Northamptonshire Healthcare
NHS Foundation Trust

The Welland Centre
Adult Mental Health Acute Inpatient Admission, Assessment and Recovery Wards

OPERATIONAL GUIDANCE

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1. DOCUMENT CONTROL SUMMARY

Document Title	The Welland Centre Adult Mental Health Acute In-patients Admission, assessment and Recovery Wards Operational Guidance
Document Purpose (executive brief)	To outline operational guidance for the admissions wards at St. Mary's Hospital.
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Areas affected by the policy	Mental Health and Learning Disabilities Services
Policy originators/authors	Lisa Hibbins Senior Matron Welland Centre Sharon Gibbard Carer and Service User Forum James Durban Carer and Service User Forum Kevin Boyce Carer and Service User Forum Dora Shergold Carer and Service User Forum Luke Gibbard Carer and Service User Forum
Consultation and Communication with Stakeholders including public and patient group involvement	- Welland Centre - Carer and Service User Involvement Group - Directorate Management Team - Staff of NHFT - Welland Staff - Patient Experience Group
Archiving Arrangements and register of documents	The Trust Policy Lead is responsible for the archiving of this policy and will hold archived copies on a central register
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If this policy requires Trust Board ratification please provide specific details of requirements	N/A

2. INTRODUCTION

The Adult Mental Health Acute Inpatient Admission, Assessment and Recovery Services provide a range of services to people aged between 18 and 65. Flexibility is applied to this age group as admission depends on presenting clinical circumstances. The wards provide inpatient assessment and treatment for people experiencing mental health problems where the person's circumstances or care needs cannot be supported at home or in an alternative, less restrictive residential setting. We support Service Users and carers through the Service Users' recovery journey. Within the service there are 40 beds for the purpose of admission, assessment and recovery across The Welland Centre at Kingfisher Ward, Sandpiper Ward and Avocet Ward. In addition to this inpatient service the Welland Centre has a purpose built Place of Safety, which is staffed by nursing staff from the Welland Centre. The Welland Centre also has a female Psychiatric Intensive Care Unit (PICU). This is a 7 bedded unit with 2 beds designated for NHFT patients, 4 beds for out of area patients and 1 emergency bed which NHFT can use if needed for NHFT patients. Please refer to the PICU Operational guidance for further information.

The inpatient services in Kettering are provided on Kingfisher Ward, Avocet Ward and Sandpiper Ward. The Welland Centre is a purpose built mental health inpatient facility. The Adult Acute In-patient Admission, Assessment and Recovery Service covers the population of Northamptonshire primarily from Kettering, Corby, Wellingborough and East Northants and Rushden sectors. The wards provide care and treatment 24 hours a day, 365 days a year to individual service users. Care and Service User sleeping accommodation is provided in line with Care Quality Commission Requirements for single gender accommodation under Regulation 10 Dignity and Respect. This is based on the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10 (2)(a) which states:-

"People using services should not have to share sleeping accommodation with others of the opposite sex, and should have access to segregated bathroom and toilet facilities without passing through opposite-sex areas to reach their own facilities. Where appropriate, such as in mental health units, women should have access to women-only day spaces."

In line with this the admission pathway has been updated and service users are now admitted to the Welland Centre' single gender Admission, Assessment and Recovery wards (Avocet Ward – male only, Sandpiper Ward – female only).

Patients who are found to need on going treatment for their recovery may be transferred to Kingfisher Assessment and Recovery Ward (mixed gender ward) to continue their recovery journey towards discharge. This transfer will be based on an assessment between the transferring ward and Kingfisher Ward staff as to the appropriateness of the transfer based on their identified risk to and from others of the opposite gender.

Sandpiper Ward – is a 15-bedded all Female Direct Admission, Assessment and Recovery Ward. There is an additional 16th bed known on Sandpiper Ward as 15A.

This is an Emergency bed as it does not have ensuite facilities but access to toilet facilities and a bath are a short distance away from the bedroom. The purpose of 15 A is to provide additional capacity in times of high bed demand to reduce the need for Service Users to be placed at a distance away from their families and support network. As there are no ensuite facilities the Service User would be provided this accommodation until a bedroom with an ensuite became available for their use unless the Service User wished to remain in Bedroom 15A.

Sandpiper Admission, Assessment and Recovery Ward staff will provide an intensive individual inpatient assessment. This will normally take from 72 hours to five days to complete. At times, there may be exceptions where the assessment is less than 72 hours. The assessment will provide information enabling all parties to identify the most appropriate care package for the Service User. This may include a number of options e.g. continuing in-patient treatment, home treatment or discharge to PCART or discharge back to the care of their GP. From the point of admission the Multi Disciplinary Team should be planning for the safe discharge of all Service Users to reduce the likelihood of an individual Service User's discharges being delayed unnecessarily. It is expected that at the point of referral for admission that the referer will state the reason for admission, goals for admission and have a provisional plan for the Service User being discharged from hospital.

Avocet Ward – is a 15-bedded all Male Direct Admission, Assessment and Recovery Ward. There is an additional 16th bed known on Avocet Ward as 15B. This is an Emergency bed as it does not have ensuite facilities but access to toilet facilities and a bath are a short distance away from the bedroom. The purpose of 15B is to provide additional capacity in times of high bed demand to reduce the need for Service Users to be placed at a distance away from their families and support network. As there are no ensuite facilities the Service User would be provided this accommodation until a bedroom with an ensuite became available for their use unless the Service User wished to remain in Bedroom 15B.

Avocet Admission, Assessment and Recovery Ward staff will provide an intensive individual inpatient assessment. This will normally take from 72 hours to five days to complete. At times, there may be exceptions where the assessment is less than 72 hours. The assessment will provide information enabling all parties to identify the most appropriate care package for the Service User. This may include a number of options e.g. continuing in-patient treatment, home treatment or discharge to PCART or discharge back to the care of their GP. From the point of admission the Multi Disciplinary Team should be planning for the safe discharge of all Service Users to reduce the likelihood of an individual Service User's discharges being delayed unnecessarily. It is expected that at the point of referral for admission that the refferer will state the reason for admission, goals for admission and have a provisional plan for the Service User being discharged from hospital.

Kingfisher Ward – is a 10-bedded mixed gender Assessment and Recovery unit which provides ongoing individualised assessment, and co-produced care and treatment for Service Users whose assessment identifies they require continuing inpatient care to aid their recovery journey. On occasion Service Users may be directly admitted to Kingfisher Ward but this will be dependent on their own individual

recovery needs, privacy and dignity requirements, assessment of individual risk and individual goal of admission e.g. clozapine initiation. In this instance the Assessment and Recovery Ward staff will complete the 72 hour assessment.

This will normally be from 72 hours to five days. At times, there may be exceptions where the assessment is less than 72 hours. The assessment will provide information enabling all parties to identify the most appropriate care package for the Service User. This may include a number of options e.g. continuing in-patient treatment, home treatment and early discharge with UCAT or discharge to PCART or discharge back to the care of their GP. To comply with the Mental Health Act Code of Practice and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10 (2)(a) the ward has a male bedroom corridor and a female bedroom corridor. There are 5 male ensuite bedrooms and 5 female ensuite bedrooms. A female lounge is also provided in the female bedroom corridor. In the interests of Privacy and Dignity and complying with the Mental Health Act Code of Practice and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10 (2)(a) the female corridor should not be breached by having a male accommodated in the corridor or the male corridor being breached by having a female accommodated in the corridor. Where a service user is admitted and identifies their self as the opposite gender to their current biological and physical state Kingfisher Ward maybe the most appropriate ward to directly admit the service user. Please refer to the Standard Operating Procedure for the management of same sex accommodation legislation within mixed gender mental health wards

3. PURPOSE

The purpose of the policy is to provide operational guidance for the Adult Mental Health Acute Inpatient Admission, Assessment and Recovery Services based at the Welland Centre, St Mary's Hospital. The document outlines the core components of the service. This operational guidance 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.

- *New Horizons, (No Health Without Mental Health).*
- Department of Health Policy Implementation Guides (Acute In-patient
- and Psychiatric Intensive Care Unit)
- Modernising the NHS – Essence of Care
- NHS Plans
- Standards for Better Health
- NICE Guidance / evidence based practice
- National Health Service Litigation Authority risk assessment standards
- Safe Wards
- The 6 C's (care, compassion, competence, communication, commitment and courage)
- ImROC/ Recovery/ Co-Production
- WRAP/ Advanced Directives/ STORM Safety planning
- Structured Clinical Management
- Crisis Care Concordat
- Trust Policies

4. DEFINITIONS

NHFT – Northamptonshire Healthcare NHS Trust
CPA – Care Programme Approach
CMHT- Community mental Health Team
CRHTT – Crisis Resolution and Home Treatment Team
DBS – Disclosure and Barring Services
ECG – Electrocardiogram
EMAS – East Midlands Ambulance Service
GP – General Practitioner
HCAI – Healthcare Acquired Infections
HoNOS - Health of the Nation Outcome Scale
HoNOS PBR - Health of the Nation Outcome Scale Payment By Results
ICU – Intensive Care Unit
IPDR – Individual Performance and Development Review
ImROC – Implementing Recovery through Organisational Change
MDT - Multi-disciplinary Team
MHA Mental Health Act (1983)
NIC – Nurse in Charge
NSTEP – Early intervention in psychosis team
OT – Occupational Therapist
PALS – Patient Advice and Liaison Service
PCART – Planned Care and Recovery Team
PICU – Psychiatric Intensive Care Unit
PMVA – Prevention and Management of Violence and Aggression
SCM – Structured Clinical Management
SDS – Self Directed Support
SOP – Standard Operating Procedure
STORM- Skills-based Training On Risk Management
Trusted Assessor – Currently the Trusted Assessor is either the Care Co-ordinator from PCART if The Service User is allocated, Service Users under the NSTEP team, the UCAT Team assessing or AMHLS Team assessing.. UCAT retains responsibility for Gatekeeping Adult Inpatient Acute Mental Health Beds and will refer the Service User Out of Hours if a care Co-ordinator is involved in the Service Users Care.
UCAT – Unplanned Care and Assessment Team
WWR - Working with Risk documents
WRAP – Wellness Recovery Action Plan

5. PHILOSOPHY OF THE INPATIENT SERVICES

The wards provides a modern, needs led Adult Acute Inpatient Mental Health Admission, Assessment and Recovery service, that treats all 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. The Adult Acute Inpatient Admission, Assessment and Recovery staff aim to work in a non-discriminatory and collaborative way by accepting and being willing to work with an individual's understanding of their own issues. This involves acknowledging the individual Service User's culture, life experience, sexual orientation or status and Service User strengths. The 6 C's of nursing (Care, Compassion, Competence, Communication, Commitment and Courage) are core to patient and the Trust supports and expects this to be reflected through the individual professional practice.

The service endeavours to ensure that the Service User, carers, clinicians, practitioners and multi-agency services work collaboratively throughout the Service User's recovery journey. This will be facilitated through co-production of care plans whilst an inpatient so the Service User is actively involved in their care. The services will focus on wellness and support that will facilitate recovery and the resources that will maintain the recovery process. The service will support the use of any existing Wellness Recovery Action Plan (WRAP), Advanced Directive, STORM future safety planning or SCM Crisis Plan (Structured Clinical Management) during the Service User's inpatient stay.

6. PRINCIPLES OF CARE

The following principles will underpin the daily activities undertaken by all staff who provide care within the Adult Acute Inpatient Admission, Assessment and Recovery Service:

- To 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).
- Existing CPA care plans, WRAP plans, STORM Safety planning, Advanced Directives and SCM Crisis Plans will be available to Adult Acute Inpatient Admission, Assessment and Recovery staff. The Service User, CPA care co-ordinator and carer (where appropriate) will be involved in the planning of the Service User's period of inpatient care (ensuring continuity). Service Users will be involved in co-producing their own CPA and inpatient care plans and receive copies.
- Staff and Service Users will work collaboratively 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 initial co-produced individual care plans that identify therapeutic activities, interventions required, Service User strengths and

Service User views. This will be written from the Service User's perspective referring to the Service User as "I".

- Staff will actively promote the ethos of the Recovery by inspiring Hope, supporting Opportunity and enabling the Service User to take Control of their care.
- 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, should 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 any unnecessary delay in the Service User's 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.

7. ADMISSION PATHWAY

The Adult Mental Health Community Services including Primary Care Liaison Workers, Crisis Resolution Home Treatment Team and the Community Mental Health Team have been restructured to form a single point of access to NHFT's Community and Inpatient Recovery Services. The Primary Care Liaison Team and The Crisis Resolution Home Treatment Team have been merged to provide a single point of access in the North and South of NHFT's Mental Health Service. This new team is called the Urgent Care and Assessment Team. Their functions are single point of access to NHFT services for referrals from external providers including screening Service User need to direct the referral to the correct service within NHFT, Short term work to prevent hospital admission or inappropriate referral to Planned Care and Recovery Team (previously CMHT, now PCART), gatekeeping function for Acute Adult Inpatient Admission, Assessment and Recovery Wards and supporting early discharge from Acute Adult Inpatient Admission, Assessment and Recovery Wards function.

The Trusted Assessor Model has been implemented and this currently applies to PCART care Co-ordinators and UCAT gatekeeping. All requests for an Acute Adult Inpatient Admission, Assessment and Recovery Ward beds must be gatekept by UCAT. All other NHFT professionals and teams must refer to UCAT for a gatekeeping assessment for an Acute Adult Inpatient Admission, Assessment and Recovery Ward bed.

The Urgent Care and Assessment Team will be involved in all admissions to the Adult Acute Inpatient Admission, Assessment and Recovery Service. The Urgent Care and Assessment Team provides a home treatment and gatekeeping function for all admissions to the Adult Acute Inpatient Admission, Assessment and Recovery Service. This referral to the Urgent Care and Assessment Team home treatment and gatekeeping function may be made through the Service User's GP, Planned Care and Recovery Team, A&E or via Section 136 assessment.

The Trusted Assessor (PCART/ UCAT) will contact the ward with regard to arranging the admission where home treatment is not thought appropriate by Urgent Care and Assessment Team and the Care Co-ordinator from PCART if the Service User is involved with secondary services. This could be for an emergency admission or planned treatment e.g. planned treatment clozaril initiation. All admissions from the Crisis House must be gatekept by UCAT.

The Trusted Assessor will be required to inform the ward staff of all relevant details in relation to the Service User's history, current presentation, known risks, a clear rationale (i.e. the aim) for admission to the inpatient service and confirmation if there is a WRAP plan, Advanced directive, SCM crisis Plan or STORM Safety Plan in place and details of this to promote the Service User's Opportunity to be in Control of their care. Staff will ensure that the Service User is made aware that they have the opportunity to access an Independent Advocate at any time during their admission.

Prior to admission consideration must be given to the suitability of a patient for a PICU to avoid unnecessary risk to the Service User, other Service Users and staff. There are current policies and procedures in place for the referral of Service Users to the PICU inpatient service.

On some occasions, the Adult Acute Inpatient Assessment and Recovery wards, Kingfisher Ward will accept direct admissions from the community. This is when it is deemed to be in the Service User's best interest and on their level risk to and from service users of the opposite gender. Please refer to the Standard Operating Procedure for the management of same sex accommodation legislation within mixed gender mental health wards.

7.1. Section 136 referrals

Northamptonshire Police may detain members of the public under Section 136 of the Mental Health Act. Members of the public detained under Section 136 may be brought to the designated place of safety for a mental health assessment. Please refer to the NHFT and Northamptonshire Police and EMAS Policy CLP012 Section 136 Power of Entry and Admission to Hospital.

7.2. Standards for admission:

- The Trust now operates a Trusted Assessor Model in regard to patients being admitted to an Acute Inpatient Admission, Assessment and Recovery bed. Currently only Care Co-ordinators in the Planned Care and Recovery Team (PCART), NSTEP, Acute Mental Health Liaison Service (AMHLS) and the Urgent Care and Assessment Team (UCAT) are Trusted Assessor's. The Trusted Assessors' are no longer required to complete a referral to request a bed for admission. If an assessing member of the Planned Care And Recovery Team, NSTEP or Acute Mental Health Liaison Service assesses their Service User as requiring admission then they will contact UCAT in their gatekeeping capacity to inform them of the need for a bed for admission to be requested from the Acute

Admission, Assessment and Recovery Wards (Sandpiper and Avocet Wards). Ideally the UCAT should already be supporting PCART and NSTEP to collaboratively care for the Service User before hospital admission is required.

- Where the NHFT Professional is not a Trusted Assessor under the Trusted Assessor Model UCAT will be required to assess the Service User in their gatekeeping capacity. Following UCAT gatekeeping assessment the Service User will be admitted to hospital if they have been deemed to be unsuitable for home treatment by UCAT.

- Where the Service User has been referred by a non NHFT Professional UCAT will be required to assess the Service User in their gatekeeping capacity. Following UCAT gatekeeping assessment the Service User will be admitted to hospital if they have been deemed to be unsuitable for home treatment by UCAT.

- There is a clear purpose for the admission/assessment.

- All persons must have had a mental health assessment, risk assessment and HONOS assessment completed prior to UCAT/ Trusted Assessor requesting a bed for admission.

- The service will not assess and thus not admit persons who are intoxicated.

- Admitting staff will ask if the Service User has a completed advance statement/directive/ WRAP Plan/ STORM safety Plan/ SCM Crisis Plan.

- All Service Users have a risk profile, identified through assessment that can be safely managed at the Welland Centre. This decision should be negotiated between UCAT/ Trusted Assessor and Adult Acute Inpatient Admission, Assessment and Recovery staff.

- Consideration should be given to the suitability of a patient for an ICU at the point of admission to avoid unnecessary risk to the Service User, other Service Users and staff.

- The Service User needs to be physically stable and not requiring treatment with acute services (no immediate life endangering conditions or physical issues needing urgent medical attention) to be admitted to the Adult Acute Inpatient Admission, Assessment and Recovery Service.

- 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 difficulty, brain injury, or an organic disorder in the absence of mental health issues then the Adult Acute Inpatient Admission, Assessment and Recovery staff will liaise with other services to find a more appropriate placement. However Service User's with a learning disability who are experiencing acute mental health difficulties, which are the current primary concern for the Service User's support and treatment towards recovery; will continue to be supported by both the Acute Adult Inpatient Admission,

Assessment and Recovery Ward staff whilst joint working with the Service User's Community Learning Disability Team, the Service User and carer if appropriate.

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 an Adult Acute Inpatient Admission, Assessment and Recovery unit can provide, and a clear statement of the purpose of admission.

7.3. Admission Process

Once admission has been agreed with the Urgent Care and Assessment Team, the Service User's GP will be advised of the admission. 80% of Northamptonshire GP's are on the National Electronic Patient Record system SystmOne. When a Service User is admitted to an NHFT ward the system will send an automated electronic message to the GP advising them that their patient has been admitted. Provided that the Service User gives NHFT consent to access their GP record and for NHFT to share their NHFT SystmOne record with their GP a medication summary can be obtained from the GP record to inform the admitting Doctor of what medication are currently prescribed by the GP. Where the Service User is new to NHFT and their GP is not using SystmOne a GP summary will be requested. It is desirable that this is undertaken before the Service User arrives, but out of hours this may need to be completed the following working day.

Upon admission, the Service User will be met and greeted by a member of nursing staff. They will be shown around the ward and the ward procedures such as the storage of property, visiting times, smoking policy will be explained to them. It is important that all Service Users are greeted professionally and warmly. Welcome packs with necessary information about admission are available in all of the wards single bedrooms. The Welland Centre is supportive of Service Users' who wish to improve their future physical health by giving up smoking. Welland Centre staff can support this through the prescription of appropriate nicotine replacement aids.

Nursing staff will discuss with the Service User details of their family, carers or Next of Kin and seek the Service User's permission for them to be advised of their admission.

A member of medical staff will be contacted and advised of the admission. They will attend and will complete a mental health assessment form, a physical examination a VTE assessment and Medication Reconciliation form. They are all standard admission forms which are situated within SystmOne. A member of nursing staff will be present throughout this process. It is known within the service as "clerking in".

The Medication Reconciliation Form is completed by the admitting Doctor to ensure that existing physical conditions and treatments can be clarified and the medication prior to admission has been validated. The GP summary will be required for this form to be completed where the GP does not use SystmOne as their Electronic Patient Recording system.

Prior to, or following the clerking in process. a member of nursing staff will collate and complete admission paperwork which consists of:

NHFT Registration Form and Consent Form
Accommodation, employment, SDS and smoking information
Ward admission form
Patients Property Disclaimer
Initial Care plan
Smoking care plan (if required)
HCAI Risk assessment (Infection control assessment form)
Patient Manual Handling Risk assessment
Falls Risk Assessment
Section 132 and S132a (For those detained under the Mental Health Act.)
Section 131 (For informal patients not detained under the Mental Health Act)
Waterlow and Body map (within 6 hours of admission)
MUST

The Service User will be asked to assist with the completion of these documents and will be asked to sign them where required. The Service User will be advised of their Primary Nurse, Associate Nurse, Consultant Psychiatrist and it will be explained to them the time of their ward round.

Following admission, all Service Users will have an ECG completed on the next working day and routine urine and blood investigations are completed and acted upon. The philosophy within the Adult Acute Inpatient Admission, Assessment and Recovery Service is that physical healthcare needs are assessed on an ongoing basis. Support in the management of these conditions is available locally through liaison with provider services that are part of NHFT.

7.4. The allocation of a Primary Nurse

The decision to allocate a Primary Nurse will be made by the nurse in charge of the ward at the time the Service User is admitted. The allocation will be made based upon the availability of staff over the 72 hour period following admission. The decision to allocate a Primary Nurse 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 Primary Nurse at any one time.

7.5. The responsibilities of the Primary Nurse

The Primary Nurse will introduce themselves to their allocated Service User as soon as possible following admission. It is essential that a therapeutic relationship is developed quickly through demonstrating skills of **6 C's** in nursing care and a caring and compassionate attitude, whilst inspiring Hope for the Service User's Recovery and supporting their Opportunity to take Control of their care. The Primary Nurse will ensure that the following documentation is completed within the first 72 hours of the admission.

- Working With Risk 1
- Brief Psychiatric Rating Scale
- Beck Depression Inventory
- Beck Anxiety Index
- Individual care plans specific to the needs identified as part of the initial assessment process. This should be co-produced with the Service User where possible.
- Health of the Nation Outcome Scale (HoNOS)
- MUST
- Baseline NEWS (physical observations – Blood pressure, temperature, pulse, respirations and consciousness level)

Providing the Service User gives consent the Primary Nurse/ Associate Nurse must make sure that contact is made with the Service User's family or any individual who cares for the Service User in the community. A carers leaflet, should be given to the carer when they attend the ward. The purpose of this contact is to ensure that carers are asked if they require an assessment of their needs and to improve care of patient by developing effective communication with carer. If the carer wishes to have a carers assessment then the Primary Nurse / Associate Nurse will provide the carer with a carers leaflet so the carer can self-refer to Northamptonshire Carer's or staff can support the carer by contacting Northamptonshire Carer's and advising of the carer's wish for a Carer's Assessment to be undertaken.

The Primary Nurse will meet with their allocated Service Users at least twice weekly for half an hour. The purpose of this 1:1 time is to build and maintain the therapeutic relationship. These 1:1 sessions will be the forum for the Primary Nurse to re assess and prioritise needs in collaboration with the Service User and evaluate care plans. They will also be used to update and evaluate risk assessments. The 1:1 session may be a formal sit down discussion looking at care or it could be a less formal activity such as a walk or engaging the Service User in activity.

7.6. The responsibilities of the Associate Nurse

On each ward, an Associate Nurse will also be allocated to each Service User. The role of the Associate Nurse is to support the Primary Nurse in the care delivery and undertaking the role of Primary Nurse. This is largely to undertake the duties of the Primary Nurse in the event of the Primary Nurse not being on duty, to ensure that the Service User receives the care delivery they require. The decision to allocate an Associate Nurse 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 Associate Nurse at any one time. It is essential that a therapeutic relationship is developed quickly through demonstrating skills of 6 C's in nursing care and a caring and compassionate attitude, whilst inspiring Hope for the Service User's Recovery and supporting their Opportunity to take Control of their care. The Associate Nurse will provide 1:1 time to the Service User when required in the absence of the Primary Nurse. The 1:1 session may be a formal sit down discussion looking at care or it could a less formal activity such as a walk or engaging the Service User in activity.

7.7 The responsibilities of the Key Nursing Assistant

On each ward, a Key Nursing Assistant will also be allocated to each Service User. The role of the Key NA is to support the Primary Nurse and Associate Nurse in direct care delivery and to ensure that care plans are implemented, whilst supporting the Service User's individual needs on a shift by shift basis and recording information obtained during the course of their duties. It is essential that a therapeutic relationship is developed quickly through demonstrating skills of 6 C's in nursing care and a caring and compassionate attitude, whilst inspiring Hope for the Service User's Recovery and supporting their Opportunity to take Control of their care. The Key Nursing Assistant will provide 1:1 time to their patient on an informal basis as required and is likely to be whilst they are delivering direct care to the Service User either supporting the Service User with their Activities of Daily Living, engaging the Service User in activity or escorted time off the ward. The key Nursing assistant will be responsible for ensuring that the information on the Service User's information board in their bedroom is up to date and correctly displays who their Consultant psychiatrist, Primary Nurse, Associate Nurse and Key Nursing Assistant are.

7.8 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 Care Programme Approach Care Plan in place. Care Co-ordinators are expected to liaise with the appropriate ward in regard to their Service User's 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.

8. ASSESSMENT

A fundamental part of the initial assessment will be identifying risk factors and precipitating factors, which will lead to the development of individual care plans.

A Multi-Disciplinary Team (MDT) will undertake an assessment within the first 5 days, which will identify needs and strengths in relation to:

- Risk
- Current mental state
- Psychosocial situation
- Functional performance
- Factors leading to admission
- Relevant history
- HoNOS PBR

Following the initial assessment and review a MDT and Service User coproduced care plan will be formulated to meet the identified needs and strengths of the Service

User. Where they are available, advance statements/directives/ WRAP Plans/ STORM Safety Plan/ SCM Crisis Plans will be taken into account in the co-production of the care planning process. Service Users transferred to the Kingfisher Ward will receive ongoing assessment, care and treatment.

Close liaison with carers and family is desirable when devising care plans, particularly when input from the Service User is limited, due to the condition of their mental health. Informed consent to treatment is sought at all times and is recorded.

9. PRINCIPLES OF CARE DELIVERY

During any stay within the Adult Acute Inpatient Admission, Assessment and Recovery Service the following principles of care delivery will apply:

- Health Professionals include psychiatrists, psychologists, occupational therapists, pharmacists, nurses and other relevant specialist services.

- Others involved are independent advocacy, Service User's representatives, volunteers, chaplaincy or the Service User's own religious adviser and PALS.

- Welcome information will be supplied on each ward giving information about the team, contact numbers and other useful information on admission to the service. These packs are kept in the ward bedrooms and are updated as necessary.

- The Adult Acute Inpatient Admission, Assessment and Recovery Service aims to provide a safe environment for service users, visitors and staff. Staff aim to support positive risk taking to promote the individual Service User's recovery.

- Staff from all disciplines are committed to maintaining and developing a person centred therapeutic environment.

- The Multi-Disciplinary Team will engage Service Users, families and their carers, collaboratively in the therapeutic process to promote Service User Hope, Opportunity and Control through their Recovery Journey.

- The Adult Acute Inpatient Admission, Assessment and Recovery ward staff aim to deliver care in a non-discriminatory manner respecting each individual's recovery needs, beliefs and orientation.

- Each Service User will be offered individual time with their named workers for minimum of two half hourly sessions per week.

- Each ward will have Daily Protected Therapeutic Engagement Time to promote uninterrupted staff engagement with Service Users. Other health professionals and independent agencies will be able to visit the wards during these times if the purpose of the visit is direct Service User engagement.

- Each Service User will have access to a range of evidence-based interventions and there will be a flexible range of therapeutic, social and recreational activities available.

- Each Service User will be offered the opportunity to engage in a programme of activity for each day of their stay that reflects their personal treatment goals. The treatment plans will involve choice where possible and not reflect professional assumptions about what Service Users want to do or are capable of doing.

- Service Users' families, friends and carers, are encouraged to respect the visiting times to reflect the need for Service Users to be engaged in therapeutic activity during the day.

- The Adult Acute Inpatient Admission, Assessment and Recovery health professionals will endeavour to provide care based on current best practice as identified under 1.1.

- Following the initial assessment and review an MDT coproduced care plan will be formulated to meet the identified needs and strengths of the Service User. Where they are available, Advance Statements/Directives/ WRAP Plans/ STORM Safety Plans/ SCM Crisis Plans the existence of these plans will be documented and taken into account in the care planning process.

- Carers who acknowledge a need for support in their caring role will be given a carer's leaflet so they can self-refer to Northamptonshire Carer's or staff can support the carer by contacting Northamptonshire Carer's and advising of the carer's wish for a Carer's Assessment to be undertaken.

10. CONTROLLED ACCESS TO WARD

The Adult Acute Inpatient Admission, Assessment and Recovery 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 into or exit out of 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 to try and keep Service Users detained against their will.

10.1. 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. This will be completed in a friendly and welcoming manner.

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. The purpose of this search is to check that items not permitted are not inadvertently brought onto the ward and is for the safety of all patients, visitors and staff.

The Adult Acute Inpatient Admission, Assessment and Recovery 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 a receipt will be issued.

10.2. 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.

There is an expectation by the clinical teams that following admission all Service Users remain on site for an initial 72 hour period. This enables the nursing team to undertake a thorough assessment of service user's needs. However, if during this 72 hour period a service user chooses not to remain on the site and has informal status, ward staff will facilitate this.

The Adult Acute Inpatient Admission, Assessment and Recovery Service will ensure at all times that the rights of informal patients are not compromised and will undertake regular audits to ensure that these rights are maintained. All ward exits have a sign clearly explaining the rights of informal patients should they wish to leave the ward.

11. MANAGEMENT OF PROPERTY WITHIN A SERVICE

The Wards

The management of property on the wards is undertaken through individual risk assessment. Plastic bags are not allowed in any of the ward areas apart the individual ward kitchens and clinic rooms. Sharps items such as razors are not allowed to be stored in communal areas and will be kept by the ward for safekeeping. Razors will be handed to Service Users upon request and providing it is safe to do so however, they will be handed back to ward staff after being used for safe storage.

Small portable devices such as mobile phones, Ipods, MP3 players can be brought to the ward to be used as a form of distraction or to relieve boredom during the times of the day when there are no Occupational Therapy or Protected Time activities. There is an expectation that Service Users who are admitted to the hospital engage in the ward routine and the therapy programme to aid assessment of their current

mental state and progress in their recovery towards discharge. The ward will not accept responsibility for the safety of any electrical device brought to the ward and any item brought in, is at the owner's own risk. Any chargers required for the small portable electrical device will need to be tested by Grosvenor facilities before it can be used to charge a device in the hospital. Each ward has two televisions for Service Users to access. One television in a communal lounge and one television in a private lounge. On Kingfisher Ward the private lounge is the female lounge.

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 property will be taken upon admission 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. A Pat search will be undertaken at the point of admission with the Service User's consent. This is to ensure the safety of the admitted Service User, other Service Users, Staff and Visitor's. Please refer to CLP057 Searching of Inpatients, Visitors and Rooms Policy.

12. DAILY WARD ROUTINE

12.1. Handover

The daily routine of the wards within the Adult Acute In-Patient Admission, Assessment and Recovery Service starts with a handover between night staff and those working the early shift. Further handovers take place between 13.45hrs – 14.30hrs and 20.15hrs – 21.45hrs.

The purpose of handover is to pass information about the ward from the outgoing shift to those staff coming on duty. The format used within the service is that each service user is discussed in turn, with the essential components of the report being their name, legal status, leave status, physical health feedback of the nursing observations of the Service User's presentation from the previous shift and any tasks that are needed to be completed by the incoming shift. This will be done in turn for each Service User.

Although the handover is primarily to handover the care delivery of Service Users, it also provides support for team members that are present. The handover allows nursing staff to express their feelings concerning Service Users and situations, including emotional events and sometimes may function as a de-briefing session. It may provide an opportunity for safe individual and team reflection.

12.2. Ward Round / Multi-disciplinary Team Meetings

The Adult Acute Inpatient Admission, Assessment and Recovery Service based at the Welland Centre covers the North of Northamptonshire including Corby,

Kettering, Wellingborough and East Northants and surrounding areas. This splits into two clinical teams led by different psychiatrists.

Ward Rounds are Multi-Disciplinary Team meetings will take place on the Admission, Assessment and Recovery wards throughout the working week. There is a timetable for each Ward Round including the days that the meetings occur on display on each ward and Service Users will be offered the opportunity to utilise Independent Advocacy Services. Where time-tabled appointments cannot be met, staff will endeavour to inform relevant parties at the earliest opportunity. Staff will give the Service User the option of deciding who will attend the ward round. It is desirable that Ward Rounds are organised in a way that only one takes place on a ward at any one time.

Ward Round will provide an opportunity for open, honest and informal communication between the Service User, family, carer and the MDT. This will promote the Service User's Opportunity to be in Control of their care. Each Service User will be invited to attend a ward round at a minimum of once a week.

12.3. Access to Occupational Therapy

Occupational therapy (OT) is automatically accessible to all individuals requiring mental health in-patient services, providing a specialist service with a unique occupational focus using activity to both assess and treat service user needs in relation to their functioning in every day activity (such as personal care, domestic skills, work/education, routine, use of leisure time, interaction with others and overall wellbeing).
There is an Occupational Therapist identified for each ward and following assessment they will co-produce a care plan with the service user (where possible), to identify appropriate individual and group treatments; these will be facilitated by either the OT and/or Therapy Assistant staff.
Service User participation in occupational therapy treatment is an essential part of the overall therapeutic care provided within the unit. The O.T. will continually evaluate individuals' levels of functioning, contributing to the overall MDT discharge planning process.
Occupational therapy is situated centrally within the Welland Centre to allow easy access for service users, and resources include a relaxation/ group room, gym, art/craft room, kitchen and outside space for gardening and physical activity. As part of treatments offered a robust programme of physical activities is available to all service users to improve both physical and mental wellbeing.
Post discharge planning – in collaboration with the service user, the consultant and the O.T. it may be recommended that the service user attends identified sessions post discharge, for up to 4 weeks.

12.4. Access to Physiotherapy

Service users have access to a Physiotherapy assessment via referral by a Welland centre occupational therapist if required. The assessment will be carried out by the physiotherapist from the older peoples' mental health wards and will

ascertain aspects of the service users physical health that may require physiotherapy input or advice. A plan of care will be devised in order to maintain or enhance a service users mobility, address safety issues and promote functional independence. The actions from the care plan will be carried out by either the Physiotherapist or a Welland centre Therapy Assistant. The physiotherapist may prescribe a set of exercises that can be carried out independently by the service user with encouragement / guidance from therapy assistants or nursing staff.

A robust programme of physical activities is also available to all service users; activities can be tailored to meet individual needs and aim to improve a person's physical and mental wellbeing.

12.5. Access to Psychology Services

The Acute Adult Inpatient Admission, Assessment and Recovery Wards have access to inpatient psychology. Referrals are usually made through the Responsible Medical Officer in ward round, however, any member of the team can discuss a referral with the in-patient psychologist team and self-referrals are also accepted if it is felt the person's needs can be met within the admission. Service Users are offered a maximum of weekly sessions whilst they are an in-patient and are offered 4 follow-up sessions upon discharge from the Welland centre so as to complete the work that has been started. Time to handover work to community professionals is also prioritised post discharge.

The in-psychologists facilitate a Service User Experience Group on each ward on a weekly basis. The aim of the group is to allow service users time to talk about how they feel about being in hospital and how they are finding the experience. The content of this group is documented individually in the notes and any issues for the ward manages are documented and fed back to them. Group feedback forms and I Want Great Leaflets are also handed out at these meetings.

The in-patient psychologists are also part of the Critical Incident Support Team for staff following difficult incidents. Managers can access this support by contacting the in-patient 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 outside of the in-patient psychology team either at occupational health or other members of the critical incident support team.

In-patient psychology staff are also available to consult on clinical issues relating to complex cases or managing the therapeutic mileu as and when required.

12.6. Spiritual Wellbeing – The Chaplaincy Service

Promoting spiritual wellbeing is part of the journey of recovery for patients. This 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 will also include the use of creative tools from time to time.

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.

The “Sacred Place” is a quiet space available to any patient who is able to leave the ward and can be found in the Oakwood Centre (behind the Forest Centre). Access is via the main reception of this Centre during the hours of 9.00 – 17.00 each weekday. Arrangements for access can sometimes be made with ward staff outside these hours.

12.7. Access to Nicotine Replacement Therapy

In line with Government Legislation regarding Smoke Free Legislation NHFT made all of its inpatient and outpatient sites Smoke Free. This means that Service Users can no longer use the ward garden or hospital grounds to smoke on the St Mary’s Hospital site. In order to support Service Users who are smokers and who either wish to quit smoking or need support for nicotine cravings whilst awaiting to be granted leave based on their individual level of risk to their self and/ or others; provision has been made for nicotine replacement.

Service Users should be advised prior to admission by PCART, NSTEP, AMHLS and UCAT that the Welland Centre is Smoke Free. Service Users can choose to use a vaping device in outside areas such as the garden. Vaping devices cannot be used in the communal areas of the ward due to the vapour that is given off. This may affect the fire alarm system and the health side effects of vaping have yet to be fully researched.

As part of the admission process and assessment a physical health monitoring assessment template on SystmOne will be completed. As part of this assessment it will be recorded whether the service User is intending to quit smoking or using nicotine replacement therapy due to Government Legislation regarding smoking and Smoke Free hospitals.

For Service Users wishing to quit smoking they will be offered:-
Patches
Lozenges
Gum
Inhallators
Free disposable e-cigarettes for a period of 48 hours and then the service User will need to download an app to purchase and have further e-cigarettes delivered to them.

For Service Users not wishing to quit they will be offered:-
Patches
Lozenges

Free disposable e-cigarettes for a period of 48 hours and then the service User will need to download an app to purchase and have further e-cigarettes delivered to them.

12.8. Ward Equipment Safety Checks

There are daily checks in the clinic that ensure that the following equipment is in working order. These checks are completed every morning prior to the morning medication round.

- Oxygen cylinder and masks (Recording amount of oxygen)
- Suction Machine
- Contents of Crash Trolley and expiry dates of contents
- Contents of the top of the crash trolley which includes Defibrillator, Oximeter, gloves, ligature cutters and suction machine.
- Temperature of fridges in line with Cold Chain Policy

There are other daily checks that include kitchen fridge / freezer temperature. These are carried out by Hotel services. Staff also should check their personal alarms and pager are working and operational at the start of each shift.

At the start of each shift all external doors and bathrooms are checked by the incoming and outgoing nurse in charge. These checks are to ensure that items that may cause harm to others such as razors, paper clips, glass etc. are not left undetected. Checks are also completed on internal doors that should be locked including, laundry, kitchen, clinic, disposal, linen rooms and storage cupboards

Every weekend a Controlled Drug audit is completed to ensure that the stock is correct and has been signed for correctly. The clinic stocks including medication and medical devices are checked every weekend and out of date items disposed of accordingly and replacement stock ordered. The clinic area is cleaned daily.

12.9. Ward Night Routine

Service Users are encouraged to develop and maintain a healthy sleep pattern as part of their treatment and recovery plan. Supper is provided at 21 00hrs and night medication is dispensed from 22 00hrs. Service Users are requested to retire to bed by 00.00hrs, TV's are turned off at 00.00hrs, and at 00.00hrs lounges, dining rooms and garden areas are locked, lights are replaced by night lights. Service Users can request to finish watching a programme that they have been watching for some time if the programme is still running at midnight. These areas are re-opened at 06:00hrs. This is to help maintain a peaceful environment throughout the night to enable sleep with minimal disruption. However staff can access hot drinks and food for patients if required during the night to promote the Service User resting. Service Users should be aware that observations remain throughout the night, either on enhanced (continual observation), 15 minute or on

a half hourly basis. This is to ensure Service User safety. However, staff are available for therapeutic interventions during the night when needed.

12.10. Transfer / Discharge

The Trust has policies and procedures for the transfer or discharge of Service Users. To ensure a seamless transition within the mental health services the 5 day review will determine the Service Users ongoing care pathway, which could include transfer to an Assessment and Recovery Ward (Avocet or Sandpiper Ward) or discharge into the care of the Urgent Care and Assessment Team either independently or in support of the treatment plan devised with the Care Co-ordinator from the Planned Care and Assessment Team or primary or secondary care service.

There may be a requirement for Service Users to be transferred to ICU during the period of assessment should their mental state deteriorate or staff deem it necessary to safely manage risk.

If a Service user is felt to require a longer admission in the Adult Acute In-Patient Admission, Assessment and Recovery Service then the patient will be transferred to the appropriate Assessment and Recovery Ward to continue their Recovery Journey towards discharge. For female patients they will be transferred to Sandpiper Ward. For male patients they will be transferred to Avocet Ward. Sandpiper and Avocet Wards may receive transfers from Kingfisher Ward or Marina ICU. The transferring ward will complete a care plan in SystmOne for transfer to another ward. This will ensure that all the information the team the patient is being referred to is communicated in terms of mental state and past and current risks and any plans of care which are in place including coproduced Advanced Directives, WRAP Plans, STORM Future Safety Plans and SCM Crisis Plans and the Service Users current medication and their engagement with this prescribed treatment.

The remit of the Assessment and Recovery Wards is to continue the assessment of the Service User and to continue to inspire Hope for the Service User and to support the Service User's Opportunity to be in Control of their care. The Assessment and Recovery staff will assess on an ongoing basis the Service User's mental wellbeing, physical wellbeing, Service User needs, progress towards discharge and agree with the Service User what care/ support they require in the community to continue their Recovery Journey.

Prior to discharge a clear identified plan involving the Service User and other relevant persons will be put in place. On discharge, Service Users will be given the date and time of their follow up appointment and will receive a copy of their discharge summary. This will be electronically sent to the Service Users GP and the service that is undertaking the follow up arrangements post discharge from hospital through the electronic patient record SystmOne. See Trust Policy for Seven Day / Forty-Eight Hour In-patients Discharge Follow-up CLP052

13. DUTIES

Management of Services

The Director of Operations has strategic responsibility for the countywide in-patient service through the Head of Hospitals, North and South. The operational responsibility for each admission area is through the Senior Matrons. Each unit has a Senior Matron responsible to the Head of Hospitals North and South. Each Senior Matron is supported by a Ward Matron based on each ward.

13.1. The nominated Duty Nurse

Within the service, a Duty Nurse is nominated on each shift to be responsible for the hospital site overseeing the service. A rota is produced by the Ward Administrator's each week using the ward duty rotas.

The nominated Duty Nurse is the most senior person on duty for the shift they have been nominated and will deal with matters that arise within the service where a senior nurse is required.

The specific duties of the nominated Duty Nurse are to respond to the Fire Alarm and liaise with the nurse in charge of the affected area. (See the Welland Centre Fire Procedure). The other specific duty is to screen all referrals from the wards to the duty doctor.

13.2. 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.

13.3. The role of The Response Nurse

On every shift the nurse in charge will identify a member of staff to undertake the role of response nurse. Every ward will have a response nurse on each shift. The response nurse will respond to all attack alarms across the hospital site.

It is desirable but not essential that individuals identified to assume this role will be up to date with PMVA low level interventions and teamwork training.

14. MANAGEMENT OF BED CAPACITY

The responsibility of managing bed capacity for Acute Adult In-patient Admission, Assessment and Recovery Services is assumed by Avocet Ward for all male

referrals and Sandpiper Ward for all female referrals. The nurse-in-charge of the ward or Bed Liaison Nurse (Monday to Friday 9:00 – 5:00) will be the single point of reference for all bed matters. All of the wards will ensure that any discharges from the service or periods of leave that would enable the bed to be used if required are communicated to the Bed Liaison Nurse or Ward Matron.

As the single gender points of admission for the Adult Acute In-patient Admission, Assessment and Recovery Service, Avocet and Sandpiper Wards will move Service Users through to Kingfisher mixed gender Assessment and Recovery Ward. The decision to move service users through to the Assessment and Recovery Ward will be made by the nurse in charge of the admissions wards following consideration of the Service Users' needs, the outcome of assessments completed within the first few days of admission and their individual risk assessment.

The Bed Liaison Nurse, Sandpiper and Avocet Admission, Assessment and Recovery Wards maintain a record of Service Users referred for admission to the service, but because of bed capacity are occupying beds in other hospitals or areas. This record is held on the electronic patient record SystmOne. It remains the responsibility of the Bed Liaison Nurse and the Welland Centre Management Team to ensure timely relocation of these Service Users when beds within the Adult Acute In-Patient Admission, Assessment and Recovery Service are available. This includes those Service Users moved into rehabilitation services or Older Person's services temporarily to accommodate admissions. This facilitated through a clinical bed meeting on a Monday and Friday morning involving the Multi-Disciplinary Team of the Welland Centre and afternoon Bed Management Meetings involving the Multi-Disciplinary Team and representatives from PCART, UCAT and Service manager for the Welland Centre, Head of Service North and Associate Director.

There is a Trust policy (CLPr018) for the use of adult acute mental health beds that identifies specific issues in relation to over occupancy, closing to admissions etc. The adult acute in-patient ward teams, working in close collaboration with Urgent Care and Assessment Team, Planned Care and Recovery Team, and care coordinators, have a crucial role in assisting the process of management of bed capacity.

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.

15. THE USE OF EMERGENCY ALARMS AND PAGERS

The Welland Centre Alarms and Pagers:

Staff members are allocated their own pager and alarm. The nurse in charge will identify a "Response Nurse" – one staff member who is ideally trained in PMVA techniques per shift.

Operational Alarms and Pagers Procedure

Operational procedure as follows:

- At the start of each shift, the Nurse-In-Charge (NIC) of the ward will ensure on each shift that all staff have Response pagers.
- These pagers will be checked to ensure that they work each shift (as in that they pick up the messages and the battery is charged). If they are not working then it will be the responsibility of the individual holding the pager to ensure that reasonable steps are taken to get it working – such as replacing the battery.
- All staff are expected to check that their personal alarm is operational by testing it in the alarm box situated in the main office on each ward. Alarms should be checked at the beginning of each shift.
- Staff will place the alarm in the test box and place both hands in the test box. The alarm box must be set to test before either triggering the red button or pulling the pin in the alarm up to test it is working.
- Once the alarm has been tested the person testing the alarm should move the switch the **TEST** position to the **RESET** position on the alarm test box. The switch should then be returned to the **TEST** position.
- It is expected that all staff will log a request with GFM Helpdesk to have their alarm battery changed every three months. This will ensure the optimum functioning of the personal attack alarm.
- Any faults with the alarm system, pagers and personal attack alarms that cannot be reasonably resolved by ward staff should be logged with the GFM Helpdesk to be resolved.

Response to Pagers at the Welland Centre

The pager system currently shows two different alert, these are ‘CALL’ and ‘ATTACK’. The alarm system works on an infra-red signal inside the building so that you can push the button or pull the alarm. They work on a radio signal outside so you must pull the alarm outside, pressing the button will not summon assistance.

CALL is displayed when the red button is pressed on the personal alarm. This button should only be used when additional local support is required and, therefore, staff response to this will be from the immediate area only. All staff on duty in the immediate area will respond to this display

ATTACK is displayed when a staff member requires immediate assistance and is activated by pulling the personal alarm downwards to activate the system. All nominated response nurses across the hospital site will respond to this display immediately. In the event of a response nurse not being able to attend, they will ensure that a colleague responds on their behalf.

If assistance is required in the garden areas the alarm must be pulled to activate the system.

16. 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 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:

- Welland Service User and Carer Involvement Group
- Daily Ward Patient Experience and Planning Meetings
- Occupational Therapy Review
- Service User Views via I Want Great Care Comment Cards
- Other forums as they are developed
- Clinical Audit Effectiveness Committee

17. EDUCATION, TRAINING, STAFF DEVELOPMENT AND SUPERVISION

Skills development and continuing practice development is a joint responsibility between all staff and their managers. Staff must ensure that mandatory training is up to date. Managers will ensure that other training is cascaded and integrated into everyday practice.

Through Appraisal, Individual Performance and Development Review (IPDR) and the application of the Knowledge and Skills Framework, individual learning needs will be identified and a personal development plan formulated and reviewed.
There is a Trust Supervision Policy (HR33) which clearly sets out the types of supervision and expected levels of supervision.

Clinical supervision, in line with the Trust's commitment to clinical governance agenda, forms a crucial part of the development and maintenance of good clinical practice. All staff will be encouraged to have supervision, 1:1 and group on a regular basis; this is to encourage self- reflection, development and the maintenance of skills. The majority of staff choose to have this combined with their management supervision and will see the same supervisor.

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 employed within the trust will receive regular management supervision in line with the trust's agreed standards and procedures. Both Clinical and Management supervision must include the opportunity to discuss Safeguarding concerns related to Children or Vulnerable Adults.

Child/Adult Safeguarding Supervision
Working to ensure that all vulnerable individuals are protected from harm requires that sound professional judgements be made. It is therefore essential that all staff have access to immediate advice and supervision and a systematic process to review their work. As a general rule all Trust staff will have access to advice and support on an ad hoc basis about any cases causing them concern. This may be from their peers, managers, or from their named or designated safeguarding professionals. Child Protection and Vulnerable Adult concerns/on-going cases must be a standing item at all supervision sessions and case discussions should be recorded alongside any actions to be taken. This will include recording that no safeguarding issues were discussed during the supervision session.

18. STAFF INDUCTION

All new staff will attend a trust induction and will also receive a local induction programme individual to their respective area. This will include orientation to the ward, unit etc and also an individual programme of visits.

19. STUDENT NURSES, STUDENT SOCIAL WORKERS, WORK EXPERIENCE, TRAINEES AND LEARNERS

All students on placement will be provided with an induction, an assigned assessor 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 student nurses. Following their placement, feedback will be sought to ensure that the placements have been positive experiences.

Service Users have the right to decline student involvement in their care.

20. SERVICE USER AND FAMILY/CARER INVOLVEMENT PRINCIPLES

It is recognised that Service Users are best placed to help staff understand their needs. Staff will promote Service User involvement in all decision making processes and the planning of their care.

Service User involvement will be facilitated through:

- One-to-one sessions with their allocated workers
- Ward rounds
- Joint care planning
- Independent advocacy
- Ward meetings
- Advance statement/directive
- Discussion with family/carers with permission of Service User
- Membership of the Trust, opportunity to be elected as Governor

The Adult Acute Inpatient Admission, Assessment and Recovery Service holds monthly Service User and Carers forums. These forums are attended by Service Users, carers, Management from the Acute Adult inpatient Admission, Assessment and Recovery Wards and management from the Urgent Care and Assessment Team within NHFT. This looks at issues the service is experiencing, looking at new Government documents and how the service will respond to these, Service User feedback through I Want Great Care and future service developments. This builds towards the service providing a better Service User and carer experience of the service.

All of the wards have an identified Carer's lead. This identified person works in collaboration with a Carers Governor and Northamptonshire Carer's to ensure that the wards are engaging effectively with carers, to act as a ward resource for carers and clinical staff regarding available support. The carer's lead is responsible to ensure the carers' information contained within ward areas is up to date and relevant.

Each ward has carers' information held within the entrance area. Ward staff will also distribute Carers Cards to both Service Users and Carers advising of the ward visiting times, ward telephone number and the name of both the Primary Nurse and Consultant Psychiatrist. These cards are kept in the ward office of each ward and will be given to all Service Users and Carers.

21. PATIENT ADVICE AND LIAISON SERVICE

There is a patient advice and liaison service (PALS) in the Trust. PALS focuses on improving services to Service Users. It aims to provided "on the spot" resolution of concerns, advice, information and support for service users, their families and carers.

22. INDEPENDENT ADVOCACY

All Service Users have the right to access independent advocacy. Total Voice Northamptonshire provide advocacy at the Welland Centre. Service Users can choose to use alternative advocacy services if they wish to do so.

Total Voice Northamptonshire provides advocacy for the Service Users, which is free, independent and confidential.

The service offers:

- Support at clinical reviews, CPA reviews, tribunals and meetings
- Help and support service users in making and resolving complaints
- Information on service user rights within the Mental Health system

- Signposting service users to local services, self-help groups and user groups
- Helping people to voice ideas and opinions about the service they are using
- Support in talking with professionals

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.

23. VOLUNTEERS AND EXTERNAL WORKERS

The Welland Centre are committed to improving the Service User experience through recognised initiatives. 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. Volunteers from the local community provide supervised and supported input to the units 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 units such as Tai Chi, Reflexology, Shiatsu, Bike Maintenance and others depending on need and resource availability. Volunteers and sessional workers are fully DBS checked and receive induction and support to ensure safety of practice.

24. TRAINING

24.1. Mandatory training

There is no mandatory training associated with this policy.

24.2. Specific training

Ad hoc training sessions based on an individual's training needs as defined within their annual appraisal or job description.

25. MONITORING AND COMPLIANCE WITH THIS DOCUMENT

Aspect of compliance or effectiveness being monitored	Method of monitoring	Individual responsible for the monitoring	Monitoring frequency	Group or committee who receive the findings or report	Group or committee or individual responsible for completing any actions
Duties	To be addressed by the monitoring activities below.				
Compliance with the outlined guidance	*Complaints* *Feedback* *Datix reports*	*Senior Matrons*	*On an exception basis.*	*Directorate Management Team*	*Heads of Hospitals*
Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.					

26. REFERENCES AND BIBLIOGRAPHY

There are no references or bibliography associated with this document

27. RELATED TRUST POLICY

27.1. Clinical Policies and Procedures

CLP002 Resuscitation and Related Medical Emergencies Policy
CLP003 Policy for Missing Service Users from NHFT
CLP004 Chaperone Policy
CLP005 Junior Doctor On-Call
CLP007 Seclusion Policy
CLP008 Observation Policy
CLP010 Care Programme Approach Policy
CLP012 Section 136 – Power of Entry and Admission to Hospital
CLP014 Policy for Facilitating Informal Patients Leave
CLP016 Prevent Policy
CLP020 The Mental Health Act 1983
CLP021 Working with Risk
CLP023 Mental Capacity Act (2005) Policy including Deprivation of Liberty Safeguards
CLP023 Mental Capacity Act (2005) Policy Appendix 5 Advance Care Planning for your Future Care
CLP024 Non-concordance with Care and Treatment Plans
CLP025 Mental Health Act 1983 Section 17: Leave of Absence
CLP026 Controlled Access Policy
CLP028 Mental Health Act Section 18 – Absence Without Leave
CLP033 Policy for the Provision of Mental Health Services for Adults with Learning Disabilities

CLP042	Policy for Maintaining Service User Privacy and Dignity When Accessing Services
CLP046	Policy for Children Visiting In-patient and Residential Units
CLP047	Policy For Safeguarding Children
CLP049	Standard for Minimum Level of Physical Examination
CLP050	Section 17 A Mental Health Act 1983 – Supervised Community Treatment
CLP051	The Management of Suspected Illicit Substances and Alcohol by Service Users and/Visitors in Acute In-patient areas
CLP054	DNA CPR
CLP055	Policy for Safeguarding Vulnerable Adults
CLP056	Transfer and Discharge Policy
CLP057	Searching of Inpatient, Visitors and Rooms Policy
CLP060	Restrictive Physical Intervention
CLP061	Identification Of Patients
CLP062	Policy for the Prevention and Management of Slips, Trips and Falls in Clinical and Non-Clinical Settings
CLP070	Physical Health Policy
CLP074	Ligature Risk Reduction Policy
CLP075	Policy for the Mentoring and Assessing of Student Nurses
CLP079	Supervision Policy
CLPr010	Procedure in case of death of a Service User
CLPg003	Guidelines for the Prevention and Management of Pressure Ulcers in All Care Settings
CLPg004	Guidelines for Provision of a Second Opinion Between Consultants in NHT
CLPg066	Guidelines for transfer of consultant at patients request
CLPg072	Guidelines for preceptorship
CLPr008	Safe Use of Ligature Cutters
CLPr015	Procedure For The Use Of De-escalation Rooms
CLPr018	Procedure For Mental Health Acute outflows From NHFT
	Standard Operating Procedure for the management of same sex accommodation legislation within mixed gender mental health wards

https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition

27.2. Medicine Management

MMP001	Control of medicines Policy
MMPr015	Clozapine Procedure
MMPr033	Self-administration of Medicine Procedure
MMP011	Rapid Tranquillisation Policy and Guidelines
MMPr034	Medicine Reconciliation on Admission to Hospital Protocol
MMP014	Cold Chain Policy
MMP016	Policy for Primary Thromboprophylaxis for patients admitted to NHFT
MMPR008	Controlled Drugs Procedure
MMG009	Use of Antipsychotic drug
MMG012	Guidelines for the use of High Dose Antipsychotic Medication
MMG013	Guidelines for In-patient Alcohol Detox

MMG028 Out of Hours Treatment for Opiate Dependent Patients on Inpatient Wards

27.3. Information Governance and IM&T

IGIS01 Use of Information and Communications Technology Policy
IGP107 Health Records Management Policy
IGPr008 Procedure for Copying Correspondence & Documentation to Service Users
IGPr012 Safe Haven Procedure
IGPr013 FOI Procedure
IGPr014 Access to Health Records Procedure
IGP117 Health Records Keeping Standards
IGPr017 Network, Internet and Mobile Computing Usage Procedure
IMTr004 Email Acceptable Use Procedure
IMTr008 ePEX Procedure

27.4. Operational Policies

OP-CFT Community Forensic Team Operational Policy
OP-ACMHS Adult Community Mental Health Service Operational Policy
OP-PICU Marina Psychiatric Inpatient Unit Operational Policy

27.5. Finance Policies

FPP001 Procurement Procedure
FPP004 Policy and Procedure on Handling of Service User Money and Property brought into the NHFT
FPP004a Service Users Financial Affairs – Procedure on Handling Service User Money and Property brought into the Trust

27.6. Health and Safety Risk Committee

HSC001 Health and Safety Policy
HSC002 Policy and Guidance for the Use of Risk Registers
HSC003 Fire Policy
HSC004 Security Policy
HSC005 Workplace Policy
HSCg008 First Aid Provision Guidelines
HSCp009 RIDDOR Procedure
HSC010 Moving and Handling Policy
HSCg001 Guidance in the Use of Electric Patient Hoists
HSC013 Personal Protective Equipment Policy
HSCg014 Working with Display Screen Equipment Guidelines
HSC016 Policy on the Control of Substances Hazardous to Health
HSC017 Provision and Use of Work Equipment Policy
HSC021 Food Hygiene Policy and Guidelines
HSC029 Violence and Aggression Policy

27.7. Corporate Risk Management

CRM002 Incident Policy including Near Miss and SI
CRM003 Complaints and Concerns Policy
CRM009 Emergency Preparedness Resilience and Response

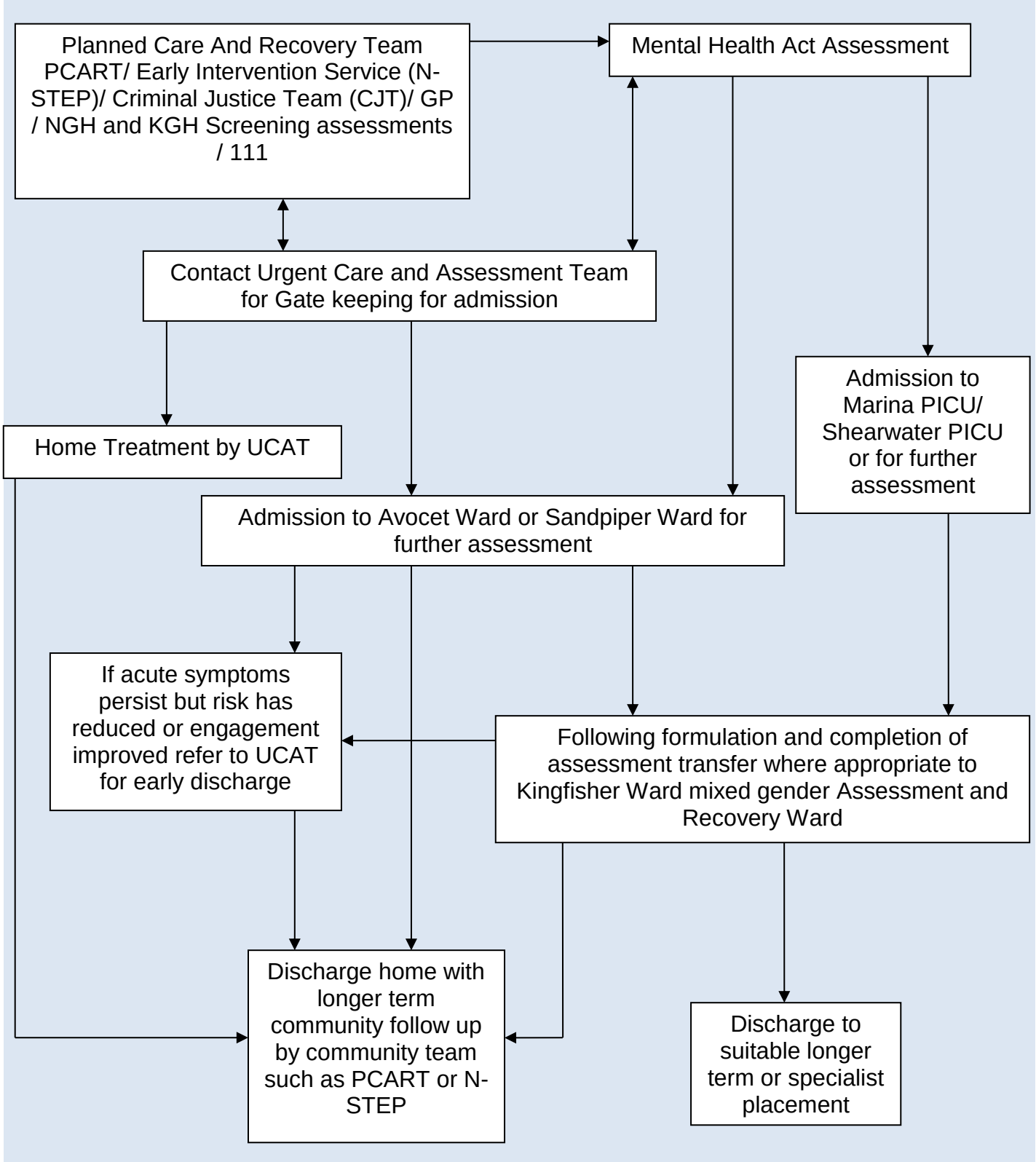
27.8. Infection Control Policies

ICP000	Infection Prevention and Control Assurance Framework
ICPr010	Hand Hygiene Procedure
ICP002	Standard Precaution Policy
ICPr001	Cleaning and Disinfection Procedure
ICP004	Decontamination Policy
ICPr006	Healthcare Associated Infections and Risk Procedure
ICPr004	Infection Prevention and Control Outbreak Procedure
ICP019	Dresscode Policy
ICPr008	Guidelines for the Management of Mattresses and Bedframes
ICPg004	Guidelines for Cleaning Toys and Equipment
ICPg005	Pandemic Influenza Guidelines for Infection Prevention and Control Precautions
ICPr014	Aseptic Non-Touch Technique (ANTT) Procedure

27.9. Human Resources

HR030	Professional Registration and Re-registration
HR009	Guidance for Staff Raising issues of Concern
HRP006	Time Owing Procedure
HRP001	Flexible Working Procedure
HR016	Harassment and Bullying
HR017	Managing Absence Due to Ill Health Policy
HR023	Disclosure Barring Policy
HR025	Core Skills Training Policy
HR032	Smoke Free Environment Policy
HR034	Corporate and Local Induction Policy
HR046	Nicotine Management Policy
HRP00	Working Times Regulations Management Procedure
HRP010	Annual Leave and Bank Holiday Guidance
HRP011	Procedure for the Treatment of Trust Staff as Patients
HRP031	Bank, Agency, Overtime Procedure

28. PATHWAYS INTO ADMISSIONS, ASSESSMENT AND RECOVERY WARDS



APPENDIX 1 – EQUALITY ANALYSIS REPORT

Equality Analysis Report	
Name of function:	The Welland Centre Adult Mental Health Acute In-patient Admission and Recovery Wards -Operational Guidance
Date:	October 2017
Assessing officers:	

Description of policy including the aims and objectives of proposed: (service review/redesign, strategy, procedure, project, programme, budget, or work being undertaken):

- This document provides clear guidance for use by mental health staff for the in-patient Admissions / Assessment and Recovery wards in the Welland Centre.
- It will provide operational information about expectations for the pathway.

Evidence and Impact – provide details data community, service data, workforce information and data relating specific protected groups. Include details consultation and engagement with protected groups.

Evidence base:

- NHFT Equality Information Report August 2012
- Northampton County Council :Northamptonshire Results: 2011 Census Data Summary

	Corby	Daventry	East Northants	Kettering	Northampton	South Northants	Wellingborough	Northants	England
2001	**53,400**	**72,100**	**76,600**	**82,200**	**194,200**	**79,400**	**72,500**	**630,400**	**49,449,700**
2011	**61,100**	**77,700**	**86,800**	**93,500**	**212,100**	**85,200**	**75,400**	**691,900**	**53,012,500**
% rise	**14.4%**	**7.8%**	**13.3%**	**13.7%**	**9.2%**	**7.3%**	**4.0%**	**9.8%**	**7.2%**

- Ethnicity: 85.7% (White) and 14.3% (BME)- 1.75% (dual heritage); 4.01% (Asian); 2.5%(Black including British, African and Caribbean) ; 0.85 % (Chinese) ; 6.05 % (white other EEA, polish, Gypsy & Traveller)
- Gender: 49.6% males; 50.4% females (including 1% transgender)
- Disabled people: 19% (including 3.5 % < aged under 18)
- Faith communities: 71% Christian; 29% minority faith: (includes Hindu, Muslim, Sikh, atheists, non-belief)
- Sexual orientation (gay, lesbian or bisexual): 5 - 7% (Stonewall estimate)

Service Information: provide any relevant service data or information to inform the Equality Analysis including service user feedback, external consultation and engagements or research.

Equality Analysis Report	
Name of function:	The Welland Centre Adult Mental Health Acute In-patient Admission and Recovery Wards -Operational Guidance
Date:	October 2017
Protected Groups (Equality Act 2010)	**STAGE 3: Consider the effect of our actions on people in terms of their protected status?** The law requires us to take active steps to consider the need to: ▪ Eliminate unlawful discrimination, harassment and victimisation. ▪ Advance equality of opportunity ▪ Foster good relations with people with and with protected characteristic Identify the specific adverse impacts that may occur due to this policy, project or strategy on different groups of people. Provide an explanation for your given response.
Age	- This document does not cover • Children under the age of 16 This decision has been made as under 16's will not be admitted to this environment.
Disability	All disabilities are covered
Gender (male, female and transsexual, inclu. Pregnancy and maternity)	Covered by Document
Gender reassignment	Covered by Document, individual needs assessed as required
Sexual Orientation (incl. Marriage & civil partnerships	Covered by Document
Race	Covered by Document
Religion or Belief (including non belief)	Covered by Document
Equality Analysis outcome: Having considered the potential or actual effect of your project, policy etc, what changes will take place?	
None	

Equality Analysis Report			
Name of function:	The Welland Centre Adult Mental Health Acute In-patient Admission and Recovery Wards -Operational Guidance		
Date:	October 2017		
Action Plan			
Issue to be addressed	**Action**	**Who**	**Date to be completed**
Ratification – a completed copy of the Equality Analysis form must be sent to Equality and Inclusion Officer to be approved.			
Approving Officers			
Date of completion:			