

## Newham Centre for Mental Health Adult Acute Inpatient Services Operational Policy

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## **1. Purpose**

**1.1** The Policy provides an outline of the Newham Adult Acute Inpatient Unit Philosophy and Objectives, as well as the key services provided.

**1.2** The purpose is to give clarity regarding the role and function of Newham Centre for Mental Health (NCMH) to Staff, Service Users, Carers and other Stakeholders.

This Local Policy should be read in conjunction with the following Trust Policies and procedures:

- Admission and Discharge Policy
- Care Programme Approach (CPA) Policy
- Clinical Risk Assessment Policy
- Consent to Treatment Policy
- Door locking Policy
- Health Record Keeping Policy
- Leave for informal patients Policy
- Missing and Absent without leave Policy
- Observation Policy
- Policy for searching Visitors, Service Users and their Property
- Policy on the use of Physical Restraint
- Seclusion Policy
- Section 136 Guidance

## **2. Introduction**

**2.1** Newham Centre for Mental Health (NCMH) is based in Cherry Tree Way, London E13 8SP.

**2.2.** NCMH provides an in-patient facility for people who reside in Newham\* who are of working age and are in the most acute and vulnerable stage of their illness.

The unit comprises of the following wards:

- Opal Ward – male only admissions ward (<<>>)
- Sapphire Ward – female only admissions ward (<<>>)
  
- Topaz Ward - male only admissions ward (<<>>)
- Emerald Ward - female only admissions ward (<<>>)
  
- Ruby Triage Ward – Mixed gender environment for triage admissions to NCMH (Please see own operational guidance).
  
- Crystal ward – male only Psychiatric Intensive Care Unit. (PICU) (Please see own operational guidance)
  
- Jade Ward – Mixed ward, out of area admissions.
  
- Also on site is Ivory Ward (MHCOP) – Elderly admission ward.

**2.3** Each ward has a Multi-disciplinary team as follows:

Consultant Psychiatrist and Medical Team  
Modern Matron  
Practice Innovation Nurse (Ward Manager)  
Clinical Practice Leads (Senior Nurses)  
Primary Nurses  
Life Skills and Recovery Workers  
Support Workers  
Dedicated Occupational Therapists  
Dedicated Psychologist  
Ward Pharmacists  
Patient Participation Lead  
Peer Support Workers  
Cambridge House Advocates  
Welfare Officer (supports with benefits)

There are also a variety of therapists that undertake group and individual sessions across the wards.

**2.6** Service users have access to Psychological therapies – this may be by engaging in 1:1 work with a Psychologist or by attending psychological groups. Each service user will be assessed to ensure that the care is developed using psychological models of formulation. The inpatient psychologists also support other members of the MDT in formulating care and managing complex situations.

**2.7** There is a clear management structure in place in NCMH. Staff within the unit can access support from senior staff. There is a dedicated Duty Senior Nurse (DSN) on duty at all times. They will co-ordinate activity with the unit. Out of hours there is a Manager on call and a Trust Wide Director on call.

**2.8** NCMH is part of a wide range of services available for people who require extra support with mental health problems. These are Secondary Mental Health services provided by East London Foundation Trust (ELFT). It is important that clear interface and communication processes are in place with all services so that the service user has a consistent and seamless journey.

### **3. Service Objectives**

**3.1** To provide short and focused admissions in a 24 hour, seven day a week supportive and safe environment.

**3.2** Maintain and develop effective working relationships with stakeholders, statutory and non-statutory agencies

**3.3** To adhere to standards / recommendations such as:

- Care Quality Commission (CQC) Standards - To adhere and maintain registration as per Care Quality Commission standards for registration (2009).
- Mental Health Act (1983), and amended 2008 and the Mental Capacity Act (2005).
- Relevant NICE guidelines.
- Committed to achieve accreditation across all its inpatient wards accredited under the Royal College of Psychiatrists accreditation process (AIMS) and to meet the CQC standards achieving excellent across all domains.
- Committed to the ethos of STAR wards and to achieve excellence in promoting therapeutic activities and engagement across the inpatient wards.

## **4. Philosophy of Care**

**4.1** The Healthcare Commission in 2008 felt in-patient care should “focus on the needs of the individual and provide care that is individualised and promotes recovery and inclusion.” It also made statements around timely discharge, service user and carer involvement and safety.

**4.2** New Horizons 2010 identifies that good quality acute in-patient mental health services should encompass the idea of promoting recovery and inclusion for those using services.

**4.3** NCMH is a place where the emphasis is on recovery and person centred approaches. It should be a comfortable, safe and helpful place where everyone can expect to be treated with dignity and respect.

**4.4** Service Users can expect to be cared for safely and to have a care plan based on their individual needs. They can expect care that is person centred, and which does not discriminate against their culture, ethnicity, gender, age, sexuality, religion and / or disability.

**4.3** Each Service User’s care should encourage independence, self-esteem and personal choice

**4.4** Staff are expected to act in the best interests of the Service Users in line with professional Codes of Conduct, Trust Policies, Protocols and Guidance.

**4.5** Service Users should expect to be listened to, and to have any concerns taken seriously and addressed promptly.

**4.6** Service Users have a right to privacy.

**4.7** All service users will have a dedicated Consultant psychiatrist who will be their responsible Clinician throughout the inpatient episode. The service user will be seen in ward round by the Consultant psychiatrist but will also have the opportunity to be seen separately. The Team adhere to the Trust wide Service User Ward Round Code of Conduct. This is clearly advertised on each ward.

**4.8** Staff within NCMH work in Strengths focussed way. It focuses on the service users strengths and works towards clearly defined solutions. The model of care delivered is underpinned by the philosophy of recovery. All inpatient nursing staff are trained in this approach.

**4.9** Service users will be allocated a Primary Nurse who will work closely with them to develop a Person Centred Inpatient Care Plan and a “This is me” care plan. Both these plans will be driven by the service user’s goals and aspirations and underpinned by the philosophy of recovery.

**4.10** It is essential that we deliver a service that is holistic and looks at both the service user’s physical well-being as well as mental health. Each service user will be given the opportunity to discuss plans for a healthy lifestyle. This includes advice and support regarding: smoking cessation, diet, exercise, mindfulness and general healthy living. These plans will be devised to include community resources and activities and will link very closely to local initiatives.

**4.11** Service Users have the right to request help and support for their relatives and carers, and for them to be involved in their care. There is a monthly cares support group across the service.

**4.13** Each ward will have a weekly community meeting where Service Users can express any concerns or needs regarding their stay on the ward.

**4.14** Service users also have access to support staff from:

- Housing Department – dedicated Housing officer who will see service users with regarding to applications for housing to the London Borough of Newham.
- Welfare and benefits advice
- Cambridge House advocacy – Independent advice and support all inpatients.
- People Participation Lead and dedicated staff – attend community meetings and patient forums to ensure service users have a voice in service development, new initiatives and changes to the unit.

## **5. Admissions and Discharge Procedure**

**5.1** Please see Trust policy: **Admission and Discharge Policy** which covers the following points:

- a. Admissions Management - gate-keeping, decision making and acute care pathway
- b. Bed Management processes
- c. Admission procedure
- d. Discharge procedure

**5.2** All potential admissions are discussed and agreed by the Duty Senior Nurse (DSN). The DSN must ensure that the demographic information is correct and that the patient “belongs” to Newham. This will include clarifying home address and GP details. If there are difficulties in determining the responsible hospital than the DSN must escalate this to the senior manager on call / matron to discuss.

**5.3** Some admissions such as those for medication titration (Clozapine) or prescribed ECT can be admitted directly to the ward with agreement with the specific Ward Consultant and Manager.

**5.4** Within the boundaries of East London Foundation Trust services (ELFT) patients will be admitted by address e.g. a patient with a Tower Hamlets address but Newham GP will be admitted to Tower Hamlets. *This agreement is only with City and Hackney, Tower Hamlets and Newham Acute Inpatient services.*

**5.5.** When an NCMH patient has been assessed in another A&E department and is deemed as requiring an informal admission to NCMH then they will be transferred. It is essential that the DSN confirms that the patient belongs to this Trust and that all clinical information is shared or agreed out of area contract.

**5.6** There are some A&E departments who have nurse led assessments– we will not accept an admission until the person has been assessed by a Psychiatrist and the assessment has been sent to the admitting ward (via RIO, fax or email), unless otherwise agreed by locality ward consultant or where PICU is requested, all admissions will come to Ruby Triage Ward. They will filter service users requiring longer treatment admissions to locality wards within 7-10days.

**5.7** All patients who are admitted to NCMH will have a thorough clinical and physical assessment. Care plans will be formulated by the MDT. The Care Programme Approach will be utilised to determine discharge or aftercare plans.

**5.8** All patients will be given a welcome pack and further information relating to their own care and treatment. This will include information regarding diagnosis, medication, interventions and groups and local community resources.

**5.9** It is essential that patients who are admitted to NCMH are given timely and correct information regarding any medications that are prescribed:

- Within 7 bed nights of their admission, patients will be given written information about their psychotropic medication and this must be documented.
- During admission, patients will be provided with advice from a pharmacist for all their medications and this must be documented.
- At discharge, inpatients offered face-to-face discussion with a pharmacist about all medication and this must be documented.

**5.10.** When a patient is discharged from the ward the Discharge Liaison Form (DLF) will be completed and sent to the patients GP within 24 hours. The section regarding current prescribed medication will be screened by the pharmacist before being sent to the GP. Please see separate guidelines regarding this process.

## **6. Mental Health Act (1983)**

**6.1** The Unit admits patients who are informal or detained under the Mental Health Act. Following admission under the Mental Health Act all Service Users will receive:

- An explanation of under which part of the Act they are detained and the effect of that detention.
- Reason for detention.
- Information on how to appeal to the Mental Health Review Tribunal or Hospital Managers and their right to legal representation for Tribunals.
- Information relating to their nearest relatives right to request discharge.
- Information on what the Act says about treatment for their mental disorder.
- Information on the role of the Mental Health Act Commission.
- Information about withholding of correspondence.
- Information on how to make a complaint or request notes
- Whether they have an entitlement to section 117 aftercare

## **7. Bed Management of out of area patients.**

**7.1.** NCMH provides beds for other NHS Trusts. These are usually part of a contract for either block purchases or spot purchases. Any agreed contracts will be shared with the Management / Senior Clinical group so that these processes can be managed appropriately.

**7.2** When accepting a referral for an out of area bed it is essential that the clinician taking the referral has access to all the relevant clinical information that will aid in formulating care and risk plans. Other Trusts may not use the same electronic clinical record process (RIO) and therefore information needs to be shared to ensure that the admission is appropriate and clinical care is not compromised.

**7.3** There may be times when an out of area patient is admitted either via A&E or via a section 136 and their “parent trust” will agree for them to be transferred back to their local hospital. This will be organised by either the DSN or admitting ward.

## **8. Internal Transfers**

**8.1** All service users will be admitted to the relevant ward that covers either the particular catchment area in which they live ( North or South Newham) or the ward that offers a specialist service that can meet the individual’s needs (Crystal Ward). These wards are known as the service users “parent ward”.

**8.2** There may be times when service users cannot be admitted to their “parent ward” or will be transferred to another ward during their in patient stay. This is usually due to limited beds or for clinical reasons.

**8.3** When service users are admitted or transferred to another ward with NCMH then:

**8.3.1.** The service users Consultant must be informed immediately and a medical review will be undertaken in a timely manner. The service users will be seen as part of the ward round.

**8.3.2.** Nursing care for the service user will be the responsibility of the ward where the service user is based.

**8.3.3.** When service users are transferred from one ward to another a comprehensive verbal and written handover must take place. This must include all mental and physical health care plans, risk assessments and current care issues.

**8.3.4.** Service users must not be transferred from one ward to another when they are not physically present i.e. when they are on leave or AWOL.

## **9. Managing the physical health needs of service users**

**9.1** All service users will be offered a full physical examination and related blood tests. Where indicated a referral to secondary physical health services can be made. Patients will have a care plan outlining very clearly any physical health needs.

**9.2.** On admission the service users General Practitioner (GP in the Community) will be contacted and the medicine reconciliation process will be completed. This involves a member of staff confirming with the GP the medication the service user was prescribed before admission. The GP at this time will be informed that their patient has been admitted. On discharge the GP will receive a Discharge Liaison Form (DLF) from the ward outlining the key elements of their care and treatment and updated treatment plan.

**9.3** Within NCMH there is a General Practitioner (G.P) service. The ward doctor will refer any patients to the service on a Monday (usually following discussion in the wards management round) Referrals are sent to [C&HGPclinic@eastlondon.nhs.uk](mailto:C&HGPclinic@eastlondon.nhs.uk) email address. This will involve the patients name, date of birth and NHS number. This will assist in the patient being registered to the GP list.

**9.4** The GP will visit the wards on a weekly basis and will discuss all new referrals and open cases with the ward doctor and nursing team. The ward staff will ensure that this discussion and any related action plan is documented on RIO.



**9.5** Please open link below for Newham Centre for Mental health Medical Emergency Local Protocol

[http://elftintranet/download/d85fadbc-4bbe-4603-bba6-45103b6fff15/f/Newham\\_Local\\_Resuscitation\\_Protocol\\_V02\\_August\\_2012.pdf](http://elftintranet/download/d85fadbc-4bbe-4603-bba6-45103b6fff15/f/Newham_Local_Resuscitation_Protocol_V02_August_2012.pdf)

**9.6.** There are times when patients from NCMH are transferred to Newham University Hospital (NUH). This may be for treatment in the A&E department, admission for further inpatient care in NUH by being admitted to one of the medical wards. Once a patient is admitted to NUH then their care and treatment is handed over – this also includes any levels of observation. NCMH staff will continue to provide 1:1 observation for the first 24 hours or to the end of the shift. NUH will then be responsible for providing staff.

**9.7** Any patients who are transferred under a Section of The MHA, the Section will be transferred to NUH – please seek advice from the local MHA office.

**9.8** It is essential that HPM are made aware of every patient that is being transferred to NUH. This may just be in the first instance as information only but could following review lead to HPM being more involved. This decision must involve a Consultant to Consultant discussion regarding what is the best care pathway for the patient. This will depend on possible prognosis, treatment plan and legal status of the patient. In all instances close liaison between NCMH staff and HPM is essential. It is an expectation that joint working and a collaborative approach will be used in patient care.

**9.9** When patients are being transferred back from NUH to NCMH – we require clear documentation that the patient is medically cleared and fit for discharge from a medical ward. This must also include a medical handover from either the Liaison Doctors or HUH Doctors. This handover must summarise the treatment / investigations that were completed while the patient was in NUH. They may require a nursing view usually by the NCMH ward staff regarding any resources or equipment required to enable the patient's physical health to be met in NCMH.

## **10. Section 136**



S136 Flow Chart -  
ELFT 2013 (3).pub

(Please see attached Flowchart that outlines the Pan London 136 agreement.)

**10.1.** NCMH is the dedicated place of safety for patients detained under a Section 136. This means that the Metropolitan Police (Newham) can convey patients to the unit to be assessed under Section 136 of the Mental Health Act.

**10.2.** There is a dedicated 136 Suite on the Ground Floor of NCMH. The process is managed by the DSN who will follow the Pan London agreed 136 protocol. The Joint Protocol outlines the need for the Police to inform the DSN when they have detained a patient and are on route to the unit. This will enable the DSN to proactively plan the assessment process.

*Please note the Section 136 suite is not a dedicated seclusion room. Patients must not be secluded in the room. In emergency circumstances when the risk of aggression or absconding is high and there is not enough staff to safely contain the patient at that*

*moment in time the door may be shut while help is being summoned. If the decision is made that the patient requires a period of time in seclusion they must be moved to the dedicated seclusion facilities. If during the conveyance of the patient to the unit it is assessed that the patient presents with a high risk towards others the DSN can ask for the patient to be taken straight to a seclusion room where the assessment can be taken place.*

**10.3.** The Emergency Department (ED) at Newham University Hospital (NUH) has a 24-hour dedicated psychiatric liaison team, RAID Team. The ED is a designated place of safety and under certain circumstances it may be appropriate for police to bring patients there under section 136 in order to be assessed.

**10.4.** In some cases, police or the DSN will have concerns about a patient's physical health as well as mental health and may judge that it is appropriate to bring the patient to the ED in order to receive medical attention. These should be the only circumstances under which patients already subject to section 136 are brought to the ED.

**10.5 .The ED will not be used as a secondary option to divert patients when the 136 suite at NCMH is in use.**

**10.6** When patients are brought to the ED under section 136, HPM should immediately become involved in parallel with the ED clinicians in order to ascertain whether psychiatric assessment can take place in the ED or whether the patient should be conveyed to the 136 suite when medically safe to do so. They can also help advise the ED clinicians on management. If patients are agitated, aggressive, or otherwise considered to be high-risk and more safely assessed within the contained environment of the 136 suite, HPM will arrange with the DSN for the patient to be conveyed when medically fit.

**10.7. It is not always appropriate to transfer the patient back to NCMH under the provisions of a section 136 when "medically cleared":** If the patient can be safely assessed whilst still in the ED, or if medical intervention is likely to be prolonged, psychiatric assessment should take place in the ED, following the usual protocol for patients under section 136. Assessing patients under 136 in these circumstances in the ED will prevent unnecessary delays in appropriate management.

**10.9.** There may be times when the Section 136 Suite in NCMH is being used and we are informed that the Police have detained another person under the Act. In these circumstances we need to think what is in the best interest of the patient. We should not just inform the police that we are full but look for a suitable and safe solution. This may be asking a neighbouring place of safety (not A&E) if they can support the assessment or admitting one of the people detained under a Section 136 to a ward in NCMH until the assessments are completed.

**10.10 Execution of a section 135(1) –** this is generally undertaken in the community and is executed by the AMHP (Approved Mental Health Practitioner) and 2 doctors. It is an assessment to decide on whether to detain then and there. These are occasions where it is not safe to do so in the person's home and they need to be taken to a place of safety for the assessment to be done. The person may then under these circumstances be conveyed to the 136 suite or directly to the ward in collaboration with the DSN.

## **11. Process for Requesting Police Assistance where Patients are Absent from the Newham Centre for Mental Health**

**11.1** There are times when patients who are detained under the MHA leave the hospital without authorised Section 17 leave:

- Abscond from the ward or inpatient unit
- Abscond from escorted leave
- Do not return from granted Section 17 leave within the time frame agreed.

**11.2** When a patient tries to abscond from the unit the nursing team must try and prevent the person leaving the unit. This includes the use of the Rapid Response Team (RRT) and informing Security. If the team have specific concerns regarding an informal patient leaving the unit, they can be formally stopped using the powers of the MHA, (Section 5(4) or Section 5(2)).

**11.3** When a member of the team escorts a patient off the hospital grounds they must ensure they carry a mobile phone. If the patient then runs away from the escorting staff the decision to dial 999 must be considered so that local police can take prompt action. This must be documented in the patients care plan.

**11.4.** Detained Patients who are AWOL - If a patient detained, or subject to Supervised Community Treatment, or Guardianship under the Mental Health Act 1983, and is Absent without Leave the police will assist in returning a patient to hospital. It is not primarily the responsibility of the police to do this and discussion needs to take place between hospital and community based staff as to how to proceed.

**11.5** The following represents the situations when it may be necessary to involve the police, where the person is:

- Considered to be particularly vulnerable
- Considered to be dangerous
- Subject to restrictions under Part 3 of the Act (37/41 orders)
- Or where their history makes it desirable to inform the police that they are absent. (22.14 MHA CoP)

**11.6** When the decision is made to report someone to the police, hospital staff must ensure that the actions listed in the grab pack have been undertaken and the information required by the police is shared with them.

**11.7** Where a person's whereabouts are known and the police assist with conveying they will, wherever possible, be supported by a suitably qualified and experienced mental health professional in returning the patient to hospital.

**11.8** If a patient who is absent returns or is found, the police will NOT normally be informed unless a Missing Persons investigation had been instigated.

**11.9** Informal Patients who are absent without leave - Where the patient missing is an informal patient the hospital continue to have a duty of care towards that person. Staff should consult the senior nurse on shift and decide on further action. Where the person's whereabouts are known, consideration should be given to either hospital staff or community staff making contact with them.

**11.10** In certain circumstances, e.g. where the person presents a significant risk to themselves or other people, or the person was assessed as lacking capacity, staff should consider asking the police for support to return the person to the place they should be. If the person lacks capacity to make the decision whether to return, professionals should consider whether it is in their best interest for them to be returned under the authority of s5 and s6 of the Mental Capacity Act 2005. It may be necessary

to request that a Mental Health Act assessment be convened at the earliest opportunity.

### **11.11. Significant Risk**

- Whether or not significant risks are present is a matter for professional judgement and will depend on what is known about the person's previous behaviour, the risk assessment completed on admission and the person's mental state prior to their leaving hospital. The patient's family/carers may also be consulted and their views given consideration.
- In these situations, it may be necessary to request police assistance even if the absent person was in hospital informally. However, the police do not have powers to return people to hospital from their own homes except in very specific emergency situations and then a Mental Health Act assessment should be considered.

### **11.12 Section 135(2)**

An application for a warrant under s135 (2) should be applied for where

- someone who is detained under the MHA is AWOL, has been located but refuses to allow staff access to them
- someone who is subject to Supervised Community Treatment has been recalled to hospital but refused to allow staff access to them or return to the hospital

Section 135(2) enables a police constable to enter (if necessary by force) the place where the patient is staying and return them to the place where they ought to be. It is good practice for a suitably qualified and experienced mental health professional who knows the patient to accompany the police when they exercise the warrant.

**11.13** Where community patients subject to Supervised Community Treatment (SCT) have been recalled to hospital and failed to return to the hospital to which they have been recalled, it will be the role of the Responsible Clinician and the Care Co-ordinator to organise their return. They may be supported by the police, where a risk assessment indicates that this is required or wherever a warrant under s135 (2) MHA needs to be executed to gain entry to a premises.

## **12. Children's Visiting procedures**

**12.1.** This section has been written to provide all staff with specific guidance regarding the use of the Newham Family Room and is to be used in conjunction with the ELFT Policy on Children and Young People Visiting Service Users in Hospital. Only patients who are admitted to the ward and have a clear assessment and agreed plan for visiting can use the room.

**12.2** NCMH aims to provide a safe, child friendly, comfortable and stimulating environment for children and young people to meet with their parents or relatives during those parents' or relatives' hospitalisation due to mental illness. The NCMH Family Room will only be used by service users and their children. The room should be prioritised as a children's visiting room however in certain circumstances with agreement from the DSN / Ward manager, it may be used to speak to other family members.

**12.3** The room will be available to use generally 9am to 8pm 7 days a week.

**12.4.** The term child or children refers to any child or young person under the age of 18. Children under the age of 18 are **not** permitted to visit the acute mental health wards in NCMH.

**12.5.** NCMH supports the helpful and positive contact between children/young people and their parents/carers who are Trust service users. However, this must occur only if it is in the best interests of the child. The ward Multi-Disciplinary Team must ensure that the child understands the purpose of the visit, and is in agreement to it taking place.

**12.6.** The interests of the child/young person are paramount and must be given priority. Staff should ensure that an assessment is carried out and the child's views and needs have been taken into account which may entail where appropriate consulting Children's Social Worker or other Childcare professional. Visits, which are not in the best interest of the child, cannot be allowed and must not be used purely with the intention of helping the adult feel better. **If a child or young person is subject to a child in Need or Child Protection Plan no visits can be arranged until a discussion takes place with allocated Children's Social worker.** If staff are in doubt contact the Named Professional for Safeguarding Children, Linda.Geddes@ELFT.nhs.uk.

**12.7.** All visits must be undertaken following clear risk assessment and management plans by ward staff/designated clinicians for service users who wish to use the room. The assessment must also include:

- Service user risk history and current presentation
- Historic and current Safeguarding Children concerns
- Historic and current contact with Children's Social Care
- Risk history associated with other adults within the family (where it is known that there is domestic or honour based violence within the family)

**12.8** The outcome and subsequent management plan for the visit should be appropriately recorded on RIO and reviewed prior to and after each visit.

**12.9** Information regarding Parental Mental Health Resources can be found on the trust intranet under library – leaflets as in the link

[http://elftintranet/our\\_library/parental\\_mental\\_health\\_resources.asp](http://elftintranet/our_library/parental_mental_health_resources.asp)

**12.10** All child visits should be prearranged and pre-booked. The nurse in charge of the ward will telephone the DSN/ Receptionist to request a booking. The nurse in charge will provide the following details:

- Service users name
- Ward they are based on
- Estimated Number of children visiting, including names and ages
- Name and relationship of adult with parental responsibility bringing the children
- Name of staff member who has made the booking..

The key to the family room will be held in the reception area and will be signed out to the professional who is supervising the visit. They will be responsible for ensuring that the room is secured following its use and that the key is signed back in. All visits will be supervised by ward staff.

**12.11** The supervision of children during the visit is the responsibility of the accompanying adult or the person with parental responsibility, whichever is appropriate. They will also be required to adhere to hospital regulations regarding Fire

and Health and Safety. If the child or young person needs to use the bathroom they must be accompanied by the accompanying adult.

**12.12.** All visitors to the unit will sign in at reception on arrival and sign out on departure. The accompanying adult will sign in/out any children who are attending the visit.

**12.13** The hospital multi-disciplinary team and other agencies will be expected to keep the ward informed of any changes linked to the children of service users.

**12.14.** Should any concerns relating to the visits be raised, the nurse in charge of the ward must document this in the nursing notes and contact/liaise with the Duty Senior Nurse and where necessary complete Datix incident form. Should an incident occur the Duty Senior Nurse must attend and remain for the duration of the incident and lead on the debrief at the end. Further visits from the child/ren should be suspended until advice has been sought and the issues have been addressed within the hospital multidisciplinary team.

**12.15** Reporting Safeguarding Children Concerns: There are specific sections relating to Safeguarding Children which need to be addressed in the DATIX form. These should be completed with a clear analysis of the risks to the children entered in the supporting information box. Should it be necessary, the clinical team will liaise directly with the Named Professional for Safeguarding Children and the Responsible Clinician

**12.16** Reporting Safeguarding Adults Concerns: Incidents involving service users and other adults visiting them will need to be reported to the nurse in charge of the ward from which the service user is currently admitted and via DATIX by the nurse supervising the visit or a person delegated by them.

**12.17** Violence will not be tolerated as stated in Policy for Violence and Aggression:

<http://www.eastlondon.nhs.uk/About-Us/Freedom-of-Information/Trust-Policies-and-Procedure/Risk-Management-Policies/Policy-for-Violence--Aggression.pdf>

The Police will be contacted and assistance requested if required. All violent incidents will be reported to the Police and recorded via Datix and in progress notes.

**12.18.** It is the responsibility of the staff member facilitating the visit to:

- a) Advise parents and/or carers as to how the Family Visiting Room should be used.
- b) Inform the family using the room that it needs to be left in the same condition as they found it
- c) Use their judgement and not allow dangerous objects into the room e.g. pointed sharp objects, plastic bags, knives, sprays of any description..
- d) Remain with the family throughout the visit
- e) Ensure that the room is left in a clean and tidy state. All rubbish should be put into the bins provided. All spillages should be cleaned up at the time, unless it is human fluids, where assistance should be sought and reported to the Health and Safety Manager

**12.19** In the event of a fire alarm sounding during a visit, people using the family room will be required to comply with the fire policy, as outlined, in the family room. It is the responsibility of the nurse facilitating the visit to bring this notice to the family's attention at the beginning of the visit.

**12.20** The key to the family room will be kept at reception and the room will be opened as needed by the reception staff member. The room will be kept locked when not in

use. The windows should also be locked. The staff member facilitating the visit is responsible for ensuring that reception are informed at the end of the visit so that the room can be locked when not in use.

**12.21.** Ward staff will have responsibility for supervising visits. Members of other agencies may also be involved.

**12.22** Supervision of visits will be as unobtrusive as possible in line with clinical need and will at all times reflect the Trusts' Observation Policy. However there is a clear expectation that staff will observe interactions between family members and children and provide feedback to the clinical team when appropriate and document on RIO. **This is not a formal Parenting Assessment.**

**12.23** In all cases the team must determine if an interpreter is required. **It is not appropriate to use children and young people to interpret for an adult.**

**12.24** ELFT Safeguarding Children team can be consulted for advice and guidance on any Safeguarding Children issues raised regarding the use of the family visiting room. Please contact the Named Professional for Safeguarding Children Linda Geddes, (Linda.Geddes@ELFT.nhs.uk).

**12.25** Children and Young people must not be allowed into the unit either unaccompanied or without supervision. There are times when children / young people have been left in corridors / reception while the escorting adult visits a ward. This is not acceptable. It is essential that reception staff contact the DSN when a child or young person is brought into the unit or attends alone or is left unattended in the reception area. The priority in these circumstances is to locate the accompanying adult and explain that this is unacceptable. When you cannot locate the accompanying adult two members of staff must remain with the child when assistance is sought from Children Social Care. In these circumstances please contact the Named Professional for Safeguarding Children, Linda Geddes or the DSN. A DATIX form must be completed.

**12.26** Toy Cleaning – please see attached guidance.



Appendix 4 Toy  
Cleaning Protocol (2).

### **13. Confidentiality**

**13.1** NCMH Unit will adhere to the Trust's Confidentiality Policy and all Data Protection legislation in accordance with the Data Protection Act (1998).

### **14. Supervision and Line Management**

**14.1** All Staff are offered clinical supervision. Clinical supervision must be received in accordance with the Trust's policy on Clinical Supervision.

**14.2** Line management will be provided adhering to the Trust's Appraisal and Management Supervision Policy.

**14.3** All Staff will receive an annual Appraisal in accordance with the Trust policy (Appraisal for Staff Policy).



## **15. Health and Safety**

**15.1** It is the responsibility of all to report any issues related to health and safety. This includes any potential or real hazards. All reports should be made to the head of the effected department and if appropriate a datix form should be completed.

**15.2** Each clinical area will have an annual Ligature Audit and Health and Safety assessment. These can be found on each ward with a clear plan in place to manage any associated risks. The action plans from these audits will be monitored via the Inpatient Management Meeting, Clinical Risk Group and Health and Safety Forum.

**15.3** Within NCMH there is a personal alarm system known as Pinpoint. It is the responsibility of individual staff to carry a pinpoint alarm and understand the alarm procedure.



Pinpoint Alarm  
protocol at CHCFMH '1

## **16. Key Services that NCMH interface with:**

- The Newham Adult Mental Health Referrals and Assessment Service (CHAMHRAS) screens urgent and non-urgent referrals of adults aged 18-65 to Secondary Mental Health services. This single point of entry simplifies the referral process to secondary mental health services, a repeated request made by patients. It also enables rapid feedback on all referrals taken, from GPs as well as other sources.
- The Home Treatment Team (HTT) is a community-based multi-disciplinary team who provide a short-term, intensive, safe and effective assessment and brief treatment service for adults with severe mental health problems who are in crisis.. The service provides an alternative to inpatient care and can facilitate early discharge from hospital.
- Community Teams – Known as The Recovery Teams - The locality mental health teams (located in both the North and South Newham) provide a comprehensive range of services to meet the health and social service needs of people with longer term mental health problems living in the community.. The multidisciplinary team cover counselling, community psychiatric nursing, mental health education, occupational therapy, psychology, advice to users, carers, professionals and general public on mental health issues

### **References:**

- Royal College of Psychiatrists: AIMS Standards
- Sainsbury Centre: Acute Solutions 2006
- Healthcare Commission (2008) "Pathway to Recovery"
- Department of Health (2009) "New Horizons: a Shared Vision for Mental Health" London

### **Further Guidance:**

**Standard for Patients who are discharged from the in-patient services in exceptional circumstances.**



The aim of this standard is to ensure that patients who are discharged from the in-patient services in exceptional circumstances have clear after care plans in place. These plans will be discussed and agreed in a formal CPA meeting.

This may include:

- a. Patients who are discharged in their absence.
- b. Patients who take their own discharge prior to a formal CPA meeting being undertaken.
- c. Patients who have a very brief in patient stay are discharged before the formal CPA process can be organized.

If a patient is not available on the ward and the MDT decision is made to formally discharge them from the ward in their absence then the following guidance needs to be followed:

- a. **All patients who take their own discharge or who are discharged in their absence will have a discharge plan agreed by the MDT. This will be clearly documented on the CPA documentation forms.**
- b. If the patient **is not known** to the services this plan will be documented by the ward based nursing staff and communicated to the agreed relevant other agencies. This may include children and families services, housing etc. If appropriate the patient's carers / families will also be notified of the discharge plans. If agreed as part of the discharge the Ward based staff must also refer the patient to the relevant community team.
- c. For patients who are allocated a community care coordinator the plan will be documented by the care coordinator. The plan will be formally documented on the CPA forms. There is an expectation that the patient will be seen within the first 7 days and then plan discussed with the patient.
- d. The plan must include crisis/ contingency arrangements and be circulated to relevant professionals / relevant social system who are involved in the patients care.
- e. All patients discharged to the local community must be seen following discharge by either a member of the CMHT or a doctor in outpatient's clinic at least once. If this is not done the reasons must be documented and discussed at the community team meeting.
- f. A Discharge Liaison Form (DSF) must be completed by the medical team on all discharged patients and sent to the patient and their GP in a timely fashion according to trust policy.

For patients who have disengaged and it is agreed as appropriate to follow up staff must adhere to the Standard for patients who disengage from services.

**References:**

Admission and Discharge policy (2008)

Trust wide Care Programme Approach policy (2010)

DRAFT

## AWOL Grab Pack Minimum Content

### Descriptive and Identifying Details

Name:	
Address:	
Age:	
Colour:	
Height:	
Hair colour and style:	
Marks and scars:	
Clothing:	
Language spoken:	
Unusual characteristics:	

### Contact Information

Mobile and home telephone number:
Next of kin, relatives and friends, including their contact telephone numbers:
Care coordinator and their telephone number:
The staff member responsible for reporting missing patients to police must: Record the date and time these individuals (next of kin, relatives, friends) were contacted and the result before police are called.

### Information to assist enquiries to trace the person (if known and available)

Places frequented/places found when missing on previous occasions:
Access to transport including Oyster card or freedom pass numbers if available:
Whether patient has a passport:
Details of any vehicle used:

### Information about risks

Most recent mental state:
Formal or informal? If formal, what section are they detained under and when does it expire:
Risk and medical conditions including medication carried or required:

On completion, the form should be emailed from an NHS.Net account to the reporting officers secure account, e.g. [name@met.pnn.police.uk](mailto:name@met.pnn.police.uk)