

## Centralised Bed Management Hub (CBMH)

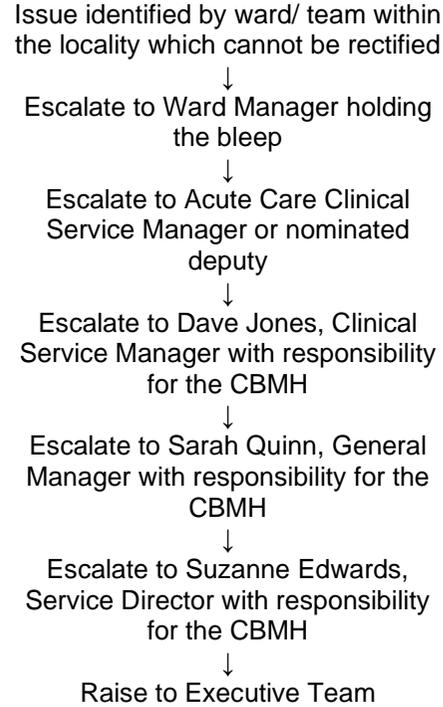
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### Escalation process within working hours

If an issue is encountered which cannot be rectified and is delaying a patient's pathway out of inpatient care the following escalation process should be used:



**Outside of normal working hours the usual on call system should be utilised.**

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the best they can be

It is estimated that these meetings will take approximately 3 hours and will be chaired by a representative from CRHTT. Where possible members of the CBMH will be in attendance along with a rep from the CRAC Team. These meetings will replace the Delayed Transfer of Care Meetings.

**Frequent attender review meetings** - the CBMH is responsible for identifying people who have required multiple admissions and co-ordinating a multi-disciplinary review of these cases. Meeting will be held to support care-coordinators with contingency planning with a view to reducing repeat admissions and length of stay.

**Gatekeeping/Allocation of Beds** - the CRHTT in each locality will continue to receive all requests for gatekeeping assessments for adult service users with a functional illness. If a Mental Health Act Assessment is requested the AMHP will contact the locality CRHTT to inform them and request they attend.

Prior to a CTO recall being considered the CRHTT should be contacted to undertake a gatekeeping assessment, ensuring all community treatment avenues have been exhausted.



CRHTT to contact the CBMH on to inform that a gatekeeping or MHA assessment has been requested.



CRHTT to update the CBMH at the earliest opportunity in relation to the outcome of the assessment. **The patient should not be informed of the outcome of the assessment until the next step has been taken.**



If it is agreed that admission is required a detailed gatekeeping assessment needs to be completed focusing particularly upon the current needs of the person and what the expected outcome and duration of admission would be. The CBMH will identify the most appropriate bed to meet the person's needs, taking into account ward staffing levels, observation levels etc.

## Daily activities

**9am** - CBMH to undertake the following activities:

- Update bed states using Carenotes and info collected by the Bed Manager on the previous afternoon
- Email this information to the CBMH team, CRHTT's and acute care staff including Consultants and Ward Managers
- Contact older adult organic, learning disability assessment and treatment, rehabilitation and secure wards to establish current bed state and any planned changes.

**9.30am**- Ward in-reach led by the CRHTT within each locality on the following wards:

**Central & East** - Adelphi & Bollin Wards

**West** – Beech and Juniper Wards

**Wirral** - Lakefield and Brackendale Wards

Brooklands and Willow PICU's to maintain a list of patients who can be safely transferred to an adult ward if a PICU bed is required and none are available.

**By 1pm** - Feedback to be provided by the CRHTT in-reaching to the wards in each locality from the board rounds emailed to the CBMH.

This feedback should detail any discharges or home leaves planned to take place that day or any early discharge meetings due to be held.

## Weekly Activities

**Acute care meeting** – Acute team with reps from wider MDT should meet weekly on Monday/Tuesday to discuss plans for people on the ward and to pre-plan early discharge meetings for the week ahead. Meetings should be attended by staff from both acute adult wards as patients may be transferred between wards during their journey and an awareness of their care and treatment is essential.

Time slots should be allocated for members of the CMHT to attend to be involved in the discussions surrounding patients from their particular team.

## Introduction

The CBMH is in operation between 8am - 8pm, Monday- Friday and Saturday - Sunday 8.30 am - 4.30 pm.

Outside of these hours the allocation of adult functional inpatient beds is the responsibility of the Crisis Resolution Home Treatment Team (CRHTT) or Out of Hours Service within each locality.

All service users referred for admission need to have a gatekeeping assessment by the local (CRHTT) who will then liaise with CBMH if admission is indicated.

The main aims of the CBMH are:

- To ensure timely identification of an available bed
- To co-ordinate all admissions and transfers between acute mental health wards
- To ensure plans are in place for people occupying an acute inpatient bed so continuity of care is maintained
- To identify issues which may cause a delay and escalate these accordingly
- Monitor access to specialist beds to ensure delays in transition from acute to rehab and secure services are minimised
- Undertake reviews for people who are frequently admitted to establish what additional support can be provided, ensuring that contingency plans still meet the persons' needs
- Monitor 28-day re-admission rates, use of Section 2 of the Mental Health Act for known service users, admission and discharge rates and occupied bed days per CCG
- Ensure that gatekeeping assessments detail reason for admission and what would need to change to facilitate discharge within a timely manner.