wards

There are 3 older adult mental health wards at Mile End Hospital and form part of the Tower Hamlets Centre for Mental Health (THCMH) which consist of Leadenhall Ward, Functional assessment for older adults; Columbia Ward, Dementia assessment, which serves Tower Hamlets, Newham and City & Hackney localities; and Thames House, continuing care for older adults with dementia. There is medical cover on all the wards between 9-5pm, Monday to Friday on a sessional basis. Out of hours Medical cover is provided by the duty Psychiatrist based at the Tower Hamlets Centre for Mental Health at Mile End Hospital between 5pm and 9pm and the doctor covering both Mile End and The Royal London Hospital A/E Department after 9pm. All the wards are staffed by Registered Mental Health Nurses.

The adult wards are based at Mile End Hospital in the THCMH. They are staffed by a medical team of junior doctors and consultant psychiatrists during the day, and a duty psychiatrist (CT1-3) between 5-9pm. Overnight, the duty psychiatrist also covers the Royal London Hospital so may not be on site. All the wards are staffed by Registered Mental Health Nurses.

Protocol

* The reason for admission to the Medical wards should be fully investigated and resolved prior to transfer to THCMH
* The Department of Psychological Medicine should be involved in the transfer, and will assess the patient prior to transfer, to ensure they are medically well enough to be cared for in a Mental Health (MH) unit
* If a patient still requires active medical treatment then there must be a clear, documented management plan which should include what to look out for and what should be carried out in case of an emergency eg. Patients requiring oral antibiotics following a course of IV antibiotics
* Transfers should take place before 8 pm to allow enough time for the ward Doctors to review the patient. Transfers after this time should be postponed due to limited medical cover
* If a patient requires any specialist intervention/assessment eg. Speech and Language Therapy, continence, tissue viability etc. an assessment should be completed and documented in the patient notes prior to transfer to the MH ward and a management plan must be in place for staff to continue to implement this.
* For patients with open wounds, ulcers or pressure ulcers, they will be accepted if there is a clear wound management plan and follow up from the Tissue Viability Nurses
* The patient must be mobile or able to safely use a walking aid if being transferred. This can be negotiated, but patients requiring hoisting cannot be safely cared for on a MH unit.
* If there is uncertainty the principle to guide clinicians is that patients should be **physically fit enough to return home on transfer** rather than fit enough to just enable a ward transfer.
* The patients’ medication chart must be re-written by the MH Doctor on arrival to the MH ward on an East London Foundation Trust medication chart.
* The following written information MUST accompany the patient on transfer to the MH ward:
* a detailed discharge summary
* a supply of medication (unless previously arranged)
* a detailed nursing care plan
* a completed risk assessment for those patients with alert organisms eg. MRSA, infections

**Patients requiring the following management will not be accepted due to the unavailability of expertise in providing the appropriate care:**

* Sliding scale insulin
* IV fluids
* Mobility reductions should be negotiated as above
* IV medicines
* Unstable diabetes
* NG or PEG feeds
* Other medical problems requiring the specialist nursing care from Registered General Nurses

This list is not exhaustive; it only serves to give a pointer to the care the nurses on the MH wards will not be able to manage. If in any doubt please discuss with the Department of Psychological Medicine (Mental Health Liaison Team) in the first instance.

**Relevant contact numbers:**

**Adult Psychiatric Liaison Team, RLH:** 020359 43179/43177

**MHCOP Psychiatric Liaison Team, RLH**: 020 359 46695/46696

**Appendix 5: Royal London Hospital Major Incident Procedure**

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| --- | --- | --- |
| Job Title | Senior Nurse nominated by the Silver Commander |  |
| Incident Role | Hospital Support Team Leader | Action Card 06 |
| Location | Discharge Lounge (Ground Floor) Relatives Holding area Fracture Clinic Waiting Area (2nd Floor)/ Chapel (2nd Floor) / Bereavement Suite (2nd Floor) |  |
|  |  |
| ROLE DESCRIPTION |
| The Hospital Support Team function is to ensure the safe discharge of Major Incident patients who have been declared medically fit and to support the relatives of those seriously injured or dead. This role reports to the Silver Commander |
| INCIDENT STANDBY |

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| INCIDENT DECLARED |

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| Attend the Silver Incident Co-ordination Centre receive briefing from Silver Commander |  |
| Assemble the following team* Family and Friends Reception Area Lead and Deputy (Senior Nurse or Bereavement Lead where available)
* Chaplaincy Lead and team (on call Chaplaincy)
* PychoSocial team lead
* Discharge Area Lead (Band 5 nurse as available)
* Paediatric Support (as required by the incident)
 |  |
| Oversee the Family and Friends Reception Area (Action Card 07 and their Deputy Action Card 08 ensure that they have 4 runners to fulfil their role and appropriate security |  |
| Oversee the Chaplaincy support to the Incident. The chaplaincy team will be providing pastoral support to patients in Resus, Family and Friends in the Fracture clinic and discharged patients in Out Patients Chapel and Bereavement Suite. |  |
| Oversee Pychosocial support provided to staff and discharged patients |  |
| Oversee the Discharged Patient Support Team. Patients from the Major Incident are provided with support including means to get home, GP follow up support, clothing food etc. Ensure that patients discharged are interviewed by the police |  |
| Escalate all issues to the Silver Commander |  |
| Keep a record of all actions and decisions taken during the incident |  |

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| PUBLIC ENQUIRIES |
| * The Trust Media Liaison Officer (based in the Incident Coordination Centre) will be the primary point of contact for all media enquiries. They will provide updates to the media and the public via the Trust Internet. Additionally they may also update the Trust switchboard message with further information for the public.
* All enquiries by the Press should be directed to the Media Liaison Officer.
* A public information hotline may be set up in response to the Incident this will be co-ordinated through the Hospital Support Team. If this is done the telephone number will be distributed across the Trust.
 |
| Incident stand down |
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| * You will be informed of the Stand down from the Major Incident by the Major Incident Control Team
* Debrief all members of the Hospital Support Team and the main reception staff, passing comments back to the MICT
 |
| essential numbers |
| A&E Co-ordination Point40875 / 40876 | RLH Theatres Co-ordination Point40356 / 40357 | Intensive Care Co-ordination Point40420 |
| Incident Coordination Centre (ICC)40145Discharge Lounge40016/7 | SBH ICC 15-5511015-55112 15-56111 15-56112Relatives Holding Area41094/5 | Chaplaincy42070Bereavement Suite42030 |
|  Job Title | Senior Nurse or Bereavement Lead where available nominated bty Senior Major Incident Nurse |  |
| Incident Role | Friends and Family Reception Lead | Action Card 07 |
| Location | Fracture Clinic Waiting Area 2nd Floor |  |
|  |  |
| ROLE DESCRIPTION |
| The role of the Friends and Family Support Lead is to provide support to friends and relatives of admitted Major Incident patients informing them of progress through the hospital system and reuniting them as soon as is possible |
| INCIDENT STANDBY |

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| INCIDENT DECLARED |

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| Go to the Incident Co-ordination Centre (Clinico Radiological Meeting Room) and collect action card, tabard and DECT phone |  |
| Collect equipment box containing tissues, wet wipes and documentation forms for relatives |  |
| Ensure that Hospital Support Team Leader is aware of DECT phone number for the duration of the incident. |  |
| Go to the First Floor Fracture Clinic Waiting space |  |
| Set up the area to receive the Friends and Family from Major Incident casualties brought into the hospital |  |
| Liaise with Nurse in Charge ED (45725) for all current MI relatives to be collected and brought up to the waiting area |  |
| Working with the Friends and Family Reception Deputy ensure that all relatives are introduced to the team upon arrival and ensure that relatives and friends of patients are made aware of the support that will be provided |  |
| Working with the Friends and Family Reception Deputy ensure that information is gathered through runners and electronic data gathering (CRS where appropriate) of the Major Incident patient progress, fromEDTheatresICUFirst receiving ward (12D) |  |
| Working with the Friends and Family Reception Deputy ensure that patient deaths are communicated to relatives by a Doctor or Senior Nurse in an identified private space. Ensure that as part of this process that further support is provided through chaplaincy and bereavement teams. |  |
| Ensure that refreshments are provided contact the Estates and Facilities Co-ordinator |  |
| Ensure that security of staff and relatives continues throughout the incident involving Security team as required by the incident. Where necessary this should be a permanent manned security position |  |
| Keep a record of all actions and decisions taken during the incident |  |

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| PUBLIC ENQUIRIES |
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* All enquiries by the Press should be directed to the Media Liaison Officer.
* A public information hotline may be set up in response to the Incident this will be co-ordinated through the Hospital Support Team. If this is done the telephone number will be distributed across the Trust.
 |
| Incident stand down |
|  |
| * You will be informed of the Stand down from the Major Incident by the Major Incident Control Team
* Debrief all members of the Hospital Support Team and the main reception staff, passing comments back to the MICT
 |
| essential numbers |
| A&E Co-ordination Point40875 / 40876 | RLH Theatres Co-ordination Point40356 / 40357 | Intensive Care Co-ordination Point40420 |
| Incident Coordination Centre (ICC)40145Discharge Lounge40016/7 | SBH ICC 15-5511015-55112 15-56111 15-56112Relatives Holding Area41094/5 | Chaplaincy42070Bereavement Suite42030 |
| Job Title | Team leader nominated by the Site Manager, usually from the Emergency Mental Health Liaison Service if available. |  |
| Incident Role | Friends and Family Reception Deputy | Action Card 08 |
| Location | Fracture Clinic Waiting Area 2nd Floor |  |
|  |  |
| ROLE DESCRIPTION |
| The role of the Friends and Family Support Deputy is to work with the Friends and Family Reception Lead to provide support to friends and relatives of admitted Major Incident patients informing them of progress through the hospital system and reuniting them as soon as is possible |
| INCIDENT STANDBY |
|  |
| INCIDENT DECLARED |
|  |  |
| Go to the First Floor Fracture Clinic Waiting space. |  |
| Report to the Friends and Family Reception Lead |  |
| Assist the Friends and Family Reception Lead with the set up of the area Collect all current MI relatives escorting them up to the Fracture Waiting area on the 2nd Floor |  |
| Go to the First Floor Fracture Clinic Wating space |  |
| Working with the Friends and Family Reception Lead ensure that all relatives are introduced to the team upon arrival and ensure that relatives and friends of patients are made aware of the support that will be provided. |  |
| Working with the Friends and Family Reception Lead ensure that information is gathered through runners and electronic data gathering (CRS where appropriate) of the Major Incident patient progress, fromEDTheatresICUFirst receiving ward (12D) |  |
| Organise 4 runners to collect the current status of MI patients at all of the above locations so that this can be communicated to relatives and friends (this should be as often as the MI allows.) |  |
| Working with the Friends and Family Reception Lead ensure that patient deaths are communicated to relatives by a Doctor or Senior Nurse in an identified private space. Ensure that as part of this process that further support is provided through chaplaincy and bereavement teams. |  |
| Ensure that a record is kept of all actions and decisions taken during the incident |  |
|  |  |
| PUBLIC ENQUIRIES |
| * The Trust Media Liaison Officer (based in the Incident Coordination Centre) will be the primary point of contact for all media enquiries. They will provide updates to the media and the public via the Trust Internet. Additionally they may also update the Trust switchboard message with further information for the public.
* All enquiries by the Press should be directed to the Media Liaison Officer.
* A public information hotline may be set up in response to the Incident this will be co-ordinated through the Hospital Support Team. If this is done the telephone number will be distributed across the Trust.
 |
| Incident stand down |
|  |
| * You will be informed of the Stand down from the Major Incident by the Major Incident Control Team
* Debrief all members of the Hospital Support Team and the main reception staff, passing comments back to the MICT
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| essential numbers |
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| Incident Coordination Centre (ICC)40145Discharge Lounge40016/7 | SBH ICC 15-5511015-55112 15-56111 15-56112Relatives Holding Area41094/5 | Chaplaincy42070Bereavement Suite42030 |