

**Kent Approved Mental Health
Professional (AMHP) Service
and
KMPT Patient Flow Bed Allocation
Team
Joint Working Policy**



Serving Kent, serving you

Document Information

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V.01	Draft	19.05.2022	SE & HB		New policy following coroner's decision regarding a regulation 28
v.02		27.06.2022	CB		Change of format
v.03		28.06.2022	HB & CB		Minor changes
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Document Governance

Date	Sign Off
KCC	Senior Management Team
KMPT	Mental Health Act Operational Group
KMPT	Mental Health Act Committee

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1. Glossary

AMHP	Approved Mental Health Professional
CRHT	Crisis Resolution and Home Treatment Team
KCC	Kent County Council
KMPT	Kent & Medway NHS & Social Care Partnership Trust
MHA	Mental Health Act 1983 (Amended 2007)

2. Introduction

- 2.1.** This policy has been developed to help all Patient Flow staff from Kent & Medway NHS & Social Care Partnership Trust (KMPT) and all staff from the AMHP Service to communicate and achieve the best outcomes.
- 2.2.** Kent County Council (KCC) and KMPT do not share a service user data management recording system. KMPT uses Rio whilst the AMHP Service uses Mosaic and has access to “read only” information on Rio. KMPT does not have any access to Mosaic.
- 2.3.** This policy outlines the expectations for both services during **core hours** of Monday to Friday (08.00-17.00) and **out of hours** (17.00-8.00) Saturday, Sunday, and Bank Holidays.

3. AMHP Service Allocation Meeting (8.30am)

3.1. A Patient Flow Senior will:

Join the AMHP Service allocation meeting every morning to discuss **all** Mental Health Act 1983 (MHA) assessments pending and activity to be undertaken that day.

3.2. The AMHP Shift Coordinator will ensure:

the patient flow senior attending the meeting is emailed a copy of the AMHP service shift report **in advance** of this meeting.

3.3. All s135 MHA assessments should:

Have a bed allocated as this is a multi-professional planned assessment, which is attended by the Police and as such must be coordinated effectively. This will be agreed during the call.

3.4. The Patient Flow Senior will:

- Advise on or confirm any bed allocation agreed for MHA assessments occurring on the day or in the next few days
- Discuss any complex bed allocation challenges with the AMHP service
- Agree a time with the AMHP Shift Coordinator when they will be advised of pending bed allocations for MHA assessments by the Bed Manager for the given day.
- Be updated on any delayed MHA assessments due to “**no bed**”.

3.5. The Patient Flow Senior will:

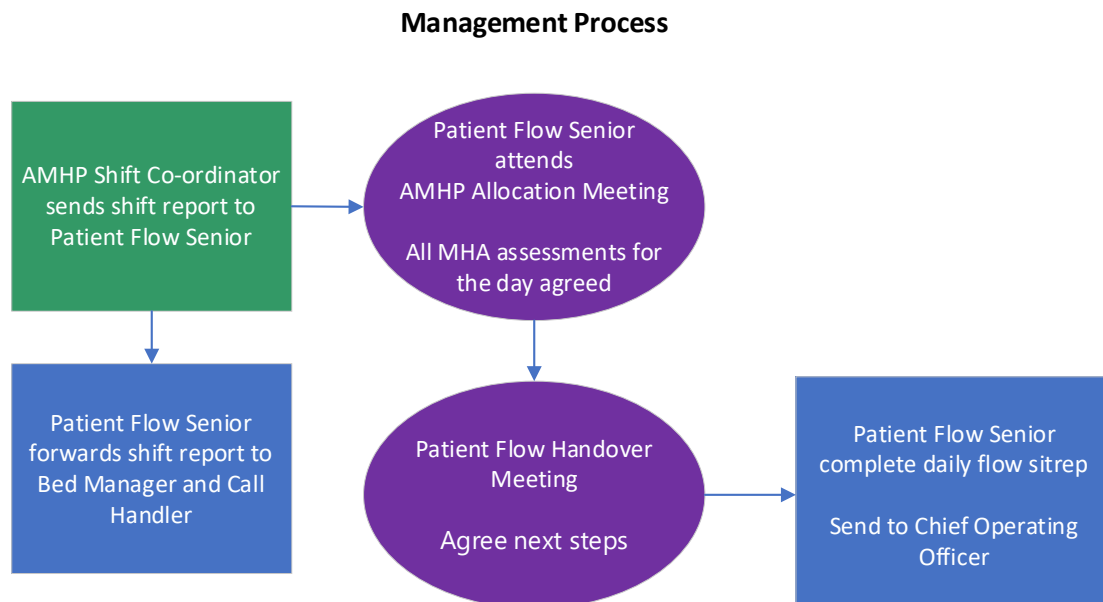
Following the meeting forward the shift report to the allocated Bed Manager and Call Handler for the given day to update the patient flow spread sheet of pending MHA assessments.

Please note:

*The AMHP report **must not** be shared beyond the Patient Flow team*

4. Patient Flow Handover Meeting (8.30am – 9.00am)

- 4.1. **The Patient Flow Senior will:**
Attend the daily Patient Flow Handover meeting once the AMHP allocations meeting is finished.
- 4.2. **The Patient Flow Team will:**
Already have been sent the AMHP report by 8.30 am and therefore be advised of the up-to-date record of MHA assessments for the day.
- 4.3. A discussion will take place concerning any complex clinical issues.
- 4.4. If the number of referrals for beds outweigh the number of expected discharges, then the next steps will be agreed.
- 4.5. **The Patient Flow Senior?? will:**
Complete a daily flow sit. report, which will be forwarded to the Chief Operating Officer **by 10.30 am.**
- 4.6. **The daily flow sit. report will detail for the given day:**
 - The number of referrals
 - The number of discharges
 - The number of beds available
 - Any potential beds closed
 - Any MHA assessment delays or breaches



5. MHA Referrals

- 5.1. **A Call Handler** (within the Patient Flow Team) **will:**
Take the initial referral and update the bed allocation spread sheet in order to support the Bed Manager and Clinical Lead.
- 5.2. **The qualified mental health practitioner** (within the Patient Flow Team) **will:**
Prioritise clinical reviews of patient notes and make entries into Rio system to acknowledge the patient pathway for admission.
- 5.3. **The AMHP Shift Coordinator will:**
Advise the call handler of the allocation of MHA assessments as they occur throughout the shift.
- 5.4. **The Call Handler is:**
Available during weekdays to **Monday to Friday up to 10.15pm**

Please note:
The number to call is

- 5.5. **The Call Handler will:**
Document all calls on the contact log and forward this information to the Bed Manager at the end of the shift.
- 5.6. **The Call Handler will:**
Update the bed spreadsheet and pass the new referral details to the Bed Manager for processing.

Please note:
*This conversation must be documented on Rio by KMPT
and on Mosaic by KCC*

- 5.7. **The AMHP Shift Coordinator will:**
Hold clinical discussions directly with the Bed Manager (identified on the bed manager rota) to ascertain the position with allocated beds and discuss any clinical information that will determine the right bed for the person.

Please note:
*This conversation must be documented on Rio by KMPT
and on Mosaic by KCC*

- 5.8. **The Bed Manager will:**
Alert the AMHP Shift Co-ordinator of the allocated bed or provide an update within 4 hours. This will be documented on Rio.
- 5.9. **The Patient Flow Senior?? will:**
Complete an incident report and follow the escalation process if a bed cannot be allocated.

5.10. The AMHP Senior has:

An open invitation to attend the Patient Flow Multi-disciplinary meeting

Please note:

This meeting is held at 12.30pm 7 days a week

6. A “No Bed” Situation (weekdays)

6.1. The Patient Flow Senior ?? will:

Trigger the escalation process if an individual who is being assessed under the MHA has no possibility of being allocated a bed i.e. “a no bed situation”

Please see:

*Flowchart for Process for weekday bed requests, escalations and in the event of a “no bed” situation
page 10*

6.2. The Patient Flow Senior ?? will:

Complete an incident report if an individual needs to be assessed under the MHA but it has been decided that due to the risks involved this cannot be undertaken without a bed being identified in advance e.g. the individual has made threats to take their own life or is likely to abscond.

Please note:

*The incident report must be recorded on Datix
and clearly stating it relates to a MHA assessment bed delay*

*The Chief Operating Officer will then determine whether
an Out of Area bed can be sought*

6.3. The Bed Manager or Clinical Lead will:

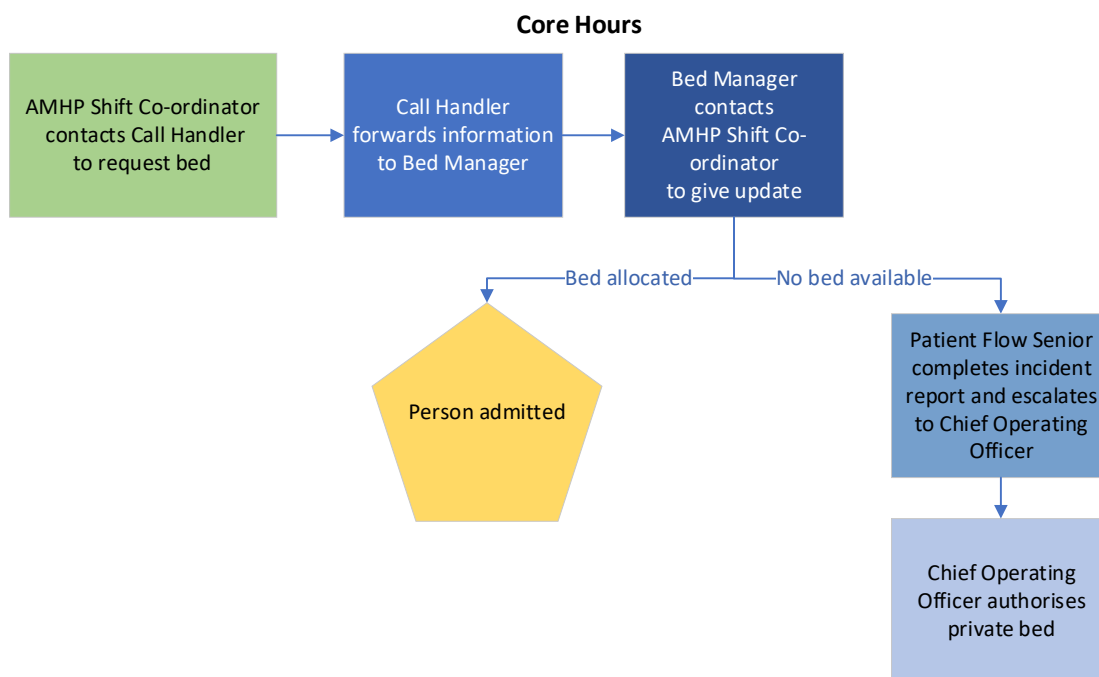
Notify the AMHP Shift Coordinator as soon as a bed is identified.

6.4. The AMHP will:

Following a MHA assessment inform the Call Handler if a bed is no longer required.

Please note:

*This conversation must be recorded on Rio
and the patient removed from the bed list*



7. Out of Hours (Weekends and Bank Holidays)

7.1. The role of Bed Manager is:

Allocated to a practitioner between the hours of **07.50am to 21.00pm**.

7.2. The role of Call Handler is:

Available out of hours up **until 5.45pm**

Please note:

The number to call is ??

7.3. A nominated Clinical Lead is:

- Based on each site
- Available out of hours **from 11.00pm Monday to Friday**
- Available **Saturday and Sunday**

Please note:

*The clinical lead can be contacted via the Littlebrook Hospital switchboard on **01322 622222***

7.4. The Bed Manager will:

Attend the AMHP Service Allocation meeting (8.30am)

7.5. The Bed Manager will:

Attend the Senior Managers Conference Call (10.00am Saturday and Sunday and any additional Bank Holidays agreed by Chief Operating Officer).

Please note:

This meeting will be formally documented

- 7.6. The Bed Manager will:**
Feedback any MHA activity discussed at the AMHP Service Allocation meeting.
- 7.7. The AMHP Shift Coordinator will:**
Attend the Senior Managers Conference Call whenever possible
- 7.8. The AMHP Shift Coordinator must:**
Contact the Call Handler as the first port of call
- 7.9. The AMHP Shift Coordinator must:**
Confirm the bed requirements with the Call Handler
- 7.10. The AMHP Shift Coordinator must:**
Discuss any concerns regarding patient safety and significant risks with the Clinical Lead Bed Manager prior to the MHA assessment.

Please note:

*This conversation must be recorded on Rio by KMPT
and Mosaic by KCC*

- 7.11. The AMHP Shift Coordinator must:**
Inform the Call Handler or the Clinical Lead Bed Manager that the bed is no longer required.

Please note:

*This conversation must be recorded on Rio by KMPT
and Mosaic by KCC*

- 7.12. The Clinical Lead must:**
Remove the patient from the bed allocation spreadsheet

Please note:

*The Clinical Lead must record on Rio
the outcomes of the patients who are being admitted
to ensure onward patient care has been confirmed
and transport arranged*

7.13. The Clinical Lead must:

Check that all patients who have been identified as needing a bed have been discussed and allocated.

7.14. The Clinical Lead must:

Contact the AMHP Shift Coordinator in the event of no contact from the AMHP regarding the outcome of the MHA assessment.

7.15. The AMHP Shift Coordinator must:

Agree immediate action

Please note:

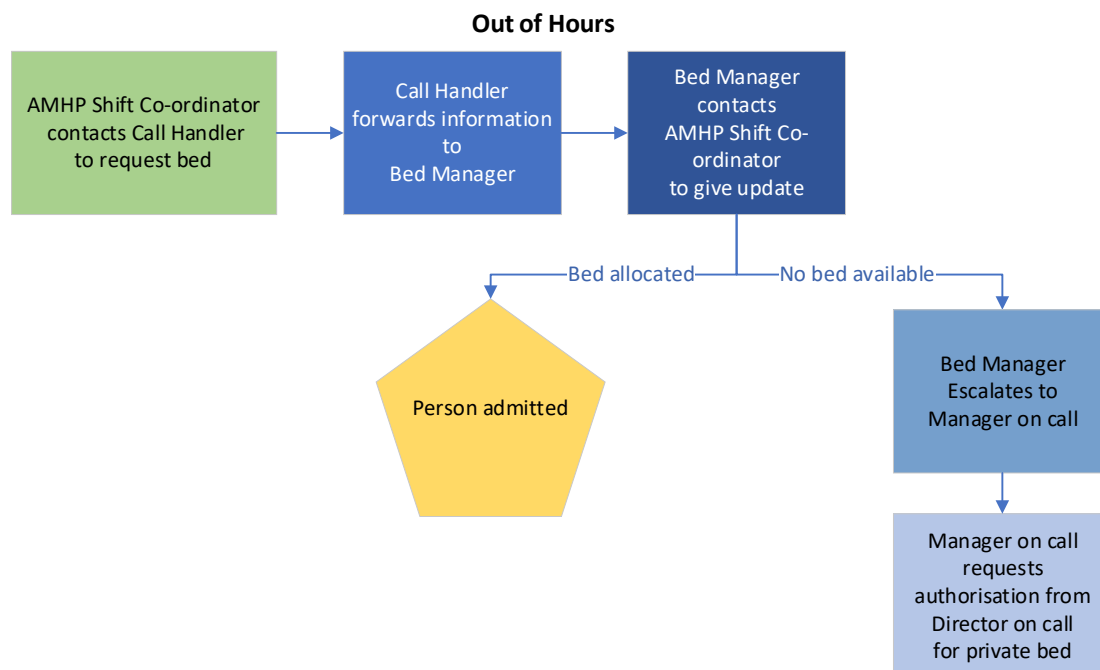
This conversation and the outcomes must be recorded on Rio by KMPT and Mosaic by KCC

7.16. The Clinical Lead must:

Discuss and agree the clinical plan to safeguard the patient in the event of a “no bed” situation until such time that a bed is found.

Please note:

This conversation and the clinical plan must be recorded on Rio and Mosaic



8. s135 MHA Warrants

- 8.1. **The 136 Place of Safety Coordinator and the Patient Flow Senior will:**
Attend the AMHP Service Allocation meeting (8.30am) to identify a place of safety or an acute bed or both prior to the MHA assessment.
- 8.2. **The Patient Flow Senior ?? will:**
Complete the daily sit.report and escalate this up to KMPT's Chief Operating Officer if a pre-planned s135 warrant has to be stood down due to no available place of safety or bed.
- 8.3. **The nominated Bed Manager (Saturday, Sunday, Bank Holidays) will:**
Ensure a Place of Safety is identified.
- 8.4. **The nominated Bed Manager (Saturday, Sunday, and Bank Holidays) will:**
Escalate to the Senior on Call Manager if there is no available place of safety or bed.
- 8.5. **The AMHP will:**
Contact the Call Handler as the first port of call.
- 8.6. **The AMHP can:**
Request a direct call from the Bed Manager or call them directly.

Please note:

*The Bed Manager is available any time during the weekdays
up until **16.00pm ??***

*These conversations must be documented on Rio by KMPT
and on Mosaic by KCC*

- 8.7. **A nominated Clinical Lead is:**
Is based on each site and is available out of hours.

Please note:

*The clinical lead can be contacted via the Littlebrook Hospital
switchboard on **01322 622222***

- 8.8. **The Senior Flow Manager should only be:**
Contacted after all escalations have been exhausted. This will ensure consistency in practice and accountability as well as, avoid any confusion in communication.
- 8.9. **The Patient Flow Administration Coordinator should be:**
Contacted in the event of any of the above not being available

Please note:

*The Patient Flow Administrator Coordinator can be contacted on
07393 796775*

Process for Weekday bed requests, escalations and in the event of a “no bed” situation.

9. Out of Area Patient in a Place of Safety

9.1. The Place of Safety staff must:

Contact the Bed Management Team from the individual’s locality prior to the assessment

9.2. The Patient Flow Senior ?? will:

Support and escalate accordingly if the Place of Safety staff are unable to contact the Bed Management Team from the individual’s locality.

Please note:

If the patient is not a Kent patient every effort must be made not to compromise the patient’s safety and ensure their rights are upheld

9.3. The Patient Flow Senior ?? must:

Report any breach of the MHA legal framework and escalate this through the daily sit.report

10. Out of Area Patient in an Acute Emergency Department

10.1. Liaison Psychiatry will:

Contact the Bed Management Team from the individual’s locality in order to support the Acute Trust

11. Out of Area Patient in Police Custody

11.1. The Criminal Justice Liaison and Diversion Service must:

Initiate the process of finding a bed.

11.2. The Patient Flow Senior?? must:

Escalate to the Forensic Service Manager (in/out of hours) if this does not happen.