

# Resilient Patient Flow Policy

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## DOCUMENT TRACKING SHEET

### RESILIENT PATIENT FLOW POLICY (previously Bed Management Policy)

Version	Status	Date	Issued to/approved by	Comments
2.1	Draft	Jan 2018	Deputy Medical Director Associate Director, Acute Care Group Associate Director, Older Peoples Care Group	Requires input from Older People Mental Health Services for clinical indicators. Completed and agreed January 2018
2.2	Draft	Jan 2018	Acute Care Group and Older Peoples Care Group circulated for virtual multi-disciplinary review	Requires input from MDT colleagues and AHP leads. Comments have been received and actioned as required
2.3	Draft	February 2018	Issued to COG	For discussions and the pathway for ratification.
3.0	Final	17 July 2018	Quality Committee	Ratified
3.1	Final	August 2019	Executive Director of Quality and Nursing	Addition of Appendix O Amended to Resilient Patient Flow
3.2	Final	May 2021	Sue Excell- Author	Full review for updating
3.3	Final	September 21	Trust-wide circulation for comments	Finalising
4.0	Final	November 2021	Trust Wide Patient Safety and Mortality Review Group	Approved
5.0	Final	June 2022	COG	Changes approved by COG Assurance to be given to Quality Committee

### SUMMARY OF CHANGES

Date	Author	Page	Changes (brief summary)
2018	Policy Author		Policy name changed from Bed Management Policy to Patient Flow Policy
August 2019	Compliance and Assurance Manager		Addition of Appendix O - Process for the admission of a child or young person to an adult psychiatric ward Addition of Resilient Patient Flow
Sept 21	Sue Excell		Review across KMPT in preparedness for publication Linked to Winter and Summer Resilience Plans in related documents 21.2 Barriers meeting to include consideration of seasonal risks of extremes of temperature
June 2022	Sue Excell		Following a regulation 28 from the Coroner this policy now includes an updated section in 12.1 and the addition of Appendix G – Joint working protocol between AMHP Service and Patient Flow. Appendix F amended and updated.

### REFERENCES, RELATED DOCUMENTS

<b>All internal and external documents which relate in any way to this document</b>	
Acute Service Admission and Discharge Protocol	

Admission & Discharge Policy for Older People Services incorporating the Choice Protocol	KMPT.CLiG.083
Care Programme Approach Policy	KMPT.CLiG.001
Clinical Risk Assessment & Management of Service Users Policy	KMPT.CLiG.009
CMHT Operational Policy	KMPT.CLiG.121
Delivering Same Sex Accommodation Policy	KMPT.CLiG.139
Draft NELF CAMHS Transition Policy	
Health and Social Care Records Policy	KMPT.CLiG.071
Infection Prevention and Control Policy	KMPT.CLiG.005
Informal Patients Policy	KMPT.CLiG.022
Medicines Management Policy	KMPT.CLiG.008
Mental Capacity Act	KMPT.CLiG.052
Mental Health Act Code of Practice 1983 – revised 2008	DH 2008
NICE Implementation Policy	KMPT.CLiG.028
Safeguarding and Protecting Children and Young People	KMPT.CLiG.030
Safeguarding Vulnerable Adult policy	KMPT.CLiG.006
Supervised Community Treatment Policy, Mental Health Act 1983, Section 17A	KMPT.CLiG.046
Surge & Capacity Policy	KMPT.CLiG.114
Transfer and Discharge of Patients Policy	KMPT.CLiG.057
Transition Pathway Protocol between CHYPS & AMHS Protocol and Good Practice Guidance	KMPT.CLiG.130
Winter Resilience Plan	KMPT.CorG.125
Summer Resilience Plan	KMPT.CorG.140

## CONTENTS

1	INTRODUCTION .....	1
2	GENERAL PRINCIPLES.....	1
3	DUTIES AND RESPONSIBILITIES.....	2
4	THE PATIENT FLOW TEAM.....	2
5	STANDARD OPERATIONAL PROCEDURES .....	4
6	PICU BEDS .....	5
7	PATIENT FLOW PRIORTISATION LIST .....	6
8	BED STATE .....	7
9	BED ALLOCATION.....	7
10	SAME SEX ACCOMMODATION .....	8
11	INTERNAL TRANSFERS.....	9
12	JOINT WORKING WITH KENT AMHP SERVICE .....	9
13	ESCALATION PROCESS IF NO KMPT BED AVAILABLE .....	9
14	SOURCING A PRIVATE BED .....	9
15	IN EVENT OF NO KMPT OR PRIVATE BED .....	10
16	MONITORING AND RECALL PATIENTS FROM PRIVATE ACUTE BEDS .....	10
17	PATIENTS REQUIRING ADMISSION TO A MENTAL HEALTH BED WHO ARE NOT KMPT PATIENTS.....	11
18	REFERRALS FOR ADMISSION OF A YOUNG PATIENT TO ADULT MENTAL HEALTH WARD.....	12
19	PROCESS FOR THE ADMISSION OF A CHILD OR YOUNG PERSON TO AN ADULT PSYCHIATRIC WARD .....	12
20	REFERRALS AND ASSESSMENT PATHWAY FOR PATIENTS WITH A KNOWN DIAGNOSIS LEARNING DISABILITY AND/OR AUTISM .....	13
21	BED MANAGEMENT WEEKLY MEETINGS .....	14
22	BARRIERS TO DISCHARGE ROLE AND FUNCTION.....	15
23	DELAYED TRANSFER OF CARE (DTC).....	15
24	FUNDING PANELS & COMPLETED REFERRALS .....	16
25	PERFORMANCE.....	16
26	EQUALITY IMPACT ASSESSMENT .....	16
27	HUMAN RIGHTS.....	17
28	MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS DOCUMENT.....	18
29	ABBREVIATIONS .....	19
APPENDICES.....		20
APPENDIX A – NHSEI OPEL FRAMEWORK SLIDES .....		20
APPENDIX B – ESTIMATED DISCHARGE DATE GUIDANCE .....		20

APPENDIX C – CLINICAL INDICATORS FOR ADMISSION .....	20
APPENDIX D – FLOW CHARTS FOR BED CLOSURES DUE TO ESTATES AND SAFE STAFFING ISSUES .....	20
APPENDIX E – DELIVERING SAME SEX ACCOMMODATION POLICY .....	20
APPENDIX F – FLOW CHART OF THE ESCALATION PROCESS WHEN THERE IS NO BED AVAILABILITY .....	20
APPENDIX G - JOINT WORKING PROTOCOL BETWEEN AMHP SERVICE AND PATIENT FLOW. ....	20
APPENDIX H – ON CALL POLICY .....	20
APPENDIX I – “WHO PAYS” GUIDANCE.....	20
APPENDIX J – TRANSITION PATHWAY PROTOCOL .....	21
APPENDIX K – SOP FOR THE REFERRAL AND ASSESSMENT PATHWAY RELATING TO INDIVIDUALS WITH A KNOWN DIAGNOSIS OF LEARNING DISABILITY AND/OR AUTISTIC SPECTRUM CONDITIONS (ASC) AND ADHD .....	21
APPENDIX L – DTOC GUIDANCE .....	21
APPENDIX M – REVIEW AND RE-SETTLEMENT TEAM SOP AND OATS PANEL PROTOCOL.....	21
APPENDIX N – CRISIS RESOLUTION & HOME TREATMENT SERVICE OPERATIONAL POLICY.....	21
APPENDIX O – AFTER CARE – SECTION 117 FUNDING.....	21
APPENDIX P – INPATIENT SAFE STAFFING MONITORING AND ESCALATION POLICY..	21

## **1 INTRODUCTION**

- 1.1 This Policy covers admission to acute inpatient services for younger and older adults within KMPT. It excludes admission to medium or low secure wards within Forensic services and KMPT Rehabilitation beds.
- 1.2 An inpatient admission may be required as an essential component of patient's treatment and recovery. It is recognised that being admitted to hospital can be stressful, and that the patient's admission is supportive to their individual needs from day of admission and is focussed on their recovery with an agreed estimated date of discharge.
- 1.3 Weekend working Consultants will, where applicable work across both care groups inclusive of a Saturday or Sunday and Bank Holiday. Discharges will be facilitated across the acute care group 7 days a week. The Patient Flow Consultant will review weekend working plans on a week by week basis, and provide a 6-monthly report on the benefit realisation of weekend working for the Executive Team.
- 1.4 The Patient Flow service will endeavour to admit patients to their locality service in the first instance. Where this is not possible a bed across Kent & Medway will be agreed as a Kent bed.
- 1.5 There should be efficient and effective use of all beds focussed on needs led approach to minimise the use of out of area beds outside the Trust.

## **2 GENERAL PRINCIPLES**

- 2.1 The Trust will ensure that bed flow capacity is managed throughout the year, and will manage escalation triggers and mitigations aligned to national OPEL reporting. As and when directed this will be managed through Whole System reporting. The Trust will ensure timely operationalised sit-rep reporting, and pre-planned schemes to militate against Summer/Winter Pressures. In the unusual event of pandemic such as COVID, further measures to report on pressures will be produced daily. The KMPT OPEL report indicating the level of pressure in the KMPT bed stock will be used to focus demand and capacity, and remain on the Tactical agenda for as long as deemed necessary. Patient Flow will also receive sit-rep reports from Liaison, Crisis Teams and Single Point of Access daily. For further guidance on the OPEL report please see appendix A
- 2.2 Patients should have timely access to an appropriate bed when required. High quality care produces excellent outcomes for patients, and is considered safe, effective, caring, responsive and well led. Flow should follow best practice guidance in the reporting of potential patient safety incidents, and should consider staff capacity and high acuity on all wards prior to admitting patients.
- 2.3 The least restrictive option to admission must be explored prior to an offer of admission. This must include Support & Sign Post, Crisis Home Treatment and any other options. If it is deemed a patient can be home treated or supported and accepted by such, and a patient declines this then a review of treatment should be explored. It is not a de-fault position to offer informal admission.
- 2.4 Patients admitted to an acute bed must receive an Estimated Date of Discharge (EDD) as part of their acute in-patient treatment plan. Planning for discharge will commence on first day of the admission, and will be supported by the discharge co-ordinators that Patient Flow has dedicated to each site, and discussed in weekly bed management calls. Appendix B – Estimated Discharge Guidance

### **3 DUTIES AND RESPONSIBILITIES**

#### **3.1 Executive:**

- 3.1.1 All beds within the Trust remain under the shared executive responsibility and management of the Executive Director of Nursing, and Chief Operating Officer.
- 3.1.2 Patient Flow sits outside of acute in-patient care groups, as part of Corporate Services and is accountable to the Chief Operating Officer.

#### **3.2 Maintaining Good Flow:**

- 3.2.1 The policy recognises that not all staff groups in all disciplines will have direct involvement in bed management and escalation; However, all members of staff across care groups have a responsibility to support this policy. It is essential that Patient Flow work closely with care group Heads of Service, Senior Managers and Matrons to maintain a clear line of communication and information sharing.
- 3.2.2 Social Care play a pivotal role in maintaining good flow. There is an expectation that colleagues from KCC will work closely with KMPT in supporting this policy.

#### **3.3 Patient Flow Team:**

- 3.3.1 Have responsibility 24/7 for the operational management of beds.
- 3.3.2 Clinical Leads out of hours are part of the Patient Flow Team.
- 3.3.3 Patient Flow will have a Care Group/Service wide perspective of the bed stock in its entirety, and support Care Groups to adopt appropriate needs led, safe care approach of all patients to ensure maximum utilisation of KMPT bed stock.
- 3.3.4 The Patient Flow Team including Matron, Team Leaders, and Call-handlers will hold a detailed handover conference call with the Clinical Lead twice daily, 8.30 am and 3.30 pm Monday to Friday. When there is pressure in the system an additional 12.30 pm call will be operationalised to review the demand and capacity. All Matrons, Service Managers across care groups, CRHT, and Liaison must prioritise this call.
- 3.3.5 In the event of required escalation, the Consultant for Patient Flow and Chief Operating Officer will make the final decision on potential bed closure or unsafe staffing that prevents an admission. In the absence of the Flow Consultant the Chief Medical Director for the required care group will deputise. Please see Appendix 1 – Flow Chart of Escalation.

### **4 THE PATIENT FLOW TEAM**

- 4.1 Patient Flow is operationally and clinically responsible for the oversight and management of appropriate admissions, and timely planned discharges within an acute mental health ward. Patient Flow will work alongside and support the care group Heads of Service, service managers and matrons in ensuring safe and timely discharge practice across KMPT acute mental health bed stock. This is KMPT beds in its entirety based upon need, not age.

#### **4.2 Team Functions**

1. The Patient Flow function is to ensure that patients being referred for an acute admission are being offered the appropriate care, in the right place at the right time,

and where agreed admission is required, allocate a suitable bed in line with the patients identified needs.

2. An essential part of the Flow function is to support with timely review of potential barriers to discharge. Any known barriers prior to admission should be communicated to the Patient Flow team from the referring service. A barrier to discharge meeting will be held with the patient at the earliest opportunity but no later than 5 days post admission. This must be clearly documented on RIO, with actions taken. A detailed barriers questionnaire must include any safeguarding concern's, social care needs and a referral to Social Care if applicable, and consider timely referral to housing where appropriate or necessary. A monthly review of the completed barriers to discharge will be audited by the Flow Matron, and presented in the Flow Performance team meeting.

Please note that a patient's discharge date and time that requires a housing appointment must be planned accordingly to avoid street homelessness.

3. Patient Flow is responsible for providing daily flow sit rep reporting to the Chief Operating Office and Executive colleagues. Weekly performance reports that capture the daily use of beds across all wards, length of stay and delayed discharges are circulated weekly. A daily OPEL report that is sent out at 10.00 am daily will evidence the demand and capacity across the KMPT in-patient wards, and is RAG rated according to national OPEL statistics. During periods of outbreaks such as Covid all flow demand will be reported as part of Tactical escalation. Patient Flow Performance Manager details a monthly Flow dashboard of KPI achievement across care groups, and a separate report for each Flow team across all three sites that will be discussed in monthly site performance meetings and monthly QPR.
4. Patient Flow are available upon request to spend time with specific teams to support reflection on specific case studies, or plan robust clinical decision making, using NICE guidance principles. They can offer training workshops to enhance quality patient outcomes based on need particularly helpful for complex groups of patients who may have re-occurring admission requests such as Cluster 8 and below. Where patients are highly complex or high risk issues are of concern, a high risk forum can be facilitated to agree outcomes based on multi-disciplinary principles and shared risk ownership.

#### 4.3 The Patient Flow Team consists of:

- Consultant Psychiatrist 0.5 WTE
- Senior Patient Flow Manager
- Matron
- Clinical Leads
- Senior Patient Flow Team Leaders
- Admission and Discharge Co-ordinators
- Call Handlers
- Administration
- Assistant Discharge Co-ordinators

#### 4.4 There are three teams across each main site



- 4.4.1 The North Kent team is based at Littlebrook Hospital Dartford, and cover the following wards:
- Amberwood Ward
  - Pinewood Ward
  - Cherrywood Ward
  - Littlestone- used only for refurbishment periods
  - Ruby Ward – Medway Maritime Hospital base
  - Jasmine Ward
- 4.4.2 The East Kent Team is based at St Martins, and cover the following wards:
- Bluebell Ward
  - Fern Ward
  - Foxglove Ward
  - Heather Ward
  - Thanet Mental Health Unit:
    - Sevenscore Ward
    - Woodchurch Ward
- 4.4.3 The West Kent Team is based at Priority House, and cover the following wards:
- Boughton Ward
  - Upnor Ward
  - Chartwell Ward
  - The Orchards

## **5 STANDARD OPERATIONAL PROCEDURES**

### **5.1 Referral for admission during normal working hours:**

- 5.1.1 Each day there will be one member of the team either a Patient Flow Team Leader or the Matron and call handler allocated to undertake referrals and allocations for beds on behalf of KMPT.
- 5.1.2 A Senior member of the Flow team will attend the AMHP conference call daily at 8.30 am to ascertain pending Mental Health Act assessments, S135 warrants to be executed and Community assessments pending. The AMHP team manager will circulate the daily AMHP report for information. The AMHP allocated for assessment will liaise with the bed manager directly when a bed is required, and the patient is being detained.
- 5.1.3 For all informal admission referrals CRHT are the recognised gatekeepers of beds in and out hours. All assessing CRHT clinicians must ensure the agreed gatekeeping questions are answered and a clinical conversation held with Flow bed manager prior to any treatment plan being discussed with the patient.

### **5.2 Out of Hours: Patient Flow Clinical Leads**

- 5.2.1 From 3 p.m. during the working week there will be 3 Clinical Leads working across the 3 sites. One of the Clinical Leads will be assigned as Bed Manager until 11pm. At weekends the same system will occur.

5.2.2 The clinical leads will attend the 3.30 pm bed handover call and all referrals will be discussed in detail, who is waiting for a bed, including acute hospital delays in admission, late discharges, beds allocated, time-frames, place of safety pressures, and those out of area patients waiting to be repatriated to their own locality and Trust. Any transport issues to be escalated via the On-Call Manager if they cannot be resolved effectively.

### 5.3 Prior to Admission:

#### 5.3.1 Referrals for beds:

- Check patient is a KMPT patient by GP via the Summary Care Record on the National Health Service Spine Portal.
- Check robust gate keeping has been undertaken by CRHT (refer to Appendix C - Clinical Indicators).
- Review patient RIO notes for gender related risks, safeguarding, physical health presentation, risk presentation, and review last or most recent admission if applicable.
- Confirmation must be received that the patient is medically fit for admission to a Mental Health Ward.
- Referrals received for admission from Acute Hospitals must have a KMPT Physical Health Risk Assessment form completed within 24hrs prior to admission.
- Refer to the Clinical Indicator for admission protocol (Appendix C)  
Check to establish if Support & Signpost service or home treatment can offer alternative to admission, clearly document the reasons why not.
- Community and Section 136/5s MHAS check and discuss with AMHPS any concerns about the need for the assessment, and whether an inpatient bed is the most suitable environment to meet the individual's needs. Consider i.e. people with physical health problems; specialist needs i.e. eating disorder, neurological presentation, or ADHD/LD.
- Raise any inappropriate admission concerns with either the Matron or Consultant Psychiatrist for advice and support. Particularly when an admission has failed previously, and known not to be conducive to good outcomes for patients of certain groups.
- All Cluster 8 Complex Emotional Disorder patients must be referred to the CED team to ensure community support offering CED group has been duly considered as a preventative to admission.

## 6 PICU BEDS

6.1 If it is clinically indicated that a PICU bed may be appropriate for the patient to be admitted to; the below points must be followed:

- 6.1.1 A referral must be made to the PICU Outreach team followed up with a discussion on agreed pathway for the patient.
- 6.1.2 PICU Outreach will review the patient RIO record, and attend the assessment where deemed appropriate to support decision making. The PICU Liaison nurse will source a PICU bed.
- 6.1.3 If there is a professional clinical disagreement on the placement for the patient, the Patient Flow Matron will raise their concerns with the senior managers of the patient flow team and inpatient services for timely resolution.
- 6.1.4 Out of hours only the Head of Service or Executive Director on call can authorise an external PICU bed. The Clinical Lead or PICU Liaison will complete the referral form.

## 6.2 Recall from PICU (Essentially Monday to Thursday repatriation only):

- 6.2.1 Patients placed in PICU need to be recalled to acute mental health beds as soon as it is safe and appropriate to do so. All Out of Area PICU patients are reviewed during a weekly PICU call chaired by the Deputy Medical Director on behalf of the Executive Medical Director. This takes place every Wednesday at 4.00 pm.
- 6.2.2 The request for recall will come from the PICU team at the Willow suite. On receiving the request and a follow-up discussion in the Wednesday meeting the bed manager will add the repatriation to the daily bed state; repatriation will be prioritised as well as new admissions.
  - 1. If it is an internal transfer from the Willow Suite direct to an acute ward, the RiO notes must be reviewed to identify any issues in terms of risks and behaviour's that led to the admission. The risk assessment must be reviewed in order to decide whether the patient requires a male only environment.
  - 2. Ensure there is a clear transition plan for care on recall to an acute mental health bed including, recommendations for medication to be prescribed on transfer.
  - 3. If it is an external transfer from a private PICU, please ask the PICU outreach team for the following information if it has not already been requested:
    - a) Seven days of progress notes
    - b) Up to date risk assessment
    - c) Up to date care plan – including recommendations for care on transfer to an acute environment.
    - d) Recent Mental Health Review Tribunal (MHRT) reports
  - 4. Once the information has been received identify and allocate the most suitable bed.
  - 5. Contact the receiving ward and PICU outreach, and ask them to liaise with the acute ward with regards to transfer arrangements.
  - 6. If there are concerns about the transfer these should be escalated to the Matron or Senior Manager for Patient Flow.
  - 7. KMPT have access to a number of Female PICU beds at Cygnet Godden Green and these do not need authorisation out of hours.

## 7 PATIENT FLOW PRIORTISATION LIST

- 7.1 Ensure referrals are placed on the bed state daily sheet – add any comments e.g. time and day of MHA, patient medically fit, CTO recall, and specific intervention such as Clozapine titration.
- 7.2 Prioritise the bed state daily sheet in line with the clinical information available and discussion with CRHT / AMHPs / CMHT and Liaison.
- 7.3 Ensure pending referrals are RAG rated either:
  - a) Red: Awaiting bed allocation

- b) Amber: Awaiting further information (e.g. physical health risk assessment, informal agreement, home office approval, confirmation of CTO paperwork etc)
- c) Green: Bed allocated
- d) White: Some Referrals are placed on the bed state for information only.

7.4 Ensure referrers are clear on the timescale for admission and if there is likely to be any anticipated delay, and discuss if patient is clinically appropriate to wait for a bed. Discuss options for supporting the patient when there is a bed delay.

7.5 Escalate any “no bed” using the No bed Flow Chart seeking consideration of alternatives.

## **8 BED STATE**

8.1 Identify where there are vacant beds, and gender of the vacant bed. Please consider the acuity of the ward, and safer staffing.

8.2 Identify any leave beds, the gender and if this may be used, i.e. patient on long leave. Patients in an acute hospital who have been transferred should have the KMPT bed closed after a 24-hour period.

8.3 If there is a clear disparity between beds required in terms of the number and gender mix, ensure this is highlighted to Senior Managers on all sites. This is so a discussion can be had as to whether there is an ability to flex a ward to ensure we have the right gender beds. Any flexed beds must be returned to their usual status as soon as possible after the demand has past.

8.4 Patient Flow must be made aware of any wards with high observation levels, questioning observation reviews completed according to the therapeutic observation policy. Flow will proceed to seek an alternative ward option in the event patient's observations are at the maximum of three.

8.5 Any request from a ward to close a bedroom for estate or facilities reasons Patient Flow are to ensure these have been reported by the ward immediately with an estimated time-frame for repairs, and detailed on the bed log. Specific reduction in beds, closure of rooms and any safer staffing related issues must be escalated to the Deputy Chief Operating Officer and Flow Consultant or Director on Call out of Hours and work with the matrons to agree a contingency plan prior to any bed closure. Please see Appendix D - Flow charts for bed closures due to estates and safe staffing issues

8.6 The bed state is sent out three times a day, once in the morning prior to 8.30am once in the afternoon prior to the 3.30 pm conference call, and once in the evening at 10:30pm. The OPEL dashboard is sent out Trust wide at 10.00 am daily and discussed on Tactical calls. Other bed stock information may be shared with commissioners on a need to know basis such as periods of high demand or pandemic for a whole system call.

8.7 When demand exceeds capacity and there are concerns about patient safety escalate to the Deputy Chief Operating Officer/Director on call for consideration of seeking alternative options which may include authorised private bed usage.

## **9 BED ALLOCATION**

9.1 A bed will only be allocated to a patient once it is clear all alternative options to hospital admission have been explored.

- 9.2 If a patient has a forensic or risk history of violence this must be considered and discussed prior to bed allocation. All informal admissions must meet the clinical indicators. If Patient Flow have concerns that the clinical indicators have not been met a discussion with the Patient Flow Consultant should be held.  
In some circumstance consideration of another environment might be more suitable to meet the patient's needs i.e. PICU for challenging and aggressive patients whose risks cannot be managed on an open ward.
- 9.3 The bed Manager who is responsible for allocating a bed must consider the following:
- 9.3.1 If there are concerns about the patient's physical health status then an acute medical assessment will be required as a priority. A bed will not be allocated until Patient Flow have received confirmation the patient is medically fit for admission to a Mental Health Ward.
  - 9.3.2 Does the patient have any specific needs: i.e. complex physical needs that require special equipment to be in place? If so it is the responsibility of the admitting ward to ensure this has been noted.
  - 9.3.3 If a patient is likely to be having ECT consider a West Kent bed in order to reduce travel time and improve patient experience.
  - 9.3.4 If the patient has a history of violence and aggression they must be fully assessed in the most appropriate place of safety before being admitted. A PICU environment should be considered for patients presenting as violent and aggressive on assessment, or for those who have a known history of aggressive behaviour on an Acute ward.
- 9.4 A bed available in the person's geographical area should be prioritised where possible.
- 9.5 The ward needs to be contacted to ensure that the bed is available, and there are no unknown issues that might be a barrier to admission. The name, details of the admission reason and any known needs should be discussed with the ward professional in charge.
- 9.6 Referrals from Acute Hospitals
- 9.6.1 Where patients are being referred for admission to an Acute Mental Health bed, assurance must be given that the person is medically fit to be transferred. This includes uploading a fully completed physical health risk assessment form to RiO completed within the last 24 hours. If concerns remain about medical fitness for transfer then a 1-1 conversation with the referring consultant must be held with Flow consultant or plan a detailed professionals meeting.

## **10 SAME SEX ACCOMMODATION**

- 10.1 Consideration must be given to a patient's clinical presentation and risk factors which may lead to an admission to a same sex ward.
- 10.2 It is essential consideration is given to trans gender referrals in the same sensitive manner and refer to the Delivering Same Sex Accommodation Policy when allocating a ward.
- 10.3 Transgender people should be accommodated according to their presentation: the way they dress, and the name and pronouns they currently use. This may not always accord with the physical appearance. Please see Appendix E for the Delivering Same Sex Accommodation Policy.

## **11 INTERNAL TRANSFERS**

- 11.1 Any internal transfer from acute ward to ward must be agreed by the ward managers and site matron. Patient Flow must be notified for information.
- 11.2 It is essential to the well-being of the patient for internal transfers to be kept to a minimum as the patient treatment can be disrupted. All reasons for transfer must be documented on RIO particularly if a patient shows signs of relapse prior to a transfer.

## **12 JOINT WORKING WITH KENT AMHP SERVICE**

- 12.1 KMPT and Kent AMHP service are expected to provide the same high-quality service to the population of Kent and Medway both in and out of hours. It is recognised that since KMPT and the AMHP service use different electronic patient record systems it is vital that effective communication is upheld particularly out of hours. In order to ensure cohesive joint working, there is as of June 2022 an agreed joint working protocol for KMPT and the Kent AMHP service which can be located in appendix G.

## **13 ESCALATION PROCESS IF NO KMPT BED AVAILABLE**

- 13.1 There are known peaks in demand for an acute mental health bed during winter and summer pressures; However, there may be peaks at other times for example the recent COVID 19 pandemic.
- 13.2 In the event of OPEL escalation across the whole system, KMPT will contribute and participate in whole system escalation calls. Senior Managers and Directors who participate in the on-call out of hours rota will be expected to be skilled in interpreting and escalation of data within KMPT. The senior Flow Manager will participate in these calls when deemed necessary.
- 13.3 KMPT has its own daily OPEL dashboard that reports demand and capacity against OPEL ratings, and is discussed during the agreed Tactical calls.
- 13.4 In the event of no KMPT bed:
  - 13.4.1 After considering all options and failure to locate a bed in hours then the escalation process will follow, by using the No bed Escalation Flow chart which can be found in Appendix F. Out of hours the Clinical Lead will escalate to the manager on call, please see On Call Policy Appendix H.
  - 13.4.2 There is a Monday to Friday 12:30 PM bed pressure call which enables cross care group discussion of pending referrals for admission, discharges and pressures within the whole system.
  - 13.4.3 All sites bed management meetings must agree the Estimated Dates of Discharge (EDD) for the given week and be reviewed.
  - 13.4.4 The bed manager for admission for that day will contact the Patient Flow Team Leaders on other sites and ask them to review each ward, and check what discharges are expected and that these are going ahead. If this identifies a suitable bed the patient will be allocated that bed.

## **14 SOURCING A PRIVATE BED**

The below is the process to be followed both in hours and out of hours:

- 14.1 The patient should be advised by the clinical team that a bed within the KMPT stock is not available, and if being admitted informally the clinical team must confirm that the patient is still agreeable to being admitted and signs the informal consent form.
- 14.2 If the patient has agreed to the admission, the patient, family/carer must be made aware that the bed may be some distance away. Alternative options must be ruled out to minimise the risk of a patient being sent to an out of area hospital.
- 14.3 The referrer must ensure an updated risk assessment, and a care assessment is complete, a clear progress note outlining the reason for admission to an acute mental health unit, the interventions that are being recommended as part of an initial care plan, and the planned outcome of the admission.
- 14.4 Once the above steps have been completed the Patient Flow Team (in hours), or Clinical Lead out of hours will contact private providers starting with those most preferred and local to Kent and Medway.
- 14.5 Once the CQC rating for the private provider has been reviewed as Good and above, the Patient Flow Team will send relevant clinical information to the chosen private provider they have identified as being the most appropriate for Kent and Medway with an available bed. However, the provider may ask to speak to a member of the clinical team referring the patient for additional information. On very rare occasions due to extreme bed pressures a decision may need to be taken to admit to a unit which is not CQC rated as Good. This decision will be made following discussion with in hours the Deputy Chief Operating Officer and/or the team Consultant, and out of hours the Director On Call and/or the Consultant on call as it is a clinical decision.
- 14.6 Once the provider has all the information they will contact the Patient Flow Team to let them know whether they can, or cannot accept the patient for admission or not.
- 14.7 If the patient has been accepted, the Patient Flow Team will do one last check to ensure no beds have become available in KMPT. If there are still no beds available the Patient Flow Team will contact the clinical team to make the arrangements for transport.
- 14.8 The patient will then be added to the KMPT out of area spreadsheet and appropriate form completed on RIO. This data will then pull through directly into the OPEL dashboard produced daily.

## **15 IN EVENT OF NO KMPT OR PRIVATE BED**

- 15.1 In the case of no beds being available in either the NHS or the Private sector, there must be a review of the newly referred patient and consideration given to the patient being supported 24/7 by CRHT. Should there be challenges regarding additional resources this will need to be escalated to the appropriate senior manager. An urgent review with CRHT and patient flow and any other interested parties to discuss and agree risk management plan to optimise patient safety whilst waiting for admission. The risk management should include assessment of potential risk of harm to children and how this will be mitigated in any children in the family. An update will be provided to a representative from the referring service following the daily 12:30pm bed management call.

## **16 MONITORING AND RECALL PATIENTS FROM PRIVATE ACUTE BEDS**

- 16.1 The Patient Flow Team will be responsible for monitoring patients in private acute beds. A member of the team will contact units where there are private patients on a weekly basis for updates. This will include:
- a) Estimated date of discharge.
  - b) Levels of observations.
  - c) Identify any barriers to discharge.
  - d) Any incidents of violence and aggression.
  - e) An update on the care plan and interventions being provided (including use of medication)
  - f) Safeguarding concerns.
  - g) Any leave being given.
- 16.2 If the team feel that the patient could be being reviewed for discharge with CRHT support, the team will discuss the case with the local CRHT for consideration. They will then agree which clinician from the appropriate CRHT should be asked to contact the private provider and arrange for an in person (dependant on the units' proximity to the team), or telephone review with one of the Patient Flow Team Leaders to ensure the patient is considered for discharge as soon as it is safe to do so.
- 16.3 Each patient in private provision will receive barriers to discharge meeting undertaken by a member of patient flow team.
- 16.4 Patient Flow will recall patients as soon as there is an empty KMPT bed available, and the patient is deemed fit to travel.

## **17 PATIENTS REQUIRING ADMISSION TO A MENTAL HEALTH BED WHO ARE NOT KMPT PATIENTS**

- 17.1 If a patient has been referred for admission and is registered with a GP outside of the KMPT CCGS they should be referred to their own Trust in the first instance.
- 17.2 The Patient Flow Team will identify which is the local Mental Health Trust that their patient has been assessed as requiring an admission.
- 17.3 The clinical team that have assessed the patient such as Place of Safety will be expected to ensure clinical conversations, and clinical documentation is provided to the onward Trust
- 17.4 The Patient Flow Team will support Liaison and Place of Safety to ensure a bed has been allocated in a timely manner.
- 17.5 Once a bed has been identified the clinical team will arrange transport.
- 17.6 Where a home Trust has not authorised a local bed escalation must follow.
- 17.7 Where there may be disputes over "who pays" follow NHS Guidance on the website Link to this guidance can be found in Appendix I
- 17.8 Please note KMPT are not part of the Pan London Protocol which prioritises address of patient over GP.



- 17.9 Clinical Lead to escalate delays of bed identification for out of area patients to support with early resolution to Senior Leadership team in hours, or Director on call out of hours to act in the best interest of the patient.
- 17.10 If the On Call Director authorises an admission of a non-Kent resident in to a KMPT bed, the Contracts team to be notified of any charges incurred as a result of admission.

When considering the manager or the Director on call unless an urgent crisis decision is required do not call during the night. Resolution of challenging issues should ideally be resolved during usual waking hours 09:00 to 23:00 with night time calls being only for an emergency that cannot wait until the following the morning – see the On Call policy for further guidance

## **18 REFERRALS FOR ADMISSION OF A YOUNG PATIENT TO ADULT MENTAL HEALTH WARD**

- 18.1 Senior Flow manager attends Tier 4 CAMHS monthly transition meeting. The aim will be to try and support a discharge home prior to the young person becoming 18 years of age.
- 18.2 For request for transfer from CAMHS to an adult mental health bed the transition process as outlined in the Transition Pathway Protocol Policy should be follow. Please see Appendix J

## **19 PROCESS FOR THE ADMISSION OF A CHILD OR YOUNG PERSON TO AN ADULT PSYCHIATRIC WARD**

- 19.1 If consideration is being given regarding the admission of a child or young person to a KMPT adult psychiatric ward, the following steps will need to be undertaken:
5. Referral for admission to be screened by the Senior Patient Flow Leadership team. In exceptional circumstances a young person approaching 18 years, admission may be considered and the following actions need to be taken before admission is agreed.
  6. Escalate to Deputy Chief Operating Officer to discuss why this is being considered as the best option for the patient.
  7. Deputy Chief Operating Officer will then have a discussion with the Executive Director of Nursing and Quality and/or the Executive Medical Director, so that consideration can be given to the risks associated with the admission and appropriate action taken in relation to safeguarding of the patient.
  8. If following this discussion admission is agreed and this admission will be for longer than 48 hrs, the CQC statutory notification for the admission of a child or young person to an adult psychiatric ward will need to be completed by the admitting ward team. A copy of the notification form can be obtained from the Compliance and Assurance Manager. Once completed, this should be returned to the Compliance and Assurance

Manager who will share with the Executive Director of Nursing and Quality for sign off. A notification will also be sent to the Safeguarding team.

9. Once approved, the completed statutory notification will be submitted to the CQC along with a covering letter outlining the reasons for admission and the anticipated length of stay.
10. The admitting ward team may then be contacted directly by the CQC and an inspection team may decide to visit the patient to ensure that risks are being managed effectively.
11. Prior to admission and during their time on the ward, the admitting ward team will need to ensure that the child or young person:
  - Have appropriate support mechanisms in place for reviews and with ongoing care and treatment from a CAMHS Consultant and CAMHS nursing staff.
  - Is nursed on 1:1 observation level.

## **20 REFERRALS AND ASSESSMENT PATHWAY FOR PATIENTS WITH A KNOWN DIAGNOSIS LEARNING DISABILITY AND/OR AUTISM**

- 20.1 KMPT are commissioned to provide secondary Mental Health Services to the population of Kent and Medway. Please see Appendix K - SOP for the referral and assessment pathway relating to individuals with a known diagnosis of Learning Disability and/or Autistic Spectrum Conditions (ASC) and ADHD
- 20.2 For those people with a learning disability or autism who require secondary mental health services will be accepted for admission if “reasonable adjustments” can be made to accommodate their needs.
- 20.3 KMPT are not commissioned to provide a service for people with autism or learning disability with the absence of a mental illness. There is a Kent and Medway Complex autism service run by Sinclair Strong consultant Ltd. Details of this service and referral details can be found in the KMPT Autisms and ADHD standard operating procedure.
- 20.4 Kent and Medway have no commissioned inpatient service for people with learning disability or autism.
- 20.5 People with an acute mental health illness and a diagnosis of learning disability and/or autism, whose mental health needs require an inpatient admission must be referred to the KMPT acute services in the first instance and “reasonable adjustments” must be considered and put in place to ensure the patient can access these.
- 20.6 Where “reasonable adjustment” is not possible, the referral should be re-directed to the Kent and Medway CCG commissioners as KMPT are not commissioned to fund and agree beds for this cohort.
- 20.7 The below processes are for all KMPT access points (SPoA, CMHT, Patient Flow, LPS, and CRHT) to be aware of and follow:
- 20.8 All referrals for patients should be carefully screened and where there is a diagnosis of autism and/or learning disability, there should be clear evidence of signs and symptoms of mental illness that requires secondary mental health assessment and/or treatment.
- 20.9 A diagnosis of autism or learning disability is only confirmed if there is evidence that the patient has had a specialist assessment that has identified these conditions, or has previously

accessed specialist services. Anecdotal or historical reporting should not be taken as proof of diagnosis of learning disability and autism.

- 20.10 Learning difficulties e.g. such as dyslexia, attention deficit-hyperactivity disorder (ADHD), dyspraxia and dyscalculia are not a learning disability.
- 20.11 If there is no evidence of a mental illness that would require assessment or treatment then the referral should be declined.
- 20.12 If there is evidence of a mental illness that would normally meet the criteria of KMPT services then the patient must be assessed by the service.
- 20.13 The purpose of the assessment will be to identify whether the person does have a mental illness that secondary mental health services are commissioned to offer care and treatment for.
- 20.14 The assessment will also need to consider the effect of the person autism and/or learning disability on their presentation and how this may affect the diagnosis or formulation around identifying a mental health disorder. Emotionally unstable personality disorder (EUPD) and borderline personality disorder (BPD) can present very similarly to that of autism.
- 20.15 At the end of the assessment if KMPT are not offering a service this must be communicated to the patient, family or carer if appropriate, in a way that is accessible to them and where possible onward signposting to alternative support services should also be provided.

## **21 BED MANAGEMENT WEEKLY MEETINGS**

### **21.1 Chaired by band 7 Patient Flow Team Leaders**

Attendees:

- Patient Flow team including Matron and Consultant
- Consultant from each ward
- Acute Matron
- Ward Manager or representative from each ward
- OT from each ward
- Social care senior representative

### **21.2 Functions of bed management meeting:**

1. To discuss estimated discharge dates for all inpatients.
2. To ensure Patient Flow, inpatient staff and social care provide timely updates for this meeting.
3. To have an MDT discussion about barriers to discharge, and identify who is responsible for managing each aspect of the barrier.
4. To ensure social care needs have been highlighted and to monitor time frames of social care assessments.
5. To ensure social care are notified at the earliest opportunity, when patients are fit for a social care assessment.
6. To ensure all actions agreed at this meeting are allocated to a person/team with an agreed time frame for completion.
7. To identify any delayed transfers of care and (DTC's) and for those accountable for the delay (health or social care) to provide timely updates.

8. To ensure there are clear discharge plans identified for any identified DTOC's.
9. To ensure conversations in this meeting are focussed towards discharge plans as opposed to treatment plans (this is to ensure we avoid long conversations about individual cases – this is of course important, but will need discussing in another forum).

21.3 Patient Flow are responsible for taking the minutes of this meeting and for ensuring actions are recorded on Rio

## **22 BARRIERS TO DISCHARGE ROLE AND FUNCTION**

22.1 A barriers meeting must be held with the patient or review of RIO notes 72 hours into admission; if the patient remains unwell the barriers meeting must be rebooked in a timely manner and repeated prior to discharge.

22.2 Barriers meetings should include:

1. Housing referrals or negotiating with friends and family short term accommodation needs.
2. Support Care Coordinator's and Ward teams in referring to social care
3. Contact out of area placements
4. Support assessment process, including taking patients to visit units where appropriate.
5. Support the wider team in terms of preparing papers for the appropriate funding panel such as S117 and OATS panel.
6. CTR visits need to ensure these are followed up.
7. May attend panel to present that case where this is appropriate.
8. Support in understanding benefits and linking in with local services.
9. Arranging access to emergency food parcels.
10. Signpost to other services i.e. Local Drug and alcohol services.
11. Repatriation to other countries
12. Supporting ward teams in safeguarding, including safeguarding of children whom patient may have access to, and risk management on discharge
13. Arranging home visits to ensure home environment is conducive to recovery if issues identified on admission, and to solve identified issues i.e. deep clean of property, re-establishing utilities.
14. Ensure discharge timing is safe preferably in hours.
15. Consideration of the season and any additional mitigation in extreme of temperature for safe discharge.

## **23 DELAYED TRANSFER OF CARE (DTOC)**

23.1 A DTOC is a patient admitted on to an acute mental health ward that is medically optimised for discharge from an acute mental health ward, as their acute episode of mental health illness has been treated and there is no further active treatment or appropriate intervention that can be offered in an inpatient environment. Bed management meetings will identify potential delayed discharged patients and discuss with social care on the call.

- 23.2 7 days' notice will be given to Social Care if it has been agreed in an MDT that a patient meets the criteria for DTOC. The patient will be discussed on the Validation DTOC call held weekly on a Wednesday.
- 23.3 Monday and Thursday all DTOC patients are discussed between Patient Flow, Social Care and the CCG's and a weekly DTOC Tracker is updated and circulated across the interface of councils and Flow. Any DTOC related to funding where a placement is at risk of being lost will be escalated to the DCOO for urgent follow-up.
- 23.4 For detailed National DTOC Guidance and criteria please see Appendix L.

## **24 FUNDING PANELS & COMPLETED REFERRALS**

- 24.1 There are a range of panels where patients need to be presented to ensure that the funding for the relevant placement is in place and that there is agreement that this is the right package of care for these individual patients:
- 24.2 The panels are:
1. Complex Needs Panel
  2. OATS Panel
  3. S117 Panel
- 24.3 Patient Flow will support the Community Teams to complete referrals in a timely manner.
- 24.4 All OATS referrals are now Quality Assured by the Review and Re-settlement Team (RRT) directed through to the Senior Nurse. Appendix M - Review and Re-settlement Team SOP and OATS protocol.
- 24.5 In the event of a pandemic all reasonable precautions for Infection Control must be explored with Infection Control matron and follow KMPT Policy.

## **25 PERFORMANCE**

- 25.1 The central performance team provide Flow with weekly data to evidence patient outcomes. This includes weekend admission and discharges, and readmissions. Patient Flow are provided with a dashboard monthly detailing data that includes, DTOC, admissions and discharges to all wards and care groups, LOS, Out of Area, and average discharges per ward. Detailed narrative can be provided by central performance and Flow team for the benefit of Care Group QPR.
- 25.2 Each flow team are encouraged to review their performance via monthly Inpatient Services Performance meetings, and site team meetings.

## **26 EQUALITY IMPACT ASSESSMENT**

- 26.1 The Equality Act 2010 places a statutory duty on public bodies to have due regard in the exercise of their functions. The duty also requires public bodies to consider how the decisions they make, and the services they deliver, affect people who share equality protected characteristics and those who do not. In KMPT the culture of Equality Impact Assessment will be pursued in order to provide assurance that the Trust has carefully considered any potential negative outcomes that can occur before implementation. The Trust will monitor the

implementation of the various functions/policies and refresh them in a timely manner in order to incorporate any positive changes.

## **27 HUMAN RIGHTS**

- 27.1 The Human Rights Act 1998 sets out fundamental provisions with respect to the protection of individual human rights. These include maintaining dignity, ensuring confidentiality and protecting individuals from abuse of various kinds. Employees and volunteers of the Trust must ensure that the trust does not breach the human rights of any individual the trust comes into contact with.

## 28 MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS DOCUMENT

What will be monitored	How will it be monitored	Who will monitor	Frequency	Evidence to demonstrate monitoring	Action to be taken in event of non-compliance
Patient Flow operational standards	Datix incidents Complaints Safe Guarding Compliments	Senior Management Team	Weekly reporting and monthly audit	Audits Patient Flow annual review	Policy to be reviewed.  Communications to relevant staff and managers
To ensure that Private bed usage and reporting is up to date	This will be audited to ensure that patients admitted to private acute beds have a clear plan to re-patriate.  BI systems Patient's notes	Senior Team	This will be activated once we have a patient in the private sector	BI reports OPEL report	Review policy to ensure it is clear and systems are robust.

## 29 ABBREVIATIONS

Abbreviation	Meaning
AD	Associate Director
AMD	Assistant Medical Director
AMHP	Approved Mental Health Practitioner
AMHU	Adult Mental Health Unit
BH	Bank Holiday
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CCO	Care Co-Ordinator
CJLADS	Criminal Justice Liaison and Diversion Scheme
CMHT	Community Mental Health Team
CPA	Care Programme Approach
CRHT	Crisis Resolution Home Treatment Team
CTO	Community Treatment Order
CTR	Community Treatment Review
DCO	Discharge Co-Ordinator
DDO	Deputy Director of Operations
DGH	District General Hospital
DTOC's	Delayed Transfer of Care
ECT	Electro Convulsive Therapy
ED	Eating Disorders
EDD	Estimated Discharge Date
SHREWD	Single Health Resilience Early Warning Database
HDU	High Dependency Unit
KMPT	Kent & Medway Partnership Trust
KPI	Key Performance Indicator
LD	Learning Disabilities
LPS	Liaison Psychiatry Service
MDT	Multi-Disciplinary Team
MHA	Mental Health Act Assessment
MHU	Mental Health Unit
NFA	No Fixed Abode
OA	Older Adults
PICU	Psychiatric Intensive Care Unit
POS	Place of Safety
STR's	Support Time Recovery
S&S	Support & Sign Post Service
OD	Open Dialogue Service



## APPENDICES

### APPENDIX A – NHSEI OPEL FRAMEWORK SLIDES



NHSEI\_OPEL  
Framework Slides.ppt

### APPENDIX B – ESTIMATED DISCHARGE DATE GUIDANCE



EDD - DQ  
Group.docx

### APPENDIX C – CLINICAL INDICATORS FOR ADMISSION



Clinical Indicator  
Case Examples Included.docx



Patient Flow Bed  
Allocation Flowchart.docx

### APPENDIX D – FLOW CHARTS FOR BED CLOSURES DUE TO ESTATES AND SAFE STAFFING ISSUES



Flow Chart Estates  
issues.docx



Flow Chart Safer  
Staffing and Bed Pre

### APPENDIX E – DELIVERING SAME SEX ACCOMMODATION POLICY



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G.139.03.pdf

### APPENDIX F – FLOW CHART OF THE ESCALATION PROCESS WHEN THERE IS NO BED AVAILABILITY



Process for bed  
requests escalations

### APPENDIX G - JOINT WORKING PROTOCOL BETWEEN AMHP SERVICE AND PATIENT FLOW.



AMHP and Patient  
Flow bed allocation

### APPENDIX H – ON CALL POLICY



OnCallPolicyKMPT.C  
liG.174.03.pdf

### APPENDIX I – “WHO PAYS” GUIDANCE



Who-Pays-final-240  
82020-v2.pdf

## **APPENDIX J – TRANSITION PATHWAY PROTOCOL**



TransitionProtocolK  
MPT.CliG.130.03.pdf

## **APPENDIX K – SOP FOR THE REFERRAL AND ASSESSMENT PATHWAY RELATING TO INDIVIDUALS WITH A KNOWN DIAGNOSIS OF LEARNING DISABILITY AND/OR AUTISTIC SPECTRUM CONDITIONS (ASC) AND ADHD**



SOP-LDAReferralsAs  
essmentsKMPT.CliG.

## **APPENDIX L – DTOC GUIDANCE**



Monthly-Delayed-Tr  
ansfers-of-Care-Situ

## **APPENDIX M – REVIEW AND RE-SETTLEMENT TEAM SOP AND OATS PANEL PROTOCOL**



RRT SOP V2 Final Preparing for OATS Interim Protocol  
Draft clean copy JW Panel- flow chart.doOATS March 2021 d

## **APPENDIX N – CRISIS RESOLUTION & HOME TREATMENT SERVICE OPERATIONAL POLICY**



CRHTOperationalP  
olicyKMPT.CliG.077.C

## **APPENDIX O – AFTER CARE – SECTION 117 FUNDING**



S117Policy-V3.pdf

## **APPENDIX P – INPATIENT SAFE STAFFING MONITORING AND ESCALATION POLICY**



SafeStaffingEscalati  
onPolicyKMPT.HR.06