Northamptonshire Healthcare
NHS Foundation Trust

Berrywood Hospital Adult Acute Inpatient Service

Operational Policy

Document control details

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Approved by and date:	20.12.2018
Responsible committee:	DMT
Any other linked Policies:	
Policy number:	OP-BWH
Version control:	2

Version No.	Date Ratified/ Amended	Date of Implementation	Next Review Date	Reason for Change (eg. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.)
2	20.12.2018	04.01.2019	20.12.2021	Review

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1. POLICY PURPOSE

The purpose of the policy is to provide a unified operational policy for the Adult Acute In-patient Service based within the Berrywood Hospital. The document outlines the core components of the service. This operational policy is informed and supported by Northamptonshire Healthcare NHS Foundation Trust policies, procedures, practice guidance and other general information.

We strive to achieve standards of care and direction in response to the following national and local drivers for change:

- NHS England The Five Year Forward View for Mental Health
- NHS England Implementing the Five Year Forward View for Mental Health
- Mental Health Crisis Care Concordat
- National Framework to Improve Mental Health and Wellbeing (No Health Without Mental Health)
- Royal College of Psychiatrists AIMS Standards
- Department of Health and Social Care Essence of Care 2010
- NHS England/NHS Improvement Refreshing NHS Plans for 2018/2019
- CQC Essential Standards of Quality and Safety
- CQC Sexual Safety on Mental Health Wards
- NICE Guidance
- Evidence based practice
- NHFT Inpatient Co-production and Recovery
- NHFT Policies and Procedures
- Public Health England Every Mind Matters Campaign
- Safewards

2. OVERVIEW OF THE SERVICE

Berrywood Hospital is a purpose-built mental health in-patient facility. The Adult Acute In-patient Service at Berrywood Hospital provides a range of services to people aged between 18 and 65. Flexibility is applied to this age range as admission is dependent on presenting clinical circumstances. The service consists of 3 wards which provide in-patient assessment and treatment for people experiencing mental health problems; there is an expectation that the service user's circumstances or care needs cannot be supported at home or in an alternative, less restrictive residential setting.

The wards predominantly admit service users registered with a GP in Northampton, Daventry and South Northamptonshire; there maybe occasions when service users are admitted from other areas. The wards provide care and treatment 24 hours a day, 365 days a year to individual service users.

The service consists of:

- Harbour Ward (12 bed mixed gender acute ward)
- Bay Ward (17 bed female acute ward)
- Cove Ward (17 bed male acute ward)

Flexibility is applied across the inpatient pathway allowing for service users to be admitted or transferred to the most appropriate ward in relation to gender requirements. Please refer to the Standard Operating Procedure for Single Sex Accommodation in Mixed Gender Wards.

3. PHILOSOPHY OF THE INPATIENT SERVICES

The wards provide a modern, needs led acute mental health service, that aims to treat service users with dignity and respect in an appropriate, safe and supportive environment for service users, staff and visitors. It is based on a multi-disciplinary and multi-agency approach to provide a range of services that are appropriate to individual need. Staff will work in a non-discriminatory and collaborative way by accepting and being willing to work with a service user's understanding of their own issues. This involves acknowledging the individual service user's culture, life experience, protected characteristics and strengths to promote their recovery. The 6 C's of nursing (care, compassion, competence, communication, commitment and courage) are core to service delivery and there is an expectation that these are reflected through individual professional practice.

Co-production of care with the service user is central to the service user's recovery journey and part of the ethos of the service. The service endeavours to ensure that the service users, carers, clinicians, practitioners and external agencies work collaboratively throughout the service user's recovery journey; this will enable service users to co-produce a plan of care that contains an identification of their internal and external resources and a plan for how they can use these to take control of their life and achieve their chosen goals.

The service is also committed to reducing premature mortality and preventable serious illness amongst people with mental illness and can provide a range of interventions or onward referral to speciality services.

4. PRINCIPLES OF CARE

The following principles will underpin the daily activities undertaken by all staff who provide care within the Adult Acute In-patient Service

- Staff will work collaboratively with service users encouraging them to take an active part in all decisions regarding the care they receive.
- Recognise the important role of carers and provide the support that they need, thus promoting the optimum mental health of both service user and carer.
- Ensure effective co-produced individual care planning using the Care Programme Approach (CPA).
- Staff will actively promote the ethos of recovery and co-production by inspiring hope, supporting opportunity and enabling the service user to take control of their care.
- Existing CPA care plans (My Story), WRAP plans, STORM Safety Plans, Advanced Directives, SCM Crisis Plans and other recovery plans will be available to inpatient staff.
- In order to ensure continuity of care, the service user, CPA care co-ordinator and carers will be involved in the planning of the service user's period of inpatient care.
- Staff will work collaboratively with service users to ensure effective communication between key services involved in the service user's care.
- All staff will work collaboratively with service users to ensure that there is an emphasis on the formulation of co-produced individual care plans that identify therapeutic activities, interventions required, service user strengths, aspirations and service user views. These will be written from the service user's perspective referring to the service user as "I". Care plans will also address immediate risks, anxieties and concerns.
- Staff will support the recovery journey and work collaboratively with service users to plan towards discharge and support in the community at the point of admission. Any teams that are, or will be involved, will commence joint working at the earliest opportunity to support the service user's opportunity to continue their recovery journey in the community and to reduce unnecessary delay in the service user's discharge.
- All service users are encouraged to work towards co-produced goals which should enable a prompt and safe discharge.
- The service will facilitate and promote service users access to the Patient Advice and Liaison Service (PALS) and interpreting services. The Trust endorses Independent Advocacy Services including Independent Mental Health Advocacy and Independent Mental Capacity Advocacy and will facilitate and promote access to these.
- Staff will provide a range of physical health interventions and health promotion activities; onward referrals to speciality services will be made when a service user's needs indicate that this is required.

5. ADMISSION PATHWAY

UCAT (Urgent Care and Assessment Team) are the gatekeepers for all admissions to the Adult Acute Inpatient Service. The service user may have been assessed by a

Trusted Assessor from another team within NHFT however there is an expectation that the admission will have been gate-kept by UCAT. Referrals are also received from Approved Mental Health Practitioners for service users liable to be detained under MHA 1983.

Within normal working hours (Monday to Friday 9-5pm), the referrer will contact the Bed Liaison Nurse at Berrywood Hospital to arrange the admission when home treatment has been assessed as being not appropriate. The referrer will communicate all the relevant details in relation to the service user's history, current presentation and known risks together with a clear rationale (i.e. the goals) for admission to the in-patient service. Consideration must be given to whether the service user requires admission to a PICU.

The Bed Liaison Nurse will work collaboratively with the Ward Matron responsible for bed management and the nurse in charge of the proposed admitting ward to facilitate the admission.

Outside normal working hours, the referrer will arrange admission by contacting the Out of Hours Manager or in their absence, the nurse in charge of Bay Ward for female admissions or Cove Ward for male admissions.

There are current policies and procedures in place for the referral of service users to acute and PICU inpatient services. Please refer to:

- NHFT Operational Policy for Marina PICU
- NHFT Procedure for Mental Health Acute Outflows
- NHFT Acute Mental Health Bed Management, Co-ordination and Liaison for Adult and Older Persons

5.1. Section 136 referrals

Northamptonshire Police may detain people under S136 of the MHA 1983. At Berrywood Hospital there is a designated Health Based Place of Safety; this is managed by Harbour Ward. People detained under S136 may be brought to this place of safety for a Mental Health Act Assessment. Please refer to the multi-agency Section 136 Policy.

5.2. Standards for admission:

- The service user has been gate-kept by UCAT and has been determined as unsuitable for home treatment

- There is a clear purpose for admission to the inpatient service

- Where possible, the service user has identified realistic goals for their admission and identified an estimated timeframe for their length of stay

- A mental health assessment, risk assessment and HoNOS (Mental Health Clustering Tool) are completed by the referring team prior to admission to the inpatient service.

- Advanced statement/directive and any recovery plans are made available to inpatient staff on the service user's admission to the inpatient service.

- All service users have a risk profile identified through assessment that can be safely managed within the Adult Acute Inpatient Service. Consideration should be given to whether the patient requires admission to a PICU.

- The service user needs to be physically stable and not in need of treatment from physical health acute services (no immediate life endangering conditions or physical issues needing urgent medical attention).

- Service Users who require an elective admission for drug and alcohol detoxification should be redirected to appropriate services.

- If after the assessment period it is found that an individual has a learning disability, brain injury, or an organic disorder in the absence of mental health issues then the Adult Acute Inpatient staff will liaise with other services to find a more appropriate placement. Service Users with a learning disability who are experiencing acute mental health difficulties which are the primary concern for their admission will continue to be supported by the Adult Acute Inpatient Service in conjunction with support from learning disability services.

- All decisions to admit should be based upon a thorough assessment of needs and available community and domestic support. There must be an articulated statement of the reasons why the individual requires the level of support only the Adult Acute Inpatient Service can provide, and a clear statement of the purpose and goals for the admission.

5.3. Admission Process

When the service user arrives on the ward, they will be greeted by a member of the nursing team. The service user will be orientated to the ward which will include a tour of the facilities, the routines and relevant procedures and mutual expectations. The service user will be offered food and drink and be given a Welcome Pack. Permission will be sought by nursing staff to search the service user and any property they have brought to the ward; a rationale will be given for any items which need to be secured safely. Nursing staff will record any valuables which the service user has brought to the ward and the service user will be asked to sign a disclaimer for any items which are not handed to staff for safe keeping.

The ward doctor aligned to the service user's allocated Consultant Psychiatrist will be contacted and advised of the admission; out of normal working hours this will be the Duty Doctor. They will attend and interview the service user together with a nurse

who has been allocated to facilitate the admission. The doctor will complete a mental health assessment and encourage the service user to have a physical health examination. The service user will be encouraged to have their physical observations taken and these will be recorded on a NEWS (National Early Warning Score) chart. The doctor will complete the Mental Health Initial Assessment form and the Thromboprophylaxis Screening form (VTE Assessment) which are standard assessments on SystmOne. The doctor must also a complete a Medication Reconciliation Form which is also found on SystmOne; this form is used to ensure that existing physical conditions and treatments can be clarified and also that the medication prior to admission has been validated; the GP Summary on SystmOne or supplied by the GP's surgery is used in this process. Service users will be encouraged to have an ECG and have routine bloods taken; this may occur on the next working day if it is assessed as the doctor as not urgent.

The nurse will initiate the Admission Checklist Care Plan on SystmOne and endeavour to complete all the actions in collaboration with the service user. If this is not able to be fully completed then it will be handed over to the following shift to complete. The service user will be advised of who their keyworker and Consultant Psychiatrist are together with the time of their ward round.

The nurse will discuss with the service user details of their family or carers and seek their permission for them to be advised of the admission. The nurse will also use this opportunity to discuss what information the service user would like shared with their families and carers; consent to share information is recorded on the Information Consent Form on SystmOne. The Ward Administrator will send the identified carer a Carer's Welcome Pack and a Welcome Letter.

A risk assessment will be co-produced between the service user, carers, nursing and medical staff and the wider multi-disciplinary team. Risk factors and precipitating factors will be identified. This will be documented on the Risk Screening Tool on SystmOne within 24 hours of the service user being admitted to the ward. Services users will be encouraged where possible to formulate co-produced plans to manage any identified risks. Risk assessments will be updated or reviewed as frequently as needed. The timing of when this is updated should be planned in advance, but can also be triggered whenever a significant change in a service user's risk presentation or circumstance and/or significant new risk information comes to light.

A decision will be made in collaboration between staff, the service user and any identified carers in relation to the service user's level of observation on the ward. Staff will explain to the service user the level of observation, the rationale for this and provide a forum for the service user to raise any concerns about his.

The service user and families and carers will be encouraged to co-produce a care plan for their admission to hospital. This will be documented on the Individual Care Plan on SystmOne. Where possible, this will be written from the service user's perspective referring to the service user as "I". If not already completed prior to admission, the service user should be encouraged to identify realistic goals which they want to achieve in hospital which will facilitate discharge home; service users will also be

asked to think about setting an estimated timeframe for their length of stay in hospital. Actions in the care plan should reflect the management of risk factors identified in the risk assessment, therapeutic interventions and activities which the service user feels will help to meet their goals, future support, medication, therapy, strengths and challenges, current support structures; this list is not exhaustive and where possible should be driven by the service user in what they envisage their care should look like when they are in hospital in order to achieve their goals and eventual discharge. Where they are available, advance statements/directives will be taken into account in the care planning process. The service user will receive a copy of this care plan and will have the opportunity to share this with their family or carer; the service user will have the opportunity to make any changes to this at any time. The care plan will be co-reviewed by staff and the service user regularly.

Each service user will be offered the opportunity to engage in a programme of activity and interventions for each day of their stay that reflects their needs and goals for their admission. Formulated plans will involve choice where possible and not reflect professional assumptions about what service users want to do or are capable of doing.

A range of physical health assessments will be completed on admission designated on the Admission Checklist Care Plan; these include: MUST, Waterlow, Falls Assessment, Moving and Handling Assessment, Continence Assessment and Oral Health Assessment. A decision will be made as to the frequency of physical health observations which are required and this will be communicated to the service user together with the rationale for this. Within 7 days of admission, service users will also be screened for cardio-metabolic risk factors and will be offered a range of interventions designed to prevent premature mortality or serious physical illness; there are Physical Health Nurses on each of the 3 wards who lead on this. Risk factors and interventions will be documented on the Physical Health Monitoring and Intervention form on SystmOne. Existing physical health needs and the onset of new physical health conditions are assessed on an on-going basis by nursing and medical staff. Support in the management of these conditions is available locally through liaison with other services within NHFT. Staff will also liaise with the local acute hospital (Northampton General Hospital) when the need indicates that this is required.

Service users who are presenting with first episode psychosis will be referred to NStep (Northamptonshire Service for the Early Intervention Psychosis) within the first 24 hours of admission using the electronic referral process on SystmOne.

Service users with a diagnosed learning disability or Autistic Spectrum Disorder can expect a post admission Care and Treatment Review (CTR) within 10 working days of admission to hospital. The commissioner (Nene or Corby CCG) will be responsible for overseeing implementation and co-ordination of a CTR. It is the responsibility of the Ward Matron to alert the commissioner of the service users' admission to hospital. The purpose of the CTR is to: review the circumstances and process of admission to establish if hospital admission is the most appropriate solution and whether care and treatment can in fact be provided in the community rather than hospital; to establish

a clear idea of the purpose of admission, the expected outcomes, timescales and to ensure that planning is already underway for discharge. The review panel will be made up of the responsible commissioner and two independent expert advisers; one expert by experience and one clinical expert.

5.4. The allocation of a key-worker

The decision to allocate a keyworker will be made by the nurse in charge of the ward at the time the service user is admitted/transferred. The allocation will be made based upon the availability of staff over the 72 hour period following admission/transfer. The decision to allocate a keyworker will be strongly influenced by a team member's current workload and a nurse must not be allocated to any more than 3 service users as a key worker at any one time. The Ward Matron and Charge Nurses on each ward will monitor the allocation of keyworkers.

5.5. The responsibilities of a key-worker

The keyworker will introduce themselves to their allocated service user as soon as possible following admission/transfer. The keyworker will aim to develop a therapeutic relationship quickly with the service user through demonstrating compassion, understanding and fostering a caring attitude. The keyworker will ensure that the Admission Checklist Care Plan and the tasks within it are completed within the first 72 hours of admission/transfer; the keyworker will be responsible for initiating the co-production of the Individual Care Plan.

The keyworker will maintain contact with the service user's family or carer at least weekly by telephone or face to face. Family and carers should be asked if they require an assessment of their needs as a carer and if this is the case then the keyworker will refer the carer to Northamptonshire Carers.

If a service user has not given consent for information to be shared with a carer, this will not prevent the keyworker from seeking relevant information about the service user from them. This contact is a very important part of the information gathering process and aims to support in the formulation of risk management plans and recovery plans. Carers will always be listened to and their views respected.

Keyworkers will meet with their allocated service users at least twice weekly. The purpose of this 1:1 time is to build and maintain a therapeutic relationship. 1:1 time will be the forum to assess risk, co-review plans of care, develop recovery plans, and allow a safe space for service users to vent thoughts, feelings and any concerns.

Keyworkers are tasked with ensuring that appropriate referrals are made to internal and external services and ensuring that the service user's clinical record is maintained and up to date.

5.6. The responsibilities of a co-worker

On each ward, a co-worker will also be allocated to each service user. The role of the co-worker is to support the key-worker in the care delivery; this is largely to undertake the duties of the key-worker in the event of the key-worker not being on duty, to ensure that the service user receives the continuity of care

A Healthcare Assistant (HCA) will also be allocated to each service user. Their role is to support the key-worker and co-worker to maintain therapeutic relationships through therapeutic engagements.

Each day service users are allocated to a member of the nursing team and this is displayed on a board on the ward. The allocated worker will be the patient's key-worker, co-worker or allocated HCA if they are on duty. This allocation will provide a first point of contact for the patient. The identified member of staff will introduce themselves to the service user and will be responsible for actioning the service user's care plan.

5.7. The Responsibilities of the Care Co-ordinator

For service users who are already cared for by a Care Co-ordinator from PCART, NSTEP or the Forensic Team, the Service User should have a CPA (Care Programme Approach) care plan in place. Care Co-ordinators are expected to liaise with the appropriate ward in regard to their service users' on going care. It is essential that Care Co-ordinators in reach and make contact with their service user to help support the service user's recovery journey, to plan for discharge from the point of admission and review the Service User's CPA Care Plan as part of supporting the discharge planning process.

6. CONTROLLED ACCESS TO WARD

The Adult Acute Inpatient Service operates a controlled access system to all entrance and exit doors within the open ward areas. This is one of the measures the service takes to minimise risk to service users, staff and visitors in providing a safe environment.

Controlled access allows ward staff to ascertain who is attempting to gain entry or exit the ward and also make an assessment as to whether or not they should be permitted into the ward area. All visitors to the ward are met and greeted by a member of the ward team. Controlled access is not used to keep service users detained against their will.

6.1. Entering the Ward Area

To enter the ward area, a bell is situated on a key pad immediately adjacent to the door; this activates a bell in the ward office and ward staff will then attend as soon as possible to meet whoever has rang the bell; ward staff will greet the visitor in a friendly and welcoming manner.

There is an expectation that all service users and their property will be searched upon admission and transfer. Service users may also be searched on return from leave dependent on their individual risk.

6.2. Exiting the ward

To exit the ward, all service users will approach nursing staff to ask for the door to be opened. Ward staff will then accompany the service user to the door. This also applies to visitors on the ward wishing to leave.

The Adult Acute Inpatient Service will ensure at all times that the rights of informal patients are not compromised. All ward exits have a sign clearly explaining the rights of informal patients should they wish to leave the ward.

7. MANAGEMENT OF PROPERTY WITHIN THE SERVICE

All property that is brought to the ward exit door will be checked by ward staff upon entry. All wards will clearly display a list of items that are not permitted within the ward as well as the Trust disclaimer notice. All patients will be individually risk assessed to determine the property which they can keep in their possession. Those items which cannot be kept on a service user's possession can be stored safely; each patient has access to lockable storage for such items.

The NHFT property disclaimer is clearly displayed on each ward entrance and within the day areas of the ward. The service will not take responsibility for any item of property that is not handed in to the ward for safekeeping. A list of valuables will be recorded upon admission/transfer for every service user and retained with the clinical record. This list clearly determines those item retained by the service user and those items handed in for safe keeping. Each ward maintains a record of items kept by the ward for reference.

The Adult Acute Inpatient Service encourages all service users to limit the amount of property that is brought into the ward areas and will at every opportunity encourage items to be returned home. Service users take full responsibility for their property whilst in hospital unless this is handed to ward staff for safe keeping; in such cases, this will be documented on the service user's Property Form.

Plastic bags are not allowed in any of the communal areas of the ward or the bedrooms. Lighters are also not permitted and must be handed to staff for safekeeping.

Due to licensing regulations, televisions are not permitted in patient's bedrooms.

8. DAILY WARD ROUTINE

8.1. Handover

Handovers take place between outgoing and incoming staff at set times during the day:

07:30-08:00
13:45-14:30
20:15-20:45

The purpose of each handover is to pass information to the incoming staff about each service user. The handover enables out-going staff to share important, relevant information regarding the care of service users with staff coming on duty. Pertinent information will be handed over including the service user's name, legal status, leave status, nursing observations of the service user's presentation, risk assessment and management plan and any tasks which need to be completed.

Although the handover is primarily to handover the care delivery of service users, it can also be a forum to support the staff present. The handover allows nursing staff to express their feelings in relation to service users and situations, including emotional events and sometimes may function as a de-briefing session. Handovers may provide an opportunity for safe individual and team reflection.

8.2. Shift Planner and Allocated Nurse

The nurse in charge will use the shift planner to allocate duties to all of the staff on shift. As part of this process, the nurse in charge will consider who is on duty and what tasks need to be undertaken by the team during the shift. The nurse in charge will ensure that tasks are delegated fairly and that they are within the other staff's competence.

The nurse in charge will allocate each member of staff to a group of service users and display this allocation on a board in the communal area of the ward; the allocation of service users will be equitable between the staff on duty. The allocated worker will be the patient's key-worker, co-worker or allocated HCA if they are on duty. This

allocation will provide the service user with a first point of contact to deal with any issues which arise throughout the day. The identified member of staff will introduce themselves to the service user and will be responsible for maintaining the service user's record and actioning their care plan.

8.3. Zonal Observation Nurse

The nurse in charge will allocate a member of staff to Zonal Observations each hour. The purpose of the Zonal Observation Nurse is to observe the communal areas of each ward.

The Zonal Observations Nurse is required to position themselves in a position where all of the corridor areas can be observed. Zonal Observations is a mobile task and the allocated member of staff is required to walk along the corridors to view inside those rooms situated within the corridors and to check the court yard areas. Ward blind spots must also be regularly checked by the Zonal Observation Nurse. The Zonal Observation Nurse should not be given any further tasks whilst undertaking this role for the designated hour.

8.4. Ward Round / Multi-disciplinary Team Meetings

The Adult Acute Inpatient Service at Berrywood Hospital operates a consultant model based upon the service user's gender. The service has a Consultant Psychiatrist for female patients whose responsibility is Bay Ward and Harbour Ward and a Consultant Psychiatrist for male patients whose responsibility is Cove Ward and Harbour Ward.

All service users will meet with their Consultant Psychiatrist within three working days of their admission to hospital. Ward rounds and multi-disciplinary meetings will take place throughout the working week. Each service user will be given the opportunity to meet with their Consultant Psychiatrist at least once each week. There is an expectation that health and social care professionals who have been involved with the service user prior to admission will remain involved with the service user's care in hospital and will attend multi-disciplinary team meetings. Family and carers will be encouraged to attend if this is the service user's wishes, and will also be given opportunity to speak with the consultant alone. The planning of each meeting will take place the week prior and will be co-ordinated by the Medical Secretary. Where time-tabled appointments cannot be met, staff will endeavour to inform relevant parties at the earliest opportunity.

Ward round and multi-disciplinary team meetings will provide an opportunity for open, honest and informal communication between the service user, family, carer and the multi-disciplinary team.

8.5. Access to Occupational Therapy

Occupational Therapy is accessible to all service users admitted to the Adult Acute Inpatient Service. It provides a specialist service with a unique occupational focus (activities, roles and routine of every day life) using activity to both assess and treat needs within a service user's everyday life (such as personal care, domestic skills, work/education, routine, use of leisure time, interaction with others and overall wellbeing).). Service user participation in Occupational Therapy is an integral part of the overall therapeutic care provided on the wards alongside medical and nursing care.

The Occupational Therapy department is well resourced and in a central location to the wards to enable easy access. Resources include a relaxation/group room, gym, art/craft room, kitchen, outside space and a library/ resource room.

There is an Occupational Therapist and Occupational Therapy Assistant allocated to each ward. Occupational Therapists assess and continually evaluate a service user's level of functioning and contribute to their individual care plan and discharge planning.

Occupational Therapy treatment is based around graded activity which meets the needs of the service user and facilitates a sequential development in occupational performance. The activity prescribed will take a variety of forms: 1:1 basis, group work, on the ward, in the Occupational Therapy department, or within a community environment. The Occupational Therapist will work with the service user to embed this in to their co-produced Individual Care Plan.

Ongoing assessment of functioning and participation within treatments ensures timely identification of changes (positive or negative) and adjustment of treatment accordingly.

Service users are encouraged to participate in two prescribed treatment sessions per day, as well as recreational activities in the evening and weekends.

8.6 Access to Psychology

The Adult Acute Inpatient Service has inpatient Psychology provision. Referrals are usually made through the Consultant Psychiatrist however any member of the team can discuss a referral with the inpatient Psychology team. If appropriate, service users would be seen weekly by a Psychologist. If appropriate, Service users who remain on CPA can be offered 4 follow-up sessions post discharge from Berrywood Hospital to complete any work that has been started during their admission.

Inpatient Psychology staff are available to consult on clinical issues relating to complex cases or managing the therapeutic mileu as and when required.

Staff can also access the inpatient Psychology provision following any difficult incident; Ward Matrons can access this support by contacting the inpatient Psychologists when required. Staff can be offered team support or support on an

individual basis post-incident. If a staff member requires more than one session they would usually be directed for further support through Occupational Health.

8.7 Spiritual Wellbeing – The Chaplaincy Service

Promoting spiritual wellbeing is part of the journey of recovery for service users. It is about allowing people to explore what gives meaning and purpose in their lives and talk about some of the barriers that may prevent this. Members of the Spiritual Wellbeing team provide informal opportunities to encourage people to do this without judgement and in a supportive way. This is quite often about listening attentively and with sensitivity but may include the use of creative tools.

A member of the team is often on the ward but otherwise one of the ward staff can make a referral by phone or email.

8.8 Access to other healthcare professionals

The Adult Acute Inpatient Service also has access to a dietician and physiotherapist; both can be accessed locally by a telephone referral from a member of the nursing team.

8.9 Access to Nicotine Replacement Therapy

In line with Government Legislation 'The Smoke Free Law, the Health Act 2006', the Trust has made all of its inpatient and outpatient sites smoke free. This means that service users cannot smoke on the ward, in the ward garden or anywhere on the hospital site. In order to support service users who smoke, those who wish to quit smoking and those who need support to manage nicotine cravings whilst in hospital, there is a provision to supply Nicotine Replacement Therapy.

Service users must be advised prior to admission that Berrywood Hospital is smoke free. Service users can choose to use a vaping device in outside areas such as the courtyards. Vaping devices cannot be used in the communal areas of the ward due to the potential that it may affect the fire alarm system and that the effects of the vapour have not yet been fully researched.

On admission, nursing staff will record the service user's smoking status. As part of this assessment, nursing staff will record if the service user intends to quit smoking; nursing staff can offer brief smoking cessation advice.

Service users who wish to quit smoking can be offered a range of Nicotine Replacement products (patches, lozenges, gum, inhillators). Patches and lozenges will be offered to service users who want to manage the effects of nicotine cravings whilst they are in hospital.

Each ward can provide free disposable e-cigarettes for the first 72 hours; the service user will then have to arrange their own supply after this period.

8.10 Patient Experience Group

The wards hold regular Patient Experience Group meetings which are attended by service users and all staff who are on duty. These meetings are a forum where service users can explore their experience of being admitted to hospital. Mutual expectations are set and reviewed during these meetings. The meetings provide a forum to address any practical problems. 'I Want Great Care' reviews are shared during this meeting with service user's being given the opportunity to contribute towards service improvement.

8.11 Ward Equipment Safety Checks

There are daily checks in the clinic that ensure that all the equipment is in working order and have been cleaned. Items on the emergency trolley are checked daily and items within the trolley are checked twice weekly. There are recording sheets for staff to sign when equipment has been checked and cleaned.

The temperature of the clinic and the fridge temperatures are checked and recorded daily.

Every weekend, a Controlled Drug audit is completed to ensure that the stock is correct and has been signed for correctly.

The nurse allocated to 'Health and Safety Response' will also complete a Security Checklist. All staff must check their personal alarm and pager is in good working order. As part of completing the Security Checklist, all service users must be accounted for; external doors and internal doors are checked ensuring that doors which are required to be locked are secure (laundry, kitchen, clinic, assisted bathrooms, activity room, store cupboard). All ward areas are checked to ensure that items that may cause harm to others are not left undetected.

8.12 Ward Night Routine

Service users are encouraged to develop and maintain good sleep hygiene as part of their treatment plan. Supper is provided at 21:00; medication is administered after this time. Lights are dimmed in communal areas and corridors at 23:00. Observations remain in place throughout the night; the staff at night remain available for therapeutic interventions when needed.

8.13 Mealtimes

Meals are served in the communal dining room on each ward. Although service users are encouraged to eat in the dining room, they can request to eat their meals in a side room or in their bedroom if this is a preferred option.

Meals are served at the following times:

Breakfast: 08:00–09:00
Lunch: 12:00-12:30
Dinner: 17:00-17:30
Supper: 21:00-21:30

A wide selection of food is ordered from the kitchen each day. Menus operate on a monthly rotation however service users can request meals from the menu in advance by speaking to ward staff. Menus are displayed in the dining rooms on each ward. On admission, staff will ask service users if they have any specific diet requirements (e.g. Halal, vegan) and this will be requested from the kitchens.

A selection of healthy snacks are available between each meal time. Service users have access to cold and hot drinks at any time of the day.

Carers, relatives and external healthcare professionals are encouraged not to visit during mealtimes to enable staff to focus on providing a safe, calm and relaxed environment and to ensure that Service User's nutritional needs are met. Carers and relatives who want to support the Service User to eat their meal should contact the nurse in charge to make arrangements for this.

8.14 Transfer / Discharge

The Trust has policies and procedures for the transfer or discharge of service users. Assessments conducted will determine the service user's ongoing care pathway, which may include transfer to another ward or discharge into the care of UCAT or primary or secondary care service.

There may be a requirement for service users to be transferred to a PICU if it is deemed necessary by the multi-disciplinary team to manage risk. Standards for transfer are defined with the Psychiatric intensive Care Unit Operational Policy (Marina and Shearwater).

Transfer between inpatient wards should only be for clinical reasons where possible. All transfers between inpatient wards can be actioned following the successful completion of the Transfer Checklist Care Plan.

The transferring service will be required to inform the ward staff of all relevant details in relation to the service user's history, current presentation, known risks, current care plan together with a clear rationale for the admission to the in-patient service. The service user's belongings, medication card and NEWS chart must be transferred with the service user. Service users own and any non-stock medication must also be transferred to the receiving ward. Carers and relatives will be informed of any transfer of care.

Upon transfer, the service user will be met and greeted by a member of the nursing staff. They will be shown around the ward and the ward procedures will be explained to them. It is important that all service users are greeted professionally and warmly

It is envisaged that discharge will be planned from the point of admission and discussed at each ward round or multi-disciplinary team meeting. Prior to discharge, there will be a clear identified plan where possible co-produced between the service user, families and carers and the multi-disciplinary team.

Nursing staff will complete the Discharge Checklist Care Plan. Nursing staff will ensure that address and contact details of the service user and anyone involved in their care are correct in the service user's clinical record.

On discharge, service users will be given a copy of their Discharge Letter. This letter which sets out a clear discharge plan is also sent out to the patient's GP. The letter includes details of: care in the community/aftercare arrangements, crisis and contingency arrangements including details of who to contact, medication, diagnosis and details of when, where and who will provide a follow up appointment. All patients will be offered a follow up appointment.

Nursing staff will also ensure that the service user has any resources they have co-produced in hospital on discharge (safety plans, recovery plans, care plans).

There are times where the service user may request to be discharged against medical advice. The service user will be risk assessed by staff. Patients who leave the hospital under these circumstances will be asked to sign the Discharge Against Medical Advice form; follow up care will still be provided in these circumstances.

9 MANAGEMENT OF SERVICES

The Deputy Director of Adult Mental Health, Learning Disability and Specialty Services has strategic responsibility for the countywide Adult Acute Inpatient services and are supported by the Heads of Mental Health (North and South). The operational responsibility for the Adult Acute Inpatient Service at Berrywood Hospital is through a Service Manager. Each ward has a Ward Matron who has 24 hour responsibility for their respective area.

9.14 Ward Staffing Levels and Establishment

Staffing levels of each ward are determined by the number of beds within each ward. Staffing levels are regularly reviewed by the Ward Matron, Service Manager and the Safe Staffing Team. The Ward Matron has flexibility to allow staffing levels to be increased for high acuity/dependency/enhanced observations etc. The Ward Matron formulates a roster using Health Roster at least 8 weeks in advance taking into account skill mix. The minimum staffing establishments for each of the wards are as follows

Harbour Ward

	Minimum Number of Qualified Nurses	Total Staffing Number
Early shift	2	5
Late shift	2	5
Night shift	1	3

Bay Ward

	Minimum Number of Qualified Nurses	Total Staffing Number
Early shift	3	5
Late shift	3	5
Night shift	2	4

Cove Ward

	Minimum Number of Qualified Nurses	Total Staffing Number
Early shift	3	5
Late shift	3	5
Night shift	2	4

9.15 The nominated Clinical Team Leader

Within Berrywood Hospital, a Clinical Team leader is nominated on each shift to be a senior nurse for the hospital site. A rota is produced by the Head of Mental Health (South) each week using the ward duty rotas from across the site.

The nominated Clinical Team Leader is the most senior person on duty for the shift they have been nominated and will deal with matters that arise within the hospital where a senior nurse is required.

The specific duties of the nominated Clinical Team Leader are to respond to the Fire Alarm and liaise with the nurse in charge of the affected area (see Berrywood Hospital Fire Procedure). The other specific duty is to screen all referrals from the wards for the duty doctor.

9.16 The role of the nurse-in-charge

The nurse in charge is a designated role on each ward that is undertaken by the most senior member of ward staff on duty. In the event of there being more than one person of the same grade, then the decision as to who will undertake this role will be decided between those on duty, usually through self nomination.

The nurse in charge role assumes delegated responsibility for the running of the ward for the shift from the Ward Matron.

9.17 The role of the Health and Safety Response Nurse

On every shift the nurse in charge will identify a member of staff to undertake the role of Health and Safety Response Nurse. Every ward will have a Health and Safety Response identified on each shift. They will respond to all attack and fire alarms across the hospital site.

The Health and Safety Response Nurse will be the identified nurse who will complete the Security Checklist at the start of each shift.

It is desirable but not essential that individuals identified to assume this role will be up to date with Teamwork training.

9.4.1 Body Worn Cameras

2 members of staff including the Health and Safety Response Nurse will wear body worn cameras every shift. These cameras record video and audio information, but are only when activated by the wearer. Staff wearing the cameras will clearly let people know when they begin any recording. Cameras will be activated if staff believe that safety may be compromised when responding to incidents or assisting with an incident or potential incident on their ward.

Footage obtained will be reviewed by the Ward Matron on each ward. Footage will be used to investigate incidents and will provide a forum for learning lessons through supervision.

10.5 The role of The Out of Hours Manager

There are 4 Out of Hours Managers who work across the whole hospital site. 2 Out of Hours Managers are based at Berrywood Hospital and 2 are based at St Mary's Hospital. They work opposite patterns to ensure there is one manager on duty every night over the course of a year.

The Out of Hours Manager is responsible for the out of hours management of services based at the two hospital sites and other out of hours mental health services. As part of this responsibility, the post holder acts as the first port of call for the identified nurse in charge at each hospital site and supports in the management of situations that the nurse in charge or Clinical Team Leader is unable to resolve.

The Out of Hours Manager has overall responsibility for bed management out of hours within the Adult Acute Inpatient Service. They also provide links to the duty doctor, Director on Call and Consultant on call in those situations where this is required. The Out of Hours Manager will have a wider understanding of the on-call arrangements across the Trust.

Where there is no identified Out of Hours Manager, the Trust operates a Manager on Call system which can be accessed by the designated Clinical Team Leader.

10 MANAGEMENT OF BED CAPACITY

The responsibility of managing bed capacity for the Acute Adult Inpatient Service during normal hours is assumed by a Ward Matron (Bed Manager) on a rota basis. The identified Ward Matron is supported by the Bed Liaison Nurse. These 2 identified individuals will be the point of reference for all bed matters and referrals. The nurse in charge of each ward will ensure that any discharges or service users having periods of overnight leave from the ward are communicated to the Bed Manager and the Bed Liaison Nurse.

Out of hours, the role of Bed Manager is assumed by the Out of Hours Manager. Where there is not an Out of Hours Manager, the role is covered by the Nurse in Charge of Cove Ward for male referrals and the Nurse in Charge of Bay Ward for female referrals.

The Bed Liaison Nurse will send out an email each evening to key staff within the Trust detailing the availability of beds in the Adult Acute Inpatient Service together with a future projection of beds becoming available.

Where service users are admitted to out of area beds, the Bed Liaison Nurse maintains contact with the service providers to ascertain their progress and to ensure the timely repatriation of the service user back to the local area. The Bed Liaison Nurse will ensure that the service user's clinical record on SystmOne is maintained. The admitting hospital will be responsible for updating carers and relatives on the service user's progress when they are admitted to an out of area bed. When a service user is repatriated back to a bed within NHFT, the receiving ward will inform the service user's carer or relative.

Staff will sensitively inform service users that their leave bed may be used in their absence and that the Trust retains the responsibility to find a bed on their return from leave.

Please refer to the following Trust policies:

- NHFT Procedure for Mental Health Acute Outflows
- NHFT Acute Mental Health Bed Management, Co-ordination and Liaison for Adult and Older Persons

11 SERVICE DEVELOPMENT AND EVALUATION

There will be an ongoing process of both clinical and quality audit and evaluation in relation to the quality of service delivered, the results of which feed into the Trusts governance structures and strategic planning. This will involve the production of

demographic data, service user feedback, carer and staff feedback and admission/treatment/discharge/incident data.

The results of audits will be disseminated to staff and management of the unit including service user groups and appropriate senior managers. Policies, protocols standards etc will be amended based on information and evidence from audits.

Evaluation feedback and further service development will also be obtained from and fed back to the following forums:

- Adult Mental Health Pathway Operational Management Team
- Ward Patient Experience Meetings
- Inpatient Co-production and Recovery Group
- IWantGreatCare
- Community meetings
- Electronic/paper surveys
- Other forums as they are developed

11.1 iWantGreatCare

iWantGreatCare is a way of collecting service user and carer feedback for each ward, giving information and comments about the: Friends and Family Test, dignity and respect, involvement in care, information about care and kindness and compassion of staff. Service user and carers are asked to rate the ward using a star rating and to make comment about what was good about their experience and what the ward can do to make it better.

As a minimum, service users and carers should be invited to give feedback during the discharge process however iWantGreatCare questionnaires can be given out at other times (e.g. following a treatment session, following a review).

Completed iWantGreatCare questionnaires are then posted to IWGC weekly. Results are analysed and service reports are produced which are sent to the operational management team.

Ward Matrons work with their staff, service users and carers to implement changes based on the feedback that has been given.

Results of iWantGreatCare are displayed on boards on each ward. Ward Matrons respond to each piece of feedback electronically. Results are also communicated to the current service user group during community meetings. Results are also communicated to staff during individual and group supervision. There is an emphasis in making positive changes based on the feedback that has been given in order to improve patient experience.

12 EDUCATION, TRAINING, STAFF DEVELOPMENT AND SUPERVISION

Continuous professional development is the responsibility of all staff however all staff are supported in this by their Ward Matron. Ward Matron's will ensure that all staff are up to date with mandatory training. Ward Matron's will cascade any other appropriate training to their staff which will be useful for their role and their development.

Through a yearly appraisal, with regular reviews throughout the year, individual learning needs and goals/objectives will be identified and a Personal Development Plan formulated. The Trust leadership behaviours will be discussed during appraisals, with areas for development detailed within the Personal Development Plan. This can be used as a development tool, which can be measured and reviewed during future meetings and appraisals.

Staff will attend team days once every quarter. These days are a forum for group supervision, training and reflection. The Ward Matron is the facilitator for the team days.

Clinical supervision provides an opportunity for staff to reflect and review their practice, discuss individual cases in depth and allow staff to change or modify their practice and identify training and continuing development needs. All staff will be encouraged to have clinical supervision on a regular basis. Clinical supervision may be combined with management supervision. During team days, clinical supervision is facilitated by the inpatient Psychology service.

Management supervision allows a person in a supervisory position to manage, direct and oversee the performance and operation of another member of staff, enabling the individual to achieve a satisfactory level of competence and promote their potential within the organisation. All staff will receive supervision on at least two occasions during each quarter of the year.

Both clinical and management supervision must include the opportunity to discuss safeguarding concerns related to children or vulnerable adults.

13 STAFF INDUCTION

All new staff will attend the Trust Corporate Induction and will also receive a local induction programme individual to their respective ward. The local induction will include orientation to the ward, procedures, staff, and identification of blindspots and ligature points.

14 STUDENTS, TRAINEES AND LEARNERS

The Adult Acute Inpatient Service offers practice learning opportunities to a wide range of disciplines (nursing, occupational therapy, medicine, psychology). All

students on placement will be provided with an induction, an assigned assessor/mentor and ongoing experiential learning, including time with other disciplines. Students will be closely monitored and supported. Each ward completes a profile of learning opportunities available to students. Following their placement, feedback will be sought to explore any potential improvements to the learning environment.

Service users have a right to decline student involvement in their care.

15 SERVICE USER AND FAMILY/CARER INVOLVEMENT

The Acute Adult Inpatient Service aims to embed within its culture, service user and family/carer involvement. It is recognised that service users are best placed to help staff understand their needs. Staff will follow the principles of recovery and promote service user involvement in all decision making processes and the planning of their care.

Service user and family/carer involvement is underpinned by a process of development which depends on 'co-production' between people using the service and professional health and social care staff. Co-production challenges the traditional relationship between professionals and service users. It requires the latter to be considered experts in their own circumstances and therefore capable of making decisions and having control as responsible citizens (Boyle, Clarke and Burns, 2006). At the same time, co-production also implies a change in the role of the professionals from fixers of problems to facilitators who find solutions by working with the service user. It aims to address the problem of compliance by attaining an agreement between the provider and the service user through shared problem definition and the design and implementation of solutions.

Service user and carer/family involvement will be facilitated through:

- One-to-one sessions with their allocated workers
- Multi-disciplinary reviews/ward rounds with the service user as the lead member
- Co-produced care plans and risk assessments
- Independent advocacy
- Patient Experience Groups
- Advance Statements/directives
- Maintaining contact with carers and relatives
- 'Meet the Matron' sessions facilitated by the Ward Matron for carers/relatives
- iWantGreatCare; 'You said, we did' boards

The service will liaise closely with family and carers, particularly when input from a service user is limited due to the severity of their mental health and issues of capacity. If a service user has not given consent for information to be given to a carer/family, staff will still continue to seek relevant information from these sources

about the service user to aid with care planning and managing risk. This will hopefully reassure carers and families during this stressful time.

Carers who acknowledge a need for support in their caring role above what ward staff can offer will be referred to Northamptonshire Carers, or to NHFT's co-produced training course if applicable. Carers are also encouraged to attend courses at the Recovery College.

Every ward has identified staff' who act as Carer's Leads/champions who promote carer involvement. Each ward has a Carers board with pertinent information about the caring role and local services available. The Ward Administrator will send the identified carer a Carer's Welcome Pack and a Welcome Letter when the service user is admitted to hospital.

Service users and carers will also be involved during staff recruitment processes; they will also be involved in service development and policy review; Service Users and Carers are also involved in co-delivering training courses to staff.

16 PATIENT ADVICE AND LIAISON SERVICE (PALS)

PALS supports service users, carers and family members with compliments, comments, concerns and complaints that relate to NHFT. PALS provide information on Trust services, signpost to other organisations and also look to resolve concerns that have been raised.

17 INDEPENDENT ADVOCACY

Total Voice is commissioned to provide independent advocacy at Berrywood Hospital. Service users can choose to use alternative advocacy services if they wish to do so.

Total Voice Northamptonshire provides advocacy for service users, which is free, independent and confidential.

The service offers:

- Independent Mental Health Advocacy for service users detained under MHA.
- Independent Mental Capacity Advocacy service for people who have been assessed as 'lacking capacity' to make specific decisions, primarily about serious medical treatment and long term accommodation needs.
- NHS Complaints advocacy for raising and resolving concerns

Advocates do not make decisions for their clients or try to tell people what they should do; they will listen and offer support in whatever way is appropriate.

Advocates endeavour to provide information in order to empower service users to make informed decisions.

18 VOLUNTEERS AND EXTERNAL WORKERS

The Acute Adult Inpatient Service is committed to improving the service user experience through recovery principles and facilitating service users to achieve their hopes and dreams. An important component of this is 'bringing the outside in' and broadening the opportunities offered in hospital which serves to facilitate recovery opportunities post discharge. Service users also have access to the Employment Service Specialist within NHFT and courses at the Recovery College. Volunteers from the local community provide supervised and supported input to the wards in a variety of roles to assist in the provision of low key activities and general engagement. External sessional workers also provide input to complement care provided within the wards such as Tai Chi, Reflexology, Shia'tsu and others depending on need and resource availability. Volunteers and sessional workers have an Enhanced DBS and receive induction and support to ensure safe practice.