

HORIZON
NMUH MENTAL HEALTH RECOVERY SUITE
JOINT STANDARD OPERATING PROCEDURES
DECEMBER 2018

Policy title	NMUH Mental Health Recovery Suite Standard Operating Procedures		
Policy category			
Relevant to			
Date published	Dec 2018		
Implementation date	Dec 2018		
Next review date	March 2019		
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Approved by (Group):			
Approved by (Committee):			
Document history	Date	Version	Summary of amendments
		1.0	Initial Draft by J Shute.
		1.1	Incorporating comments from BEHMHT
		1.2	Incorporating comments from NMUH staff (escalation, discharge, communication & cardiac arrest)
		1.3	Addition of escalation policy
		1.4	Addition of section on complaints
		1.5	Addition of referral and 1:1 when door is locked
		1.6	Minor changes
		1.7	Incorporating comments from Horizon meeting on 11.2.2019

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Consultation

NMUH Mental Health Liaison Service
NMUH ED

DO NOT AMEND THIS DOCUMENT

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1. Introduction

These Standard Operating Procedures (SOP) deal with the operational management and utilisation of the NMUH Mental Health Recovery Suite (MHRS).

The NMUH Mental Health Recovery Suite is open 24 hours throughout the entire week and provides a space to meet the varied needs of patients presenting with a range of mental health problems. The aim is to nurse patients presenting with mental health problems in an environment that is calm, therapeutic and safe.

The NMUH Mental Health Recovery Suite is an adjacent building with 5 assessment rooms and is part of the Emergency department. Clinical responsibility for the safety and wellbeing of patients in the Horizon area sits with the North Middlesex ED.

Following assessment the patients will be discharged home or if necessary wait in the assessment facility for their onward care. Options include inpatient psychiatric admission, locally or further afield, a crisis house stay, discharge from MH care or care under the crisis team in the community.

It is expected that the Mental Health Recovery Suite will work with patients from any locality presenting to The NMUH Emergency Department.

2. Standard Operating Procedures (SOP) and Governance

These SOP contain rules and standards which govern the performance and actions required to be followed within this partnership offer by those in employment by Barnet Enfield and Haringey Mental Health Trust and NMUH NHS Trust. It is a further extension to the provision of the Liaison service at North Mid Emergency Department.

This policy includes procedures for service users and staff providing and receiving care in this pathway. This is with the aim of achieving safe, effective and high quality outcomes through the application of a consistent methodology by all concerned.

Barnet Enfield and Haringey Mental Health Trust (BEHMHT) is commissioned to deliver the NMUH Mental Health Recovery Suite in partnership with NMUH Trust. These procedures aim to provide an effective, streamlined operational overview that applies to the NMUH Mental Health Recovery Suite.

Staff of both organisations are required to follow the policies and procedures of their employing Trust and be aware of, and comply with relevant operating procedures that are specific to the ED.

3. Scope

The NMUH Mental Health Recovery Suite consists of five rooms with an open office space for the Mental Health Recovery Suite team and a toilet facility, adjoining ED majors.

The rooms are self-contained promoting privacy and dignity. Service users have access to washing facilities and hot meals can be provided. There are no facilities to store patients' belongings. Valuables may be stored via the security service or the general office. The security of the unit is supported by CCTV, on site security and an ED alarm system.

The Mental Health Recovery Suite is available for a specific cohort -of patients presenting with mental health needs. It is designed to accommodate up to five patients at any one time. The MHLS staff will hold the authority to restrict the number of patients in the MHRS if it would be unsafe to use all five rooms. In no circumstances will more than five patients be transferred in to the MHRS. Flow of patients into the environment will be carefully risk assessed with explicit consideration being given to the prospective impacts of adding additional service users to the environment. The environment will not be used for people without mental health needs.

4. Inclusion Criteria

- The environment is for people with mental health needs– the space will not be utilized for people without MH needs.
- The patient is 16 years or older.
- Patients can safely be cared for from a physical health perspective in this environment - . patients do not need to be entirely “medically fit”, but should be stable in terms of physiological presentation and not requiring regular medical review.

5. Exclusion Criteria

Patients who have one or more of the exclusion criteria listed below are not suitable for management in the unit:

- Any patient with a diagnosis of self-poisoning in the form of an overdose who needs ongoing and urgent monitoring or immediate medical treatment.
- Any patient with a diagnosis of confusion who has not had been medically assessed and investigated to exclude an organic cause.
- Any patient who has an ongoing acute medical condition requiring treatment even when not felt to be the cause of their current mental state.
- Any patient who is under the influence of alcohol and/or drugs and requires medical assessment or acute treatment and cannot be fully risk assessed - until they are assessed as being sufficiently sober to engage meaningfully in care and treatment.
- Any patient under the age of 16.

6. Decision to Transfer into the Recovery Suite

- Patients arriving by ambulance will be assessed in the ambulance assessment area by the designated senior ED doctor. They will decide whether the patient needs medical tests/treatment. If further medical care is required then the patient will be allocated to an appropriate ED cubicle and the patient will be managed there initially.
- Patients who self-present to ED will be assessed by a triage nurse who will complete the triage tool and decide whether the patient needs further medical input or can be transferred straight to the mental health area. The triage nurse may seek advice from the senior ED doctor if necessary.
- Patients who are initially nursed in an ED cubicle may be re-assessed by a senior ED doctor and transferred to the MHRS if clinically appropriate. Patients will not be transferred without senior ED doctor review.
- Patients in the MHRS whose physical health deteriorates should be brought back to the majors department immediately and be assessed by the ED clinical team. MHRS staff must inform the ED nurse in charge and senior ED doctor immediately.
- Disputes about the most suitable area to nurse a patient should be resolved in a pragmatic manner by the most senior clinical staff available (nurse and doctor) from MHLS and ED.
- Patient safety should be the first priority.
- The patient must be referred to the MHLS by the Triage nurse or ED staff member who has seen the patient using the designated triage form.

7. 'Baseline Assessment'

- The assessment will vary from patient to patient but a baseline should include a brief history, physical examination and observations e.g. pulse, blood pressure, oxygen saturations, temperature and bedside blood sugar – BM and routine urinalysis if appropriate.
- Prior to transfer to the Recovery Suite, a decision should be made about the need for physical health monitoring and observations whilst in the Recovery Suite.
- Similarly a decision must be made about whether the patient can be discharged from ED by the MHLS or whether they require further review by ED staff prior to discharge.

8. Staffing and Responsibilities

- Patients in the MHRS are in NMUH ED and remain under the care of the ED Consultant.
- For a pilot period of three months MHLS will provide one dedicated mental health nurse 24hours, seven days a week. The MHLS will have responsibility for clinical and managerial supervision of the RMNs.
- When it is required the Liaison service will supplement the area with a continued presence of a liaison service Band 6 or 7. This will be of particular relevance in the early stages of the units opening and will be monitored and evaluated – to enable rapid and safe input into this acute pathway.
- There will also be two Assistant Practitioners (Band 3) to provide clinical observation and support to patients, including 1:1 close observation. The Assistant Practitioners will be under the clinical direction of the RMN and the MHLS.

- In the event that the Recovery Suite is not staffed to safe levels on a particular shift, any patients in the Recovery Suite will be returned to ED and the Recovery Suite will close pending safe staffing levels. In such an event this should be escalated immediately. The decision about whether staffing levels are safe will be made by the most senior member of the MHLS on site.
- NMUH will be responsible for the Assistant Practitioner rota and BEHMHT for the RMN.
- In order to maintain timely and effective communication a member of staff from the MHRS or MHLS team will attend the 2hrly ED safety huddles. This will include discussion and review of clinical plans, actual and potential breaches, and any concerns around care delivery.
- In the event of a cardiac arrest a 2222 call will be put out to Horizon MHRS. The emergency trolley will be brought from the main ED in to the MHRS.
- Cleaning and comfort rounds will include Horizon as per usual ED practice.
- Fire extinguishers may be needed in an emergency and so should not be locked up. They are stored behind the nursing station to reduce the risk of inappropriate use.

9. Security

- NMUH Security staff are expected to provide support to the MHRS as per usual policy for patients in NMUH ED.
- Security staff are not expected and should not be asked to provide clinical input. This remains the responsibility of ED and MHLS nurses and doctors.
- Security staff will be expected to participate in restraint of patients where clinically appropriate according to their training and forthcoming NMUH restraint policy.

10. Observation

- The level of observation necessary will be decided initially by the Triage nurse and then re-assessed by the MHLS.
- 1:1 Close observations will be provided by if necessary by the Assistant Practitioner (Band 3) on duty supervised by the senior MHLS team member(s) on duty.
- The level of observation is subject to ongoing review by the MHLS team.
- The area is created as a non-secure open environment
- Securing of doors is only acceptable in extreme contexts that are legally defensible (eg under MHA), justifiable and if utilized, the securing of a door will need to be reported on as an incident and service user safety and security given paramount consideration in this context.
- The main doors to Horizon and the door from the courtyard to the main building will not be locked.

11. Discharge

- Patients must not be discharged from the MHRS unless there is written documentation by ED staff that this is appropriate. This may be initial opinion from the ED triage nurse or doctor that the patient is medically fit. If there is no documentation they should be reviewed by an ED doctor.

- If the initial decision is that the patient should be reviewed by an ED doctor, then MHRS staff will inform the ED team. The assessment may take place in the MHRS or ED majors depending on the clinical scenario.
- ED staff are responsible for discharging patients from Medway
- MHLS staff will send a discharge letter to the GP with a copy to the patient.

12. Clinical Documentation

- ED Triage nurse will document their assessment on the mental Health Triage Form and in the ED notes.
- Other ED staff will document their clinical notes in the ED notes
- MHLS and MHRS staff will document their clinical notes in the ED notes
- MHLS staff will also use RiO for clinical documentation where appropriate in accordance with MHLS custom and practice.

13. Transport

- For patients requiring transport from NMUH to other healthcare facilities, the MHLS team will request that transport is arranged by NMUH ED staff.
- Secure transport is only to be used for patients who are being admitted under a section of the MHA or for patients who have been assessed by the MHLS team as high risk.

14. Escalation

The MHLS has a close and successful working relationship with colleagues in NMUH. The addition of a bespoke Mental Health Recovery Suite, Horizon, will allow those patients presenting with identified mental health issues to be seen in an environment more conducive to an assessment of their needs. The location of Horizon within ED makes clear its function as a partnership initiative between NMUH and BEH. This is also reflected in the joint funding of Horizon staffing. It is imperative therefore that there is an open sharing of concerns that may arise and a clear escalation process. It will not be possible to cover every potential scenario and the escalation process is to be used as a guide.

- The targets for MHRS are the same as for other patients presenting to ED i.e. to be seen by MHLS within one hour of referral and to be discharged within 4 hours of first presenting.
- There is an existing Joint Mental Health Escalation Pathway between NMUH and BEH Psychiatric Liaison Team that should be followed for all patient delays (see Appendix 1).
- A new escalation protocol is attached in Appendix 2. This is not intended to replace the existing Joint Escalation Pathway but rather to clarify how issues arising from the functioning of the Horizon may be escalated. This covers issues such as potential closure, serious incidents, safe staffing levels and joint working between NMUH and the MHLS staff. It is anticipated that issues,

as they arise, will be identified and an action plan agreed through the 2 hour safety huddles between NMUH and MHLS staff. In the first instance staffing problems should be addressed with the nurse on charge and medical controller.

- If this is not possible or the issue remains unresolved then the escalation process in Appendix 2 should be followed.
- A Datix must be completed for any incidents and if rooms are required to be closed.

15. Service Outcomes – Performance and Quality Measures

Monthly:

- 1 hour response target
- 4 hour breach target
- Length of time in ED and MHRS
- Number of patients requiring transfer from MHRS back to ED majors.
- Number of mental health patients who are not able to be transferred to MHRS due to physical health problems.
- Number of mental health patients who are not able to be transferred to MHRS due to lack of room availability.
- Number of mental health patients who are not able to be transferred to MHRS due to other reasons than those above.
- Number of patients absconding from the MHRS
- Number of physical restraints

Quarterly:

- Patient feedback
- NMUH and MHLS Staff feedback
- Analysis of safety incidents

In addition reporting is required on a daily basis to NHSE for each 24 hour period:

- Numbers of:
- Mental Health Presentations to ED
- Patients referred to the MHLS within 30 mins of arrival
- Patients seen by the MHLS within 1 hour of referral
- Patients who have a physical and mental health care plan in place within 4 hours of arrival
- Patients who have a MHA assessment within 4 hours of arrival
- Patients presenting on a section 136
- Patients presenting on a section 136 who have a MHA assessment and a physical and mental health care plan in place within 4 hours of arrival
- Patients awaiting clinical decisions at time points 4, 12 and 24 hours.
- Patients awaiting formal admission at time points 4, 12 and 24 hours.
- Patients requiring mental health admission who were admitted to an acute bed instead.
- Patients requiring mental health treatment who remain in ED
- Mental health patients who have absconded and not returned to ED

The full NHSE reporting schedule is attached as Appendix 3

16. Clinical Governance

- The MHRS is subject to the usual NMUH clinical governance process for ED patients.
- BEHMHT clinical governance will be through the MHLS monthly clinical governance meeting.
- The NMUH and BEHMHT clinical governance processes will be coordinated through the quarterly Integrated Clinical Governance Meeting (attended by BEHMHT, NMUH and local commissioners).

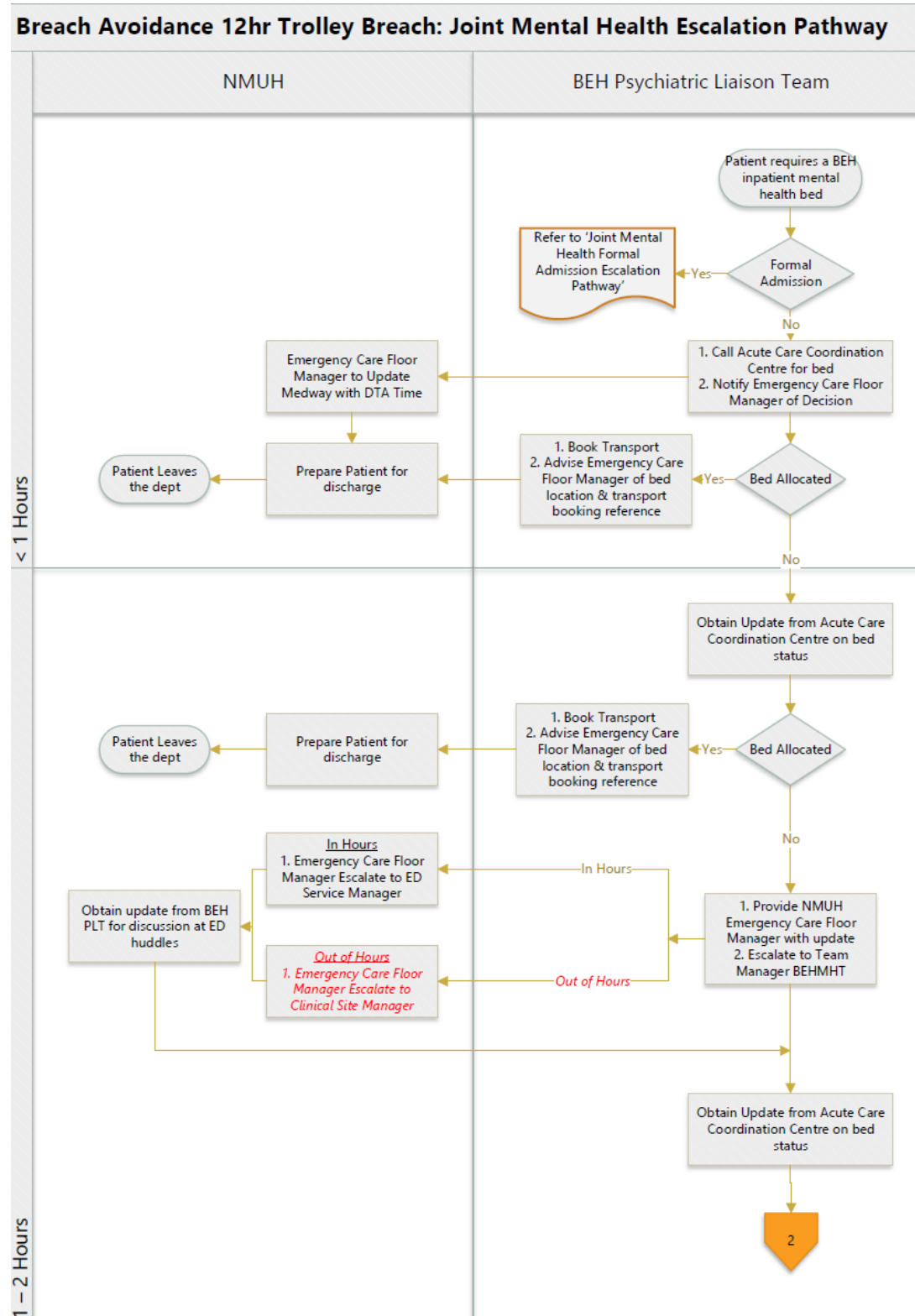
17. Complaints

- Complaints will be addressed through the existing joint complaint process between NMUH and BEHMHT

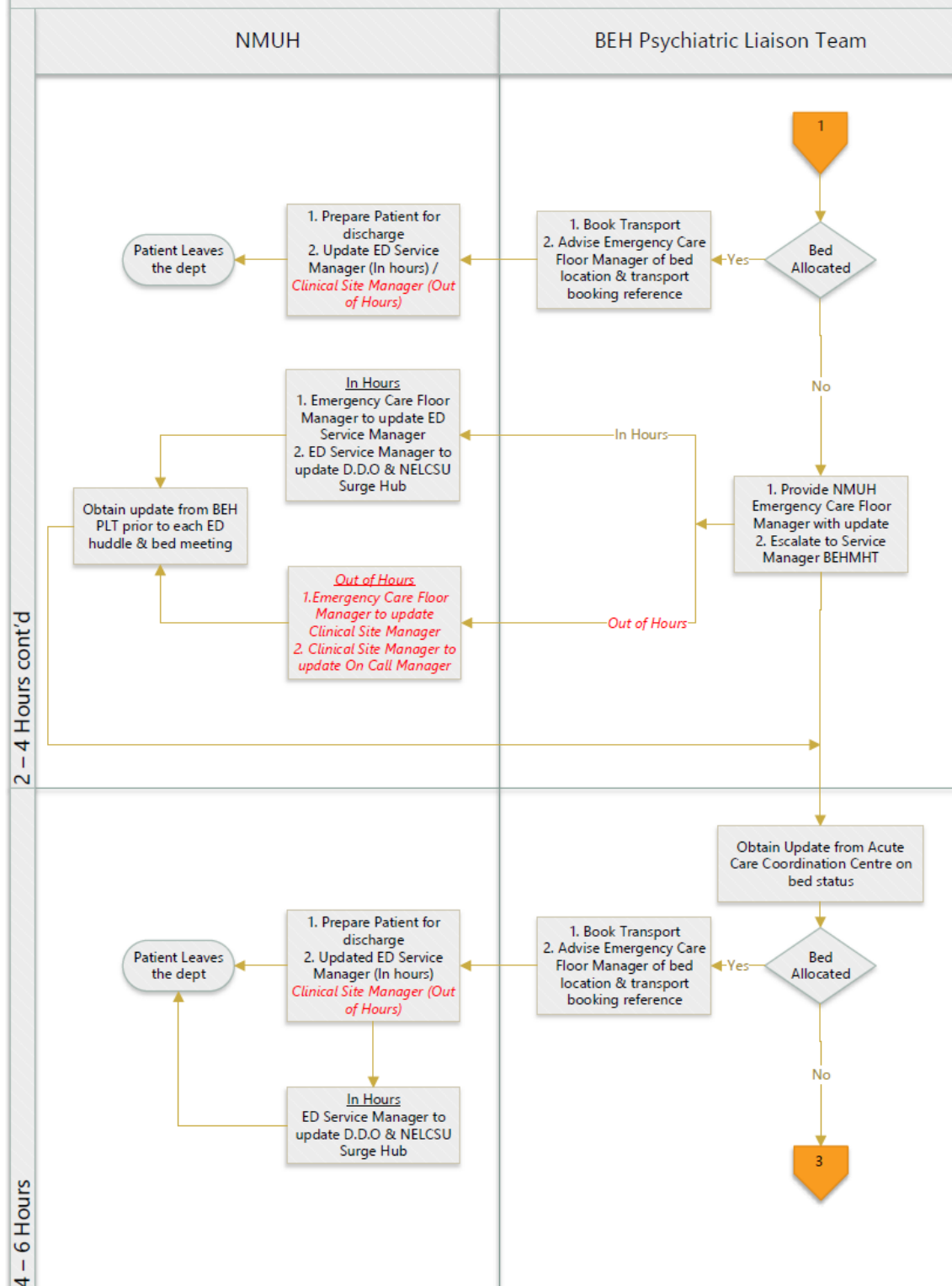
18. Evaluation

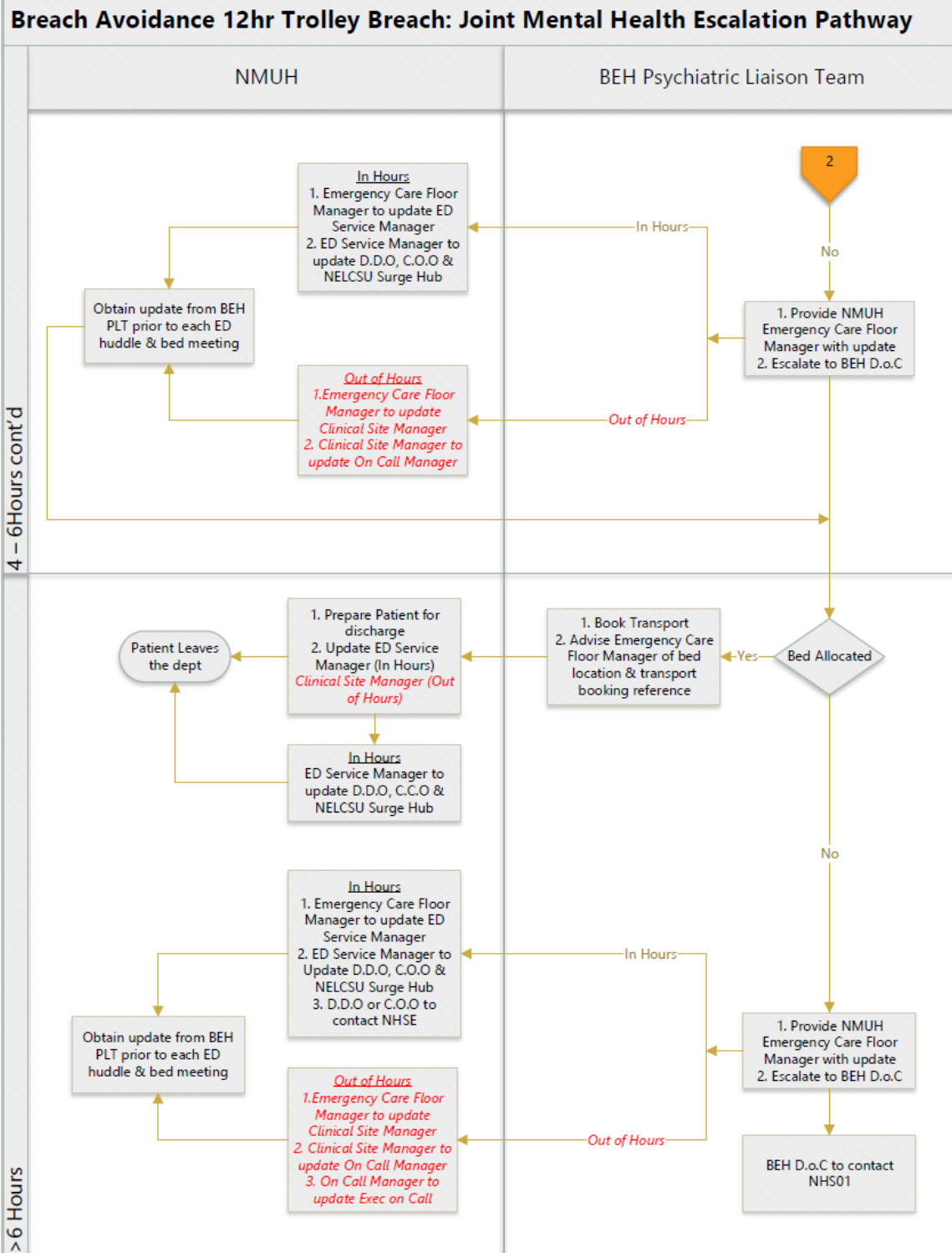
- The MHRS and its operational policy will be evaluated when the initial funding for staffing comes to an end in March 2019. This will involve BEHMHT, NMUH and the local commissioners.

Appendix 1
Breach Avoidance Escalation Pathway



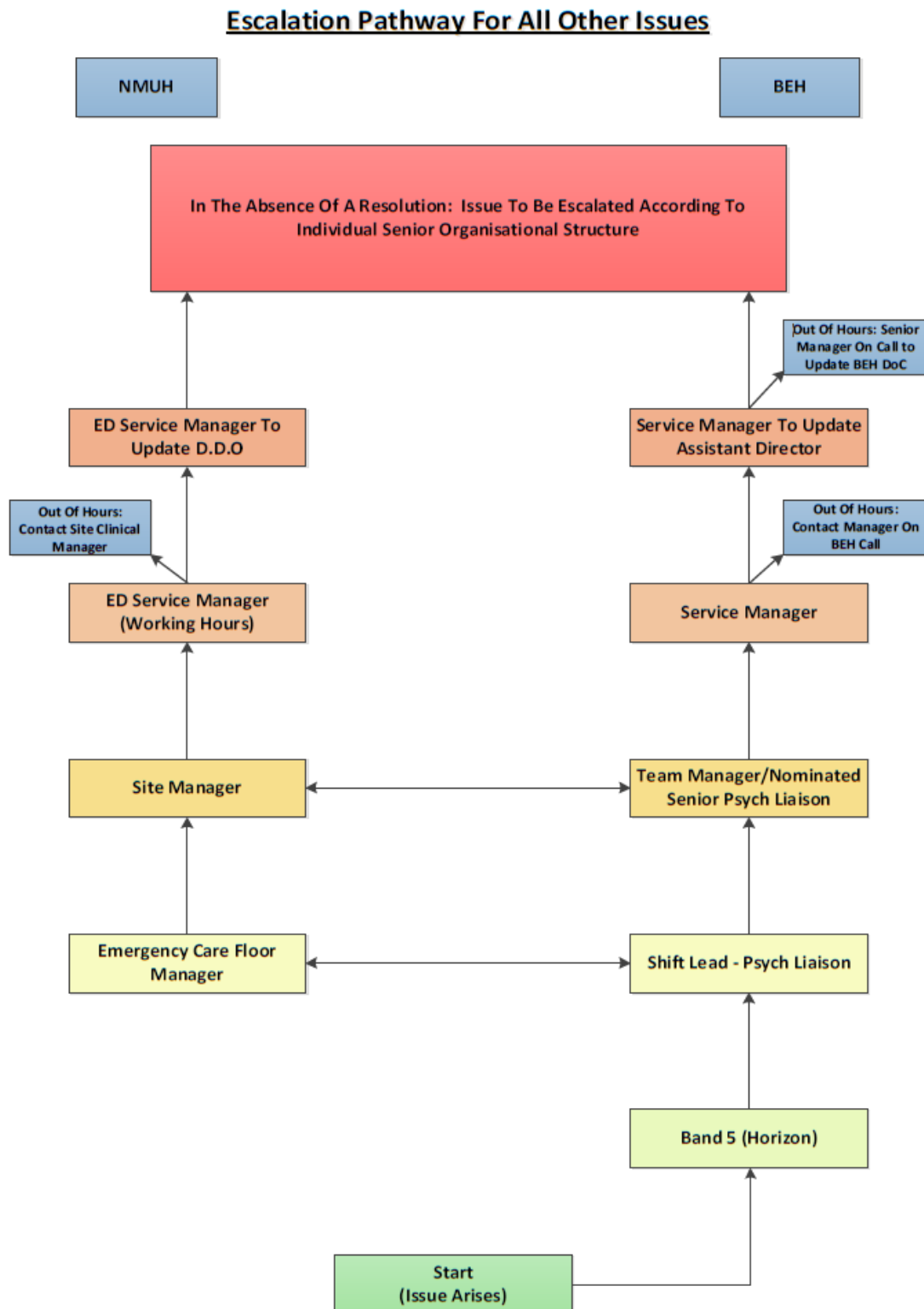
Breach Avoidance 12hr Trolley Breach: Joint Mental Health Escalation Pathway





Name	Contact Details
NMUH PLT	020 887 3207
NMUH Emergency Care Floor Manager / Nurse In Charge	07587 886900
NMUH ED Service Manager (In Hours)	07484 036927
NMUH Switchboard	020 887 2000
BEHMT Bed Manager	020 8702 5550
BEHMT Switchboard	020 8702 3000
NELCSU	
NELCSU1 - via PageOne Bureau	0844 822 2888 quoting NELCSU1

Appendix 2
Escalation Pathway for all other issues



Appendix 3 NHSE Reporting Template

TRUST NAME	North Middlesex University Hospital NHS Trust		
SITE NAME	NORTH MIDDLESEX HOSPITAL		
DATE	10/12/2018		
Presentation and triaging	<12 years	12-18 years	>18 years
Number of individuals that presented to Emergency Department with a Mental Health condition within the reporting period (00:00-23:59)			
Number of individuals referred to Liaison Mental Health Services within 30 minutes of arrival to the Emergency Department			
Initial response from a mental health team:			
Number of referrals responded to by the Liaison Mental Health Team within ONE hour of referral			
Assessment			
Number of individuals that presented in crisis and had a physical and mental health biopsychosocial assessment and care plan in place within FOUR hours			
Assessment - optional			
Timeframe for mental health assessment (Non Mental Health Act only): Number of individuals that presented in crisis and had a physical and mental health biopsychosocial assessment and care plan in place within FOUR hours			
Timeframe for Mental Health Act assessment (excluding Section 136): Number of individuals that presented in crisis and had an assessment under the Mental Health Act (excluding s.136) within FOUR hours of presentation			
Timeframe for Mental Health Act assessment (Section 136): Number of individuals that presented in crisis under s.136 that had a Mental Health Act assessment and UEC MH care plan in place within FOUR hours			

Admission and treatment	4-12 hours	12-24 hours		>24 hours	
		Existing from previous day	New patients on day of reporting	Existing from previous day	New patients on day of reporting
Number of patients referred to mental health awaiting a decision (and have been waiting - see times opposite):					
Number of patients awaiting informal admission (and have been waiting - see times opposite):					
Number of patients awaiting formal admission (and have been waiting - see times opposite):					
Admission and treatment	<12 years	12-18 years		>18 years	
Number of individuals that required admission (informal or formal) to an acute inpatient mental health bed that were admitted to an acute inpatient mental health bed within TWELVE hours from referral for inpatient care (decision to admit)					
Number of individuals that required admission (informal or formal) to an acute inpatient mental health bed that were admitted to an acute/ward bed on the Emergency Floor (not a mental health bed)					
Number of individuals requiring mental health treatment that remain in the Emergency Department					
Number of patients referred to mental health that have absconded and not returned in the reporting period					
Escalation	<12 years	12-18 years		>18 years	
Number of individuals that waited over SIX hours for admission (informal or formal) to an acute mental health bed that were escalated to Surge Services					
Number of individuals that waited over TWELVE hours for admission (informal or formal) to an acute mental health bed that were escalated to NHS England GOLD					
For patients that have remained in the acute hospital they presented to but not admitted for >24 hours, please state the length of time waited (dd:hh:mm)	1)	00:00:00	00:00:00	00:00:00	
	2)	00:00:00	00:00:00	00:00:00	
	3)	00:00:00	00:00:00	00:00:00	
	4)	00:00:00	00:00:00	00:00:00	
	5)	00:00:00	00:00:00	00:00:00	
Discharge	<12 years	12-18 years		>18 years	
Number of individuals requiring acute mental health care in a community based setting that were discharged from the emergency department within the reporting period					