GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale University Health Board	**Reference Number: UHB 294** **Version Number: 1** **Date of Next Review: August 2018** **Previous Trust/LHB Reference Number: N/A**

Adult In-patient Services Sleeping Out Guidance

Introduction and Aim

In the event of bed shortages it is sometimes necessary to sleep patients out from their parent ward (or the ward designated to provide their assessment and/or treatment) into a different clinical area within the service. This may include Rehab Services, Adfer, CAW, Low Secure and Locality Wards.

The guidance will relate only to 'sleeping out' arrangements due bed capacity issues and not transfers due to clinical need or any other clearly defined reason (e.g. mobility issues, risk management, conflict between 2 individuals etc)

This document is not in support of a policy. It should achieve consistency across the service in relation to process of identifying suitable patients to sleep out within other clinical areas.

Objectives

- To ensure that when patients are required to sleep out due to capacity issues, patient safety and well being are at the forefront of the decision making process.
- To ensure that all staff follow the same guidance when identifying which patients are going to sleep out.
- To ensure that no patient is disadvantaged in terms of the care that they receive in the event of sleeping out on another ward. An equitable service is to be provided regardless of where the patient sleeps.
- To ensure that patients are transferred in a timely manner and are adequately informed and have given consent.
- To ensure that the 'sleeping out' arrangements have been clearly documented and a risk assessment has been carefully considered.
- To ensure that all 'sleeping out' arrangements have been discussed with the shift coordinator on duty.

Scope

This guidance applies to all of our staff in all within Adult Mental Health Services.

Equality Impact Assessment	An Equality Impact Assessment has not been completed as this Guidance is in support of: Crisis Assessment Ward Operating Policy Patient Property Policy

	which has valid EQIAs.
Documents to read alongside this Guidance	• Crisis Assessment Ward Operating Policy • Transfer Across different Sites within C&V UHB • Patient Property Policy
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Accountable Executive or Clinical Board Director	Clinical Board Director for Mental Health
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Summary of reviews/amendments			
Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
1	13/8/2015	07/04/2016	New Policy

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Definition

The term ‘sleeping out’ is used to describe a situation on a particular inpatient ward whereby there are not enough beds on that ward to accommodate all of the patients for the night. As a result, it may be necessary to arrange for another ward to temporarily accommodate one (or more) of their patients for the night(s).

For the purpose of this guidance, the ward where the patient ordinarily receives their assessment/care/treatment is referred to as the ‘parent ward’ and the ward that temporarily accommodates the patient under a sleeping out arrangement is referred to as the ‘host ward’.

The sleeping out arrangement is usually temporary, but may be prolonged over a number of days and in extreme cases a number of weeks; it also may include more than patient.

There is the need to discern between 2 different categories of ‘sleeping out’:

Category 1) this describes the situation where the parent ward and host ward are the same speciality of inpatient ward. For example, the patient sleeps out from one locality ward onto another locality ward.

Category 2) this describes the situation where the parent ward and host ward are from different specialities. For example, the patient is required to sleep out from a locality ward to a rehab ward; or they sleep out from CAW to locality etc.

Rationale

It is acknowledged that best practice would be to ensure that all care at all times is delivered by the team associated with the parent ward. This would provide a continuity of care, especially in relation to the nursing care and assessment. It also provides the patients with a consistency of approach and allows for therapeutic relationships to develop. Hence there is potential for care delivery and patient experience to be compromised in the event of a service user to sleeping out on another ward.

However, in the event of bed shortages and with a view to manage resources effectively it is often necessary to sleep patients out to other clinical areas within the service.
The guidance will relate to ‘sleeping out transfers’ due bed capacity rather than transfers due to clinical need (mobility issues, risk etc)

Guidance

The guiding principle should be to identify any need to sleep a patient out at the earliest possible time. Preferably this would be identified in the morning and all ward teams need to assess their bed capacity and report any bed requirements that can't be met to the bed manager/shift coordinator as soon as it is realised.

This is to be complemented by the Bed Manager/Shift Coordinator assessing the likelihood of having to use sleeping out guidance at the beginning of the early shift. This is based on the handover from the previous night's coordinator which will include the midnight bed status, the patients sleeping out record & general activity on the wards/CRHTs & especially CAW.

The CAW should operate on 80% occupancy and ideally should have at least 2 empty beds available to accommodate admissions. This is not always the case and there will be times when patients will be asked to sleep out in other clinical areas.

When the initial capacity issue is identified, all options to alleviate this must be considered e.g. reviews by MDT regarding alternative options to hospital stay. This could include discussions with CRHT, use of leave and/or crisis house.

If all options are exhausted and a need to sleep out has been confirmed the clinical team would need to establish which patient(s) are most suitable to sleep out. Wherever possible this should be an MDT discussion and always based upon an up to date risk assessment. The Bed Manager/Shift Coordinator should be used as a resource to assist decision making.

There could be occasions when there are no beds available within the service and an out of area bed would be required. This would not be desirable but maybe a necessary option in order to accept an urgent admission. The Bed Manager/Shift Coordinator would need to procure the out of area bed.

The decision to sleep any particular patient out is on an individual basis and is based on an up to date risk assessment and current presentation.

Patient involvement is required prior to any decision being made. The following should be discussed with the identified patient and documented accordingly:

- The consent of the patient is required
- An explanation of why they need to sleep out
- Where they will be going and for how long
- What will happen with their possessions
- Implications to their care
- Consent to inform family/carers
- Timely manner
- Discussion with bed manager/shift coordinator
- Handover to the Host Ward

The host ward is to be identified by the Bed Manager/Shift Coordinator – the vast majority of sleeping out arrangements will be:

Locality to locality ward
Locality to Adfer or Rehab
Low Secure to locality
CAW to sleep to locality wards

Criteria for consideration when deciding who is appropriate to sleep out will include as a minimum:

Mental state/ current presentation
Level of Observations
Leave status
Risk assessment
Discharge plans
Consent & capacity to consent
Mental Health Act status (especially when considering moves to a different site or moving patients with certain restrictions from the Low Secure/Forensic service)
Staffing levels

If a patient is to sleep out on one of the rehabilitation wards, the Rehab Waiting List (compiled by the Bed Manager) needs to be consulted in order to inform the decision about the most appropriate person to sleep out into a Rehab area. Ideally, it should be the person who is top of this list.

Further Considerations

The guiding principle to be followed is that the same level of care and treatment will be provided regardless of where the patient sleeps. No-one should be disadvantaged or feel that they are receiving a lesser service as a result of being asked to sleep out.

What happens if the bed capacity issue occurs out of office hours?

Whilst all efforts should be made to pre-empt the sleeping out decision making process in order to involve the wider MDT, there will be occasions when the need to do this occurs out of hours, either on the weekend or during the evening etc. When this does happen the process should be followed as above but without the considerations of the wider MDT. The Bed Manager/Shift Coordinator will need to take a more prominent role to ensure clarity of decision making. If the ward staff are having difficulty in identifying a suitable pt then the Bed Manager/Shift Coordinator will provide support and assistance.

How long will the sleeping out arrangement last?

Generally this will be a temporary arrangement – the length of time would be determined by the availability on the number of beds on the parent ward. There should be a discussion between the 2 areas about the length of time someone should sleep out for. This should be reviewed by the MDT on the parent ward on a daily basis.

Will the patient return to their Parent Ward during the day?

Category 1 patients, i.e. those who are sleeping out within the same speciality can remain on the host ward during the day, if their bed is not available on their parent ward. Category 2 patients, who would be typically those sleeping from locality to rehab/Adfer/low secure, will return to the parent ward during the day and will only use the host ward to sleep overnight. These are general principles, though individual cases may determine otherwise and this will need to be agreed between the two relevant areas.

Who has the responsibility for reviewing the patient?

This remains the responsibility of the parent ward. The primary nurse from the parent ward needs to review and update the clinical information, CPA1s, care plans & risk assessments as regularly as they would on the parent ward. Any clinical updates that require information to be added to assessments that occur on the host ward need to be clearly communicated back to the primary nurse so the primary nurse can update and amend the clinical information section accordingly.
It is the responsibility of the treating team to follow up and review/assess their inpatients if they are sleeping out due to bed capacity issues. This responsibility remains regardless of where they are placed within Cardiff and Vale UHB. This means that patients that have been transferred to a different site just for the purpose of sleeping out will not be taxied back and forth the different sites just to attend ward rounds or ward reviews etc. It should be the responsibility of the team to attend the host ward for the purpose of assessment.

If the sleeping out length of stay is longer than 7 days, then consideration needs to given to the Primary Nursing role provided. A clearly documented discussion by the full MDT is required if a Primary Nurse from the host ward will take responsibility for the interim period.

What happens when bed capacity dictates that numerous patients from one area are required to sleep out?

There are exceptional occasions whereby a ward may have a significant number of patients that they need to sleep out. When the number of patients sleeping out exceeds 2 then this needs to be escalated to the SNM to discuss any potential extra management plan that may be necessary e.g. relocating staff to an ward to assist with managing the number of pts during the day, or

agreeing a short term transfer of care to an area until the pressure on the original ward reduces.

Documentation

Case notes may be filed under a different Paris speciality or 'tree' if a patient sleeps out on a ward from a different specialism. The nursing team on the host ward may not have access to the required 'tree' and may not have open any risk assessments or cpa1, consent to share info etc. If any occasion arises on the host ward that requires an update in this field then they must ensure that they clearly document this and notify the parent ward so it can be updated by a staff member from the relevant team.

Transfer across differing sites

Please follow the "Transfer across sites within C&V UHB" procedural guidance.

Property

Patients are to be reminded that as per the Patients Property Policy, the UHB in general does not take responsibility for the loss or damage of any property, cash and/or valuables that have not been handed in for safe keeping.

The opportunity for handing items in for safe keeping must be offered to anyone required to sleep out and staff must follow the Patients Property Policy to ensure that the interests of all patients (especially vulnerable patients) are adequately safeguarded. Particular note is to be made of chapters 6.2 with regards to capacity and 6.3.8 with regards to storing items of clothing.

What if there are no patients suitable to sleep out?

There may be a situation where it is not possible to sleep out any patients. This maybe because there is not any suitable patients due to high levels of acuity; all suitable patients refuse to go; there is limited capacity on suitable wards; or simply bed capacity has been exceeded. This situation needs to be escalated to senior nurse managers as soon as possible for alternative arrangements to be made e.g. relocating staff resources or accessing out of area or private beds.

Procedural Guidance for sleeping out to Park Road Houses Rehabilitation Unit

Rationale

- ✓ Park Road houses is an isolated care environment.
- ✓ Only 2 staff by night.
- ✓ Bedrooms have no viewing panels to observe patients.
- ✓ There are 6 exits from the main building and 2 exits from House 11.
- ✓ No access to 2222 or SIMA trained staff.
- ✓ Park Road has many ligature points.
- ✓ Knives etc are easily accessible to patients.

Procedure

A decision to sleep out should be made on an individual basis.
Decisions to transfer patients to 'sleep out' from other inpatient areas to Park Road should be made where possible before 5pm and in consultation with a senior member of Rehabilitation Nursing Staff.
On weekends and between 5pm and 8pm there is senior member of staff on call for the service.

Consideration should be made at all times with regard to:

- Current mental state.
- Risk assessment- this needs to be current and relevant.
- Levels of observation – due to low staffing levels and the environment Park Road staff are unable to observe patients who require more than general observations.
- Patient leave agreements:
  - Section 17 leave in place for Whitchurch.
  - Unescorted leave agreed.
  - Risk of absconding.
- Current physical health. (No access to 2222 or Oxygen etc)
- Mobility issues. (All bedrooms and bathrooms are upstairs.)
- Environmental issues and constraints of Park Road Houses

Basic requirements for consideration are:

- Patient must have unescorted leave.
- Is the patient in agreement to sleeping out at Park Road
- Patient must not be voicing any thoughts of self harm or current suicidal ideation.
- Patient cannot have required any SIMA intervention in the past week.
- Patient must be on general observations.
- Risk assessment must be reviewed and updated on Paris prior to consideration.
- TTH is to be provided. Park Road does not carry stock medication.
- All Mental Health Act documentation needs to be in place and up to date

-If a Patient is deemed suitable to sleep in after the above has been considered a case note entry must be made on Paris by Senior Nurse making the request to sleep out.

-Whilst sleeping in to Park road Patients remain the responsibility of their MDT and arrangements with regard Ward round review etc must be communicated to Park road houses.

Sleeping Out Flowchart