

# NHS GG&C Mental Health Service The Co-ordination, Planning & Monitoring of Patient Passes

**Important Note:**

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## 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	2015	First approved version	S Pettigrew
2.0	01.08.18	Section 2 – Scope p. 7 Added “ This includes Adult & Older Adult Mental Health, Learning Disabilities, Alcohol & Drug Recovery Services, Forensic & Child & Adolescent Mental Health Services”  Also added “Nurses are personally accountable for their clinical practice & answerable for any act or omission in relation to patient’s planned passes.  Nursing staff are held accountable for their clinical practice regardless from any advice or instruction provided by any members of the Multi-disciplinary Team (MDT).”	S McGinness
2.0	01.08.18	Section 3 – Roles & Responsibilities p. 7  3.1 – Heads of Mental Health/General Managers changed to “Heads of Service”  3.3 – Service Managers changed to “Operational Managers”  3.4 – RMO title provided in full, “Responsible Medical Officer” & Name Nurse title removed.	S McGinness
2.0	01.08.18	Section 4 – Policy Statement p.8  Amendments to text  Added – “granted & agreed by MDT”  Added – “This assessment will also include”  Link to NHS GG&C Clinical Risk Screening & Management Policy checked & added to body of text	S McGinness
2.0	01.08.18	3 <sup>rd</sup> Paragraph Added – “There will be documentary evidence...”  Wording changed – “As will all risk assessments the review of past behaviours, previous incidents, triggers & near misses will be an important element of this.”  5 <sup>th</sup> Paragraph Changed & Added “Clear arrangements will be in place & documented within the Integrated Health Record”	S McGinness

Clinical Policy & Guideline Template

2.0	01.08.18	Throughout document Integrated Health Record (IHR) has now replaced: patient record, clinical note, chronological account of care.  Also documenting specific actions & outcomes in the IHR have also been added throughout the body of the document.	S McGinness
2.0	01.08.18	Section 5 – policy Standards. p.8-10  Link to “The Missing Patients/Absconson Policy. NHS GG&C Mental Health In-Patient Services Policy checked & added to the body of the text  5.10 – wording changed “ Patients, relatives & carers will have an agreed method of preferred communication”  5.13 – wording changed pass put on hold changed to “pass suspended”	S McGinness
2.0	01.08.18	Section 6 – Forward Planning. p 10  Wording in guidance changed to be more prescriptive.  Link to “Memorandum of Procedure on Restricted Patients (May 2010) checked & added to the body of the text,	S McGinness
2.0	01.08.18	Section 7 – Reviewing the Situation Immediately Prior to the Patient Leaving on Pass. p 11  Specific “Section 299” added regarding the Nurse’s Holding Power.  Following comment received by MHSQ&CG have added “The review should include consideration of whether the patient will be driving and that they can do so safely as some medication can cause drowsiness”.	S McGinness
2.0	01.08.18	Section 8 – Failure to Return from Pass. p11-12  8.4 – insertion of the title of the Missing Patients/Absconson Policy. NHS GG&C Mental Health In-Patient Services.	S McGinness
2.0	01.08.18	Section 9 – Short Notice/Extension to Pass. p.12  Wording change to final sentence in paragraph – “All decision taken & rationale for any decisions will be recorded including any medication arrangements in the patient’s IHR”	S McGinness
2.0	01.08.18	Section 10 – Unscheduled Medical Treatment/Intervention Whilst on Pass. p12  2 <sup>nd</sup> Paragraph – A&E replaced by ED (Emergency Department).	S McGinness
2.0	01.08.18	Section 11 – Lines of Communication During the Period of Pass. p12  Wording in guidance changed to be more prescriptive.	S McGinness

Clinical Policy & Guideline Template

2.0	01.08.18	<p>Section 12 – Role of Crisis Services (Adult &amp; Older Peoples’ Mental Health). p13-14</p> <p>12.6 – new action point added – “Views of the patient of future planned passes”</p> <p>Added – “Ward staff will record this information in the patient’s IHR.”</p> <p>Wording changed from - in-patient team to “ward team” to maintain continuity within the body of the text.</p> <p>Due to addition of new action point 12.6 all subsequent points numbers have changed:-          12.7 is now 12.8, 12.8 is now 12.9, 12.9 is now 12.10, 12.10 is now 12.11, 12.11 is now 12.12, 12.12 is now 12.13, 12.13 is now 12.14, 12.14 is now 12.15, 12.15 is now 12.16, 12.16 is now 12.17, 12.17 is now 12.18 &amp; 12.18 is now 12.19</p>	S McGinness
2.0	01.08.18	<p>Section 13 – Reviewing Pass with Patients/Relatives on Return to the Ward. p14</p> <p>Wording guidance changed to be more prescriptive.</p> <p>Final sentence to section added – “All the above actions &amp; outcomes will be recorded in the patient’s IHR for review at the next MDT meeting.”</p>	S McGinness

# Contents

1. Introduction .....	6
2. Scope.....	6
3. Roles and Responsibilities .....	6
4. Policy Statement .....	7
5. Policy Standards .....	7
6. Forward Planning.....	9
7. Reviewing the Situation Immediately Prior to the Patient Leaving on Pass .....	10
8. Failure to Return From Pass .....	10
9. Short Notice/Extension to Pass.....	11
10. Unscheduled Medical Treatment/Intervention Whilst on Pass .....	11
11. Lines of Communication During the Period of Pass.....	11
12. Role of Crisis Services (Adult & Older Peoples' Mental Health) .....	12
13. Reviewing Pass with Patients/Relatives on Return to the Ward. ....	13

## 1. Introduction

This document describes the processes within NHS Greater Glasgow and Clyde (NHS GG&C) mental health services to ensure the co-ordination, planning and monitoring of patient passes. This will ensure that within mental health there is a clear and consistent approach. The policy will ensure care is delivered safely, effectively and is patient centred.

## 2. Scope

This policy applies to all staff working within NHS Greater Glasgow & Clyde Mental Health Services. This includes Adult & Older Adult Mental Health, Learning Disabilities, Alcohol & Drug Recovery Services, Forensic & Child & Adolescent Mental Health Services. This policy applies to all patients' planned passes.

Nurses are personally accountable for their clinical practice & answerable for any act or omission in relation to patients' planned passes.

Nursing staff are held accountable for their clinical practice regardless from any advice or instruction provided by any members of the Multi-disciplinary Team (MDT).

## 3. Roles and Responsibilities

### 3.1 Responsible Directors (Medical & Nursing)

- To ensure that the Mental Health Policy for the Co-ordination, Planning & Monitoring of Patient Passes is in place & adhered to.

### 3.2 Heads of Service

- To ensure that this policy is in place & fully implemented in their areas.
- To ensure that a system is in place to identify staff training needs prior to implementation of this policy.

### 3.3 Operational Managers

- To ensure that this policy is distributed to each ward/department within their area & is accessible to all staff within those areas.
- To ensure that staff within their area, have received the policy and that staff have read & understood the policy.

### 3.4 Responsible Medical Officer (RMO)/Pharmacy/Senior Charge Nurse/Nurse-in-Charge

- Ensure that all staff within their area of practice in accordance with the NHS GG&C Mental Health Service Co-ordination, Planning & Monitoring of Patient Passes Policy.
- Ensure that the staff, service users, carers and visitors are aware of the NHS GG&C Mental Health Service Co-ordination, Planning & Monitoring of Patient Passes Policy.

## 4. Policy Statement

Risks and vulnerabilities associated with the patient going on pass will be assessed and discussed in advance of the pass being agreed & granted by the MDT, the patient him/herself & any carer/relative. This assessment will also include a review of the most recently completed Mental Health Services Clinical Risk Screening & Management Tool contained within the [NHS GG&C Clinical Risk Screening & Management Policy](http://www.staffnet.ggc.scot.nhs.uk/Partnerships/MHP/MHP%20Corporate%20Information/Policies/MHS%20Policies/MHS%2007%20-%20Clinical%20Risk%20Screening%20and%20Management%20Policy.pdf)

<http://www.staffnet.ggc.scot.nhs.uk/Partnerships/MHP/MHP%20Corporate%20Information/Policies/MHS%20Policies/MHS%2007%20-%20Clinical%20Risk%20Screening%20and%20Management%20Policy.pdf>

This will include risk assessment instrument/procedure agreed for use within the clinical area.

There will be documentary evidence that forward planning is in place to address any anticipated risks should they occur. As with all risk assessments the review of past behaviours, previous incidents, triggers & near misses will be an important element of this.

Any conditions associated with the pass – e.g. the nature of support and supervision to be provided at home, expected leaving and return times/dates and medication management arrangements - will be agreed, clearly recorded and explained to the patient and their relative/carer as appropriate.

Clear arrangements will be in place & documented within the Integrated Health Record (IHR) to manage incidences of anyone who fails to return at the pre-determined time that has been agreed.

All patients going on pass and pertinent relative/carer will be involved in the planning of the pass and in its evaluation.

Pass medication will be prescribed, ordered and issued in line with organisational procedure for ordering pass medication policy.

## 5. Policy Standards

- 5.1. Prior to granting a pass, the MDT will review & record the patient's mental health state, behaviours & social circumstances to ascertain the nature & degree of risk associated with the prospective pass & document this information in the MDT notes & IHR.
- 5.2. A review of a recently (recent i.e. within the previous 12 hours) completed NHS GG&C Clinical Risk Screening & Management Tool or other risk assessment instrument/procedure agreed for use within the clinical area will form part of the risk assessment process.
- 5.3. Discussion of risks & vulnerabilities, strengths & resilience will involve the patient him/herself & any carer/relative & will be recorded in the patient's IHR

- 5.4. Any concerns which the relative/carer may have will be fully considered in the planning process & recorded in the patient's IHR.
- 5.5. Forward planning will take place to address anticipated risks should they occur & safety plans recorded in the IHR. Consideration should be given to any other agencies required for support during the pass & recorded, with consent, in the MDT notes & IHR.
- 5.6. Contingency plans will be sufficiently detailed & directive to enable nursing/medical staff on duty at the time of the occurrence to safely & effectively manage the presenting situation.
- 5.7. Any conditions associated with the pass such as the nature of support & supervision required at home & medication management arrangements will be agreed & clearly recorded in the patient's IHR. This will also be communicated verbally, & if required in writing, to the patient & appropriate relative/carer.
- 5.8. Leaving & returning times/dates will be clear & communicated verbally & in writing to the patients & his/her relative/carer. This information will be recorded in the patient's IHR
- 5.9. If the patient is deemed to be "missing" – the Missing Patients/Absconcion Policy. NHS GG&C Mental Health In-patient Services for dealing with missing patients will be activated. A person would be deemed to be missing if they fail to return from pass & their whereabouts cannot be accounted for.

[http://www.staffnet.ggc.scot.nhs.uk/Partnerships/MHP/MHP%20Corporate%20Information/Policies/MHS%20Policies/MHS%2018%20-%20Missing%20Patient\\_Abscondment%20Policy.pdf](http://www.staffnet.ggc.scot.nhs.uk/Partnerships/MHP/MHP%20Corporate%20Information/Policies/MHS%20Policies/MHS%2018%20-%20Missing%20Patient_Abscondment%20Policy.pdf)

- 5.10. Patients, relatives & carers will have an agreed method of preferred communication established to enable patients, relatives & carers to contact the hospital for advice & support during the period of the pass & this information will be recorded in the patient's IHR.
- 5.11. To avoid confusion in relation to the provision of medical treatment whilst on pass, it will be fully explained to all patients & carers/relatives that, for the duration of the pass they continue to be, for medical treatment purposes, and in-patient of the hospital. Printed information relating to the planning & co-ordination of passes will be made available to patients & relatives/carers which will include details of ward contact information, Named Nurse, Consultant & due return date & time & useful information for before leaving on pass & while on pass .
- 5.12. On the day the patient is due to leave on pass, the Named Nurse/Associate Nurse or Nurse-in-Charge will review the patient's IHR to identify if there have been any significant changes to the patient's mental state, behaviour or social circumstances since the date the pass was granted & which might render the pass unsafe or inappropriate. Conclusions will be recorded in the patient's IHR.

- 5.13. In instances where the situation has changed & significant reservations regarding safety or appropriateness exist, the pass will be suspended until there is an opportunity to discuss the matter further in an MDT Meeting.
- 5.14. On the patient's return from pass the pass will be evaluated by a Registered Nurse & a record made in the patient's IHR.
- 5.15 Evaluation of passes will include the views of patients &, if appropriate relative/carer & this will be recorded in the patient's IHR.

## 6. Forward Planning

The purpose of the pass, its aims & objectives should have been documented at the point the pass is agreed in the patient's IHR - this enables effective evaluation & review.

As far as practicable, any risk associated with the patient going on pass should be assessed & discussed in advance within the MDT & recorded within the patient's IHR. This should include a review of the most recently completed Clinical Risk Screening & Management Tool.

In all cases, plans should be in place to address any anticipated risks if or when they occur. Such contingency plans should be detailed and suitably directive - thereby enabling nursing/medical staff on duty at the time of the occurrence to safely and effectively manage the situation. These plans must be recorded in the patient's IHR.

This will include an instruction in relation to the appropriate action to take when a patient fails to return to hospital at the designated time or date. Reviewing past behaviours, previous incidents and near misses will be an important element of forward planning. Ensure that all relevant timescales and notifications are complied with and paperwork is in place prior to the person leaving on pass, this may include a leave planner, CTO suspension detailing any conditions for non-compliance with the pass conditions as well as contingency for non-return from pas. For restricted patients please refer to the [Memorandum of Procedure on Restricted Patients \(May 2010\)](https://www.gov.scot/Resource/Doc/314000/0099663.pdf).

<https://www.gov.scot/Resource/Doc/314000/0099663.pdf>

Where assessed & the patient's risks and vulnerabilities indicate that the patient going on pass will require the support of the Crisis Service or any other external agency, it is essential that they are informed. A minimum of 2 working days notice of the planned pass is provided to enable appropriate care and support measures to be put in place. In the interests of safety and patient wellbeing, the ability to provide due notice to the external agencies will be a consideration when decisions are being made to grant passes at short notice.

Details of a planned pass will be communicated to GP/Community Addiction Team & where appropriate relative/cares to reduce risk of accessing medication in the community in specific cases e.g. Methadone prescriptions, repeat prescriptions from GP.

## **7. Reviewing the Situation Immediately Prior to the Patient Leaving on Pass**

On the day the patient is due to leave on pass; the Named Nurse, Associate Nurse or Nurse in Charge must review the clinical notes to identify if there have been any significant changes to the patient's mental state, behaviour or social circumstances since the date the pass was granted, which might render the pass unsafe or inappropriate. The review should include consideration of whether the patient will be driving and that they can do this safely as some medication can cause drowsiness.

If, following a MDT Meeting, reservations remain, the Nurse-in-Charge of the shift will suspend the pass until, as far as is practicable, consultation with medical staff and pertinent carers/relatives can be effected and an informed decision made. In some circumstances, the decision may involve the nurse having to use his/her Holding Power under the Mental Health (Care and Treatment) (Scotland) Act 2003 – Section 299. Inform other support agencies if pass does not go ahead & record in the patient's IHR.

If there are no significant changes in the patient's mental state, behaviour and social circumstances since the date the pass was granted - thus enabling the pass to go ahead as planned - this should be confirmed in the Chronological Account of Care as soon as is practical, entry made on patient status at a Glance Boards, Patient Observation records and staff on shift are informed.

There may at times be changes to the patient's mental state, behaviour or social circumstances which are not deemed to be sufficiently significant to warrant the pass being suspended. In such circumstances, the nature of the changes will clearly be recorded in the patient's IHR and if other agencies are involved they should be informed accordingly.

Lines of communication between home and hospital should be re-affirmed and necessary telephone numbers checked for accuracy and information leaflet given.

## **8. Failure to Return from Pass**

All patients leaving on pass will have a pre-determined course of action agreed and documented in the event that s/he fails to return at the agreed time. The risk management plan will include the role of the Crisis Service where it has been previously agreed that their involvement in supporting the pass is necessary.

When a patient fails to return the following protocol should be observed, unless there are indications that a more urgent response is required:-

- 8.1** 30 minutes beyond scheduled return time – ward telephones the patient or appropriate relative/carer to determine the situation & decide appropriate course of action.
- 8.2** 1 hour beyond scheduled return time – ward will contact the Duty Doctor who will review the patient's IHR including the pre-determined "failure to return contingency plan" & discuss the situation with staff on duty to agree an appropriate course of action.

- 8.3** 2 hours beyond scheduled return time – the Duty Doctor should contact the on call Senior Psychiatrist to inform, discuss & agree the next course of action.
- 8.4** If the patient is deemed to be “missing” – the Missing Patients/Absconcion Policy. NHS GG&C Mental Health In-patient Services will be activated.
- 8.5** In the case of detained patients, the Mental Welfare Commission will be informed the next working day. This information will be recorded in the patient’s IHR.
- 8.6** In the case of restricted patients, the Scottish Ministers shall be informed immediately. This shall be done by the Senior Psychiatrist on-call (Acting Responsible Medical Officer). If this is a specialist trainee then their supervising consultant on-call shall also be notified by telephone. This information will be recorded in the patient’s IHR.

## **9. Short Notice/Extension to Pass**

On occasion, consideration may need to be given around practicalities of short notice or unplanned passes. Examples of this could be patients who telephone to request an extension to their current pass. All decisions taken & the rationale for any decisions will be recorded including any medication arrangements in the patient’s IHR.

## **10. Unscheduled Medical Treatment/Intervention Whilst on Pass**

In the interests of patient safety, the nurse must ensure that the patient fully understands that whilst they are on pass, they remain a patient of the hospital and as such should not present at any other health centre / clinic / hospital for medication or treatment except in medical emergency situations.

The Named Nurse, Associate Nurse or Nurse in Charge should let the patient know that in the event that the patient has to attend the Emergency Department (ED), due to a physical emergency, ED staff should be promptly told that s/he is still an inpatient & the name of the hospital & mental health ward that should be contacted for information.

The Named Nurse, Associate Nurse or Nurse in Charge should let the patient know that should medical advice be required during the period of the pass, the patient or carer should telephone the ward and speak to the Nurse in Charge. The patient should not attend, or contact, his/her GP and should not telephone NHS 24. Patients should be given advice to not self-medicate, e.g. by taking antacids or antihistamines, without contacting the ward first. Patients’ pass medication must be taken only as prescribed.

## **11. Lines of Communication During the Period of Pass**

Prior to patients going on pass they will be provided with the ward telephone number & reminded that they can contact the ward at any time. The same

principle applies to relative/carer who should be actively encouraged to contact the ward if they become concerned at any time. Staff may telephone a patient during a pass for supportive purposes. This will be agreed by the MDT prior to the patient going on pass & recorded in the patient's IHR.

## **12. Role of Crisis Services (Adult & Older Peoples' Mental Health)**

The Crisis Service will work with patients who have been referred, assessed and deemed appropriate for early discharge planning as per Crisis Policy. Where the involvement of the Crisis Service has been triggered, an individualised care plan, covering the period of the pass, will be agreed between the ward team the Crisis Service and the patient him/herself including pertinent relatives/carers.

At the conclusion of the pass the Crisis Service will feedback to ward staff and will typically cover: -

- 12.1 How the pass has gone – both positive & negative aspects.
- 12.2 Patient's response to planned interventions & outcomes.
- 12.3 Patient's mental state whilst on pass & on return to the ward.
- 12.4 Medication concordance – any issues.
- 12.5 Outcome of communication with relatives/carers
- 12.6 Views of the patient of future planned passes

Ward staff will record this information in the patient's IHR.

If the patient does not return from pass & the Crisis Service or equivalent become involved:

### Informal Patient

- 12.7 The ward team or the Nurse-in-Charge or delegate will contact the relative/carer to discuss the situation
- 12.8 The ward team or the Nurse-in Charge or delegate should let the Crisis Service know that the patient has failed to return to the ward.
- 12.9 The ward team or the Nurse-in-Charge or delegate & Crisis Service will discuss & agree the most appropriate course of action based upon the previously agreed "failure to return contingency plan".
- 12.10 If required the Crisis Service will go out to visit the patient as soon as is practicable & prevailing risks deemed appropriate.
- 12.11 If the patient is safe, the team will let the ward team or the Nurse-in – Charge or delegate know.
- 12.12 If the patient does not wish to return with the team members then the Crisis Service will discuss the situation with the ward team or the Nurse-in-Charge or delegate. & agree an appropriate course of action & this will be recorded in the patient's IHR.
- 12.13 If the agreed pass is to be continued, the Crisis Service will identify follow-up arrangements & inform the patient, relative/carer & the ward team accordingly.

### Detained Patients & the involvement of the Crisis Service

- 12.14** The ward team, in consultation with the Duty Doctor/Responsible Medical Officer, will review the patient's IHR (including the previously agreed "failure to return contingency plan") & agree the most appropriate course of action.
- 12.15** Where practicable, the ward team will let the patient & relative/carer know of the planned course of action. This course of action may involve the Crisis Service carrying out a home visit to assess the situation.
- 12.16** If, having been visited by the Crisis Service, the patient appears to be safe & well but is refusing to return to the hospital, the Crisis Service will inform the ward team.
- 12.17** If it is agreed between the Crisis Service & the ward team, the patient & relative/carers that the pass be extended, follow-up arrangements will be determined by the Crisis Service in consultation with the other parties involved. The Crisis Service will communicate these planned follow-up arrangements to the patient, relative/carer & ward team & the member of ward staff receiving this information will record this in the patient's IHR
- 12.18** If the patient is to be returned to the hospital under escort, the Crisis Service will stay with him/her, if appropriate & safe to do so, until the hospital escort team arrives.
- 12.19** If the patient is to be returned to hospital under escort, the Crisis Service may, where practicable, assist ward staff attending on the escort in this regard.

### **13. Reviewing Pass with Patients/Relatives on Return to the Ward.**

When a patient returns from pass, the Named Nurse, Associate Nurse or the Nurse-in-Charge will ensure that each patient is seen in order to discuss their experiences of their time out of the ward. If the patient is accompanied by a relative/carer/Named Person, staff should make it a priority to ask for their opinion of how the patient has been whilst at home or in their company. When this information has been obtained it should be recorded in the patient's IHR for communication to the next MDT meeting.

If a patient returns to the ward alone, views of how successful the pass will be sought. Where previously agreed, feedback from carers/relatives/other agencies involved must be sought. If a member of staff was providing information to a third party then consent must always be gained before proceeding - unless specific issues of significant risk dictate otherwise. The patient's consent (if it is given) should be recorded. Third party views should be recorded within the Relative Contact sheet including the time that the discussion took place and with whom.

A critical part of the evaluation of the pass will be related to medication concordance. In this regard, the nurse will: -

- 13.1** Ask if the patient took their medication as prescribed &, if not, what has prevented or hindered him/her from doing so?
- 13.2** Check to see if the patient has returned with medication left over. If this is the case the nurse will enquire as to the reasons.
- 13.3** Recover & return to pharmacy any medications the patient has returned with.
- 13.4** If the patient has returned early, without medication, the nurse should enquire as to the whereabouts of the medication that should have been left over.
- 13.5** The nurse will enquire regarding any issues the patient had in relation to medication whilst at home – e.g. efficacy, specific side-effects, interactions etc.
- 13.6** The nurse will discuss the patient's medication concordance with the relative/carer.

All the above actions & outcomes will be recorded in the patient's IHR for review at the next MDT Meeting