

# Bed Management Policy & Operational Guidance

## NHS GG&C Mental Health Service

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**Important Note:**

**The Intranet version of this document is the only version that is maintained.**

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

## Revision/Amendment Information

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)
1.0	Dec 2016	New document	A McEwan
2.0	March 2021	Updated contact details, Changes to associated teams such as Crisis plus new additions like Discharge Co-ordination teams and SOP. Updates provided by specialist mental health services and learning disabilities	A McEwan & S McCulloch

## Contents

1. Introduction.....	5
2. Policy Statement.....	6
3. Scope .....	6
4. Equalities .....	6
5. Roles & Responsibilities.....	6
5.1 The Bed Manager .....	6
6. Out of Hours Arrangements .....	8
6.1 Senior Charge Nurse/Nurse in Charge & Medical Staff (Out of Hours 17:00 to 09:00).....	8
7. Contingency Planning & Escalation Process .....	9
7.1 Contingency Planning for (Out of Hours 17:00 to 09:00) .....	9
7.2 Escalation Process .....	9
8. Meetings.....	9
8.1 Bed Management Meetings .....	10
8.2 Bed Management Group.....	10
9. Bed Definitions & Process.....	10
9.1 Empty Bed.....	10
9.2 Pass Bed.....	10
9.3 Booked Beds .....	11
9.4 Definition of a Boarder .....	11
Internal .....	11
External.....	11
10. Intensive Psychiatric Care Unit (IPCU) Arrangement/Process.....	13
11. Admissions From Other Specialities .....	13
11.1 Specialist Learning Disability Service Arrangements/Processes.....	13
11.2 Child and Adolescent Mental Health Services (CAMHS) Arrangements/ Processes .....	15
11.3 Forensic Services .....	15
Medium Security .....	16
Low Security.....	16
11.4 Court Liaison Service (Board wide service hosted by Forensic Services).....	16
11.5 Eating Disorder Beds.....	17
11.6 Homeless Addictions Team (HAT) .....	18
11.7 Use of In–Patient Addictions Beds .....	18
Appendix 1: Contingency Plan for IPCU Beds - If NO Empty Beds in GGC MHS .....	19
Appendix 2: Admission Pathway 09:00 to 17:00 .....	20
Appendix 3: Admission Pathway Out of Hours 17:00 to 09:00.....	21
Appendix 4: Contingency Planning Flowchart.....	22
Appendix 5: Mental Health Bed Management Contact Information.....	23
Appendix 6A: Referral to Skye House (CAMHS).....	24

MHS 43 – Bed Management Policy & Operational Guidance

Appendix 6B: Out of Hours Adolescent Admission to Adult Mental Health .....25

Appendix 7: Learning Disability Service Process for Identifying Admission .....26

Appendix 8: Admission Pathway from Acute to Mental Health (MH) Inpatient Care .....27

## 1. Introduction

NHS Greater Glasgow & Clyde Mental Health Services have in place a robust process to facilitate and prioritise the allocation of psychiatric beds as per the needs of any individual requiring in-patient care. This policy and operational guidance focuses on the process involved in the identification of a suitable bed for an individual requiring admission to psychiatric in patient care, and actions required securing a bed elsewhere in the event of none being available locally. Throughout the bed management process we must ensure that all decisions regarding placement and potential movement are undertaken with the person in mind and their best interest and safety is considered at all times. Bed managers are expected to utilise all available beds to capacity across campuses. This may include consultation with the mental health integrated discharge team (MHIDT).

This policy should be used in conjunction with the following NHHGGC policies which are available on Staff Net

- Community Mental Health Acute Care Service SOP
- CAMHS Policy
- CAMHS Bed Management Policy
- Operational policy for Community Mental Health Teams
- Psychiatric Emergency Plan (PEP) Under Review
- Operational Policy Police Custody
- Early Intervention Operational Policy
- Adult Mental Health Liaison Services Operational Policy Under review
- Addiction & Mental Health service interface guidance Under review
- Forensics
- Learning Disability
- Mental Health Integrated Discharge Team.

## **2. Policy Statement**

This policy, process is intended to support staff in providing a consistent approach to all Mental Health Service in-patient admissions, implementing contingency planning, including the use of pass beds, ensuring wherever possible admissions are facilitated within the geographic locality in-patient area and to promote the safe and effective use of beds

## **3. Scope**

This policy and operational guidance applies to all Adult & Older Adult Mental Health in-patient wards within NHS Greater Glasgow and Clyde, This service also operates in conjunction with Learning Disability, Addiction, Forensic, and Child & Adolescent Mental Health Services.

## **4. Equalities**

In some circumstances there may be religious and/or cultural issues which may impact on the implementation of this policy and guidance, e.g. choice of gender of health care professional. Consideration should be given to these issues when treating/examining patients. Patients' sexuality may or may not be relevant to the implementation of this policy and guidance; however, non- sexuality specific language should be used when asking patients about their sexual history. Where sexuality may be relevant, tailored advice and information may be given.

## **5. Roles & Responsibilities**

### **5.1 The Bed Manager**

Bed managers actively work with and support teams across mental health services to facilitate admission and discharges including alternatives to inpatient care, facilitating and coordinating patient flow throughout that system across multiple sites and facilities. All admissions require arrangement through the Community Mental Health Acute Care Service and Bed Manager; this is imperative to ensure effective and consistent availability of beds and prioritising needs. The Bed Manager is available within normal working hours Monday –Friday 09:00 to 17:00 with the exception of Public Holidays (Under Review).

The role will contain the following:

- To provide clinical leadership on all aspects of bed management assuming responsibility for the management and daily operational responsibilities within each geographic area, relating to access and management of beds.
- To have a knowledge of bed availability locally and service wide on a daily basis.

- To help ensure effective and efficient use of beds throughout the service.
- To ensure consolidated bed availability information throughout the service is available to clinical and management staff.
- To monitor and report on all patients who are boarding and ensure, when appropriate, that relocation to their catchment area hospital is completed as soon as practical, linking with Community Mental Health Acute Care Services to maintain continuity of care.
- To ensure good communications links with all members of the multidisciplinary teams, Community Mental Health Acute Care Services, , CMHT, Liaison Psychiatry, Older Peoples Service, Homeless teams, Addiction Services, MHIDT, Forensic service, Learning Disabilities Child and Adolescent services.
- Bed managers will work in conjunction with Discharge Coordinators to support implementation of discharge policy.
- To improve communication and joint working with Mental Health Integrated discharge team, inpatient hospital staff, housing providers in mainstream and private sector, housing support staff, supported accommodation providers, third sector agencies, HSCP's, Department of Working Pensions, CMHTs, Homeless Services and Casework Teams to improve access to housing, benefits, advice and information.
- To maintain an accurate reporting system of bed usage.
- To have cognisance of local and national guidance that will have impact bed management.
- The Bed Manager will collaborate with the In-Patient Service Manager, and will play a key role in the development of contingency plans in conjunction with the MDT, Consultant and Senior Charge Nurse and assist with making them available to all relevant staff. Discussion between the MDT(to include RMO where possible) and Bed Manager regarding the following should take place:
  - Can alternative to admission be achieved with the support of CMHT and or the Community Mental Health Acute Care Services and or unscheduled care teams?
  - The availability of an empty bed within the locality ward.
  - If an empty bed is available within an adjacent admission wards?
  - Availability of pass bed or extended passes?
  - Can any discharges be safely brought forward following consultation with integrated discharge team and the Community Mental Health Acute Care Service?
  - Can any boarders safely return to locality hospital, transfer to another clinical

specialty (Continuing Care/Older Adult) where appropriate?

- Discuss with on-call Consultant/Lead Nurse availability of out of area beds.

The Bed Manager is available within normal working hours Monday –Friday 09:00 to 17:00 with the exception of Public Holidays (Under Review).

## **6. Out of Hours Arrangements**

Out with normal working hours the duties responsibility will be undertaken by locality nurse page holder/ response nurses who will be provided with information regarding up to date bed availability and previously agreed contingency plans. This applies to all areas covered by the scope of this policy and operational guidance. The Page Holders/response nurses providing the bed management function will follow the same processes as described in section 5 namely:

- Maintain accurate information regarding daily bed availability.
- Be familiar with the agreed contingency plans.
- Act as point of contact for referrals regarding bed availability.
- Liaise with the Duty Doctor regarding referral/bed availability information
- Ensure that in the event of a bed being required when none is available, the agreed actions outlined within the contingency plans are followed.
- In the event of a patient being boarded out ensure appropriate details are recorded and the Bed Manager is informed at the earliest opportunity.

### **6.1 Senior Charge Nurse/Nurse in Charge & Medical Staff (Out of Hours 17:00 to 09:00)**

Where a ward has identified that there are no beds available then there should be an identified agreed contingency plan considering:

- Creation of a pass bed should a patient be ready to go out on pass.
- Extending the pass of a patient already on pass.
- Bringing forward discharge of a patient where discharge has already been identified and agreed.
- Facilitating the return of boarders to their locality hospital as soon as a bed becomes available.
- The transfer of patients to complex care/rehab ward where clinically

appropriate.

- Consider alternative bed use, as per local agreement.

## **7. Contingency Planning & Escalation Process**

### **7.1 Contingency Planning for (Out of Hours 17:00 to 09:00)**

Where a ward has identified that there are no beds available then there should be an identified agreed contingency plan agreed with Bed Manager, Senior Charge Nurse or delegate plus Medical Staff considering:

- Creation of a pass bed should a patient be ready to go out on pass.
- Extending the pass of a patient already on pass.
- Bringing forward discharge of a patient where discharge has already been identified and agreed.
- Facilitating the return of boarders to their locality hospital as soon as a bed becomes available.
- The transfer of patients to complex care/rehab ward where clinically appropriate.
- Transfer to a more age appropriate environment for Adult and Older Adult patients already within in-patient wards.
- Consider alternative bed use, as per local agreement.

### **7.2 Escalation Process**

Within normal working hours the Bed Manager will monitor bed availability and before every Adult Acute Mental Health bed is likely to be taken and will alert the local In-patient Service Manager, Clinical Director and Head of Adult Services for the area. In the event that there are no beds within NHSGGC Mental Health Services, and all internal contingencies have been exhausted the Bed Managers will contact other Board areas within Scotland for availability at this point.

Out with normal working hours, escalation should be made to the Lead Nurse on call and the on-call Consultant Psychiatrist.

Local escalation arrangements are in place to deal with circumstances that are exceptional and are not covered above.

## **8. Meetings**

## **8.1 Bed Management Meetings**

Local bed management meetings are a weekly multi-disciplinary multi service forum that monitors and reviews bed utilisation, use of out of area beds, other specialities usage of mental health beds and referral routes. The meeting also considers pathways and length of stay (LOS). This enables services to consider all admissions and discharges and supports development of a proactive bed management system in accordance with performance management targets. It provides all team members a forum in which they can raise issues; be informed of, contribute to, and/or propose service developments; and for the purposes of cascading information

## **8.2 Bed Management Group**

The Bed Management Group meeting is a Mental Health Services GGC wide forum that focuses on the following:

- Establishing key strategic/managerial direction
- Governance
- Establishing and evaluating service development
- To fulfil an advisory function and provide teams and or Service Managers with data and detailed analysis, of Mental Health Bed usage.
- It provides both a management and clinical review function whereby complex cases, good practice reviews and service development proposals can be discussed

## **9. Bed Definitions & Process**

### **9.1 Empty Bed**

An empty bed is considered to be a bed within a ward's bed complement that is not occupied by a current patient or patient on pass and is not booked for an expected or planned admission.

### **9.2 Pass Bed**

A pass bed is one that has been kept vacant for a patient who is on pass from hospital (day passes should not be included). Pass beds will be considered for use for emergency admissions only. However, when a patient is due to return to hospital within 24 hours, and if highlighted and clearly documented by the MDT in the clinical record by either medical or nursing staff, relating to an individual patient circumstances, then that bed should not be considered useable.

Consideration for use of pass beds:

- The length of leave remaining /planned date of return of pass.
- Risks attached to that individual on pass
- Use of medical pass beds if the patient is going to be in Acute Services for more than 24 hours.

### 9.3 Booked Beds

Booked beds can be used in the case of an emergency admission except where the ICU bed is booked for court or transfer under CPA from prison or The State Hospital. Similarly, the bed should not be used if it has been arranged for the patient to come in within 24 hours.

### 9.4 Definition of a Boarder

There are various levels to which this term can be applied. A boarder is any patient who is admitted to an in- patient bed out with their catchment area and should be transferred back to their locality ward/hospital as soon as possible.

A discussion should always take place between the on-call Consultant/Lead Nurse/Nurse page-holder when seeking availability of out of area beds. If a bed is required out with GGC individuals need to refer to local escalation process.

There are two categories of boarders internal and external;

#### **Internal**

- **Ward Transfers** - when required to find a bed the Bed Managers may be required to move patients internally in order to make an appropriate bed in their own catchment area.
- **Transfer to Other Speciality** - if there is exceptional pressure on beds an individual may be identified as potentially appropriate to transfer to another specialist setting e.g. from Adult Services to Older People Services.
- Any Patient who has been admitted to their locality hospital but not under the care of their RMO/locality ward.
- Any Patient who has been admitted to another “non-mental health” hospital within NHSGG&C Mental Health Services

#### **External**

- External Boarders are any patient admitted to/from another NHS Board
- Any Patient admitted from another speciality i.e. Learning Disabilities, Children and Adolescent Mental Health Services

### **Delayed Transfer of Care from General Acute Beds to Adult Mental Health In-Patients**

AMHLS will continue to review the patient daily until a bed has been identified.

#### **Internal** (Patients residing within GG&C)

Within normal working hours, the AMHLS will contact the Bed Manager of the locality hospital for the patient once the patient has been assessed as physically fit for transfer and is no longer receiving treatment requiring a general adult bed. The Bed Manager will monitor the bed situation locally and if there are, no available beds will attempt to source a bed within GG&C. If there are, no available beds within GG&C AMHLS will alert the Specialist Services Manager who will co-ordinate a response to the Heads of Service for Mental Health to advice of the situation. Out with normal working hours, escalation should be made to the Lead Nurse on call and the on-call Consultant Psychiatrist.

#### **External** (Patients residing out with GG&C)

For patients who reside out with GG&C and within normal working hours the AMHLS will contact the patients' own locality hospital Bed Manager to source the next available bed within the patients' board area. If there is no bed availability AMHLS will alert the Specialist Services Manager who will co-ordinate a response to the Heads of Service for Mental Health to advise of the situation and discuss potential bed availability within GG&C. Out with normal working hours, escalation should be made to the Lead Nurse on call and the on-call Consultant Psychiatrist.

When boarding patients out with locality ward consideration needs to be given to the clinical presentation of the individual patient and their suitability for internal boarding. Particular attention should be given when transferring to other directorates within locality hospital to ensure that the patient is suitable to that placement and its environmental needs. At their weekly meeting each MDT should identify patients suitable for transfer if required.

In a situation where a patient is required to be admitted outside their locality hospital/service the following process should be followed:

- A bed is identified via the Bed Manager or nurse pageholder.
- The responsible Consultant is identified via the out of sector rota/No Fixed Abode.

- Consultation between medical staff to agree admission and use of bed, Consultant to Consultant discussion may be necessary dependent upon the services involved.
- It is the responsibility of the referring services to provide accurate verbal and written documentation/assessments to the duty doctor/nurse or page holder/receiving ward at the point of admission.
- Once the transfer has been arranged the appropriate documentation should be available to be reviewed and completed on EMIS. This includes clerk in (including physical and bloods) this is clearly highlighted in the Psychiatric Emergency Plan as best practice – if not available there must be a documented reason why required documentation has not been completed and made available. It is also a requirement that an updated CRAFT Clinical Risk Assessment Screening Tool accompanies all transferred patients. If the person is detained they should go directly to the identified receiving ward, an escort will be provided by his/her own locality hospital and should be available during the initial assessment period/clerk in.

Where the admission of a patient external to NHSGGC is requested from another NHS board, referral should be made from a Consultant Psychiatrist to receiving Consultant Psychiatrist. Prior to agreeing any out of area admission, NHSGGC bed availability must be considered and discussed, to support decision making in respect of the overall clinical picture within the identified service/ward.

Where NHSGGC need to seek an out of area placement prior discussions and agreement must take place during normal service hours with Consultants and Service Managers. Out with normal office hours the on call Consultant and on call Service Manager will discuss and agree any actions.

## 10. Intensive Psychiatric Care Unit (IPCU) Arrangement/Process

There is a systemic consistent approach with regards to the referral process and admissions to all GGC IPCU beds as indicated in the IPCU guidelines. All referrals should be in the first instance to bed Manager for person specific locality, this would then enable dialogue to consultant to activate referral and initiate any further discussions. The last IPCU bed should not be used for external non GGC referrals. Completion of relevant referral paperwork to be completed by appropriate members of IPCU staff.

Admission process is as follows.

- The Bed Manager will identify if a bed is vacant and inform the referrer, who will then speak to the IPCU team directly (either Consultant or SCN/Nurse in Charge) who will discuss and agree the outcome of the referral including specific reasons for admission, documenting this clearly in local IPCU referral form process outlining the purpose of admission and high level treatment objectives.
- A planned admission to IPCU will be negotiated with the MDT in advance of admission according to specifically identified treatment needs and goals.
- The Bed Manager will assist in the movement of patients to and from IPCU; however, cannot dictate that a patient be moved out of IPCU to create an IPCU bed. This is the remit of the IPCU team who will assess/identify someone suitable for transfer to an open ward.
- The last male/female IPCU bed in NHSGGC should be used for internal patients only and will not be available for use for someone out with the Board area.

## 11. Admissions from Other Specialities

### 11.1 Specialist Learning Disability Service Arrangements/Processes

All Learning Disability (LD) inpatient units now provide services for the whole of NHS GGC catchment area. In addition to this there are service level agreements with other health boards. **Neither of the LD in-patient admission units accept admissions out of hours.**

Claythorn House is a 12 bed acute admission unit within the Gartnavel Royal Hospital site. The unit has access to 24 hour on-site psychiatry cover through the duty system at Gartnavel Royal Hospital. Having 24 hour on site medical cover means that Claythorn House is a suitable admission unit for the majority of new admissions, patients requiring access to rapid tranquilisation, and patients with complex

psychiatric and/or physical health needs that are likely to require 24 hour on site medical and/or psychiatry cover.

Blythwood House is a 15 bed community based assessment and treatment unit in Renfrew. Out of hours psychiatry cover is provided by the duty psychiatrist based at Dykebar Hospital, therefore there is no on-site medical cover. The unit is suitable for admissions that have been identified as not requiring the initial phase of assessment and treatment on a hospital site and for patients who have completed the initial phase of assessment and treatment, do not require access to on site medical cover, but require a longer period of assessment/rehabilitation in hospital care.

Referrals for assessment/admission to the LD assessment and treatment units must be made by a Learning Disability Psychiatrist or a psychiatric trainee working with the Learning Disability Psychiatrist.

The LD Bed Management Group meets on a weekly basis (on a Wednesday morning). The group consists of Consultant Psychiatrists providing input to inpatient units, SCN or senior nurses for inpatient units, the Clinical Director for Learning Disability Psychiatry or Lead Consultant and the Service/Bed Manager for Inpatient Services. Any psychiatrist making a referral for assessment/admission, or who wishes to provide an update on a patient they have on the waiting list for admission may also attend.

All psychiatrists who have a patient on the waiting list are encouraged to provide regular updates regarding their patients either by email to [AllLDBedManagementGroup@ggc.scot.nhs.uk](mailto:AllLDBedManagementGroup@ggc.scot.nhs.uk), attendance at the bed management meeting or through discussion with a member of the bed management group.

The LD bed management group will discuss the following:

- Current bed state including vacant beds, pass beds and any proposed discharges.
- New referrals for inpatient assessment/admission - and whether or not inpatient team outreach support or partial admission might be appropriate for them.
- Patients currently on the waiting list for assessment/admission - and whether or not inpatient team outreach support or partial admission might be appropriate for them.
- Patients with LD currently in other psychiatric hospitals.
- Priorities for admission when a bed becomes available.
- The most suitable unit for admission for patients on the waitinglist.
- Patients that may require transfer from Blythwood House to Claythorn House.

- Patients that would be suitable for transfer from Claythorn House to Blythswood House.
- Contingency planning.

When a bed becomes available the referring doctor for the patient considered highest priority for admission will be contacted by a member of the bed management group.

## 11.2 **Child and Adolescent Mental Health Services (CAMHS) Arrangements/ Processes**

The 24 bed West of Scotland Regional Adolescent Psychiatry in-patient unit (Skye House) provides a service for young people within the 5 West of Scotland Health Boards. Service provision is for young people between 12 and 17 years inclusive. All under 18 year olds should be admitted to specialist CAMHS beds: the only exemption to this admission criteria is the 16 – 17 year old early intervention (Esteem) patients, who follow the Esteem Pathway into adult beds.

Any consideration for admission to Skye House, requires to be individually agreed through appropriate Skye House staff, Management and Clinical Director.

Skye house admits 12-17 year olds requiring in-patient psychiatric care from these Health Boards when bed availability allows. On occasion where a bed is not available for a NHSGGC patient within Skye house, a bed may be required within Adult Mental Health Services to manage a high risk young person until a suitable bed is identified. The CAMHS bed management policy should be consulted for further guidance. For reference on the CAMHS admission and referral processes please see Appendix 6A & 6B (attached)

## 11.3 **Forensic Services**

The Forensic Directorate provides services to the whole NHSGG&C area. There are also national and regional services within the medium secure service at Rowanbank Clinic, forming a key component of the Scottish Forensic Estate.

The Directorate's multi-disciplinary teams include Forensic Psychiatrists, Forensic Clinical Psychologists, Occupational Therapists, Nursing Staff, Speech and Language Therapy, Dietetics and a Pharmacist. Central to our management of forensic patients is the Care Programme Approach and all our patients are subject to enhanced CPA as set out in CEL 13 (2007) Guidance for Forensic Services.

The service is viewed as a tertiary service and therefore **does not** routinely accept referrals directly from primary care, nor does it routinely accept admissions out of

hours.

**In emergency situations only, and if appropriate, the Consultant Forensic Psychiatrist and the Forensic Senior Nurse on call should be contacted. They will offer advice in relation to the assessment and admission pathway.**

For the purpose of bed management, the following areas require to be considered:

### **Medium Security**

Medium secure in-patient services are based at Rowanbank Clinic, Stobhill Hospital. This is a 74 bedded unit which provides medium secure care for male mental illness patients from the West of Scotland region (NHSGGC, NHS Lanarkshire, NHS Ayrshire & Arran, NHS Dumfries & Galloway and the 'Argyll' part of NHS Highland) and comprises:

- 1 male admission Ward (12 beds)
- 4 male mental illness rehabilitation wards (44 beds) Rowanbank Clinic also provides:
- A female medium secure service (6 beds) for NHSGGC patients, occasionally taking female patients from other areas on a case by case basis;
- The National Medium Secure Learning Disability Service for Scotland (8 male beds and 4 female beds).

### **Low Security**

Low secure in-patient services for NHSGG&C are based at Leverndale Hospital. There are currently 53 low secure beds:

The configuration comprises of:

- 30 male mental illness beds across 2 clinical areas
- 9 male learning disability beds
- 9 pre-discharge beds (MMI & MLD)
- 5 female beds

## **11.4 Court Liaison Service (Board wide service hosted by Forensic Services)**

The court liaison service operates Monday to Friday across the four Sheriff Courts in Greater Glasgow and Clyde and is supported by the Forensic Community Nursing Team. The purpose of the service is to provide mental health assessments to ensure that prisoners who require diversion to hospital to receive necessary healthcare are

diverted. The service only sees prisoners at their point of entry into the criminal justice system, at their first appearance in court. The service does not see prisoners who are on remand or who have been through court or received a disposal. If it is likely that the individual requires admission to hospital, the following process applies:

If a referral is received for IPCU bed from medical staff at the courts the following process should take place.

- Medical staff will contact appropriate locality hospital and request bed manager or page holder/response nurse where bed manager is not available.
- Bed Manager will clarify level of restriction required and if necessary direct enquiry to Forensic Service Bed Manager if higher level of security than can be provided by IPCU if required.
- If confirmed IPCU is appropriate, Bed Manager receiving request will attempt to identify vacant IPCU bed within locality area.
- Bed Manager will liaise with Consultant Psychiatrist in locality hospital for IPCU to determine if any patient currently suitable for transfer to open ward.
- If no vacant bed available.
- Bed Manager receiving request will contact IPCUs GGC wide to determine if any vacant beds.
- Bed Manager will liaise with Consultant Psychiatrist in locality hospital for IPCU to determine if any patient currently suitable for transfer to open ward. If no patient suitable for transfer in GGC IPCUs.
- Bed manager who received request will contact other nearby board areas to determine if there is an IPCU available. If no bed available on that day Bed Manager will feed back to medical staff seeking bed and the following steps should be completed.
- Bed manager will note request was unable to be fulfilled and note follow up action for next day with the presumption that an IPCU bed will still be required. The receiving bed manager should repeat the above process until a suitable bed is found or the bed is no longer required.
- Medical staff will complete the necessary paperwork depending on bed availability and the patient's whereabouts in subsequent days (court or prison).

## **11.5 Eating Disorder Beds**

There are four eating disorder beds located within Armadale ward on the Stobhill Campus; these beds are managed by the Mental Health Services Bed Manager for the North & East Glasgow.

## **11.6 Homeless Addictions Team (HAT)**

When a bed is required for someone known to this team the referral should be made in the first instance to the locality hospital for the person's current place of residence or by using the post code for the locality where the referral originated.

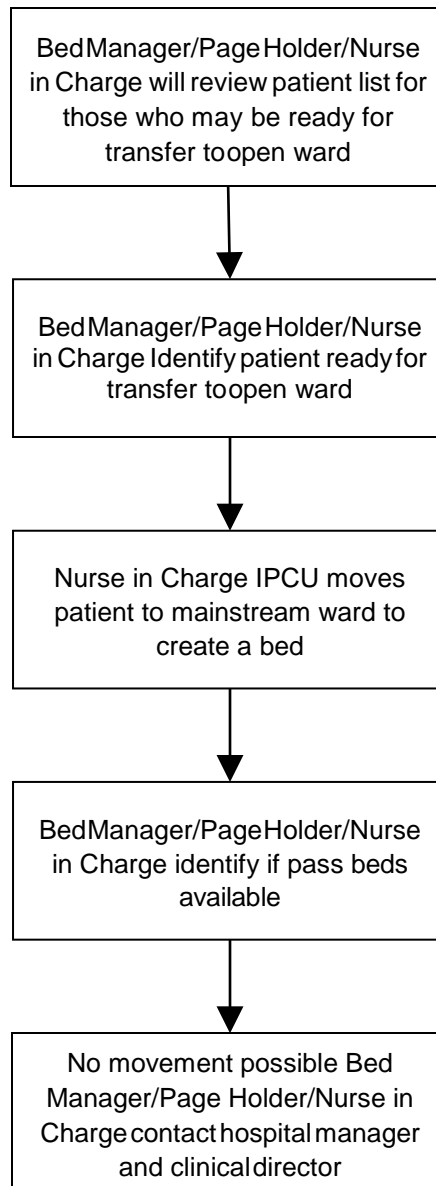
## **11.7 Use of In-Patient Addictions Beds**

The Bed Manager/Hospital page holder will liaise with the Addiction Nurse in Charge. This will allow an update on the ward situation and facilitate a discussion about appropriateness of admitting specific patient to the ward and a discussion on staffing levels. The Senior Charge Nurse will follow the pathway to keep the Addiction 'on call' Nurse notified of updates. Consideration will be given to:

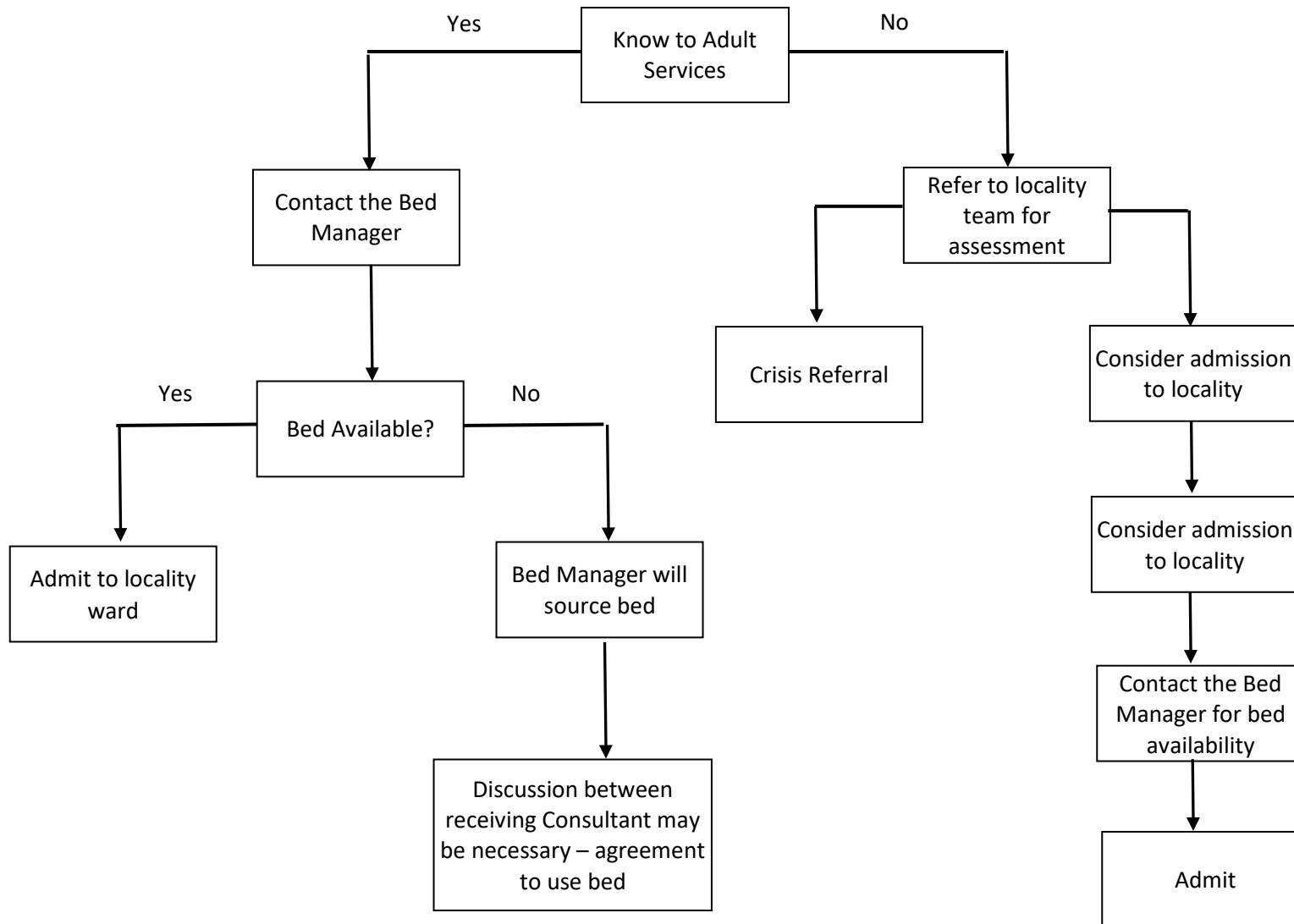
- Transfer of a stable patient from Mental Health Adult Ward
- Completed Clinical Risk Assessment and Screening Tool is available detailing relevant risks and care planning
- A discussion should take place on the suitability of boarding patient to ensure that this is not detrimental to the ongoing stable environmental needs of Addiction patients?
- Whether the patient requires additional nursing input and if this has this been agreed prior to admission
- Agreement between locality ward and addiction ward regarding availability of page-holder support if required

The role of Responsible Medical Officer (RMO) will be retained by Consultant Psychiatrist Adult Mental Health.

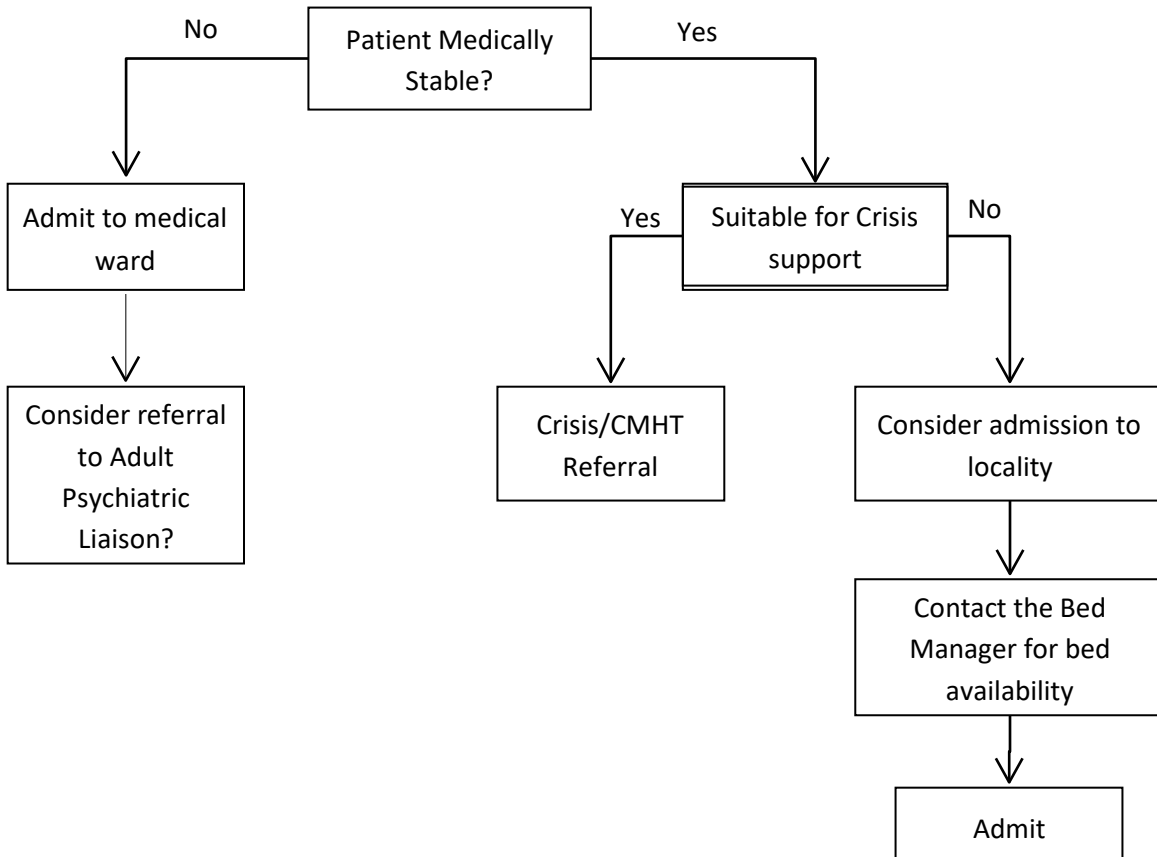
## Appendix 1: Contingency Plan for ICU Beds - If NO Empty Beds in GGC MHS



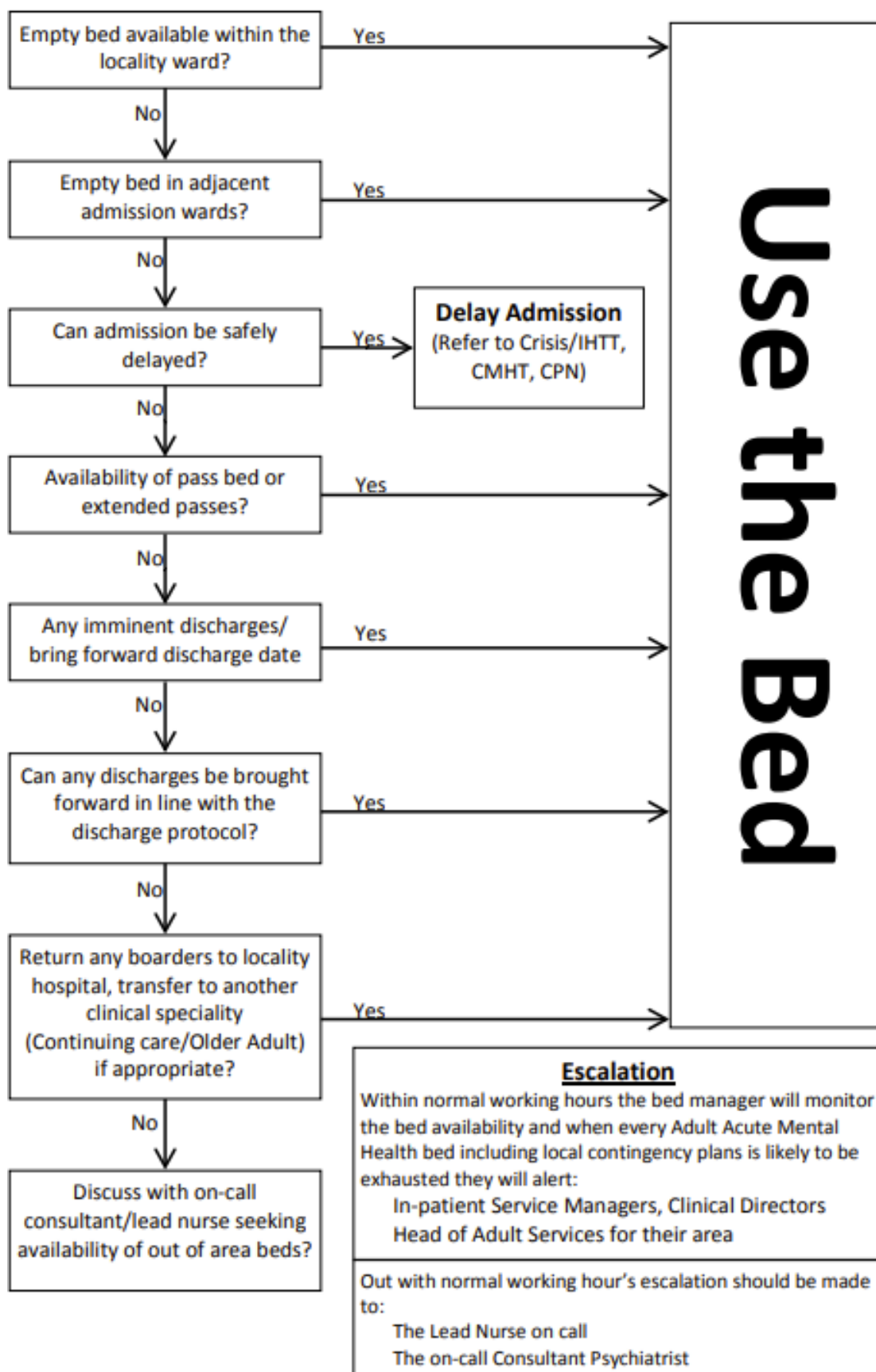
**Appendix 2: Admission Pathway 09:00 to 17:00**



### Appendix 3: Admission Pathway Out of Hours 17:00 to 09:00



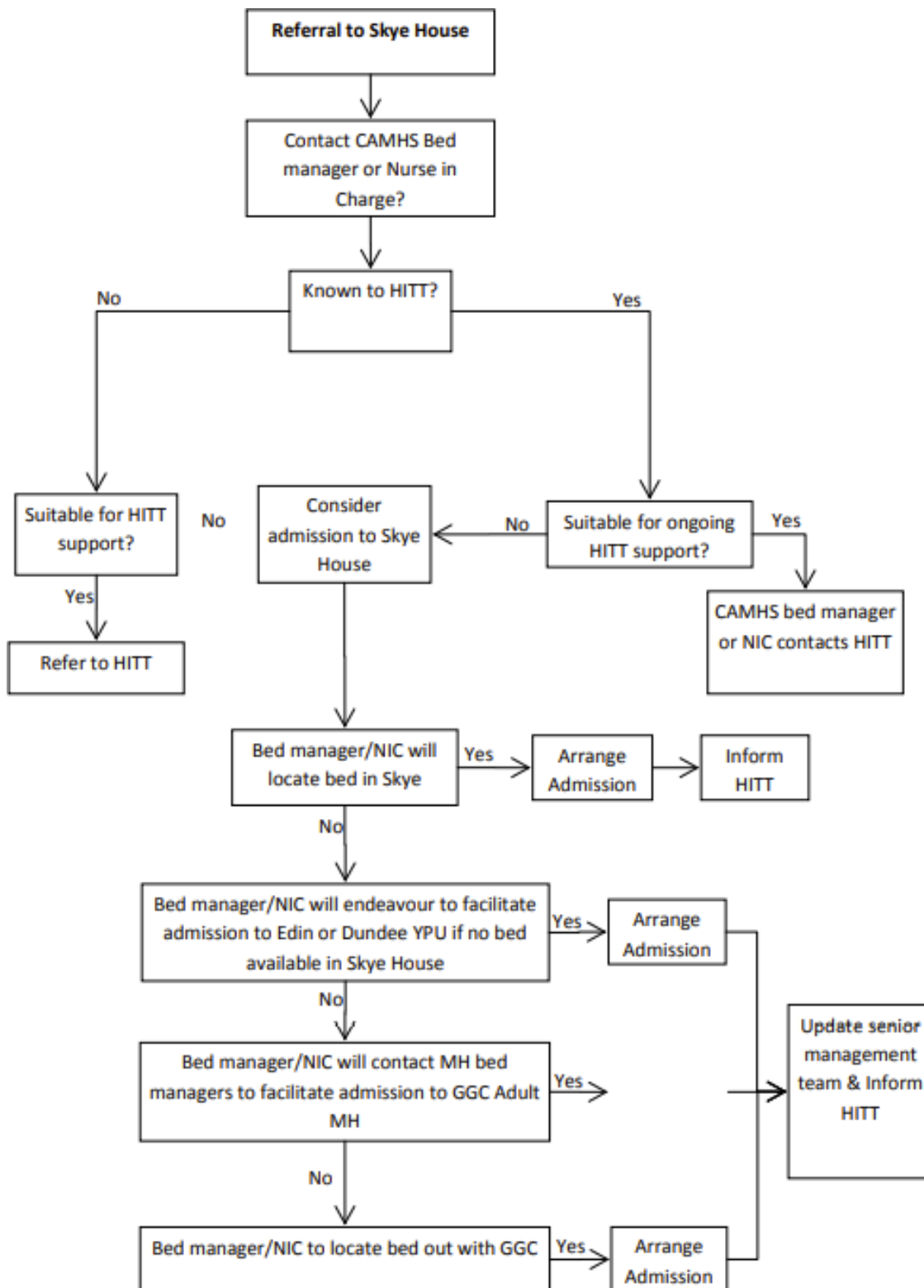
## Appendix 4: Contingency Planning Flowchart



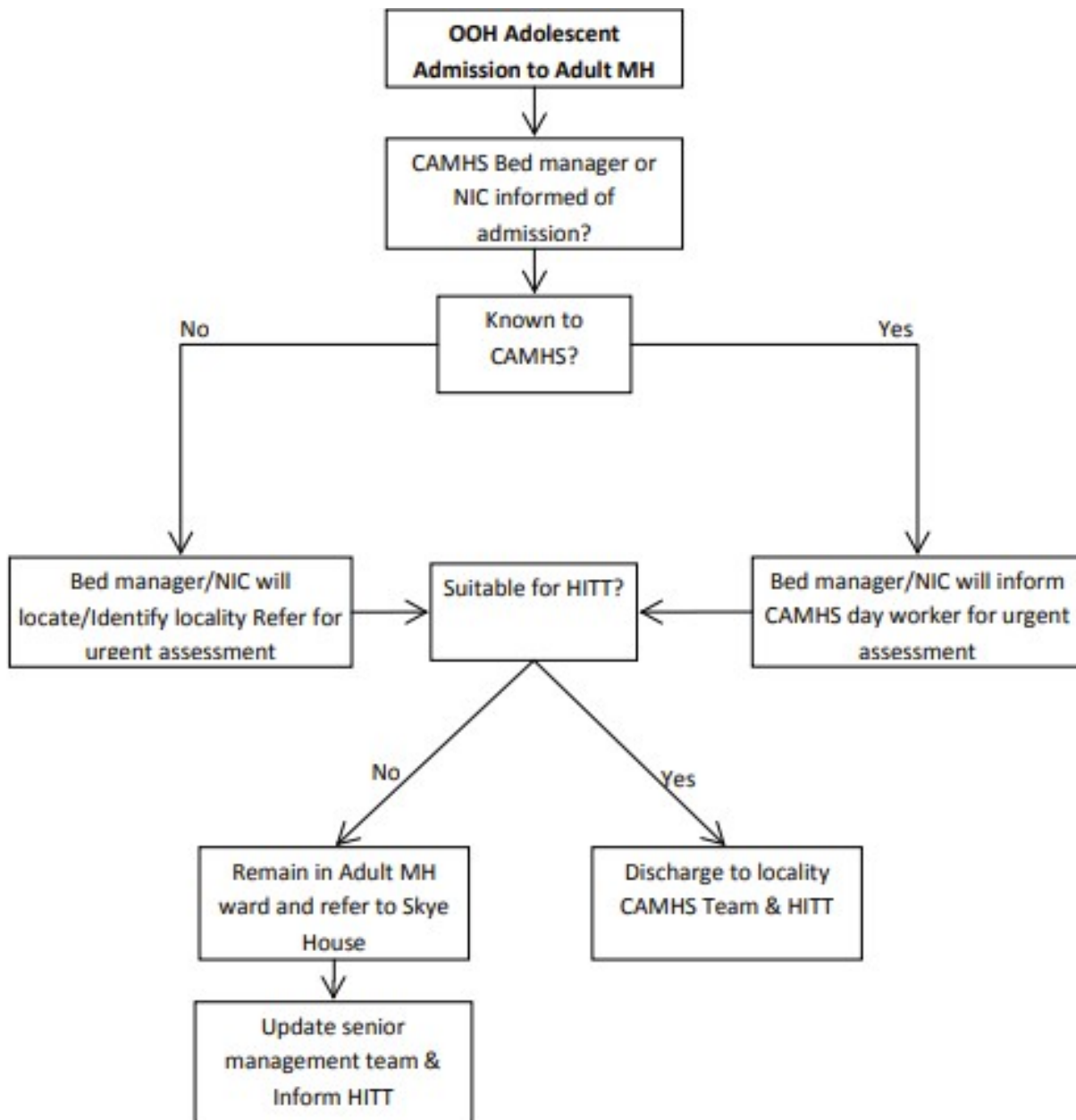
**Appendix 5: Mental Health Bed Management Contact Information**

Area/Role	Bed Manager	Hospital/Area	Base	Telephone	Out of Hours
Bed Manager South Glasgow	Anna McEwan	Leverndale	Leverndale Hospital 510 Crookston Rd Glasgow, G53 7TU	<b>0141 211 6565</b> <b>07876 392 144</b>	<b>Nurse Page</b> <b>0141 211 6400</b> <b>Page -19210</b>
North East	Charlene Nicolay–Smith Yvonne one	Discharge Co ordinator Bed Manager Stobhill	Campsie View Ward 24 B Stobhill Hospital, 133 Balornock Rd Glasgow, G21 3UW	<b>0141 2320643</b> <b>07814 225 893</b>  <b>0141 5313235</b> <b>07810 528 883</b>	<b>Stobhill Switchboard</b> <b>0141 232 3200</b>  <b>Nurse Page - 10110</b>
West Glasgow	Fiona Graham	Gartnavel Royal Hospital	Gartnavel Royal Hospital Great Western Rd Glasgow, G12	<b>0141 2113744</b> <b>07775 756 553</b>	<b>GRH Switchboard</b> <b>0141 211 3600</b>  <b>Nurse Page - 19401</b>
Renfrewshire	Chris Richford	Dykebar / RAH	Dykebar Hospital Grahamston Road Paisley, PA2 7DE	<b>0141 314 4033</b> <b>07870 810 200</b>	<b>South Ward</b> <b>0141 314 4070</b> <b>Response Nurse Page - 52300</b>
Specialist Learning Disability Services	Vivienne Hoggan	Inpatient Services	Blythswood House Fulbar Lane Renfrew, PA4 8NT	<b>0141 3149245</b>  <b>07767 811 192</b>	<b>Claythorn unit</b> <b>0141 211 3688</b>
CAMHS	Hilary Smith	Adolescent In Patient Unit Skye House	Skye House Stobhill Hospital Glasgow G21 3UW	<b>0141 2326420</b>  <b>07767 620163</b>	<b>Nurse in Charge Skye House</b> <b>07767 392 206</b>
Inverclyde	Dougie Salmon	Inverclyde	Orchard View Larkfield Road Greenock Inverclyde, PA16 0XN	<b>01475 491 913</b> <b>07970 311 422</b>	<b>AAU - 01475 504 424</b> <b>IPCU - 01475 504 458</b> <b>Ward 4 – 01475 504 540</b>
Forensic services	Lorraine Sneddon	Rowanbank/Leverdale	Rowanbank Clinic Barlornock Road Glasgow, G21 3UL	<b>0141 2326432</b> <b>07813 367 494</b>	

## Appendix 6A: Referral to Skye House (CAMHS)



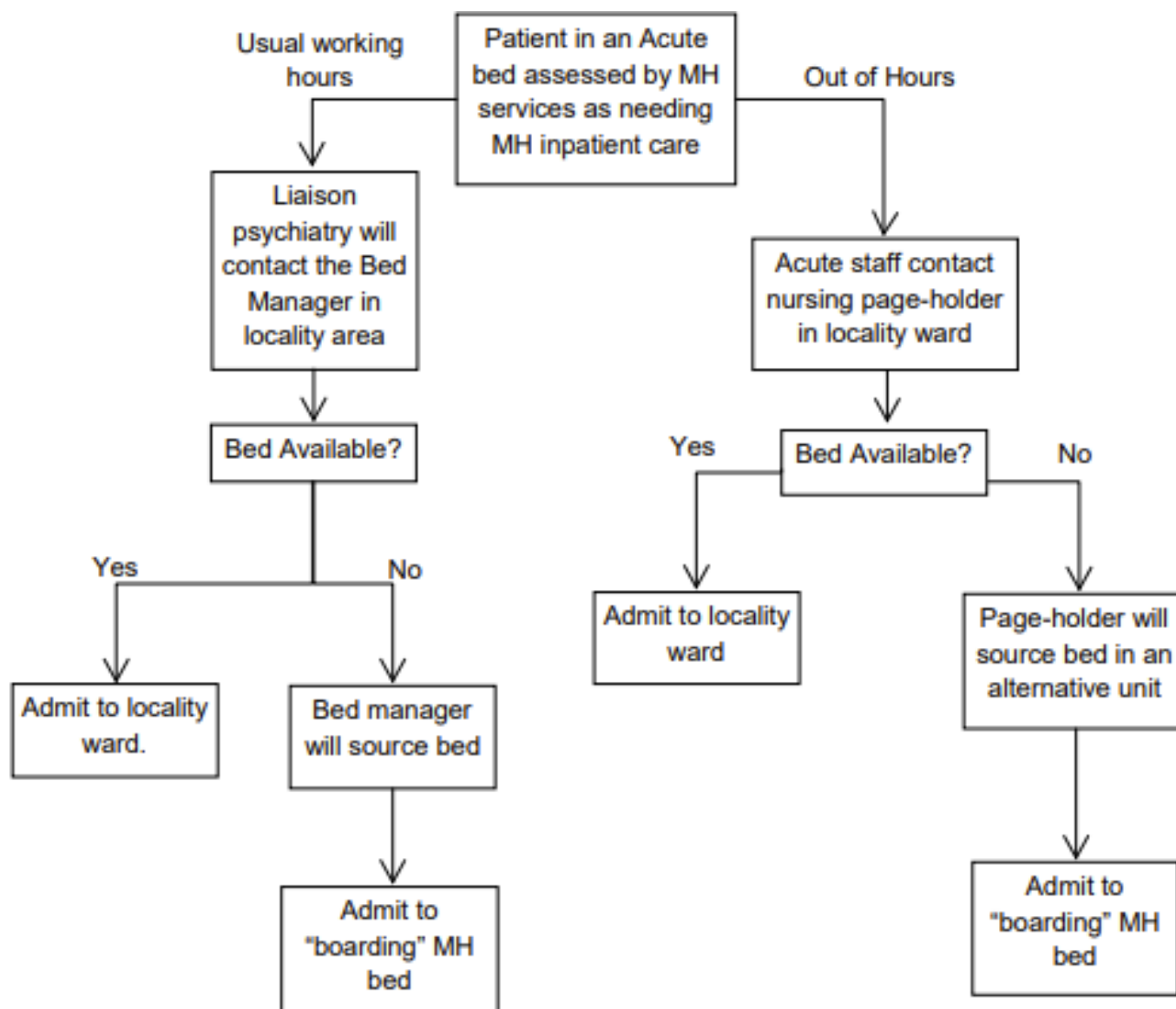
### Appendix 6B: Out of Hours Adolescent Admission to Adult Mental Health



## Appendix 7: Learning Disability Service Process for Identifying Admission



## Appendix 8: Admission Pathway from Acute to Mental Health (MH) Inpatient Care



Notes:

- Transport and staff escort will be arranged by the receiving Mental Health ward for patients who have been detained under the Mental Health Act in Acute hospitals, in keeping with the Psychiatric Emergency Plan (<http://www.staffnet.ggc.scot.nhs.uk/Partnerships/MHP/Legislation/Pages/PsychiatricEmerge>). [Psychiatric Emergency Plan 2019 - 2020](#)
- For “informal” (not detained) patients, transport will be arranged by the referring acute ward.
- Patients assessed by Mental Health Services in Acute Inpatient wards and for whom admission has been agreed do not need to be assessed again before transfer to a MH bed
- If no local bed is available, patients should be transferred direct to the “boarding” mental health unit.