Lothian NHS Board

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Date 28/08/2025
Your Ref
Our Ref 10241

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Dear

FREEDOM OF INFORMATION – MENTAL HEALTH BEDS

I write in response to your request for information in relation to children in adult mental health beds.

Question:

- A copy of the Health Board's current policy or ***policies*** governing the provision of accommodation for children to reside in an in-patient setting due to their mental health (including the placement of children at a place alongside or separately from adults). Please provide confirmation of when these were last reviewed.

Answer:

I have attached 2 relevant SOPs. The 'adult' SOP was last reviewed in 2020 and I have included a relevant policy around how lack of capacity in a Board to admit a young person to a CAMHS bed may be addressed by working nationally.

In addition there is the MWC guidance https://www.mwcscot.org.uk/sites/default/files/2019-06/mental_welfare_commission_guidance_on_the_admission_of_young_people_to_adult_mental_health_wards_review2_.pdf which is used in Lothian.

Question:

- The number of ***beds available*** within the geographical area of the Health Board, for children to reside on an in-patient basis due to their mental health, at a place separately from adults. Please provide the number (out of the maximum available) which were in use, year by year, for the past five calendar years (with an update for 2025 year to date).

Answer:

	2020	2021	2022	2023	2024	2025*
CYP Available Bed Days	4,392	4,392	4,380	4,380	3,822	1,810
CYP Occupied Bed Days	3,746	4,222	4,082	3,451	3,707	1,810

Table 1: Number of CYP available bed days and number of occupied bed days, by year. (2025 data is up to end of June 2025)

Question:

- The number of children within the geographical area of the Health Board, residing on an inpatient basis due to their mental health, at a place ***separately*** adults. Please provide the number (out of the maximum available) which were in use, year by year, for the past five calendar years (with an update for 2025 year to date).

Answer:

	2020	2021	2022	2023	2024	2025*	Total
No. of CYP admitted to Adult Beds	5<	5<	5<	5<	5<	5<	19
No. of CYP admitted to CYP Beds	99	85	66	72	61	30	413

Table 2: Number of CYP admitted to an adult ward and to CYP ward, by year. (2025 data is up to end of June 2025)

Question:

- The number of children within the geographical area of the Health Board, residing on an inpatient basis due to their mental health, at a place ***alongside*** adults. Please provide the number (out of the maximum available) which were in use, year by year, for the past five calendar years (with an update for 2025 year to date).

Answer:

	2020	2021	2022	2023	2024	2025*
Adult Acute Available Bed Days	31,575	34,675	34,675	34,675	34,770	17,195
CYP Occupied Bed Days in Adult acute wards	7	55	20	37	12	5<

Table 3: Number of adult available bed days and number of occupied bed days for CYP in an adult ward by year. (2025 data is up to end of June 2025)

To protect the identity of the individuals involved any figure of 5 or less has not been shown in the table above. Since we do not have their consent to release this data from their records, the information is exempt under section 38(1)(b) of the Freedom of Information (Scotland) Act i.e. to provide it would breach the Data Protection Act (2018).

Question:

- Details of any plans to increase the number of beds available within the geographical area of the Health Board for children to reside at mental health in patient units at a place separately from adults. The number of beds this will provide and when these will become available.

Answer:

There are no plans to increase the agreed number of CAMHS beds in Lothian which remains at 12. There are plans, however, to revert to the agreed number of 12 beds as the Melville Unit has been operating on reduced capacity of 10 for reason of risk.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: https://org.nhslothian.scot/FOI/Pages/default.aspx

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing
Cc: Chief Executive
Enc.

PROTOCOL FOR ADMITTING YOUNG PEOPLE BETWEEN SCOTTISH CAMHS INPATIENTS UNITS

Version	**5**
Date of Issue	**30.09.2022**
Review Date	**30.09.2023**

1. INTRODUCTION

This paper describes proposals to document the current arrangements for bed management for the three Scottish CAMHS adolescent/young people's inpatient units: Dudhope YPU (Dundee), Skye House (Glasgow) and Melville Unit (Edinburgh). The objective is to ensure that young people across Scotland between the ages of 12 to 17 who require a psychiatric admission receive it safely, efficiently, effectively and to the highest quality standard possible, when their area of residence/home unit is unable to accept any new admissions.

This proposal will describe the details of the protocol for admissions between each unit which are already in place, propose a period of comment and engagement and finalise a version of the protocol.

2. BACKGROUND

In Scotland, there are three regional units for young people/adolescents, between 12 to 17 years, who require psychiatric inpatient support.

1. Dudhope Young People's Unit in Dundee has 12 beds and covers the six North of Scotland Health Boards: NHS Tayside, NHS Highland (excluding Argyll & Bute), NHS Grampian, NHS Orkney, NHS Shetland & NHS Western Isles.

2. Skye House is a 24 bed adolescent psychiatry inpatient unit in Glasgow and covers young people within the 5 West of Scotland Health Boards: NHS Greater Glasgow & Clyde, Lanarkshire, Ayrshire & Arran, Dumfries & Galloway and Forth Valley.

3. Melville Unit in Edinburgh has 12 beds and covers admissions from the South East of Scotland: NHS Lothian, NHS Fife and NHS Borders.

There is an agreement between the three regional Scottish Inpatient Units that they will support each other during busy periods by admitting young people to their respective units when the 'home' unit does not have a bed available.

There is an agreement that Out of Hours (OOH) transfers across regional boundaries is not desirable based on the best interests of young people and families. Dudhope YPU does not accept referrals out of hours. Skye House and Melville Unit can accept OOH admissions where a young person has been reviewed by a CAMHS consultant.

3. TRANSFERRING TO OTHER UNITS - PRINCIPLES

If one of the three units has no beds available, the following principles should apply when a bed in another unit is available:

- Patient must be medically fit to undertake a transfer – a further agreed transfer checklist is under development.
- Unit 1 has received and accepted an appropriate referral for a young person requiring an inpatient bed, though no bed is currently available. The referral should be made using the National referral form (see Appendix 1) and shared between units with consultant in Unit 1 accepting referral as appropriate based on information available at that time.
- Unit 1 contacts Unit 2, unit 2 confirms that the patient is appropriate for admission and that it has a bed available with nobody on the waiting list.
- Unit 2 admits Unit 1's patient and provides inpatient care for this young person until a bed becomes available at the home unit (Unit 1).
- Young person in unit 2 is transferred back to the next available bed at unit 1. Exceptions to this may occur and will be based on young person best interests and clinical decision making. The communication between units is vital in arriving at decisions that best meet needs of young people in these circumstances.

4. TRANSFERRING – COMPLEXITIES

The situation can become more complex if there are pressures on bed availability.

For instance, if Unit 1 has a bed which has become available but also has another referral requiring admission then it might be clinically appropriate for the new referral to be admitted straight to Unit 1 and for Unit 2 to keep the 'boarded out' young person they have. This can save unnecessarily disrupting the care journeys for more than one patient. In these circumstances it might also be clinically appropriate for the young person at Unit 2 to remain there, for example if therapeutic relationships with staff have already been established, or where it is expected that the patient is unlikely to have need for a prolonged admission. Any decision is based on clinical discussion between units 1 and 2.

There are other examples of circumstances which can cause complexity for the application of the guiding principles, however the following should apply and be judged on a case-by-case basis:

I. A Unit 1 patient residing at Unit 2 will always return to Unit 1 when a bed is available for them.
II. If unit 2 develops a waiting list during time that a young person is being hosted from another area then they will inform unit 1 and unit 1 will inform unit 2 as soon as a bed becomes available with a view to transfer.
III. Decisions around young people being admitted from and transferred back across regional boundaries will be made by clinical staff from both units.
IV. Patients and their families will be involved in discussions but they cannot choose or expect to remain at Unit 2 if a bed is available for them at Unit 1. Continued and early discussion with young people and families, setting clear expectations at start of admission regarding transfer back to Unit 1 is required to ensure communication is clear and there is a supportive process throughout. If a patient is on a CTO, the young person and their named person would require to be given 7 days written notice of the transfer, if non urgent transfer, and have the opportunity to appeal. If the young person and named person agree to transfer, the 7 days written notice can be waived. A young person can be transferred in an emergency e.g. a greater level of security is needed such as IPCU.
V. The Home Board is responsible where there is a requirement for referral to a resource which is out with health provision, e.g. secure care/residential placement. The Home board would make the referral as per their commissioning processes. Unit 2 and Home Board will communicate/ collaborate to inform the referral. Clinical discussion across Unit 1 and unit 2 will be required where the appropriacy of placement within an open unit is raised to determine whether Unit 1 or 2 will continue the ongoing care. This may require managerial support to resolve if clinical teams across Unit 1 and Unit 2 cannot reach an agreed decision.
VI. Where a young person does not reside within Scotland but has required inpatient assessment due to visiting Scotland then the unit which manages that young person's admission will need to support to discharge, the unit will be based on who has a bed available.

5. TYPE OF TRANSFER

Escorting and transport arrangements from the home team to the admitting unit will be the responsibility of the young person's current CAMHS team, i.e. their home team, in keeping with local Psychiatric Emergency Plans.

- Young people who are being admitted on an informal basis can be escorted by parents/carers subject to risk assessment.
- Young people subject to detention under Mental Health (Care and Treatment) (Scotland) Act 2003 will require nurse escort. Escorting staff should be a Registered Mental Health Nurse and additional escorts as considered appropriate based on clinical risk assessment.
- The 'boarding' unit will support the young person's transfer back to home unit when a bed becomes available
- Units will provide transport in accordance with their own local Board policies (i.e. unit's own vehicles or Eurocab). If clinical risk assessment indicates higher level of risk, ambulance transport may be arranged.

6. CLINICAL MODEL

Young people should expect to receive the same high standard of care and treatment, wherever they are admitted.

All meetings to plan young person's care will include the young person, family and representatives from local CAMHS and any additional services involved in the young person's care. Remote applications will be made available to support attendance at meetings and young people will have access to all available treatments and supports, including advocacy and education.

RMO responsibility transfers to the Consultant in the admitting service until transfer back to the home regional service, when the inpatient Consultant there will take on RMO responsibility.

7. CLINICAL RISK MANAGEMENT

All young people should have a risk assessment and management plan completed as part of their referral to inpatient services. This should be reviewed and updated in line with agreed local systems. The risk assessment will form part of the young person's care plan and formulation and will be updated at the point of transfer back to the home unit. The risk assessment will detail any identified risks as part of transfer process.

8. INFORMATION FOR TRANSFER

When transferring a patient back to their 'home' unit, the following information should be provided on transfer:

- Written transfer letter/email
- Any legal documentation including EDC, STDC, CTO, TX2 Treatment certificates for medication/ECT/NG feeding (T2, T3, T4 etc) and any pending second opinion requests
- Copies of any relevant results of physical investigations (bloods, ECG, scans)
- MEED guidance (if relevant)
- Physical health monitoring forms
- Medical admission pro-forma (if available)
- A copy of the latest risk assessment and management plan
- Antipsychotic monitoring (if appropriate)
- Height/weight and percentage weight for height

As is standard practice MDT meetings will occur as per a unit's normal processes when a young person is in the care of a unit. Unit 1 will be invited to those meetings to ensure that good communication occurs.

The discharge letter would also be copied to the 'home' unit.

9. FINANCE

- Each of the three regional units have an agreed scope of health boards within their region. Each board contributes funding towards their regional model.
- The exception to this will be Argyll and Bute element of NHS Highland, who may make a direct cost purchase to a regional unit in order to support access for a young person and their family. Due to transport links, this is usually the West of Scotland Unit.
- In relation to placements out with a health board's agreed regional unit, the host board (Unit 2) will invoice the Home board for each bed day, until the young person can be discharged or transferred back to their regional unit (Unit 1).

GLOSSARY

Home board – this is the NHS board area where a young person resides in or has responsibility for a young person
Unit 1 – this is the unit which has the regional geographical remit for a young person
Unit 2 – this is the unit which is hosting/ boarding a patient when no available bed is available in Unit 1

APPENDIX 1

Referral Form -YPU National Referral Forr

Standard Operating Procedures:
Management of Beds
within the
Adult Acute Mental Health In-patient Service
at Royal Edinburgh Hospital
Version 1.1

Date Effective from 04.08.2020		**Review Date 04.08.2021**
Approval Date	**04.08.2020**	
Approved by	REAS Senior Management Team	
Author	Kathleen Stewart	
Executive Lead	Tracey McKigen, REAS Services Director	
Scope	Applies to acute admission beds in Adult Mental Health	

Version Control

Date	Author	Version/Page	Reason for change
21.8.2020	Mike Reid	V1.1 p14	Wards changes (Braids)

1.0	Introduction

An in-patient admission to hospital may be an essential component to a person's treatment and recovery both to facilitate their care and safety needs and for their families, carers and the public. Admission to hospital can be a stressful experience for the person, their family or carers and therefore every effort is made to ensure that the person's admission is supportive to their needs and is aimed towards their recovery, with privacy and dignity in mind.

This SOP will be reviewed after six months and then annually. Additional review may be required due to the dynamic nature of Bed Management.

1.1	Purpose

Bed capacity within the Adult Acute Inpatient Service in the Royal Edinburgh Building (REB) is in high demand so the management of resources must be effective and have a consistent approach with a clear understanding of the roles and responsibilities by all involved.

This Standard Operating Procedure (SOP) has been developed to ensure the optimal use and effective management of the adult acute inpatient beds so that people receive timely, effective, safe and appropriate inpatient treatment providing guidance to staff of the procedures for arranging inpatient admissions setting out clear direction especially in situations where there is a shortage of available beds within local services.

Prior to any requests for a bed, the expectation is that all alternatives to hospital admission have been extensively and timeously explored within the community setting including referral to the Intensive Home Treatment Teams (IHTTs) in Edinburgh, East Lothian and Midlothian who act as gatekeepers to the acute wards at the REB.

The in-patient service recognises that in any consideration of bed management, priority must be given to persons who are subject to, or are being assessed under the Mental Health Act where no delay is possible.

2.0	Gate-keeping

Gate-keeping refers to screening all possible hospital admissions and is one of the primary functions of the respective Intensive Home Treatment Teams (IHTTs) for Edinburgh, East Lothian and Midlothian. If patients are being admitted to hospital without the knowledge or involvement of the relevant IHTT, this will limit the teams' effectiveness and will impact on the wider service through potentially inappropriate admissions.

Referrals for **all** patients being considered for psychiatric admission should be made via the appropriate IHTT who will then assess for intensive home treatment suitability as an alternative. In a few cases, the need for hospital admission may be clearly indicated, however, the decision to admit must still be discussed with IHTT given their gate-keeping function. The decision not to accept for home treatment must be clearly documented within the patient's TRAK record along with the rationale for that decision.

The Patient Coordinator Senior Charge Nurse / Coordinating Charge Nurse (CCN) will not accept requests for admission unless the locality IHTT has been notified of the need for a hospital bed.

In the case of Mental Health (Care and Treatment) (Scotland) Act 2003 assessments, professionals are encouraged to contact the IHTTs at the point of assessment to discuss options for intensive home treatment unless transfer into psychiatric care is not being considered.

In the case of a completed Mental Health Act assessment, where admission to REH is the result IHTT must always be informed.

Although each IHTT will identify an appropriate bed with the help of the Patient Coordinator (or CCN out of hours), professionals involved in the detention will liaise directly with ward staff to arrange admission and to provide necessary clinical information about the detained person.

'Lothian Psychiatric Emergency Plan' provides further guidance on the procedures, roles and responsibilities of each of the services involved in assessment and admission under emergency and 'breach' conditions of the mental health act.

3.0	**Admission Criteria**

Adult acute beds in REB are for individuals:

- Aged 18 to 64 (People aged 65+ will be considered where they are currently engaged with an adult community mental health team).
- Who are registered with a GP within the City of Edinburgh, East Lothian or Midlothian or have a residential address in these areas but is not currently registered with a local GP.
- Who are not resident or registered with a GP within Edinburgh, East Lothian or Midlothian but experiencing acute mental distress/crisis whilst visiting the area from another part of the country or from overseas.

The purpose of admission should be articulated by the referrer to inform the decision to admit to hospital and will be considered when the person is **likely to have a mental disorder AND one or more of the following**:

- Changes in mental state that impact on the person's insight and capacity to stay safe or follow a treatment plan
- Escalation of risks that cannot be managed safely in the community
- Require 24 hour nursing care and intervention
- Require comprehensive inpatient assessment to determine diagnosis and management / treatment plan
- Require inpatient ECT
- Require medication initiation / titration that cannot be managed safely in the community
- Have a Care Management plan for short term arranged admission

Patients will not normally be admitted solely due to breakdown of care packages. If admission is sought for such patients it should be noted in advance by CMHTs / social work teams and discussed in hours with the Clinical Service Manager / General Manager, who will contact HSCP managers to consider alternatives to admission.

3.1	**Interface with Learning Disability Service (LDS) / Admission of People with Learning Disability**

Individuals with learning disabilities will be admitted to REH wards on the basis of need.

LDS patients with primary LD problems will only be admitted to adult mental health (AMH) wards if

- all community options have been exhausted,
- all LDS beds are full,
- there is no possibility of increased bed capacity in LD and
- there is no reasonable access to out of area LD beds.

This should be agreed by Clinical Service Manager / General Manager.

Where people have co-morbid mental health and LD needs they may be suitable for admission to AMH.

MHIST will assess such patients and try to maintain them in the community.

If patients are admitted to the AMH wards, MHIST will retain clinical responsibility and support the person whilst they are an inpatient

LDS patients will not normally be admitted solely due to breakdown of care packages. If admission is sought for such patients it should be noted in advance by LDS teams and discussed in hours with the Clinical Service Manager / General Manager, who will contact HSCP managers to consider alternatives to admission.

3.2	**Interface with Older People's Mental Health Service (OPMHS) / Admission of People Aged 65 and Over**

People aged 65 and over may be considered for admission to the adult admission wards where they meet the criteria already outlined in 3.0 and where they continue to be engaged with adult community mental health teams.

If this is their first presentation, the person aged 65+ should be admitted to OPMHS. Where people's needs may be better met in the alternate service, i.e. adults of working age who are frail or suffering dementia; or older people or physically robust older people with high levels of agitation there should be discussion between AMH and OPMH services to agree where their care needs are better met.

3.3	**Interface with Children and Adolescent Mental Health Services (CAMHS) - Admission of Young People Aged Under 18 Years**

The Lothian CAMHS 12 bedded in-patient unit provides a regional service for young people within Lothian, Fife and Borders areas requiring in-patient psychiatric care. Service provision is for young people between 12 and 17 years inclusive. All under 18 year olds should be admitted to specialist CAMHS beds wherever possible.

On occasion where a bed is not available for a Lothian, Fife or Borders patient within the CAMHS unit, a bed is sought in either of the 2 other regional units for CAMHS in Scotland - Skye House, a 24 bedded inpatient unit in Glasgow or Dudhope House, a 12 bedded inpatient unit in Dundee. Where there are no CAMHS beds available in Scotland, a bed may be required within REB Adult Acute Mental Health Services until a suitable CAMHS bed is identified.

CAMHS Bed Management Arrangements

In daytime hours where a bed is available the admission is managed by the ward team.

Out of hours where a bed is available the On-Call Doctor and the ward team manage the admission and the CCN for REB is informed.

Where there is no bed available daytime or out of hours there should be an identified agreed contingency plan considering:

- Referral to Skye House or Dundee CAMHS units.
- Use of a pass bed should a patient be ready to go out on pass.
- Extending the pass of a patient already on pass.
- Consider earlier discharge of a patient where discharge has already been identified and agreed and in discussion with other Tier 4 services who could support early dicharge.
- Facilitating the return of boarders to their locality hospital e.g. Dundee or Skye House as soon as a bed becomes available.

Out of Hours, Weekends and Public Holidays

- Duty Doctor and On-Call Consultant and CAMHS Nurse in Charge in discussion with CCN for REH consider information regarding current bed availability and contact other units.
- Where possible the bed availability of other units should be gathered at the end of the working day available for handover to the On-Call system.

Use of CAMHS Pass Bed

Consideration for use of pass beds:

- Pass beds will be considered for use for emergency admissions unless a patient is due to return to hospital within 24 hours and it has been clearly documented by medical staff that the bed should not be considered useable.
- The length of leave remaining / planned date of return of pass.
- Risks attached to that individual remaining on pass.
- Other pass beds available in the ward.

Admission to Adult Acute Bed

In a situation where a CAMHS patient is required to be admitted to an Adult acute ward in REB as a boarder there must be:

- Consultation between medical staff to agree admission and use of bed (Consultant to Consultant discussion).
- CAMHS Inpatient Consultant will retain RMO status.
- CAMHS Nursing staff will accompany the young person and provide 24 hour nursing care including care planning, TRAK input and medical review.
- CAMHS will be responsible for the provision of nursing staff and for liaising with the host ward to establish their systems and expectations.

Admission to Blackford (IPCU)

On occasion an admission to Blackford may be required for a CAMHS patient. This would ideally be negotiated with the MDT in advance of admission according to specifically identified treatment needs and goals.

The CAMHS medical and nursing team may contact Blackford medical and nursing team directly to discuss and consider support with medical intervention, strategies or care planning ahead of any move to Blackford in order to support the patient to remain in the CAMHS setting where at all possible. Blackford team will assess/identify someone as suitable for transfer to or from the unit.

CAMHS nursing staff will support the admission with 24 hour nursing care in discussion with ward staff.

CAMHS nursing team will adhere to Blackford ward routines and policies and share in care planning and handover communication.

CAMHS Consultant Psychiatrist and medical team will liaise with Blackford team and with their ward and family meetings.

3.4	**Referrals from Community Rehabilitation Team (CRT)**

Where a person within the CRT is relapsing and requires inpatient mental health treatment CRT will consider community options including increased social care or use of IHTT to support the person at home. If admission is required and IHTT are satisfied that team involvement will not prevent admission then admission can be arranged. This follows the same 'Decision to Admit Pathway as in section 4.0.

There are 3 currently unfunded 'relapse' beds in the Psychiatric Rehabilitation Services to which CRT patients should be admitted. Alternatively if needs are better met in the acute environment or the beds are full admission to acute mental health wards should be arranged.

3.5	**Referrals from Acute Medical Hospitals / Psychiatric Liaison Teams**

All referrals for psychiatric admission from wards and psychiatric liaison teams within acute medical hospitals, such as Edinburgh Royal Infirmary or Western General Hospital, must be made via the relevant IHTT in accordance with their gate-keeping function.

Where admission to REB is indicated and the patient being referred has had an in-patient stay within the referring hospital, admission will only be accepted where there is doctor to doctor agreement.

A medical handover from the clinical team/professional requesting admission to the in-patient medical team at REB is required to ensure the person is medically fit and has care needs appropriate to an acute mental health ward.

On occasions additional assessments of the patient will be carried out by REB nursing and / or Allied Health Professionals to determine the physical care needs of the patient and what equipment / additional resources (e.g. hoists, wound care) are needed.

4.0	**Decision to Admit**

Admission to REB acute wards may be initiated by any clinician at Band 6 or above within MHAS; or locality mental health teams; or IHTTs across Edinburgh, East Lothian and Midlothian.

All referrals must be discussed with the relevant IHTT before admission is agreed.

In the case of Mental Health (Care and Treatment) (Scotland) Act 2003 assessments, professionals are encouraged to contact the IHTTs where possible ahead of assessment to discuss options for intensive home treatment as an alternative.

Direct admission to wards is possible if the risk of carrying out an IHTT assessment or of not admitting the person directly is identified as unacceptably high. This must be agreed by a phone call to IHTT from the admitting clinician. In all other cases IHTT will assess the patient for intensive home treatment as clinical gate-keeper. The Mental Health Assessment Service (MHAS) is able to exercise this gate-keeping role for patients they assess and will not need to call IHTT if there is no alternative to admission.

Once IHTT has agreed the admission, the admitting clinician should contact:

In hours (Mon-Fri, 9-5)	SCN Patient Coordinator	0131 537 6000
Out of hours	Coordinating Charge Nurse (CCN)	0131 537 6000 / Pager 7005

If the decision to admit changes at any time after requesting a bed, the Patient Coordinator/CCN must be notified immediately to prevent unnecessary effort in trying to locate a bed and especially where this has required contacting hospitals in other health boards.

5.0	**Allocating a Bed**

At the time of admission, patients are allocated a bed based on their GP (and by gender for Edinburgh wards). If they are not registered with a GP they will be allocated a ward based on their own address and nearest GP practice address. A list of GP practices and corresponding address areas is available on each ward and on the CCN shared drive.

Up to date and accurate information must be obtained on every admission to ensure correct bed and consultant allocation.

Figure 1 shows the number of beds, gender mix and alignment of each ward according to locality.

Figure 1: Bed Allocation Information			
Ward	**Beds**	**Gender**	**Area**
Balcarres	**16**	**Male**	**North Edinburgh**
Craiglockhart	**16**	**Female**	
Merchiston	**16**	**Male**	**South Edinburgh**
Meadows	**16**	**Female**	
Hermitage	**16**	**Mixed**	**East Lothian**
			Midlothian
Blackford (IPCU)	**10**	**Mixed**	**Edinburgh, East Lothian & Midlothian**

Where a patient requiring admission has no address in Edinburgh, East Lothian or Midlothian then the appropriate bed and responsible in-patient consultant is identified according to the 'No Local GP/Address' rota.

Similarly if a patient requires admission to REB because the hospital in their own area has no available beds, the 'Hospital Transfer' rota identifies the appropriate ward and consultant.

Current copies of the rotas are kept within the wards and also held by the Patient Coordinator. CCNs can access this on the CCN shared drive.

5.1 Need for Single Sex or Mixed Gender Ward

In the majority of cases, patients will be admitted to their locality (also known as sector) ward and if living in Edinburgh, single sex accommodation is provided. Hermitage is mixed gender, however, where an East or Midlothian patient requires a single sex ward based on clinical risk assessment, admission or transfer to an Edinburgh ward will be negotiated as early as possible.

Similarly, where an Edinburgh male or female patient is assessed as needing a mixed gender ward they may be admitted/transferred to Hermitage if a suitable bed is available (to facilitate this, the gender ratio and physical layout of the single rooms within Hermitage needs to be considered).

5.2 Transgender Patients

Transgender people have equal rights to access single sex wards as any other male or female patient and therefore should be admitted to a ward in accordance with their preferred gender. It is good practice to involve the patient as much as is possible in the admission process.

There may be some circumstances where it is lawful to provide a different service or to exclude a transgender person from single sex ward of their preferred gender but only if this is a proportionate means for achieving a legitimate aim. Any decision to do this must therefore be based on:

- An objective and evidence based assessment of the circumstances and relevant information
- Balancing the need of the transgender person and the detriment to them if they are denied access, against the needs of other patients and any detriment to them if the transgender person is admitted.

5.3	Lodging

If there is no bed within the correct locality ward, the patient should be admitted to an available bed elsewhere within the acute in-patient service and are considered to be 'lodging' there (excluding Blackford). This means the patient will continue to be managed by their own locality medical teams until repatriated to their locality ward when a bed becomes available (unless a decision is made that the patient is to remain in the ward initially admitted to).

It is essential that patients lodging in other wards receive the same level of MDT support and review to achieve optimum recovery and continued patient flow.

5.4	Inpatient Consultant Allocation

When patients are admitted to the Royal Edinburgh Hospital they are allocated a consultant who will have overall responsibility for their care. This includes any RMO responsibilities under the Mental Health Act. This procedure covers the process of allocation for patients who would be the responsibility of Edinburgh Consultants.

- There are 4 localities in Edinburgh: North East, North West, South East, South West. One consultant has responsibility for in-patients from each locality. The links between inpatient and community teams covering the same areas are a key part of safe, effective care of patients. Junior doctors work for specific inpatient consultants as part of the team covering that specific locality.
- Patients will be allocated to a locality based on their GP (List of GPs available in all wards and CCN shared drive)
- If they have no GP then they will be allocated based on their address
- If a patient is admitted either with no fixed abode or is from an area outwith Edinburgh, East or Midlothian then responsibility is allocated based on a rota. The current rota is available on the wards.
- The staffing model is based on consultant teams having, on average, 16 patients per team.
- There has been a large degree of variability in relative size of consultant caseloads. These variations can last months.
- A high caseload may have a detrimental impact on patient care due to reduced consultant input. Once the caseload is too high the benefits of maintaining the link with the relevant locality are less than the impact of reduced inpatient medical team input.
- It has been agreed that once a consultant's caseload reaches 20 inpatients, including those on IPCU, then the relevant consultant will highlight this to the Clinical Director for Adult Mental Health.
- New patients that would have been allocated to that consultant would then be allocated to a different consultant the next working day.
- Key considerations for reallocation will be size of other consultants' caseloads, preserving North/South Edinburgh links and which ward the patient located on. One goal will be to

minimise boarding ie when patients are staying on a ward where the consultant does not routinely work.

- If the consultant whose caseload is 20 or greater wishes to take responsibility for the patient admitted, and then go over the cap, then this can be discussed. Considerations of when this may be suitable would be for patients who have had repeated admissions, where the expectation is that the admission will be relatively brief and they have a strong relationship with the relevant consultant.
- In the absence of the Clinical Director the inpatient consultants will resolve the reallocation themselves.

5.5	**Admitting to Blackford (IPCU)**

Patients for direct admission to Blackford must be detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 and exhibit severity of mental disorder and behaviours that cannot be managed safely within an acute ward. All referrals for direct admission must be discussed with Blackford clinical team to ensure the provision of its low secure setting is required.
Patients experiencing deteriorating mental health and posing increased risks that cannot be managed within the acute wards or other clinical settings within Royal Edinburgh Hospital site may be referred for internal transfer to Blackford.

Blackford team will normally carry out a face to face assessment of the patient within the referring ward unless the need for transfer is immediately obvious, for example, the patient has assaulted others, made a significant suicide attempt, poses a high risk associated with absconding. In all cases the patient must be detained prior to transfer.
Where Blackford has no empty beds, and the patient being referred is considered to be higher risk than other current patients in Blackford, negotiation of 'swopping' a more settled patient may need to take place, particularly when there are no other IPCU beds in hospitals nearby. When this is not possible, the Patient Coordinator/CCN will try to locate an IPCU bed out of area.

5.6	**Admitting an Informal Patient to Blackford**

In very exceptional situations when there are no beds available and all other 'open' ward alternatives have been explored, an informal patient may need to be admitted into a bed in Blackford. This decision will include full consideration of the risk of admitting informal patients into an IPCU setting. It may be more suitable to consider moving a detained patient who may have already been referred to Blackford, but where attempts are being made to manage the risks on an open ward.

Any patient admitted informally to Blackford in these exceptional circumstances should be asked to provide signed informed consent (appendix 2) by the admitting clinician who will provide a clear explanation about the rationale for admission there as well as the alternative options and additional restrictions on their liberty.

Such admissions will also be recorded on Datix as a potential breach of protocols may have occurred. The incident must be reviewed and graded appropriately by the relevant clinical lead within 24 hours. The patient will be the primary priority for return to a suitable environment in line with the principle of least restrictive alternative.

The Mental Welfare Commission must be notified of the informal admission by Blackford clinical team within the next working day.

Where the patient is not moved on to an appropriate bed within 72 hours a further Datix should be submitted and the Clinical Nurse Manager for Acute / Clinical Services Manager and General Manager should all be alerted.

6.0	**Creating Admission Capacity**

Given the bed pressures on acute mental health services both locally and nationally in recent years, strategies for creating admission capacity in REB follow.

6.1	**Admitting to Braids Ward (Contingency Ward)**

Braids Ward, located in Royal Edinburgh Building, is a 15 bedded, mixed gender, sub-acute ward that has been opened to increase acute bed capacity on a longer term but temporary basis. The aim is to ensure that all 15 beds are fully occupied at all times to increase patient flow and admission capacity to the acute in-patient service.

Patients may be transferred to Braids Ward when they require to remain in an acute admission bed but an initial assessment of their needs has been completed and they are presenting as more settled.

Typically, these patients may have their discharge delayed; are awaiting transfer to rehabilitation services; are awaiting supported accommodation or are waiting on support/care packages to facilitate their return home.

As Braids Ward has lower levels of staffing compared to acute wards, patients exhibiting high current risks of violence/aggression or self-harm/suicide by use of ligatures would rule out admission to Braids Ward for safety reasons.

The decision to transfer a patient to Braids Ward is initiated at the daily bed huddle and discussed further with the patient's clinical team/consultant. Medical staffing on Braids is reduced so that patients requiring regular consultant assessment or decision making will not be suitable for transfer to Braids ward.

East and Mid-Lothian consultants will retain consultant responsibility for their patients on Braids Ward, but may transfer to Braids consultants if the stay on Braids is prolonged.

An up to date list of potential patients will be maintained by Braids clinical team and the Patient Coordinator.

6.2	**Flexing Male to Female Bed Ratio**

When the number of male to female admissions is significantly higher, or vice versa, there is scope within REB acute wards to alter the male to female bed ratio by 'flexing' ward corridors internally but separately within Hermitage and Blackford wards.

Flexing of beds within Hermitage and Blackford to accommodate more female or male admissions requires consideration of the risks associated with gender imbalance within these wards and potential need for patients allocated a bed within the 'flexed' area of the ward to be on enhanced observation for safety, privacy and dignity reasons.

7.0	Accessing a Bed at St John's Hospital (SJH), Ward 17

Where there are no acute beds within REB, and if St John's Hospital have available beds, the Patient Coordinator/CCN will contact the Mental Health Coordinator at SJH via pager 3064 in the first instance with all enquiries relating to adult acute admissions (SJH switchboard number: 01506 419666 or bleep the SJH system directly via extension 54444).

If a bed is agreed as available for use by REH, the person should be conveyed directly to SJH and will be admitted and clerked there.

Procedures for the provision of handover of assessments and risk assessments are the same as if the patient is being admitted to the REB, this includes the Single Mental Health Assessment inclusive of Risk Assessment if admission is via MHAS or the IHTT / CMHT admission SBAR (again including risk assessment). There is no requirement for Consultant to Consultant discussion.

The assessing clinician must assess the safety of alternative transport arrangements (see Psychiatric Emergency Plan for further information on risk assessing transport arrangements). If a medical review is required before assessing suitability for transport to SJHs (around 30 mins from central Edinburgh) this can be arranged in hours by the doctors of the clinical team seeking admission and if not based in hospital, preferably at a locality base if safe to do so. If this is not possible, see Section 8 to make arrangements for the assessment to take place at the REH.

The clinical team referring the patient for admission will be required to provide a verbal clinical handover to Ward 17 staff. The Patient Coordinator / CCN should inform the patient's 'sector' ward of this admission so that regular contact can be maintained with a view to transfer back to REB at the earliest opportunity.

In hours, the team/professional accompanying the patient to the ward will be required to remain with the patient and assist with onward transport of the patient to the out of area bed.

7.1	Accessing an IPCU Bed at St John's Hospital

Where Blackford ward is full and an IPCU bed is needed for a new admission or current REB in-patient with deteriorating mental health, the Patient Coordinator/CCN will contact SJH via pager 3064.

Thereafter procedures outlined in 7.0 apply.

7.2	Responsibility for Arranging Transport and Escort of Patient to SJH / Out of Area

In hours, when no beds are available in REB, the locality team (if involved) seeking admission will be responsible for arranging transport and providing staff to escort the patient to SJH / or the out of area bed (If the referral for admission is being made by other clinicians e.g. Psychiatric Liaison, responsibility will rest with the CCN).

Out of hours, the CCN will make arrangements for the transport of the patient and the 'Out of Hours Team' (IHTT and MHAS) and ward staff will be asked to assist with providing staff to escort the patient.

If no staff are available, the CCN will escalate this to the senior manager on call.

8.0	Accessing an 'Out of Area' (Non Lothian) Bed

In the event all acute beds within REB are occupied (including Blackford which may be considered for patients detained at the time of admission and in extreme cases for informal patients when no other acute beds are available within a reasonable distance or the admission occurs overnight) and a patient requires admission, the Patient Coordinator/CCN will contact other psychiatric hospitals listed in appendix 3. This list is organised according to distance from Edinburgh and as such provides an indicator of expected travel time should a bed be available elsewhere in Scotland.

Once an available bed has been identified there is a requirement for a consultant to consultant referral. In hours, this would be the consultant linked to the clinical professional/team seeking admission and out of hours this would be carried out by the consultant on-call (contactable via Royal Edinburgh Hospital switchboard: 0131 537 6000).

Once consultant agreement has been sought, a full clerking for inpatient care should take place prior to the transfer. This must include a clerking, full physical assessment and a completed risk assessment. In hours, the responsibility for completing this lies with the doctors of the clinical team seeking admission and if they are not based in hospital, if safe to do so, preferably this assessment takes place at the relevant locality base.

Out of hours the responsibility for completing the assessment lies with the relevant junior doctor: Rota 'C' for patients who have been assessed by East and Mid IHTT or been assessed at the RIE. Rota 'B' for all other patients. It is likely that out of hours these assessments will need to happen at the REH. To arrange this the admitting team should liaise with the Patient Coordinator/CCN to notify them that they are accompanying the patient to REB so that the patient can be examined and clerked in by the medical team within the appropriate locality ward. The patient should never be left to make their own way to REB or be 'dropped off' at the hospital. The admitting team/professional will also be required to discuss this with the ward doctor before the patient's arrival so that they can organise their workload accordingly. In the event junior doctors are on leave there should be clear cross cover arrangements in place.

The Patient Coordinator/CCN will advise the locality ward nursing team of the patient's expected arrival.

Transfers of patients to out of locality care requires a high level of focus to support safely. It is important that a full assessment takes place prior to any transfer and the clinical safety of the patient should be the primary consideration when negotiating transfers. It maybe that waiting for investigations to return, before any transfer, is required. All relevant clinical information should be shared with the admitting ward but should always include the documented assessment that led to admission, the clerking completed once admission has been agreed, the physical examination (contained within the clerking pdf form) and a completed risk assessment ('mental health risk assessment' in TRAK).

8.1	Communicating with Patients and Carers

Arranging admissions to units outside the local catchment area can cause problems for patients, their carers and family members. The admitting team/clinician should provide an explanation of why this is necessary and any difficulties the placement may create for the patient and carer should be acknowledged, recorded in their clinical notes and communicated

to the Patient Coordinator so that every effort is made to repatriate the patient as soon as possible.

8.2	Repatriation of Out of Area Admissions

When a bed becomes available in REB, patients suitable for repatriation should be agreed at the daily bed huddle and ideally planned to take place before 9am or after 8pm where possible.

On occasions patients admitted out of area may be considered suitable for intensive home treatment as an alternative to continued in-patient care. The 'out of area' clinical team looking after the patient must not assume appropriateness for IHTT without making a referral to the relevant team. The following arrangements are in place:

Edinburgh IHTT - will carry out assessments at SJH but not outside Lothian. When Edinburgh patients admitted to other hospitals are thought to be suitable for home treatment, the patient needs to be transferred back to REB and IHTT will assess within the MHAS assessment area. Ideally a bed within the in-patient setting should already have been identified in case the patient is not deemed suitable for home treatment and requires continued in-patient care. Since a bed may not always be available in such situations it must be explained to the patient that should continued in-patient care be necessary this may well involve a further admission out of area.

Midlothian IHTT – generally have the same arrangements as above. However if the patient is already known to the team, they will generally carry out a telephone triage with the patient and if no concerns are highlighted they will agree a plan.

East Lothian IHTT – When East Lothian patients admitted to other hospitals are thought to be suitable for home treatment, the ward staff are required to contact East Lothian IHTT via telephone (01620 642910 or 0131 536 8300) to make the referral. If the referral is accepted then IHTT request that ward staff contact IHTT when the patient has left the ward and IHTT will contact the patient via telephone same day to arrange initial IHTT face to face contact, which is often the following day depending on risks/patient needs. IHTT also request that ward staff discuss IHTT referral with the patient prior to them leaving the ward to ensure that they are willing to engage and that they understand what IHTT input entails.

9.0	Admitting West Lothian Patients to REB

When Ward 17 or IPCU at SJH are fully occupied, West Lothian patients can have access to empty beds within REB under the same premise when beds are accessed there for Edinburgh, East Lothian and Midlothian patients.

The West Lothian admitting team should contact the Patient Coordinator (CCN out of hours) to check bed availability and will be responsible for the safe transport of the patient to REB.

Transfer arrangements are the same as documented in section 7.0.

West Lothian patients should be allocated a ward and responsible consultant according to the 'Hospital Transfers' rota.

The locality team caring for these patients should maintain daily contact with the relevant ward at SJH and arrange return there as soon as a bed becomes available. Responsibility for the transport/escort back to Livingstone will be pragmatically agreed between SJH and REB teams.

9.1	Admitting Non-Lothian Patients to REB

Requests for access to an acute bed at REB may be made by other non NHS Lothian health boards when their local hospital has no available beds. REB Adult Mental Health will hold at least 3 empty beds for Lothian admissions but can accept such a referral when more beds are free.

Enquiries about bed availability should be made to the Patient Coordinator (CCN out of hours). A consultant from the admitting area must have a discussion with the responsible consultant identified via the 'Hospital Transfer' rota or if out of hours this discussion needs to be with the on-call consultant for General Adult Psychiatry.

Prior to transfer the patient must have had a physical examination, be deemed fit for travel and have a mental health assessment and risk assessment carried out. This information should accompany the patient or be emailed securely (appendix 4 provides a copy of the safe email transmission grid) ahead of their arrival to the admitting ward (ward email addresses available in appendix 5).

On occasions individuals not resident or registered with a GP in Edinburgh, East Lothian or Midlothian may experience acute mental distress/crisis whilst in Edinburgh and present to MHAS for assessment. Where admission is deemed necessary and the patient is known to mental health services where they usually live, MHAS will liaise with the clinical team there for background information to assist this decision and also to inform them of the need for admission in REB. If the patient has had no previous engagement with mental health services details of the nearest psychiatric hospital should be obtained by MHAS and details passed on to the admitting ward.

The patient will be allocated a ward and responsible consultant based on the 'No Local GP/Address' rota.

As above, the clinical team caring for the patient will maintain daily contact with the patient's local hospital/clinical team and arrange transfer back as soon as a bed becomes available. Responsibility for the costs associated with transport/escort back sits with the patient's local heath board unless other arrangements are more pragmatic and timely.

10.0	Absence of Acute Beds within REB

When no empty beds are available within REB, the following should be considered.

10.1	Use of Pass Beds

Pass beds may be used to accommodate a new admission.

Where clinical teams wish to retain a pass bed the rationale for this should be explained at the bed huddle and recorded on bed state information. Although all effort will be made to keep the pass bed empty, admission activity may dictate the need to use the bed for a new admission.

At the time of admission to hospital, patients should be given the information leaflet about their stay (appendix 6). Here it outlines that they may be required to move rooms or wards depending on the requirements of fellow patients being newly admitted in an emergency or crisis situation.

It should also be explained to patients when going on pass that the bed they are occupying may need to be used in their absence to accommodate another admission. Prior to going on pass, patients should be advised to take any property with them as the hospital is unable to accept responsibility for its safekeeping (NHS Lothian's Patients Funds and Valuables Policy, 2017).

10.2	**Use of Beds of Patients who have been Temporarily Transferred to another Hospital for Medical / Physical Health Reasons**

When a patient has been transferred to the care of another hospital on medical / physical health grounds, this should be highlighted to the Patient Coordinator/CCN and discussed at the Bed Huddle.

There may be times the bed needs to be 'held' to accommodate the transfer of the patient back to REB and the rationale for this should be discussed at the daily bed huddle. Effort should be made to facilitate the patient's transfer back to REB in a timely way.

Where the patient is likely to remain in the other hospital for a known period of time, their bed may be used when there is a shortage of other empty beds within the REB.

The patient's property should be managed in accordance with NHS Lothian's Patients Funds and Valuables Policy (2017).

10.3	**Use of Beds of Patients Absent Without Leave (AWOL)**

When a patient is AWOL this should be reported on Datix and recorded on the bed state information. Ideally a bed unoccupied as a result of the patient being AWOL should be kept free for the time of their return, which is likely to be unpredictable.

On occasions the clinical team may have information that suggests the patient is unlikely to be returning any time soon, therefore the bed will be used if it is the last available bed in REB when an admission occurs.

The property of the patient who is AWOL should be managed in accordance with NHS Lothian's Patients Funds and Valuables Policy (2017).

10.4	**Boarding**

When there are significant bed pressures within REB, agreement is in place that beds can be accessed within Older People's Mental Health Services (OPMHS) and Ritson (part of the Substance Misuse Service and located within the Andrew Duncan Clinic) to allow adult mental patients to 'board' overnight. Boarding essentially means the patient sleeps overnight in the boarding ward and returns next morning to their locality ward. Medical responsibility for the patient remains with their locality consultant.

Patients suitable for boarding should be identified by the clinical team as part of the 'rapid rundown' each morning particularly where it is known the REB is experiencing significant bed pressures and where this is also the case in other hospitals closest to Edinburgh. This means junior staff will not be left to make difficult decisions on their own later in the day when more senior and experienced staff are no longer on duty.

Newly admitted patients are not usually considered suitable to board in a non acute ward. However in the absence of a bed elsewhere, difficulties in arranging transfer or delays in

transport to another hospital overnight, the decision to board a new admission in Ritson, Harlaw or Eden should always be discussed with the on-call manager (contactable via Royal Edinburgh Hospital switchboard - 0131 537 6000). Where possible, additional staffing should be arranged for the boarding ward.

In the event that no patients have been identified as suitable to board and there are 'excess' patients in a particular ward, a 'whole service view' should be taken to identify suitable, more 'settled' patients from other acute wards. This will still mean patients having to spend the night in a different ward (including Blackford in the absence of other alternatives) from their locality ward but will help avoid more acutely unwell patients being placed in a clinical setting that is perhaps not able meet their specific acute mental health needs.

Within OPMHS, patients can be boarded to Harlaw (male ward) and Eden (female ward) providing one bed is retained in each ward for any emergency admissions of older adults. The following criteria apply when deciding the suitability of patients for 'boarding':

- The requirement for boarding should be explained to the patient and consent obtained
- The patient must be on general observation and have unescorted passes
- Ideally the patient should be informal, although detained patients may be considered depending on their presentation at the time

For the Ritson, the same criteria apply however patients with a history of or current alcohol / substance use are not considered suitable.

Patients should not be wakened overnight to be asked to board.

Patients boarding must have their medication administered by their own locality ward.

They should be escorted to the boarding ward in the evening and back to their locality ward in the morning.

A verbal handover of current risk and care plans should be provided and copies of current nursing notes and drug kardex should accompany the patient. Where TRAK cannot be accessed by the boarding ward a paper copy should be printed off and handed over.

Staff on the boarding ward should provide a verbal and written account of the patients stay overnight. If not able to access TRAK this should be recorded on paper 'progress notes' and accompany the patient back to their locality ward in the morning.

If the boarding ward requires any further information or advice regarding the patient overnight there should be no hesitancy in contacting the locality ward.

10.5	**Contingency Measures when No Bed Available**

It is acknowledged that due to exceptional pressures in services there will be occasions when demand for admission beds in adult and older people's mental health in-patient services exceeds capacity. In order to address this, the following guidance should be followed:

The need for contingency beds should be anticipated during normal working hours and escalated to the General Manager for consideration of potential use of contingency beds.

When are beds used?

Contingency beds will be used when there is an absolute essential requirement to admit a patient to REH's adult and older people's in-patient service and:

All available REH site AMH and OPMH beds are occupied **or** it is not appropriate for reasons of gender or age-appropriateness to use any remaining beds **and**

- Boarding of a more stable patient into other available beds is not possible **and**
- The person is not suitable to be admitted to IPCU **and**
- The person is risk assessed as being safe to use a contingency bed.

Where are the beds?

Beds are currently available in:

- Adult Mental Health - Meadows (Female), Merchiston (Male) and Hermitage (Mixed Gender)
- Older People's Mental Health - Eden (Female, Functional illness) and Harlaw (Male, Functional illness)

How are the Beds Accessed?

The decision to use a contingency bed will be made by CCN and ward / on-call doctor.

Patient must be risk assessed as safe to use the room. The room should be viewed to determine if there are any additional risks relevant to the individual patient.

Staff need to be cognisant with the environmental ligature risks within the areas where the contingency beds are located (The SOP for REB Room Usage should be referred to for additional guidance).

There is no requirement for CCNs to discuss this decision with the Duty Manager unless they have any doubts about patient or staff safety in relation to accommodating additional patients, in which case they are advised to contact the Duty Manager via switchboard to aid decisions on the best action to take.

It is fully recognised that the use of contingency beds is not ideal for acutely unwell patients. They are however a short term solution when bed pressures are at their most challenging and should not be considered as a longer term measure for managing bed capacity and patient flow issues.

11.0	**Admission of Patients to Facilities in England / Wales**

On occasions, individuals from Edinburgh, East and Midlothian come to the attention of mental health services in other parts of the United Kingdom and require psychiatric admission. Where patients are admitted to a NHS facility, arrangements already exist for cross charging costs to NHS Lothian.

In hours, where healthcare Trusts contact REB staff to request authorisation of funds for admission of a person to a **private** psychiatric facility out with Scotland, approval should be sought from the Clinical Services Manager or General Manager.

Out of hours, the CCN can approve detained patients being placed into private care unless there is some ambiguity that would require management support from the on-call manager.

(Informal patients will not be approved out of hours; the decision will be made the next working day. Therefore if Trusts admit an informal patient to a private facility this remains their responsibility with no guarantee of funding.)

The CCN must inform the following of the admission:

- Clinical Services Manager
- General Manager
- SCN Patient Coordinator
- Out of Area Patients Administrator (Claire.a.Smith@nhslothian.scot.nhs.uk)

11.1	**Returning Patients from England / Wales**

If the person is an informal patient, they can be returned to Lothian without the requirement of any Mental Health Act paperwork providing they consent to return.

If consent is not given, and the English / Welsh clinicians consider they still require in-patient care, they would have to enact a detention and apply for a Travel Warrant before being able to transfer the patient back to Scotland.

A Lothian resident detained under the English Mental Health Act cannot be forced to return to Scotland without a Travel Warrant being in place.

Patients already detained under the Scottish Mental Health Act can be held in a psychiatric hospital in England or Wales until collected by their team. This applies to any person subject to an order where hospital detention is one of the compulsory measures specified. A return to hospital in Scotland can be enforced; **however treatment can only be given with the consent of the patient.** If treatment is required, the patient will need further detained under the English mental health act. Return to Scotland can be enforced despite both detentions running in parallel.

The Mental Welfare Commission provides further guidance on cross border transfers, cross border absconding and cross border visits under mental health law and can be accessed via: https://www.mwcscot.org.uk/sites/default/files/2019-06/cross_border_transfers_june_14.pdf

11.2	**English or Welsh Patients in Royal Edinburgh Building**

The same rules apply as outlined in 11.1.

11.3	**Application for a Travel Warrant**

To arrange the transfer of a detained patient out of Scotland the Responsible Medical Officer (RMO) must:

- Consult with the patient's Mental Health Officer (MHO)
- Write to the patient informing them that an application to the Scottish Government for transfer is being made
- Complete the TX1A form (available from: https://www.gov.scot/publications/mental-health-law-forms/)
- The TX1A form and the copy of the patient's letter and patient consent along with the MHO report should be sent to:

  Mental Health Law Team / Area 3R

  St Andrew's House

  Regent Road

  Edinburgh

EH1 3DG

Or forward to the Mental Health Administration Team and they will email this direct (it also informs them of the proposed transfer).

The Mental Health Law Team will confirm and communicate with the RMO about dates and the warrant.

Once the RMO receives the original warrant, this should be forwarded to the Mental Health Act Administration Team and this will be included along with the original mental health act paperwork (e.g. short term detention certificate, compulsory treatment order) as this should go with the patient to their destination.

Contact REH's Mental Health Act Administrators (email: Lothian.Mentalhealthact@nhs.net) for any further guidance needed.

12.0	**Organising Patient Transport (by Road)**

The Flow Centre, a centralised service supporting the flow of patients, provides transport for transfers and discharges from 37 NHS sites across the Lothian area and admissions to the 3 acute sites within NHS Lothian.

The service is available 7 days per week, 8am until midnight.

Transport requests can be made via email: FlowCentre@nhslothian.scot.nhs.uk or by telephone: 0131 446 4500.

Appendix 6 provides further guidance on transport available depending on the patient's clinical need and / or mobility.

12.1	**Organising Train or Air Travel**

- **Planned in Advance**

Transfers via train or air are organised by NHS Lothian's Travel Team, available Monday-Friday, 8am until 4pm. Contact details are:

E-mail:Travel@nhslothian.scot.nhs.uk

Telephone: 0131 465 7652 (47652)

Forms are available on the intranet at:
http://intranet.lothian.scot.nhs.uk/Directory/FinanceOnline/FinancialServices/Pages/TravelTeam.aspx

Completed forms should be returned via e-mail to Travel@nhslothian.scot.nhs.uk

The Travel Team aim to process all TA01 requests **within 10 working days** from the date they receive the TA01 request.

- **Short Notice Travel by Train**

A rail warrant can be requested from the Travel Team, based at Waverley Gate or one of the 5 main Cash Offices shown in figure 2. The warrants can be exchanged for a specific rail journey ticket at a railway station. To request a warrant, a 'Rail Warrant Request' form should be completed and authorised then presented to the Cash Office/Travel Team.

The form can be accessed via the following intranet link:

https://policyonline.nhslothian.scot/Policies/Pages/transport-policy-(non-nhsl-patients).aspx#undefined5

Once completed, this can be emailed to the REH cash office (details below) in advance and they will have the warrant ready for collection.

Figure 2 – Cash Office for Rail Warrant Requests		
Cash Office	**Telephone**	**email**
REH	**46540 / 46333**	**REH.CashOffice@nhslothian.scot.nhs.uk**
Opening Hours		
Monday to Thursday: 8.30 -16.30		**Friday: 8.30 -16.00**

- **Out of Hours**

For advice and support with travel arrangements out of hours, contact Corporate Travel Management (CTM) via telephone - 0141 223 1904.

For any of the above, if money is required to pay for food or taxi travel at either end of any journey, a memo can be signed by a manager (SCNs can authorise up to £200) to release funds from the cashier. All receipts must be kept and processed in accordance with standing financial instructions.

13.0	**Dispute Resolution**

If there is any local dispute over an admission when a bed is available this should be referred to the Clinical Directors for the Services involved.

If there is any dispute over an admission when a bed is available in another locality or speciality then this should be referred to the Chief Nurse/General Manager and /or Associate Medical Director in line with the escalation procedure above.

Chief Nurse/General Managers, Clinical Directors and Associate Medical Directors must ensure there is a delegated representative to undertake this role in their absence.

Disputes that arise out of hours will be discussed with the On-call Manager who can obtain clinical advice from the On-call Consultant.

NHS Lothian's position is that the needs of the patient must come first and any process, system or procedural disagreements or issues should be arbitrated between colleagues at a later time. There may be exceptional circumstances for example where there is potential for serious violence against a specific staff member and / or other patients that may need to be taken into consideration and bespoke arrangements out with the normal agreed pathway may be necessary.

Appendix 1: Signed Informed Consent Form for Informal Admissions to Blackford Ward

Voluntary or Informal Patients Admitted to Blackford Ward (IPCU) – Signed Informed Consent Form

Information for Patients

Blackford is an inpatient ward at the Royal Edinburgh Hospital. It is an Intensive Psychiatric Care Unit (IPCU) with 10 single, en suite bedrooms. It is a mixed sex ward but it is divided into male and female corridors. It is a specialist ward which usually provides intensive treatment and interventions to patients who present an increased level of clinical risk and require an increased level of observation.

Unlike other General Adult Psychiatry Wards, Blackford has locked doors and patients have either no time out from the ward or only short passes with a member of the nursing team. Due to the higher levels of security and these restrictions, patients who are admitted to the ward are usually detained under the Mental Health (Care and Treatment) (Scotland) Act 2003.

Patients are very occasionally offered an admission to IPCU when they are not detained under the Mental Health Act (a voluntary or informal patient). This may occur when there are no General Adult Psychiatry beds available in the hospital and no other suitable beds can be located elsewhere. When this happens the Patient Coordinator will try to locate a General Adult Psychiatry bed as soon as possible and certainly within 24 hours of admission.

Consent to Admission to Blackford Ward (IPCU)

As you have been offered an admission to Blackford Ward, it is important that you are aware of the information above and fully understand it so that you can make an informed decision. The clinician arranging your admission should explain what alternative options are available to you. These may include admission to a hospital out with Edinburgh or, if suitable, treatment at home.

It is important that you have had the opportunity to ask any questions you might have.

You have the right to withdraw your consent at any time. Should you wish to do this you should speak to a member of the nursing team who can then arrange an appropriate assessment to discuss alternative options.

To be completed by the admitting clinician:

I confirm that I have explained the above information regarding admission to Blackford Ward to the patient. I have explained both the benefits of admission as well as the additional restrictions to the patient's liberty.

I can confirm that I have discussed the appropriate alternatives to admission with the patient.

Signed	**Position**	**Date**

To be completed by the patient:

I can confirm that I understand the information given regarding admission to Blackford Ward and give consent to admission to the ward.

Signed	Date

Appendix 2: NHS Psychiatric Hospitals in Scotland

	Hospital	Ward (s)	Contact No	Distance (from REH)	Comment/ bed management/IPCU etc
1.	St Johns (Livingston)	17	01506 419 666 (short code **53000**) Wd 17 **54117** IPCU = Wd1	19	**Always speak to Nursing bleep holder in first instance**
2.	Queen Margaret (Dunfermline) Whytemans Brae (Kirkcaldy) Stratheden	2 Ravenscraig Lomond	**01383 623 623**	19.5 28.9 45.1	**01383 623 623** fife switch board **Unscheduled Care Team** at Whytemans Brae for **ALL FIFE** bed management IPCU (Hollyview) @ Stratheden
3.	Forth Valley Royal Hospital (Falkirk)	Consultant to Consultant	**01324566000** 01324 567614 (wd2) 01324 566155 wd1	28.9	Duty Nurse – Beds 2 x adm Wds, Wd1=IPCU
4.	Borders General (Peebles) (NHS Borders)	Huntlyburn	**01896 826000**	36.3	**Bed / gatekeep directly via ward staff** IPCU = St Johns
5.	Wishaw General [NHS Lanarkshire]	1 + 2	**01698 361 100**	39.6	**Ward C/N for beds**. Have own IPCU
6.	Moray Royal (Perth) [NHS Tayside]	Moredun (male / female)	**01738 621 151**	45.4	**Bed management via Carseview crisis resolution team gate keep Perth Dundee + Angus beds** IPCU moerdun A has secure annex or use Stratheden
7.	Stobhill/ MacKinnon House (NHS Greater Glasgow and Clyde)	Armadale, Broadford, Struan	0141 531 3100	49.6	**Bed Manager = 07810 528 883,** IPCU = Portree
8.	Hairmyres* (East Kilbride) [NHS Lanarkshire]	Wd 19 +- 20	**01355 220 292**	49.9	**NURSE IN CHARGE wd20** – acute admissions
9.	Gartnavel Royal (Glasgow)	Rutherford House, Henderson, MacNair	**0141 211 3600**	50.7	Have own IPCU, **Bed Manager or, out of hours "nursing bleep holder"**

10.	Dykebar(Paisley) (NHS Greater Glasgow and Clyde)	South (acute admission male + female)	**0141 884 5122** (ward 0141 314 4070)	52.2	**Bed Management Duty Nurse Acute Admission Unit** Arran = IPCU
11.	Leverndale (NHS Greater Glasgow and Clyde)	3a 3b 4a 4b	0141 211 6400	54	Wd1 = IPCU **Mary McPhail bed Manager 0777 570 2768**
12.	Carsview (Dundee) [NHS Tayside]	1 + 2 + Mulberry Ward	**01382 660 111** (Ninewells switch)	59.7	**Bed management via crisis resolution team + gate keep Perth Dundee + Angus beds** , have own IPCU
13.	Inverclyde (Greenock) (NHS Greater Glasgow and Clyde)	Langhill clinic (AAU)	**01475 633 777**	70.5	**Response Nurse for psychiatry** IPCU = Dykebar/ Arran Ward
14.	Midpark (Dumfries) (NHS Dumfries and Galloway)	Ettrick / ~~Nithsdale~~	**01387 246246** (wards 01387 244156 01387 244162)	72	**Ward Charge Nurse** Balcary = IPCU
15.	Woodland View (irvine) (NHS Ayrshire and Arran)	9,10 , 11	**01292 610 556**	78	**Bed manager** via main no. have own IPCU wd8 Bleep holder/ bleep 8481
16.	Royal Cornhill Hospital (Aberdeen) (NHS Grampian)	Brodie, Corgarff, Crathes, Drum	**034545 66000**	126.6	**Bed management = Band 7 bleep holder** IPCU within Blair unit (as well as forensic wards). Catchment includes Orkney + Shetland
17.	Argyle + Bute (Lochgilphead) (NHS highland)	Succoth	**01546 602 323**	132.2	Nurse in charge of ward, IPCU = ICU
18.	New Craig Hospital (Inverness) (NHS Highland)	Maree, Ruthven, Morar	**01463 704 000**	158.6	Bed management = Duty Dr IPCU = Affrick Catchment covers Wester Ross, Fort William and Sutherland
19.	Doctor Grays Hospital (Elgin) (NHS Grampian)	Wd 4	**034545 66000**	175.8	No system ? duty Dr. IPCU = Blair Unit
20.	Western Isles Hospital (Stornoway Isle of Lewis) (NHS Western Isles)	Acute Psychiatry	01851 704 704		6 bed unit. IPCU = Affrick@ New Craig

Appendix 3: Safe Email Transmission Grid (extract from SOP)

This should be accessed via the following link:

http://intranet.lothian.scot.nhs.uk/Directory/eHealth/operationsandinfrastructure/InformationGovernance/Guidance/Safe%20email%20short.pdf

Appendix 4: Ward Email Addresses

Ward	Team Email Address
Meadows (south female)	Reh.meadows@nhslothian.scot.nhs.uk
Merchiston (south male)	Reh.merchiston@nhslothan.scot.nhs.uk
Balcarres (north male)	Reh.balcarres@nhslothian.scot.nhs.uk
Craiglockhart (north female)	Reh.craiglockhart@nhslothian.scot.nhs.uk
Hermitage (East Lothian & Midlothian)	Reh.hermitage@nhslothian.scot.nhs.uk
Blackford (IPCU)	Reh.blackford@nhslothian.scot.nhs.uk

Appendix 5: Bed Availability – Admission to Hospital during Busy Periods (Patient /Carer Information Leaflet)

Nursing staff on the ward can help you to get in touch with advocacy services who will help support you whilst in hospital.

Patient Advocacy

Edinburgh

Advocard:
✉: advocacy@advocard.org.uk
☎: **0131 554 5307**

Mid/East Lothian

✉: advocate@capsadvocacy.org
☎: **0131 273 5118**

Other supports and sources of information:

Royal Edinburgh Patients Council

✉|: info@rehpatientscouncil.org.uk
☎: **0131 537 6462**

Mental Welfare Commission for Scotland

✉: enquiries@mwcscot.org.uk
☎: **0800 389 6809**

Layout & Readability reviewed by NHSL Patient & Carer Information Group v1.0
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NHS Lothian

Bed Availability: Admission to hospital during busy periods

Information for Patients and Carers

The Royal Edinburgh Building at the Royal Edinburgh Hospital

Admission to another ward

Due to demand on our hospital services, we might not always be able to admit you to a bed in the ward that is closest to where you live. Sometimes when this happens, staff will try to arrange for you to stay overnight in another ward in the same hospital or for you to be admitted to a different hospital in NHS Lothian.

Your care and treatment will be provided in the same way but we understand that patients prefer to be looked after closer to home.

Staff will work closely with the other care team to ensure any disruption to your stay in hospital is kept to a minimum and you receive good quality care.

Admission to another hospital outwith the local area

Unfortunately, it might not always be possible to arrange your admission to another ward in NHS Lothian. If this is the case, staff will try to arrange your admission to a hospital in another health board area in Scotland, preferably one that is the closest.

We recognise this can be difficult for patients, their family or friends due to the distance involved and the difficulties this may cause in allowing them to visit you. In these circumstances your care teams will work together to try to make sure you are transferred back to an appropriate ward in Lothian as soon as it is possible to do so, if you still need to be in hospital.

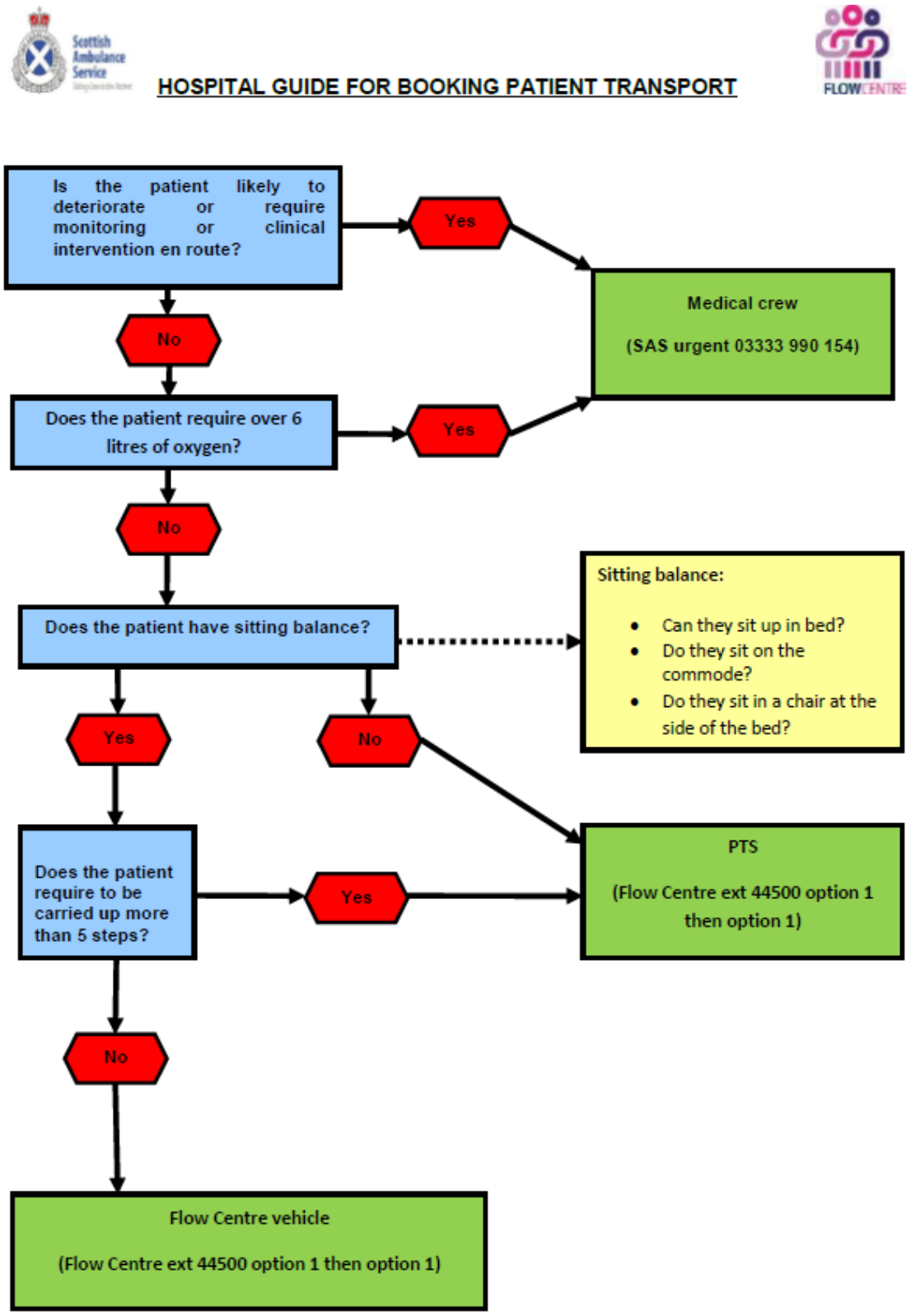
If you or your visitor need support with travel costs, please contact a member of staff from our Welfare Team on: **0131 537 6387**.

Delays in being admitted to hospital

If your admission cannot be arranged to a ward elsewhere in Lothian or in another health board area, the staff will ensure you are provided with a comfortable area to wait in the hospital until you can be given a designated bed.

You will of course be looked after by members of the multidisciplinary care team during this time but we recognise this will limit your access to the privacy and facilities you require for a short time. If this happens, staff will work to make sure this is only for a very limited period of time.

Appendix 6: Flow Centre Guidance



GUIDANCE

Transport is only available for patients who have a clinical or mobility need. The first option for independent patients should always be family or friends.

- **Corsa car or volunteer car**
  - No patient care or input given
  - Good mobility required

- **Flow Centre vehicle**
  - NHS bus and driver with CSW. Both are trained in manual handling, BLS etc
  - O2 available if requested at booking
  - Wheelchair transfers available
  - Limited patient lifting available
  - Ramp access for up to 5 steps (must be requested at time of booking)

- **PTS**
  - Basic Life Support training and O2 availability. AED on board
  - Usually pre-planned journeys
  - Single patient journey available
  - Access to radio to request assistance in case of emergency

- **Urgent Tier**
  - Ambulance Technician Crew
  - Full emergency ambulance with same capability as emergency crew but unable to intubate, cannulate or give IV drugs.

- **Emergency Ambulance**
  - Crew of 2 Paramedics or 1 Paramedic and 1 Technician.
  - Full emergency capability including intubation, cannulation, IV management and drugs.

- **Palliative ambulance**
  - Crew of 2 with specialist training in palliative care
  - Suitable for adults and children
  - Stretcher /wheelchair or seated

- **Out of Area ambulance**
  - Basic Life Support training and O2 availability. AED on board
  - Crew of 2
  - Pre planned with minimum 48 hours notice

Guidance for transport requirements based on mobility

Independent	Patients who need no assistance. Can mobilize without any aids.
1man chair	Patients who mobilize with aids i.e. walking sticks independently. These patients can walk short distances and manage to climb stairs easily.
1man chair + assistance	As detailed above but need very minimal assistance.
2man chair	Patients who need 2 staff to transfer from chair to chair. Who mobilize with aids i.e. zimmer frame. Patient that require hoisting, are suitable for the bus if they are able to sit in a wheelchair for the journey.
2man chair + assistance	Needs full assistance to transfer, mobilize, walk up stairs i.e. balance and support. Also patients who require O2 therapy to travel.
2man chair + carry	Needs full assistance to transfer, mobilize but cannot walk up stairs with support. ***for this it is vital to know the exact number of stair and exact weight of patient***
2man stretcher	Patients who cannot weight bear, have no sitting balance, medically unwell/unsuitable for chair. ***this cannot go up stairs as it is a rigid stretcher, different to those used in A&E***
Stretcher + carry	SCOOP STRETCHER. As above. More flexible option as this can be carried up stairs.