Coventry and Warwickshire Partnership NHS
NHS Trust

Arden Mental Health Acute Team

OPERATIONAL POLICY

Revision Chronology		
Version Number	**Effective Date**	**Reason for Change**
Version 1.0		Base document
Version 1.1		Edit and amends
Version 1.2		
Version 1.3		
Version 1.4		
Version 1.5.A		FINAL DRAFT

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1. Introduction

The purpose of this document is to set out an operational framework for the Arden Mental Health Acute Team (AMHAT).

The Royal College of Psychiatrists defines liaison psychiatry as the 'sub-speciality which provides psychiatric treatment to patients attending general hospitals, whether they attend outpatient clinics, accident and emergency departments or are admitted to inpatient wards – therefore it deals with the interface between physical and psychological health'.[1]

A service model of an integrated team of mental health professionals has now been commissioned by Arden Clinical Commissioning Group and is operational across three acute hospital sites namely George Eliot Hospital (GEH), Nuneaton, Warwick Hospital (SWFT), Warwick and University Hospital Coventry (UHCW), Coventry.

The team brings together varied mental health expertise relating to adults both senior and its core purpose is to enhance the current level of service available to the individual acute hospitals.

2. Service Principles

- To provide an equitable mental health service to all inpatients and people presenting to the A&E departments of the acute hospitals regardless of gender, culture or ethnicity.
- To reduce stigma around mental health issues within the acute hospitals.
- To improve attitude and acceptance; thereby optimising the experience of hospital for those patients with mental health needs.
- To improve identification and understanding of mental disorder amongst acute hospital staff.
- To improve the mental health of adults within the hospital and promote dignity and person-centred care.
- To be consensually inclusive of carers as part of psychiatric assessments, and when making discharge plans.
- To ensure sound clinical governance via processes such as audit and routine service evaluation.
- To maintain links with universities and training establishments to develop skills within the team and contribute to and actively support research initiatives.

3. Service Aims

- To provide a consistent point of access to mental health services for all inpatients and people who attend the main Accident and Emergency at the acute hospital aged 16 and over.

- To provide timely and comprehensive assessments of people with mental health problems in the hospital
- During our hours of operation our response time to appropriate Accident and Emergency referrals from the areas of A&E subject to the 'four hour target' is within 90 minutes. Response to assessment areas within the department (Observation Ward) will be within 12 hours from receipt of appropriate referrals. All other ward referrals will be seen for initial assessment within 36 hours
- To improve mental health care for adults within the hospital, and to work with clinicians to ensure the early identification and appropriate management of a broad spectrum of mental illnesses, in accordance with national guidelines and local guidance
- Provide staff and carer support and also increase awareness of mental illness as it presents in an acute hospital setting
- To support clinicians in the identification and management of psychological factors contributing to a primarily physical illness
- To improve access to psychological services on discharge
- To facilitate a planned programme of training to clinicians within acute hospitals on mental health awareness and disorders in older and younger adults, management of risk and to advise on ensuring compliance with mental health legislation
- To work in partnership with primary, secondary and third sector mental health services, including – but not limited to – CWPT, UHCW, SWFT, GEH, MIND, Social Care, GP's, community services for older adults, drug and alcohol services etc. to ensure continuity of care, facilitate early discharge and reduce the unnecessary re-admissions of patients with primarily mental health problems
- To work with various teams within the Coventry and Warwickshire Partnership Trust and our other partners towards developing joint care pathways and enhancing existing ones to ensure optimum care for patients with mental health issues within the acute hospital
- To benchmark the AMHAT service against national standards for liaison psychiatry (i.e. PLAN) and to develop collaborative links with other liaison psychiatry services across the UK via the PLAN network
- To signpost acute hospital staff in situations where we cannot directly intervene.

4. Objectives of the Service

- To develop and operate a mental health liaison service and provide a single point of access to mental health services for the target group of patients.
- To offer proactive assessment and assistance with management for patients with mental health needs in the acute hospital.
- To reduce time spent waiting for psychiatric intervention in the acute hospital.
- To reduce the length of stay in the acute hospital for patients needing psychiatric input by establishing correct pathways to the community at the earliest opportunity.
- To prevent inappropriate presentations or admission for patients with mental health needs to the acute hospital in the absence of physical health needs.

- To build a seamless pathway for the index patient journey by appropriate linking with agencies involved in care of the broader mental health need.
- To identify and collaboratively plan care approaches to those individuals with a complex mental health history who are high volume users of Emergency services.

5. Team and Management Structure

Each hospital site (GEH, SWFT and UHCW), will be supported and serviced by the AMHAT service who will operate a site by site rota provision. The AMHAT team will be comprised of a nursing and medical skill-mix and be inclusive of medical and nursing trainees and other allied health professionals as appropriate. The team will be led by the Clinical Lead who will work in partnership with the Consultant Psychiatrist's and Team Manager. Clinical staff within the team will be drawn from a variety of clinical specialties and backgrounds, including general and older adult psychiatry. The whole team will be supported internally by appropriate administrative staff, and externally by the clinical support team of the safety and quality directorate, secondary care mental health services operational management, IT and corporate governance. Day-to-day clinical management of the local team will be with the centrally located team manager and senior lead nurse on duty. All of the site teams will be supported by the clinical management structure of CWPT led by the clinical director and the Assistant Director of Operations. The team will remain accountable to the Chief Executive Officer of CWPT. The teams' composition and function and model of delivery may be varied according to local needs and service level agreement, but the core function and capability will be uniform across the teams.

6. Hours of Operation

University Hospital (Coventry)

- **MONDAY –FRIDAY**
  09.00hrs. – 07.15hrs.
- **WEEKENDS and PUBLIC HOLIDAY** periods
  09.00hrs – 17.00hrs.

George Eliot Hospital

- **MONDAY – FRIDAY**
  09.00hrs. – 21.00hrs
- **WEEKENDS AND PUBLIC HOLIDAY** periods
  09.00hrs – 17.00hrs.

South Warwickshire NHS Foundation Trust (Warwick Hospital Site)

- **MONDAY – SUNDAY INCLUSIVE OF PUBLIC HOLIDAYS**
  09.00hrs – 17.00hrs.

Consultant Psychiatry in put to the team is available across the three sites between:

MONDAY – FRIDAY
09.00hrs – 17.00hrs.

- The service can be accessed by a site specific point of contact (bleep, pager) during normal working hours or via the main office. External to office hours a site specific duty contact point continues.
- An efax referral process receives ward referrals across all sites at any time. Please note such faxed referrals are accessed during hours of operation only

AMHAT MAIN CONTACT DETAILS **(office hours: weekdays)** **024 7696 7956** **FAX: 024 76844030** **eFAX: 024 7696 7977**
University Hospital Coventry & Warwickshire **BLEEP: 2624** **Office: 024 76964939** **FAX: 024 76967020**
George Eliot Hospital **BLEEP: 2058** **Office: 024 76865578** **FAX: 024 76865578**
Warwick Hospital **St Michaels: 01926 406789** **PAGER: 07623 973596** **Fax: 01926 406795**

7. Service Access Criteria

- Anyone aged 16 and over presenting with signs or symptoms of mental illness or mental health crisis to A&E at the acute hospital, or is an inpatient on any of the wards at the hospital may be referred to the team.
- Patients in outpatient departments attending the hospital needing urgent psychiatric input from the team – may be re-directed to A&E for registration and subsequent consultation where appropriate.
- When patients from other CWPT clinical teams get admitted or present to acute hospitals for issues requiring medical management, the parent team clinician may liaise with AMHAT to support the patient's mental health care if it is appropriate and necessary. However a referral will still be required from the acute hospital clinicians and will only be accepted if there is a clinical need.

7.1 Referral Criteria

- Alcohol and substance misuse withdrawal –
    - Initial screening by the AMHAT service leading to Alcohol Liaison Assessment by the Recovery Partnership
    - With a co-existing presentation of suicidal thoughts or plans
    - With possible psychotic symptoms which require either confirmation and /or treatment advice.
- Self-Harm – including ingestion of substances and/or self-inflicted injury
- Affective disorders
- Psychotic disorders
- Neurology – initial screening if psychiatric symptoms appear to be present in the following presentations to enable signposting to appropriate services
    - TLE
    - Post-Traumatic Stress Disorder
    - Acquired Brain Syndrome
    - Huntington's
    - Post-Ictal psychosis
- Dementia with
    - Challenging behaviour
    - Co-morbid depression and/or anxiety
    - Co-morbid psychosis
- Terminal/Chronic illness with
    - Depression
    - Anxiety
- Patients without capacity who are
    - Refusing to eat and drink
    - Refusing surgery/interventions, in order to exclude psychosis and/or depressive disorder
- Patients with capacity refusing to eat and drink in order to exclude psychosis and/or depressive disorder.
- Psychiatric assessment/opinion on patients with a possible diagnosis of eating disorder who are not known to Eating Disorder services.

7.2 Not suitable for referral to the Arden Mental Health Acute Team

- Patients with capacity refusing treatment
- Capacity assessments
- Delirium secondary to organic pathology (but may support medical team if prolonged)
- Recurrent STD or pelvic inflammatory disease
- Acute bereavement
- Continuing healthcare assessments
- Elderly care patients requiring social care placements without challenging behaviour
- Routine dementia screening
- Mental Health Act assessments for individuals with learning disabilities

7.3 Learning Disability Service Provision

There is established learning disability liaison service provision in each locality Monday to Friday during office hours.

There is an on call Consultant Psychiatrist rota which responds to requests for Mental Health Act assessments for individuals with learning disability if required.

7.4 Grey Cases and Urgent Referrals

The AMHAT shift co-ordinator will be available to discuss any cases if staff are unsure whether to refer and to accept any referrals where the patient's behaviour mandates an urgent assessment. If staff have concerns that mean they feel an urgent referral they should discuss with the shift co-ordinator, during the hours of operation. If a patient's risk category is felt to have worsened since referral or assessment, they should also be flagged to the shift co-ordinator.

External to the hours of operation of AMHAT, advice may be sought via the bleep holder at the Caludon Centre.

7.5 Dementia Care

The team will see many mental health related referrals made by inpatient teams. It is anticipated that many of these will be related to dementia.

The team should *not* routinely see patients with dementia and there are pathways via the Older Age Clinical Nurse Specialists and Old Age Physicians already established within UHCW and pathway work is in progress at GEH and SWFT.

Dementia screening will continue as before and should not be referred to this service. However, it is recognised that for challenging behaviour at any age, ward staff need a transparent and uncomplicated route of referral.

It will therefore be possible to refer patients presenting with challenging behaviour via the AMHAT inpatient referral route with the exception of those individuals with a learning disability.

The team will provide an initial assessment within 24 hours (or urgently if required) that will be undertaken by the service and then referred on or recommendations made to what is considered to be the most appropriate service.

Therefore the criteria for referral of patients with an established diagnosis of dementia would be:

Dementia with

- Challenging behaviour – such as aggression, wandering and disinhibited behaviour
- Psychosis
- Depression
- Depression and/or anxiety

8. Clinical Care Pathways

- Inpatients and those being treated in the A&E department remain the overall clinical responsibility of the acute hospital until discharged by the acute hospital.
- Where a referral has been made to AMHAT, mental health input will be on an integrated care basis and AMHAT clinicians remain accountable via the governance, policy and supervision systems of Coventry and Warwickshire Partnership Trust by whom they are directly employed.

9. Referrals Procedure

- All referrals from the acute hospital requesting mental health input for patients will be routed through the AMHAT service by efax (wards), the team single point of contact or via site specific means, whether for assessment, clinical management advice or other clinical reasons as stated in the service level agreement.
- AMHAT – *where appropriate* – will act as a conduit for advice, treatment, management and liaison for any acute hospital patients already under the care of Coventry & Warwickshire Partnership Trust such as: inpatient services (on temporary transfer) or community IPU based services such as Crisis Resolution; Home Treatment Teams. AMHAT may either link the acute team to the community services directly or act '*in defacto'* for the community team where it is in the best interest of the patient for on-site input to be provided. Conversely, where a patient is stable and under local management, it may not be necessary for AMHAT to become further involved.
- All referrals accepted by the AMHAT team will be registered on the CWPT electronic patient record system (Epex), to be dealt with appropriately.

9.1 Wards

- Any qualified member of the multidisciplinary 'treating' team in the acute hospital may make a referral to the AMHAT team if there is a clinical need. The referral should first be discussed with the patient. Referrers are encouraged to discuss the referral with a clinical member of their team beforehand if they are unsure. AMHAT will also clarify referral criteria by telephone if required.

9.2 Referral Forms

- Fax referral forms should be available to the wards through the local hospital intranet system and can be downloaded directly.They should be fully completed and sent via facsimile or by hand to the AMHAT team office (as agreed by the local teams and hospital unit). These methods of referral will be established and upheld on a site-by-site basis in agreement with the AMHAT Clinical Lead and Team Manager.
- If the referral is from an inpatient ward and believed to be urgent, the referrer should ring the relevant team direct to discuss the case in order to expedite a prompt response.

9.3 Accident & Emergency

- Referrals from A&E are made by telephone or by direct conversation with the AMHAT team or the particular clinician covering A&E for that day or shift period. The A&E wards such as Observation and Medical Assessment Units may also utilise the fax/paper referral process.
- Patients in A&E may be referred prior to being 'medically fit for discharge' if they are considered to be well enough to undergo a psychiatric assessment i.e. they are **'fit for interview'** and discharge is imminent. However all patients seen by AMHAT must be seen by an A&E doctor prior to discharge from A&E, regardless of the presenting problem. It is preferable that referrals to the team from A&E are made as part of a written medical management

plan, but there will be occasions when a tandem approach to assessment may be utilised.
- 'Fitness for interview' is defined as;

'The patient is able to mobilise and hold a coherent and sustained conversation and is not displaying undue physical symptoms. Treatment may be on-going but discharge is imminent.'

- All patients presenting to A&E with self-harm requiring medical management in **MINORS** may be referred if appropriate following A&E triage for risk and psychosocial assessment.
- For episodes of self-harm requiring continuing medical assessment and management which is likely to require period of 4 hours or more in the department a referral may be made when the patient is medically stable and fit for interview and medical discharge is imminent.
- Those patients who have been triaged and sent through to **MAJORS** who are likely to be discharged *before* the four hour target may be referred as soon as it is clinically appropriate to do so.
- Referrals will not be accepted of patients who are referred from A&E whilst intoxicated and unable to engage in a thorough psychiatric interview.
- The AMHAT team will provide referrers with guidance on who should be referred to the liaison team.
- The AMHAT intranet pages at each acute site will provide details of the referral procedure, care pathways and operational policy.

10. Allocation Process

Referrals to the service are triaged by AMHAT according to clinical priority and clinician availability and hours of operation. This is determined by the written and verbal information provided by the referrer, and is categorised as follows:

- A&E department – appropriate referrals received from triage as part of an agreed medical management plan within 90minutes (this includes MAJORS and MINORS if discharge before 4 hours is likely).
- Observation Wards/Units immediately attached to the Accident and Emergency Department – 12 hours
- All other ward referrals – within 36 hours

All referrals will be dealt with on the basis of clinical priority. The initial assessment will be allocated to AMHAT clinicians according to case complexity, and where possible will be allocated to clinicians with particular skills in the required psychiatric sub-speciality.

Where there are large numbers of referrals to the service, the team will clinically prioritise cases.

If it is not possible to see a patient within the target time frame, a member of the team will contact the referrer to let them know when the patient can expect to be seen, and ensure that no urgent issues have been overlooked.

Where it is not possible to complete a comprehensive assessment (i.e. due to lack of information, investigation needed, patient's readiness etc.), an assessment of need and risk will be attempted and an intermediate care plan will be devised with the acute staff to manage the patient in the interim period.

11. Follow-Up in Hospital

The teams' daily clinical handover process ensures that inpatients with more complex mental and physical co-morbidity may be followed up by a clinician with relevant expertise or seniority in a timely manner. This individual is known as the 'Lead Clinician' and will co-ordinate the patients' follow up care and discharge from a mental health point of view.

Ward based patients will be reviewed as appropriate.

Teams will have weekly reviews in high traffic areas aiming to ensure that inpatients who are receiving on-going care from the AMHAT team are discussed in more depth or reviewed by a consultant on a regular basis if necessary, to enable decisions about diagnosis and discharge planning to be made, ensuring continuity of care.

However, the role of the team will, ordinarily be focused on the premise of a single contact and assessment. Engagement will only be sustained where there is a warranted clinical need.

12. Service Provided

- Assessment and advice on the management of patients with mental health problems in A&E, and on inpatient wards (average assessment length is approximately 60 to 90 minutes, exclusive of administrative activity and collateral history gathering).
- Specialist assessment as required and requested with the team, by mental health clinicians with expertise in old age psychiatry and general adult psychiatry.
- Interface with other psychiatric services (including crisis intervention/home treatment teams, community IPU teams and substance and recovery services) to facilitate follow up or to arrange admission to an appropriate facility.
- Provide support and guidance for acute clinicians on medicines management where there is challenging behaviour or psychiatric comorbidity.
- Attend multidisciplinary case conferences as appropriate.
- Working with staff from the acute hospital to assess risk and formulate risk management plans in high-risk patients with a co morbid mental health presentation.
- Support acute hospitals with regard to application and clinical intervention under the Mental Health Act where appropriate.
- Follow up visits to support ward staff, monitor the mental health of patients and assess the impact of any interventions and treatment plans that have been recommended.

- Training and service orientation to staff as part of an on-going planned programme.
- To provide where it is appropriate, supportive collaborative supervision for acute hospital staff on a case by case basis for challenging patients with mental health problems.
- To ensure that clinical information obtained and plans made by AMHAT are clearly documented in both the acute trust paper notes (in a summary format) and the mental health trust electronic care records (in full).
- Support and provide information to carers of those with mental health difficulties as appropriate.

12.1 Applicable Service Standards

12.2 Applicable national standards e.g. NICE, Royal College

Joint Commissioning Panel for Mental Health (2012) Guidance for commissioners of liaison mental health services to acute hospitals. Available at www.jcpmh.info

College of Emergency Medicine Toolkit: Mental Health in the Emergency Department (Feb2013).

Parsonage, M. and Fossey, M. (2011) Economic evaluation of a liaison psychiatry service. London: Centre for Mental Health.

Parsonage M, Fossey M, Tutty C (2012) Liaison Psychiatry in the Modern NHS. London: Centre for Mental Health.

12.3 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges).

Academy of Medical Royal Colleges (2008) Managing Urgent Mental Health Needs in the Acute Trust: a guide by practitioners for managers and commissioners in England and Wales.

Academy of Medical Royal Colleges and Royal College of Psychiatrists (2009) No health without mental health: the ALERT summary report. London: Academy of Medical Royal Colleges.

PLAN (Psychiatric Liaison Accreditation Network) CCQI, Royal College of Psychiatrists.

12.4 Applicable local standards

AMHAT	90% of all appropriate referrals received from A&E have had their assessment commenced within 90 minutes from AMHAT receiving the referral.	90%		Quarterly

AMHAT	Response to emergency assessment bed areas will be within 12 hours from receipt of appropriate referrals during the service hours of operation.	Within 12 hours		Quarterly
AMHAT	90% of all appropriate referrals received from wards have had their assessment commenced within 36 hours from AMHAT receiving the referral. This will be subject to clinical availability and existing clinical priorities.	90%		Quarterly
AMHAT	There will be agreed weekly admissions avoidance targets for each acute site which will signed off by the AMHAT clinical lead and a nominated lead from each acute site:	• UHCW : 7 admissions per week • GEH: 5 admissions per week • SWFT: 5 admissions per week		Quarterly

13. Discharge

Decisions to discharge a patient will be in relation to mental health need only. Decisions regarding medical fitness for discharge remain the responsibility of the acute hospital.

All members of the team may make a decision to discharge; complex presentations and decisions regarding outcome planning, should, as a matter of routine be discussed with the band 7 nurse on duty. If they are not available then the Team Manager, Clinical Lead or one of the team Consultants.

During periods of cover such as the night shift then advice may be sought from the MHU bleep holders based in the Clinical Co-ordination Centre, on call medics or CRHT colleagues if necessary.

Any plans to admit a patient to a MHU must always be discussed with the CRHT in accordance with the shared gatekeeper function and to allow data collection.

All members of the team are clinically accountable for the assessments and outcome plans and decisions that they make.

Upon discharge, the patient's lead clinician will ensure the following:

- A summary of the AMHAT contact with that person including, reasons for referral, assessment conclusions and outcome, will be documented into the acute hospital paper record. It will be clearly signed and dated and include contact details for that clinician.
- That information will be verbally communicated to a clinician in the relevant clinical area as a matter of professional courtesy.
- A summary discharge letter will be sent to the patients' GP and copies sent to any other relevant agencies. These letters will usually be sent within 48 hours of discharge from AMHAT for A&E assessments - we will not routinely send a letter to the A&E consultant unless clinically necessary with regard to care planning.
- Appropriate clinical communication in a more detailed format will be made to relevant outside agencies including Prison Services where a person may be transferred. This may initially be verbal followed by written communications.
- For any urgent intervention, initial verbal communication will be followed up by written communication.
- All clinical information regarding the clinical episode will be entered onto the CWPT electronic record (Epex) and include a referral, episode and contact.
- All new referrals not currently open to CWPT will have a documented initial assessment and working with risk (1) and those already open will be subject to REVIEW and working with risk (1)
- Any person who remains open to the team whilst in hospital will have any additional clinical contacts documented in the clinical notes area of the system.

14. Equalities

The Equality Act (2010) enshrines in law an obligation on public bodies to 'eliminate discrimination, harassment and victimisation and advance the equality of opportunity between persons who share a relevant protected characteristic, and persons who do not share it'.[10] Coventry and Warwickshire Partnership Trust believes equality to be a fundamental and central to the provision of care. 'This means ensuring equality in the delivery of services to the wide range of communities and employment practices'.[11]

The team is committed to ensuring service delivery meets the needs of the communities attending the hospital. We will aim to treat people using this service as individuals, and not discriminate on the grounds of race, religion or beliefs, gender, sexuality, age or disability. We will provide a service which is responsive to the specific needs of the individual. As appropriate, we will adapt our assessments using interpreters or other communication aids to maximise our engagement and remain inclusive.

14.1 Inclusion

The Team embraces the principles of Inclusion and recognise the value of difference. We recognise that best practice results from individuals feeling supported to be themselves.

15. Documentation

The team will ensure that all documentation is up-to-date and that accurate records are kept and stored confidentially. In keeping with the Caldecott Principles and the information governance agreement between Coventry and Warwickshire Partnership Trust and acute hospitals, information will be shared between professionals on a 'need to know' basis. AMHAT will comply with all Coventry and Warwickshire Partnership Trust policies in terms of access to health records and confidentiality. The AMHAT team documentation will comply with all relevant legislation including the Data Protection Act 1998, The Freedom of Information Act, The Human Rights Act, The Mental Health Act and guidance from the relevant medical and nursing professional bodies.

AMHAT will maintain records of patients seen within the Electronic Patient Records system of Coventry & Warwickshire Partnership Trust. Relevant summary clinical notes about consultation will be entered in the relevant clinical records of the acute hospital as well as the Coventry & Warwickshire Partnership Trust system.

Combined paper and electronic documentation will form a care record for the episode of care under AMHAT under the Caldecott arrangement of Coventry & Warwickshire Partnership Trust.

When patients are being assessed by AMHAT they will not be subject to the Care Programme Approach, unless they are also being managed by other secondary care psychiatric services. We will assess the risk of every patient seen by the team on an on-going basis and liaise with appropriate services regularly. Once a risk is identified, it will be managed by co-ordinating with the acute hospital staff by drawing up an agreed plan for the time the patient remains in hospital. This may include levels of observation, the physical environment where patients are managed and contingency plans, including medication.

16. Staff Safety

The team will follow Coventry & Warwickshire Partnership Trust policies to ensure the safety of staff members during their work at an acute hospital. Staff will have access to appropriate, safe facilities for conducting assessments. When clinicians feel a patient poses a significant risk, they will utilise appropriate nursing and/or security staff from the acute hospital to ensure the safety of the patient, themselves and the safety of others. Safety issues will be regularly reviewed under supervision. All critical incidents will be documented and reported in accordance with the Coventry & Warwickshire Partnership Trust and AMHAT policies/standing operating procedures, and also policies governing the acute hospital.

17. Safeguarding Children and Adults

All NHS staff have a responsibility for the safety and well-being of those we work with and provide a service to.

A person may be considered 'at risk' if they are unable to take care of themselves or protect themselves from significant harm or exploitation. All members of the team have a duty of care which means taking all reasonable steps to ensure the safety of people with whom you have contact.

In clinical situations involving AMHAT, fresh information gathered during the clinical contact may indicate risks to either the patient or their dependents and regardless of whether or not the acute hospital have followed their own safeguarding procedures, AMHAT are required to submit a safeguarding referral and to follow that referral up in accordance with Trust policy.

17.1 Radicalisation

The Prevent strategy is part of HM Government's counter terrorism strategy. All members of the team will be alert to patients who may be vulnerable to exploitation.

Any concerns are to be documented and discussed with the Team Manager and/or Clinical Lead and reported through to the Lead Nurse for Safeguarding.

18. Management and Supervision

The provision of an effective service can best be achieved by ensuring that staff are supported and feel able to deliver the service safely and efficiently. The team will follow Coventry & Warwickshire Partnership Trust's policy regarding supervision, ensuring that:

- Staff will receive regular individual management supervision by a senior member of staff as well as peer supervision – the latter being on a more informal basis.
- Staff will receive regular individual clinical supervision
- There will be regular multidisciplinary forums to discuss topics of interest.
- There are regular team meetings which focus day-to-day business issues and communicate the wider issues from the organisation – including team brief.

18.1. Clinical Supervision

All clinical staff will actively engage in clinical supervision. All team members will be provided with an up-to-date description of their job and role and will be clear about their responsibilities and who they are accountable to. All staff will have an appraisal at least annually. Clinical supervisors will be expected to provide junior clinical staff with regular supervision as per Trust policy.

The team will be able to access Trust legal advice when required.

19. Staff Training and Development

The AMHAT team recognises the importance of continuing to update and develop knowledge and clinical skills in order to maintain and deliver a quality service. Staff training and development will be provided by the following methods:

- All staff joining the team will receive an appropriate induction programme.
- Clinical and non-clinical staff will be supported to access relevant training courses and conferences.
- Individual appraisal of staff will be facilitated, and all staff will have a personal development plan.
- Regular education/case presentation meetings to share different ideas, knowledge and evidence based practice. Staff will also have access to both acute hospital and Coventry and Warwickshire Partnership Trust intranet websites for further information and advice on training opportunities.
- AMHAT will be able to make use of the library facilities at both the acute hospital and at the Caludon Centre, and will have access to online journals, reference guides and text books.
- A dedicated space for learning and reflection is available at the home base of the team (Caludon Centre).
- Staff will be able to attend relevant teaching and educational programmes in the acute hospital as well as the Mental Health Trust. In addition, the Mental Health Trust will organise regular teaching as part of a forward plan of protected learning.
- There will be established links with Coventry University with opportunities to attend accredited training or degree courses for AMHAT team staff to further develop staff skills and knowledge. These will be agreed on a case by case basis according to appraised needs of the individual and team.

20. Working Environment

Within the acute hospital, the AMHAT clinicians will have access to appropriate facilities for basing the duty team and for conducting assessments. They will be provided with office space for completion of necessary documentation and administrative work, and should have access to essential facilities including a telephone, computer and fax machine. The current exception to the latter being Warwick Hospital – and a team base is sited at St. Michael's Hospital.

Staff will also have rooms provided which can be used for confidential discussions including supervision and quiet hot desk availability – these are based at the Caludon Centre.

21. Performance Management and Review

The AMHAT programme recognises the importance of monitoring performance in order to identify areas of strengths and weaknesses, and assist in future

developments of the service. The team will work with staff from the acute hospital as well as users and carers, to collect data and feedback about the activity and quality of the service. This will be reported at least annually. The service will input electronic data which will in turn support the key performance indicators as required by the Coventry and Warwickshire Partnership Trust, acute hospitals trusts and other commissioning agencies. This will be gathered and analysed by the Information, Quality and Contracting team.

Staff working within AMHAT will be encouraged to actively participate in audit and clinical governance. All data collected will be in accordance with the Data Protection Act.

22. Complaints

The AMHAT team will maintain and follow the complaints procedure in accordance with current policies and procedures of Coventry & Warwickshire Partnership Trust. Where appropriate, the AMHAT team will liaise and provide information to acute hospital colleagues and their complaints department.

23. Disputes

Any disputes arising between AMHAT and other services will be brought to the attention of the relevant managers of those teams. Any disputes not resolved by the relevant team manager will be brought to the attention of senior management within Coventry & Warwickshire Partnership Trust immediately via email.

A record of such disputes will be kept by the team manager, and discussed further if appropriate during interface meetings.

24. Review of Policy

This policy will be subject to review in a year's time.

Appendices:

- Efax Referral Form
- AMHAT service overview (acute providers). Locality specific.
- Guideline for Clinical Records Within CWPT
- Mental Health Act Guideline:
  - In Context of A&E
  - In Context of Section 136 – Place of Safety (A&E)
  - In Context of Inpatients in General Hospital
- Supportive Clinical Documents:
  - MMSE
  - Clinical Risk Assessment Tools (WWR Documentation)
  - Capacity Assessment Documentation
  - Rapid Tranquilisation Guideline
  - MEWS
- Other Relevant Policies:
  - Safeguarding Children and Adults
  - Capacity and Consent
  - Serious Incident Management
- Organisational Chart of AMHAT Programme
- Organisational Chart CWPT SCMH
- MH Conveyance Policy
- NICE Guidelines