

Policy Document Control Page

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Where policy deemed relevant to equality- Clinical Effectiveness Meeting

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SECTION 1 – ABOUT THE UNIT

1:1 INTRODUCTION

Cobden Psychiatric Intensive Care Unit (PICU) is a 10-bedded male unit, providing an intensive care facility within The Rehabilitation and High Support Directorate, Pennine Care NHS Foundation Trust.

The Cobden Unit is the gatekeeper for all Pennine Care PICU referrals, both male and female.

The primary function of the Unit is to provide short-term, intensive, assessment and treatment for those patients who cannot safely be managed on an open acute ward even with an increased staffing complement.

1:2 PHILOSOPHY

The PICU aims to provide a service for patients suffering from serious mental illness, whilst maintaining the balance of safety and therapy to ensure the safety of patients, staff and visitors. This is achieved by using best available knowledge, resources and integration of evidence-based practice. Our aim is to provide a multidisciplinary approach to care focusing upon the needs of service users and their families.

We believe that the multi-professional approach to treatment must include patient involvement and provide individualised and holistically planned care. We will assist individuals to achieve their optimum level of independence, functioning, wellbeing and recognise that each individual has the need and the right to be treated with dignity and respect at all times. The multi-disciplinary team is committed to the principles of working in a non-judgmental manner with due regard given to the individual's religious and cultural beliefs, gender, ethnic background, age, sexual orientation and/or disability.

1:3 METHOD AND AIMS

The Unit strives to provide a rapid response to referrals, providing assessment and transfer of patients to PICU as soon as possible once admission has been agreed. In order to ensure this and to remain dynamic as a PICU, the Unit will adopt a proactive and extensive range of interventions aimed at the resolution of acutely disturbed behaviour and the improvement and stabilisation of mental state.

To further enhance this process it is essential that there is close involvement with the referring ward whilst their patient remains on the PICU. This assists in ensuring clear communication and the facilitation of a quick response and return to the home ward when this is clinically appropriate.

The PICU will provide regular ongoing liaison with referrers and act as a resource in the management of those patients who are deemed not to require inpatient PICU treatment at the time of the referral.

In addition the unit also maintains regular liaison with PICU patients pre- and post-PICU admission, as appropriate. In this way the PICU is able to offer a safe and rapid throughput of patients.

In general the Unit aims to:

- provide a high level of nursing, medical and occupational therapy, assessment, care and treatment for those patients who cannot safely be managed on an open ward;
- provide a safe and therapeutic environment conducive to improvements in mental state and behaviour and to aid recovery and return to the referring area;
- provide structured, organised, assertive and calm interventions without creating a feeling of oppression;
- works toward providing best quality of patient care.

1:4 STAFF COMPLEMENT

The multi-disciplinary team (MDT) on the Cobden Unit reflects the skills and experience required to provide an excellence of care throughout a 24-hour period. The Unit has a staffing establishment consisting of nursing staff of varying grades, an occupational therapist and medical staff. In addition, the Unit has access to psychology and other clinical services from within the Directorate.

1:5 SHIFT PATTERNS

Staffing levels are set according to clinical need, both during the day and night, to ensure the maintenance of a safe and therapeutic environment. This flexible approach to staffing allows the resources to be deployed when and where they are required to facilitate extra observations and close management of service users if required.

The Unit will remain fully operational throughout a 24-hour period. There is an overlap between each shift to enable effective “handover” to promote good communication.

1:6 WARD AND MANAGEMENT ROUNDS

Ward and clinical management rounds are undertaken on the Cobden Unit on Tuesday and Friday mornings and are attended by the MDT. Outside these times, the Unit has medical input on a daily basis as required. If the Consultant Psychiatrist is unable to attend the ward round, then a formal management round proceeds with the rest of the MDT chaired by a senior member of staff or the staff grade doctor.

SECTION 2 – ADMISSION AND EXCLUSION CRITERIA

2:1 ADMISSION CRITERIA

- Cobden Unit accepts referrals for both genders for adults from within Pennine Care NHS Foundation Trust, for residents of Stockport, Bury, Rochdale, Tameside and Oldham.
- All service users must be detained under a section of the Mental Health Act that allows treatment.
- All service users must have a registered GP within the Pennine Care footprint.
- The Unit will admit male service users on clinical need, safety and appropriateness for psychiatric intensive care. The Cobden Unit will normally only accept patients who are detained under a full section of the Mental Health Act (1983); therefore this does not include patients detained under sections 5(4), 5(2), 4, or 136. However, the Unit will remain responsive to the needs of mental health acute services, and exceptions will only be made following MDT discussion, (responsibility for converting any sections will lie with the Cobden Unit).
- Female service users will be assessed by the Cobden Unit. However, if an admission is deemed appropriate Cobden Unit will seek an Out of Area (OAT) placement to be funded by the relevant CCG.
- Prior to admission to Cobden PICU, all patients will have been allocated a designated home ward and RC, thus ensuring a smooth transfer of care once psychiatric intensive care is no longer clinically required.
- Patients detained under section 37/41 MHA 83 will be considered for admission based on clear identified clinical need following consultation and

agreement by the Ministry of Justice and the PICU Consultant Psychiatrist with regards to the level of required physical security to manage their risk. Any forensic/prison referrals seeking disposal from court on a civil section who may initially require PICU admission, should have first been accepted by adult acute psychiatry, who will have accepted responsibility for ongoing care once PICU is no longer required.

- Patients requiring urgent treatment and who require psychiatric intensive care, who are in prison, will be considered following assessment by the Cobden Unit Consultant Psychiatrist. Where admission is felt to be appropriate, transfer to the Cobden Unit will be arranged for assessment and treatment and then return to prison may be considered.
- Where an acute mental illness is the presenting factor and the remaining admission criteria is met, referrals for older adults and those with a learning disability will be screened by the PICU service.

However, consideration will be given to an individual's physical health needs and vulnerability and the ward environment at the time of referral. Consultant to Consultant discussion, where possible, will take place prior to admission to the PICU.

- Cobden Unit will not normally accept admissions direct from the community. However it is recognised that this may be necessary on occasion and each case will be considered on an individual basis following consultation with the MDT. The initial point of contact from the community should be via the Cobden Unit.
- The Cobden Unit will admit patients who meet the admission criteria who cannot be safely assessed and treated on an open ward.
- Referrals should be based on a clear rationale and understanding of the

therapeutic benefits of PICU admission.

- Any admission for PICU is due to a new episode or acute deterioration of the patient's mental state and behaviour (i.e. not chronic challenging behaviour).

Admissions from Court/Custody Suites

Admissions direct from court will only be considered once an adult acute psychiatric team has been involved and taken responsibility for the patient (thus ensuring an exit strategy from PICU), and following assessment by the PICU Team. To ensure this occurs, the PICU Team needs to be involved at the earliest opportunity in the decisions regarding any proposed recommendation regarding use of the PICU for court diversion. Although timescales may be short the PICU Consultant Psychiatrist should make the final decision regarding the appropriateness of such a diversion. Generic Teams involved in court diversions should ensure that the court is made aware of the referral process and that a PICU assessment is necessary and should not offer this course of action prior to the assessment being undertaken by the PICU Team.

Requests for admission direct to PICU from custody suites should only be accepted as an emergency and following consultation and discussion with the PICU team including the Consultant. The usual route should be referral following acute admission where full assessment can be undertaken.

Admission of Under 18s

Section 131A of the revised Mental Health Act creates a duty upon managers to accommodate children and young people who are admitted for treatment of mental disorder in an environment suitable for their age, subject to their needs. The DoH has stated that by 2010, no young person aged 16 or 17 will be inappropriately placed on an adult mental health ward. Admissions of service users under the age of 18 years should be referred to mental health services that provide appropriate care in an environment suited to their age and development; however young persons will not be considered for the Cobden Unit. Referrals for admission of

young people under the age of 18 should be made in the first instance to the CAMHS Inpatient Service based at Fairfield Hospital where a decision regarding suitability of admission will be made. Following admission the CAMHS Inpatient Team will then coordinate any need for transfer to PICU services, which would require agreement with the relevant PCT. In the instance where a young person over the age of 16 has been admitted to an adult ward, where this was deemed an age appropriate service, admission to an adult PICU will be considered as an interim measure where the individual cannot be safely managed, with extra staff in the acute ward the paramount consideration should always be the safety and well being of the young person. An exit strategy should be in place or steps should have been commenced to establish a speedy exit strategy to a more appropriate environment. An exit should be undertaken within 48 hours.

The above should underpin and guide any referrals to PICU.

2:2 EXCLUSION CRITERIA

- The Cobden Unit will not be used as a security facility, such as for the use of bail holding, forensic assessments, or lack of low or medium secure facilities.
- Where the patient does not have any mental illness but has a primary diagnosis of dementia, learning disability, Dangerous and Severe Personality Disorder, personality disorder (DSPD, PD), substance misuse, eating disorder etc. Individuals with a diagnosis of PD will be considered in the context of mental illness which will be the primary presentation for the referral.
- Where the patient's physical state is too frail.
- Where behavioural disturbance is due to a head injury.
- The Cobden Unit will not be used as an acute "overspill" admission ward.

SECTION 3 - FROM REFERRAL TO TRANSFER PROCESS AND PROCEDURES

3:1 REFERRALS

All referrals to the PICU will be made to a single point of contact, directly to the Cobden Unit (see referral Flowchart – appendix 1) *Out of hours see section 3:4.*

It is expected that all referrals will be discussed with the Responsible Clinician or on-call Consultant prior to an actual referral being made.

- All referrals are to be made by qualified staff, or relevant medical staff on behalf of the referring ward's MDT, in writing, using the Cobden Unit referral form (see appendix 2 – Cobden Unit Referral Form).
- All sections of the referral form should be completed and submitted along with requested mandatory information including TARA. This will help ensure a quick and accurate assessment by the PICU Team.
- On receipt of a referral the Cobden Team will screen for the appropriateness of the request and discuss with the PICU Consultant and the necessary response time agreed according to need and identified risk. *Out of hours see section 3:4.*

3:2 POSSIBLE INDICATORS FOR REFERRAL TO PICU

The following is not an exhaustive list, and any referrals will be considered on an individual basis.

- Patients who are at high risk of suicide or risk of serious self-harm who need intensive observation and treatment to prevent further episodes and cannot be safely managed with increased staffing input in an open ward.

- Patients who are a danger to others due to imminent risk or actual violence as a direct result of their mental state and are acutely ill.
- Patients who are at risk due to severe self-neglect (catatonic, refusal to eat and drink, etc) as a direct result of their mental state and cannot be managed with increased staff input. The vulnerability of the individual if moved to the PICU will be part of the overall assessment.
- Patients who are at risk of persistently absconding from an open ward, and whose absconsion would be accompanied with a risk of unsafe behaviour (risk to self or others).
- Clarification of diagnosis and rationalisation of medication, where this cannot safely be managed on an open ward.

3:3 RATIONALE FOR RESPONSE TIME

Appropriate referrals to the PICU should be assessed within 24 hours upon receipt of the form, and a decision made within 36–48 hours of receipt, except in cases of an emergency when the response would be 4 to 12 hours.

A referral will be considered as an emergency when a patient's behaviour is causing an immediate danger to themselves or others and this behaviour cannot be resolved effectively in their current environment. This would indicate the need for an immediate response to undertake an assessment.

In the event of an emergency referral to the Cobden Unit, a referral form will be sent by email to the referring ward team. This should be completed and returned immediately to the PICU Team (email:pcn-tr.CobdenReferrals@nhs.net). The PICU Team will strive to respond within 4–12 hours of receiving the referral form. Staff from the PICU Team will respond and make a decision based on the information available, the patient's presentation, and the current

situation. If admission is required immediately, the MDT review will be undertaken by telephone and the decision to admit as a priority agreed by the Senior Nurse on Duty.

Wherever possible practical advice/recommendations will be given to assist in containing the situation in the current environment until admission can be arranged.

Note – following the decision to admit to PICU, the responsibility for transferring the patient will lie with the referring area. The PICU Team has responsibility for return transfer.

3:4 EMERGENCY OUT-OF-HOURS REFERRALS

These situations should only occur occasionally, but they need to be managed promptly and effectively. The aim is to undertake a quick assessment that will result in an immediate action plan to maintain the safety of the individual service user until the following morning when a more in-depth assessment can be facilitated.

All out-of-hours referrals should be routed via the bleep holder of the referring Borough Acute Mental Health Service, who should agree all emergency out-of-hours referrals to the PICU. The nurse-in-charge of the PICU will have two routes to take:

- *Option 1 - bed available*
- *Option 2 - no bed available.*

Option 1 – bed available

- 1) The nurse-in-charge should undertake a telephone assessment using the PICU Assessment Form and adapted TARA risk assessment. The focus of the assessment is immediate risk to others and/or self, which would indicate the urgency of the referral.
- 2) Once the information has been collated the Rehabilitation & High Support

Directorate Manager-on-call should be contacted. The assessment outcome and recommendation will be discussed and an agreement reached. If there is any doubt then further advice should be obtained from the Consultant-on-call

- 3) If the outcome of the assessment is not agreed by the Rehabilitation & High Support Directorate on-call Manager and the Borough on-call Manager, the Trust Manager on-call should be contacted to resolve the situation and decide upon appropriate action. Any decision will be made in the interest of the Service User, but must meet the criteria for the Unit
- 4) The managers should acknowledge that the most appropriate action could be to admit the Service User to the Unit and undertake a review the following morning. The overarching rule should be the well-being of the service user.
- 5) The MDT will review the situation the following day.

Option 2 – No bed available

In the event of no bed being immediately available the following action should be taken.

- 1) Details of the referral should be recorded and an interim management plan agreed by the PICU Team and the referring Borough. The referring Borough Bleep Holder will be advised that the Cobden Unit will review assessment the following morning.
- 2) If the local acute service is unable to maintain the individual in the acute ward the interim placement process should be undertaken (See section 3.7– Independent Sector Placement).
- 3) Consideration should be given to the severity of the immediate risk.

- 4) On-call Rehabilitation & High Support Directorate Manager-on-call should be appraised of the situation.
- 5) The Cobden team to undertake full assessment at the earliest opportunity the following morning.

3:5 RE-REFERRALS

In the event of a Service User being referred to the PICU Unit but not accepted for admission, should the referring team require a further assessment the referring team should submit a new referral for consideration, outlining any change in mental state or increase in risks.

3:6 ASSESSMENT PROCEDURE

- Cobden Unit assessment form should be completed for all formal assessments. A copy should be placed in the patient's notes and a copy made for the Referring Team and Capacity & Flow Manager.

3:7 INDEPENDENT SECTOR PLACEMENT

If there is a high demand for male PICU beds or a specific extra-ordinary circumstance, there may be a need to secure an interim placement in an independent sector PICU. This should only be pursued when all attempts have been exhausted to identify a bed on the Cobden Unit.

In the event of a Service User requiring a PICU bed, but no bed is available on the PICU Unit at that time, consideration may be given to the repatriation of a service user, where deemed appropriate, from the same borough currently on admission to the PICU Unit, thereby a bed being made available.

All female PICU admissions will be facilitated within the independent sector as the Cobden PICU Unit is an all male environment. All such admissions will be made

with the agreement and authorisation by the relevant Borough CCGs within working hours.

Bed Management

The overall management of the PICU beds will be the responsibility of the PICU Unit Senior Management Team and the Capacity & Flow Manager.

Funding Process

If a transfer is not a possible then the Senior Nurse for the PICU should undertake the following action.

- 1) Contact the Capacity & Flow Manager or out-of-hours Manager for the Rehabilitation & High Support Directorate on-call to inform them of the situation and agree the action plan.
- 2) Contact should then be made with the relevant CCG lead by the Capacity & Flow Manager to authorise the use of an independent sector PICU. The following should be agreed:
 - a. initial duration of funding approved
 - b. out of Area Placement
 - c. monitoring and reporting process
 - d. any other relevant information.
- 3) Out of Hours funding can be agreed by the RHSD on-call Manager on behalf of Pennine Care Footprint CCGs as per agreed protocol. (Appendices 5 - 10)
- 4) Assessment arranged with agreed private provider. All appropriate information to be forwarded to the OAT provider by Capacity & Flow Manager. During out of hours then any appropriate assessment information should be faxed to the agreed Out of Area provider by the PICU Senior Nurse on duty.

Monitoring

The RHSD Clinical Pathway Nurse will undertake regular reviews during the period of admission to an OAT PICU, which includes liaison with the PICU Unit

Manager, Consultant and the Capacity & Flow Manager, to facilitate the bed within the agreed period and to have face-to-face clinical reviews of the Service User in the independent sector placement. Reports will be submitted to the Capacity & Flow Manager and In-patient Services Manager who will liaise with the relevant CCGs and Rehabilitation & High Support Directorate Senior Management Team.

Male Service Users will be transferred to the Cobden Unit if the need for PICU care continues and a bed becomes available. However, should the mental state assessment indicate the appropriateness for a return to the open acute ward, this will be facilitated jointly by the Cobden Unit team and the home ward team. The need to remain in an independent sector placement may arise on rare occasions, i.e. female service users, relationship difficulties with another PICU Service User, or the assessment concludes that the actual transfer process may be dangerous due to the acuteness of the Service User's presentation.

3:8 ADMISSION PROCESS

Pre-admission

- Prior to transfer to PICU, all patients will have referral and assessment documentation completed.
- Once transfer is agreed, responsibility for transfer of the patient to the PICU will remain with the referrer.
- As much patient information as possible should be collated and a clinical folder prepared (this should include all referral and assessment documentation, current drug card with details of previous medication used).
- Prior to arrival onto the PICU, all staff on the PICU should be aware of the transfer and staff allocated to manage the admission (this should include the

safety nurse).

- A bedroom should have been allocated and prepared for the new admission.
- The admitting Doctor (ward/duty Doctor) should be informed of the admission and time of transfer, in order that they can attend as soon as possible following admission to the Cobden Unit.

On Admission

- On arrival new patients will be met by the Cobden unit staff allocated to manage the admission (this should include the “safety nurse”).
- The patient will be welcomed and admitted and the admission process can be completed.
- In exceptional cases, where a patient is very aroused /agitated /violent, and for safety reasons, it may be necessary to use the unit seclusion/extra care area to facilitate the initial admission procedures.
- If seclusion is deemed necessary, the Seclusion Policy will be implemented. *Refer to Trust Policy CL26.*
- On admission to the PICU all patients should be searched and any contraband items removed and stored in line with Trust policy on searching patients. Refer to Trust Policy CL35.
- As part of the initial admission process patients should be orientated to the unit environment and routines, and be given general information about the unit.
- Admitting staff should ensure that all areas of the admission paperwork are completed fully.

Nursing and Medical Observations

- As soon as possible, following admission, all patients admitted to the Cobden unit should have a full physical and mental state examination; this should be completed by the ward doctor (or duty doctor in their absence).
- On admission a range of baseline observations should be carried out in line with Trust Physical Examination & Assessment on Admission Policy.
- Level of observation will be decided by the MDT on admission to the Cobden unit and documented as such. Future observation levels will be determined by the patient's presentation and risk assessment and set to ensure the maintenance of a safe and therapeutic environment.
- Routine observations on the Cobden unit are set at 15 minutes in accordance with Trust Observation Policy. Any increases in observations must be fully documented in the clinical notes and therationale for the change.

Note: this should be read in conjunction with the Trust "Policy for Nursing Observation" CL5.

3.9. COMMUNICATION

Accurate, timely and up-to-date information is crucial in maintaining an effective and responsive intensive care service to all Boroughs across the footprint. To ensure the unit is able to meet demand, bed activity must be readily available to plan appropriate throughput of service users.

It is essential that bed activity information forwarded to the Capacity & Flow Manager on a daily basis.

To ensure home clinical teams are kept up-to-date on clinical assessments, regular liaison will be maintained. This will be crucial when the time comes to transfer back to local services. Good communication will be instrumental in

facilitating a smooth transitional period between the services and to minimise disruption and stress for the service user. Families will also need to be part of this process. The admission summary will be sent to the home team as soon as possible after admission.

A weekly Bed Management Meeting is held on the Cobden Unit to review all inpatients and patients in OAT placements. This is attended by Cobden MDT Personnel, Clinical Pathway Nurse and Capacity & Flow Manager.

3.10 DISCHARGE/TRANSFER PROCESS

The aim of an admission to the PICU is to manage episodes of acutely disturbed behaviour that cannot be safely managed on an open acute ward. Once this has been achieved a smooth transfer back to the open ward needs to be facilitated as quickly as possible. The aim is to ensure that service users continue their longer-term treatment in a therapeutic environment that is as least restrictive as possible.

An effective discharge procedure is crucial to maintain a PICU facility where there is timely availability of beds for those individuals in need of intensive intervention. A delay in the transfer process reduces the ability of the unit to respond to the constant demand for PICU beds and either delays appropriate admissions or requires the use of independent sector beds at a cost to the home CCG. The consequence of the latter option often results in the service user needing to be transferred many miles from the district of origin, their families and home clinical teams, which may have a further negative effect upon their mental state and future ability to engage with clinicians.

Discharge Process

The discharge process requires good lines of communication and co-operation between the PICU and acute ward clinical teams to ensure that transfer is timely and as smooth as possible for the service user. As previously stated the purpose

of the PICU period of care is to manage the disturbed episode and not to undertake the longer-term treatment of their illness. Therefore admissions to PICU need to be short term. Frequent communication throughout the admission period can assist in the process of transfer when PICU care is no longer indicated. Once the decision has been taken that a service user no longer requires the restriction or intensity of the PICU the home acute ward clinical team will be informed of the need for the service user to return and a period of 48 hours will be given for the transfer to be arranged (Appendix 1). The discharge summary will be sent to the RC within 2 working days of discharge.

i) *PICU Responsibility*

The PICU Unit will be responsible for communicating with the receiving home area regarding the proposed transfer. During this time the PICU MDT will be responsible for ensuring the following actions:

- verbal handover by staff to receiving ward;
- transfer summary and Mental Health Review Document to be handed to receiving senior nurse at the point of transfer;
- service user, family and care coordinator to be informed of proposed transfer;
- arrange transport for the transfer and appropriate level of escort who has knowledge of the patient and able to provide the receiving clinical team with a verbal handover.

ii) *Home Team Responsibility*

The home clinical team is responsible for securing an available acute bed within a period of 48 hours from the time they are notified of the need for transfer. Any delays to this timescale must be reduced to a minimum in an attempt to avoid „bed-blocking“ on the PICU. If an acute bed cannot be secured within the agreed timescale the home team will be responsible for considering alternative bed availability in neighboring boroughs or negotiating with the relevant PCT to access a suitable acute mental health bed in the independent sector if appropriate.

iii) Delayed Transfer

The PICU Clinical Service Manager/appropriate deputy can only agree an extension of the notice period. In the event of a proposed discharge exceeding the agreed timescale of 48 hours the following procedure will be undertaken:

- a. the transfer will be officially recorded as a PICU delayed transfer;
- b. the PICU In-patient Service Manager will communicate with the Acute In-patient Services Manager of the relevant borough, to facilitate the transfer as soon as possible and to resolve any blockages or delays in the system;
- c. an agreed process to transfer the service user will be agreed and any further delays monitored and recorded.

iv) Disputes

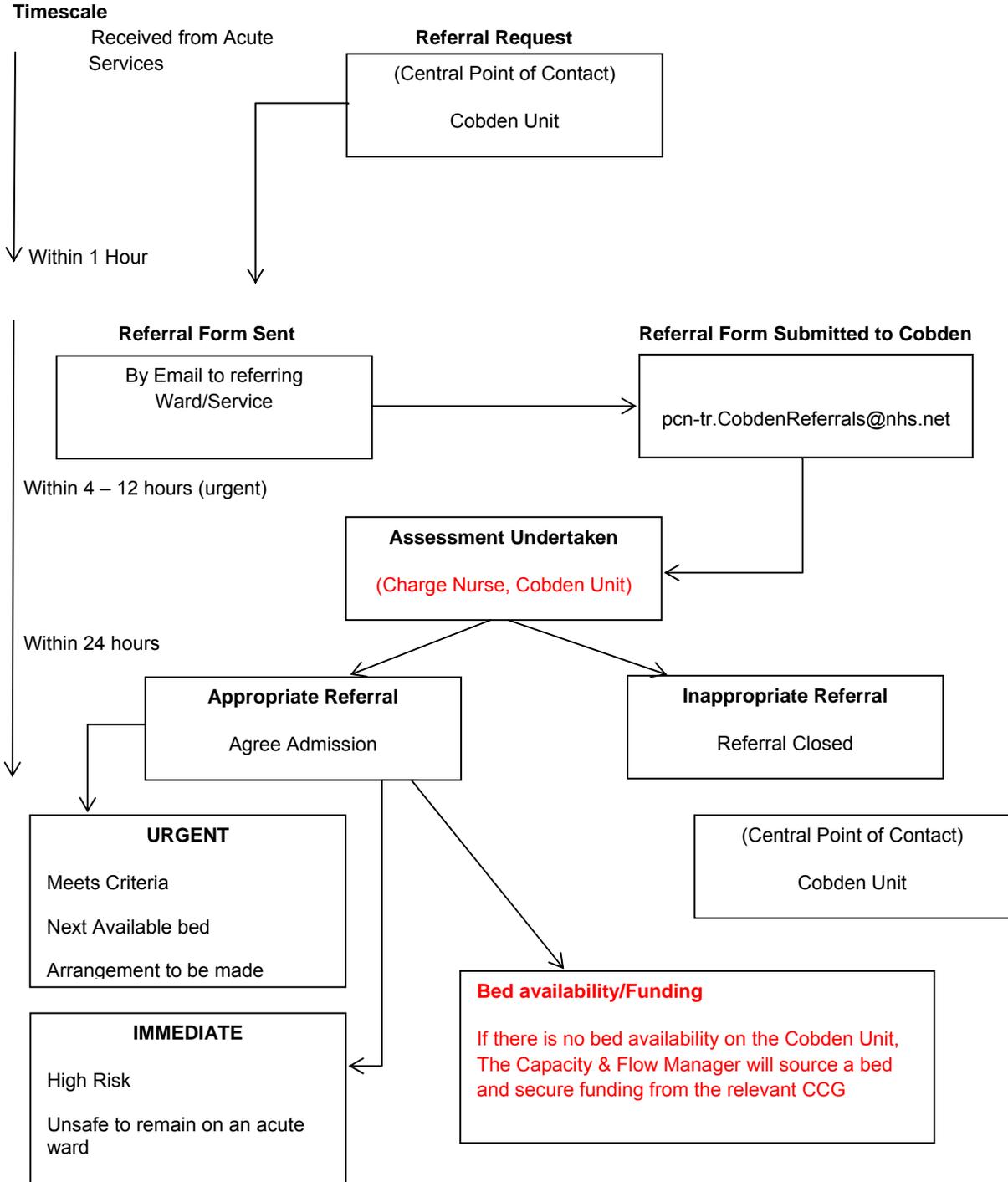
Ensuring the above discharge process is followed; disputes regarding transfers should be minimised.

However, in the event that the receiving clinical team does not agree with the clinical decision to transfer back to the home area the following action is to be undertaken:

- a. discussion between the PICU and home team RC to take place to identify a clear clinical rationale for the dispute. If the dispute remains proceed to:-
- b. a full MDT ward round with both clinical teams to facilitate a frank and open discussion. If dispute remains proceed to:-
- c. Service Director for Specialist Services and relevant Service Director for the North or South boroughs.

Rehabilitation & High Support Directorate

PICU 48 Hour Referral Flowchart



PICU Referral Form Essential Information		Pennine Care  NHS Foundation Trust
<p>Thank you for submitting a referral to the Psychiatric Intensive Care Unit (Cobden Unit).</p> <p>In order to be able to process and evaluate this referral, please ensure that the following information is included with the referral form to allow the MDT to make a timely decision.</p> <p>Should a referral to an OAT provider be required without full information such a referral will be severely delayed</p>		
ESSENTIAL	Sent – YES/NO	Comments (reason not sent)
Section Papers		
Current and updated Risk Assessment (TARA)		
Up to date Mental State Examination		
Medication Card/Details		
MDT Notes (including nursing notes and MDT Reviews) from the last 5 days		
Details of Forensic History/Previous admission to Prison/MSU/LSU (eg HCR20, RSVP, etc)		
Details of any Physical Illness		
DESIRABLE		
CPA/Tribunal Reports		
Admission and Discharge Summaries		

**Please email this document for the urgent attention of:
Nurse In Charge
Cobden Unit Psychiatric Intensive Care Unit**

PICU Referral Form Patient and Commissioning Details	Pennine Care  NHS Foundation Trust
Please complete ALL Sections	

pcn-tr.CobdenReferrals@nhs.net

Date:	Time:
Referrer's Name:	Position:
Telephone Number: Fax Number:	Responsible CCG:

Full Patient Name (incl Title):		Current Placement:	
Known as (patient preference):		(Ward/Unit/)	
Any Aliases:		Tel No:	
Patients First Language:			
NHS Nr:	RT:	DOB:	
Demographic Address:		GP Name & Address	
		Tel Nr:	
Ethnicity:			
Religion & Faith:			
Sexual Identity:			
MHA Status:			
Date Implemented:			
Expiry Date:			
If CTO recall who will complete the assessment for revocation:			
Has the Patient appealed?			
If so, when is the hearing:			
Diagnosis (please include any secondary diagnosis):			
In-Patient Consultant:		Tel Nr:	
Care Co-Ordinator/Social Worker:		Tel Nr:	
Community RC:		Tel Nr:	
Nearest Relative:		Tel Nr:	
Next of Kin:		Tel Nr:	

Date last clustered:	Cluster Group:
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**PICU Referral Form
Clinical Information**

Please complete ALL Sections

Reason for referral/Summary of current presentation:	
Expectation of PICU placement/Care Pathway from PICU	
What interventions have been used to manage the person within the current setting?	
Current Medication/Medication received in the last 24 hours:	
Drug allergies/Idiosyncrasies:	

<p>Psychiatric History to include:</p> <ul style="list-style-type: none">- Previous admissions to in-patient services (include any previous admissions to PICU)- Age or date of first presentation	
<p>Forensic History: (Current and historic - eg Sexual/Assault/ GBH/ABH/Assault/Stalking /Possession of Weapons)</p>	
<p>Physical Health History - Please include allergies and adverse reactions to medication: (eg Diabetes, Asthma, Hypertension, Heart Disease, Kidney Disease, CVA/TIA, Head Injury, Epilepsy)</p>	

RISK		
IMMEDIATE PROBLEM AND RISKS PRESENTED: (PLEASE TICK)		
	YES/NO	Details
Sexual Risk to Others		
Suicidal		
Self Harm		
Violence & Aggression		
Abscension		
Fire Starter		
Non-Compliance		
Drug Abuse		
Alcohol Abuse		
Unpredictable		
Vulnerable Adult		
Child/Adult Safeguarding issues		
Are the Vulnerable Adult Team involved. If YES, please advise contact details and when they became involved		
CURRENT RISK MANAGEMENT PLAN (Include date/time of last review by home care team since change in presentation)		
Has the Patient required to be nursed away from others?		

How many episodes of restraint have been used in the past 24 hours? Please give details:

Please email this document for the urgent attention of:

Nurse In Charge

Cobden Unit Psychiatric Intensive Care Unit

pcn-tr.CobdenReferrals@nhs.net

**COBDEN UNIT
EMERGENCY OUT OF HOURS REFERRAL ASSESSMENT
ON-CALL MANAGER REPORT**

This form is for completion by the On-Call Manager in conjunction with the Out of Hours Cobden PICU assessment undertaken by the Cobden Unit Staff.

Full assessment details should be recorded on the Out of Hours Assessment Form.

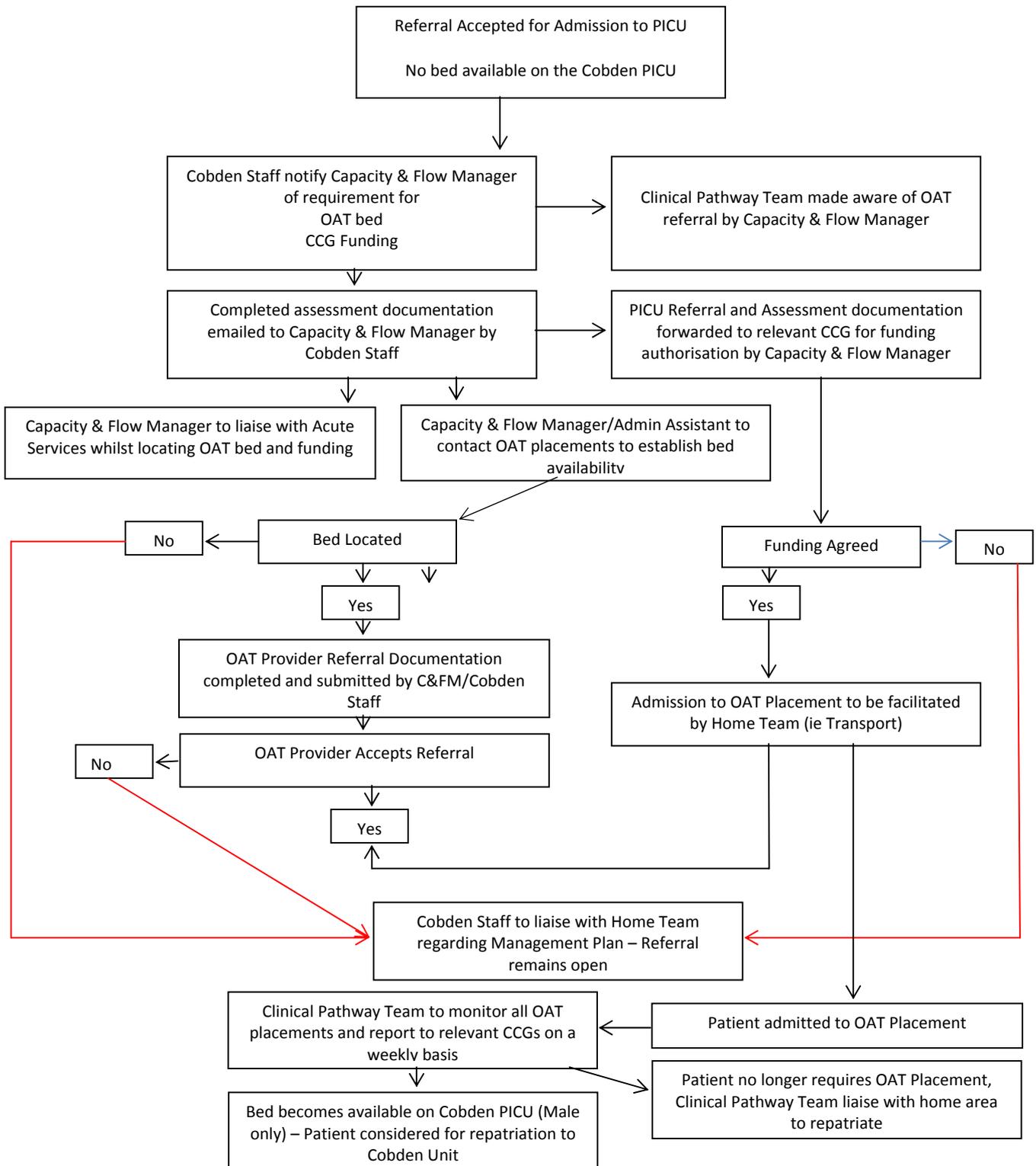
DETAILS OF PERSON COMPLETING THE FORM:		
Surname:	Forename:	Team/Service:

PATIENT DETAILS:	
RT Number:	NHS Number:
Surname:	Forename:
Gender:	DOB:
Demographic Address:	Current Placement:
GP Address:	PCT Confirmed:
Diagnosis:	Legal Status:
DETAILS OF ASSESSMENT:	
Date of Assessment:	Time:

Name of Assessor:	Designation:
Outcome of Assessment/Decision to Admit:/Rationale for not admitting:	
Admit to Cobden Unit:	YES/NO
Out of Area placement required:	YES/NO
Out of Area placement identified:	
Confirmation of arrival on Out of Area Unit and time admitted <i>To be completed by Capacity & Flow Manager</i>	

Upon completion please fax to Sue Robson on 0161 716 4305 by 9.30am on the first working day following the date of referral.

OUT OF AREA PLACEMENT PROCESS



Re: Out of Area PICU Funding Requests

As you are aware, from time to time, we have to request authorisation to fund an out of area PICU bed if there is no availability on the Cobden Unit or if the service user is a female.

The usual process during office hours is that we would approach either yourself or a member of your team to request funding. This request would be based on the outcome of our assessment and copies of all documentation would be sent to yourselves to assist you in making your decision.

However, PICU referrals may occur out of office hours. Historically there has been a lengthy and confusing process to establish such funding should it be required during this time. To assist all parties and to ensure the PICU admission process is handled in the most effective way, thereby omitting any delay to patients of appropriate care, we have reviewed this process as follows.

Out of hours PICU assessments will, as always, be handled by the Cobden Unit staff. If the patient is deemed appropriate for admission to a PICU bed but where there is no bed available on the Cobden Unit or if the service user is a female, funding will be required for an Out of Area PICU bed. The decision to admit to an Out of Area bed will be taken by the staff and on-call Manager for Rehabilitation & High Support Directorate. Funding will be agreed with the provider on behalf of the CCG area responsible for this service user. If such an admission has occurred, the Joint Commissioning Lead at the CCG will be advised the following morning, or Monday morning if the admission occurred during the weekend. The Out of Area provider will at this point approach the CCG for written confirmation of funding and to confirm invoicing instructions.



To Whom It May Concern,

The funding of an emergency bed at:

.....
 (Name of Ward)

.....
 (Name of Hospital and Company eg Cygnet, Affinity Healthcare)

.....
 (Type of bed eg PICU, Acute)

has been agreed according to the protocol in place between the Mental Health Integrated Pathway Hub (on behalf of NHS Heywood, Middleton & Rochdale) and the Heywood, Middleton & Rochdale Borough within Pennine Care NHS Foundation Trust.

For:
 (Name of patient)

.....
 (DOB)

The cost of the placement has been confirmed as £.....per day

Name of Senior Manager On-Call who has approved the placement:

.....

Invoice to be sent to: 01D payables L795
 Phoenix House
 Topcliffe Lane
 Tingley
 Wakefield
 WF3 1WE

With Thanks
 (Sign)
 (Print Name)
 (Designation)
 (Date)

Copy to be faxed to: Sharon Wrigley/Ian Mellow, Heywood, Middleton & Rochdale CCG, Number One Riverside, Third Floor, Smith Street, Rochdale, OL16 1XU



Fax Number: 0161 622 6526



To Whom It May Concern,
The funding of an emergency bed at:

.....
(Name of Ward)

.....
(Name of Hospital and Company eg Cygnet, Affinity Healthcare)

.....
(Type of bed eg PICU, Acute)

has been agreed according to the protocol in place between the Mental Health Integrated Pathway Hub (on behalf of NHS Bury) and the Bury Borough within Pennine Care NHS Foundation Trust.

For:
(Name of patient)

.....
(DOB)

The cost of the placement has been confirmed as £.....per day

Name of Senior Manager On-Call who has approved the placement:

.....

Invoice to be sent to: 00V payables L105
 Phoenix House
 Topcliffe Lane
 Tingley
 Wakefield
 WF3 1WE

With Thanks

..... (Sign)

..... (Print Name)

..... (Designation)

..... (Date)

Copy to be faxed to: Sharon Wrigley/Mark Gibbons, Bury CCG, 21 Silver Street, Bury, BL9 0EN. **Fax Number: 762 3083**



To Whom It May Concern,

The funding of an emergency bed at:

..... (Name of Ward)

..... (Name of Hospital and Company eg Cygnet, Affinity Healthcare)

..... (Type of bed eg PICU, Acute)

has been agreed according to the protocol in place between the Mental Health Integrated Pathway Hub (on behalf of NHS Oldham) and the Oldham Borough within Pennine Care NHS Foundation Trust.

For: (Name of patient)

..... (DOB)

The cost of the placement has been confirmed as £.....per day

Name of Senior Manager On-Call who has approved the placement:

.....

Invoice to be sent to: 00Y payables L125
Phoenix House
Topcliffe Lane
Tingley
Wakefield
WF3 1WE

With Thanks

..... (Sign)

..... (Print Name)

..... (Designation)

..... (Date)

Copy to be faxed to: Sharon Wrigley/Hayley McGowan, Oldham CCG, Personalised Care Team, Ellen House, Waddington Street, Oldham, OL9 6EE. **Fax: 0161 622 6526**



To Whom It May Concern,

The funding of an emergency bed at:

.....
(Name of Ward)

.....
(Name of Hospital and Company eg Cygnet, Affinity Healthcare)

.....
(Type of be eg PICU, Acute)

has been agreed according to the protocol in place between the Mental Health Integrated Pathway Hub and the Stockport Borough within Pennine Care NHS Foundation Trust.

For:
(Name of patient)

.....
(DOB)

The cost of the placement has been confirmed as £.....per day

Name of Senior Manager On-Call who has approved the placement:

.....

Invoice to be sent to: NHS Stockport CCG
01W Payables L435
Phoenix House
Topcliffe Lane
Wakefield
WF3 1WE

With Thanks

..... (Sign)

..... (Print Name)

..... (Designation)

..... (Date)

Copy to be faxed to: Gina Evans, Joint Commissioning Lead: Mental Health, Stockport CCG, 8th Floor, Regent House, Heaton Lane, Stockport, SK4 1BS. Fax Nr: 0161 426 5997



To Whom It May Concern,
The funding of an emergency bed at:

.....
(Name of Ward)
.....
(Name of Hospital and Company eg Cygnet, Affinity Healthcare)
.....
(Type of be eg PICU, Acute)

has been agreed according to the protocol in place between the Mental Health Integrated Pathway Hub and the Tameside & Glossop Borough within Pennine Care NHS Foundation Trust.

For:
(Name of patient)
.....
(DOB)

The cost of the placement has been confirmed as £.....per day
Name of Senior Manager On-Call who has approved the placement:

.....

Invoice to be sent to: NHS Tameside & Glossop CCG
01Y Payables L445
Phoenix House
Topcliffe Lane
Wakefield
WF3 1WE

With Thanks

..... (Sign)
..... (Print Name)
..... (Designation)
..... (Date)

Copy to be faxed to: Clare Symons Mental Health and Learning Disability Commissioning Manager,
Transformation Directorate, NHS Tameside and Glossop Clinical Commissioning Group, New Century
House, Progress Way, Windmill Lane, Denton, Manchester M34 2GP
Fax Nr: 0161 304 5404

Discharge/Transfer Pathway

