

Document Title	Bed Management Service Policy			
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Review and Amendment Log	Version	Type of Change	Date	Description of Change
	V01	NEW	Feb 17	NEW Policy
	V01.1	Update	Nov 17	Update due to clinical transition

This Policy supersedes the following document which must now be destroyed:

Document Number	Title
V01	Bed Management Service Policy

Bed Management (BM) Service Policy

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1 Introduction

- 1.1 This Policy describes the operation of the Northumberland, Tyne and Wear NHS Foundation Trust's (the Trust/NTW) Bed Management Service.

2 Bed Management Service Role

- 2.1 The role of the Trust's Bed Management Service is to work with Clinical Teams and Operational Managers to make the most effective and efficient use of in-patient resources in **agreed inpatient pathways**.
- 2.2 All **agreed inpatient pathways** will be within the scope of the Trust's Bed Management Service. The Bed Management Model and operational arrangements may differ between clinical areas depending on the needs of that patient group.
- 2.3 The Trust's Bed Management Service will not have bed management responsibility **for all inpatient pathways in NTW** but may assist Clinical Teams, Operational Managers and On-Call staff in finding solutions to bed management issues for these beds when required, especially when issues arise relating to **agreed inpatient pathways**. Such assistance will be at the discretion of Bed Management Service.

3 General Operation

- 3.1 The Trust's Bed Management Service will operate a 24/7/365 Service with identified bed management cover for all wards in scope.
- 3.2 The Trust's Bed Management Service will operate with dedicated Bed Management staff for extended hours across 365 days from 07.30 a.m. to 20.30 p.m. The telephone number for the Trust's Bed Management Service is 0191 566 5591.
- 3.3 The Night Site Coordinator will provide night time cover for the Bed Management Service from 20.30 p.m. to 07.30 a.m. approximately for the district of habitation for the service user. Bed Management calls will be allocated to the appropriate Night Site Co-ordinator during this time by the Trust's Switchboards.
- 3.4 The primary responsibility for the Trust's Bed Management Service will be in the areas of: Admission to Hospital, transfers between wards, assisting and predicting flow through the in-patient pathway, assisting Clinical Teams with informal and formal delayed discharges, producing Bed Management related reports and analysis and oversight (with colleagues from other Departments of the Trust) of 'Out of Area' Treatment placements. Operational arrangements are outlined below.

4 Admission to Hospital

4.1 General Admissions

4.1.1 All admissions to **wards in agreed inpatient pathways** will be processed by the NTW Bed Management Service.

4.1.2 All referrals for hospital admission will be received by the identified Clinical Bed Manager for that span of duty. The Clinical Bed Manager is a Senior Clinician who will take clinical and demographic details in order to allocate an appropriate clinical pathway bed for that patient to be admitted. The decision on pathway allocation will usually be reached through discussion of clinical needs with referrers but final decision on pathway allocation rests with the Clinical Bed Manager as only that clinician will have knowledge of bed state and associated issues across the Trust.

4.1.3 Clinical Bed Managers will accept all referrals for admission from clinicians and routes authorised to admit a patient to hospital. The following clinicians/routes are authorised to admit to hospital;

- MHA admissions including CTO recalls
- CRHTT Clinicians of B6 and above for all patients included in the CRHTT specification for a locality. For localities with Universal CRHTT provision this will include patients in Adult, LD and Older Persons Pathways
- CTT Clinicians of B6 or above in pathways/localities where CRHTT does not provide a service to that patient group. Examples of authorised Clinicians include, Care Coordinators, CTT Duty worker, Consultant
- Bed Managers may defer the allocation of a bed if the referrer is not authorised to make a hospital admission.
- The NTW Bed Management Service will take full responsibility for finding a bed for patients referred for admission and will make all necessary arrangements to source a bed 'Out of Area' if there are no suitable beds in NTW Pathways and contingency operation has not been successful.

4.1.4 All patients referred for hospital admission should have received a face-to-face assessment of need by an authorised Trust Clinician in the 24 hours prior to referral (referrals following Mental Health Act Assessment and CTO recalls are exceptions). This is to ensure that all needs/risks have been considered immediately before admission takes place and all alternatives have been considered. Clinical Bed Managers may defer the allocation of a bed until such face-to-face Assessment has taken place.

4.1.5 The NTW Bed Management Service will not allocate or book beds prior to a face-to-face Assessment being made (referrals made prior to Mental Health Act Assessment are an exception to this approach given clinical and legal issues - see Section 4.1.6). The NTW Bed Management Service is required to serve all localities and clinicians and needs flexibility to ensure that the needs of all patients and referrers are balanced. Clinicians may call the NTW Bed Management Service prior to assessment proceeding if they wish; as such notice may assist the Service in making plans for possible bed allocation.

4.1.6 Referrals for beds for patients detained under Mental Health Act are managed as follows;

- Approved mental health professional (AMHP) or Section 12 Doctor should inform Bed Management Service at the earliest opportunity of a planned Mental Health Act Assessment pending including time of Assessment and potential clinical needs. This allows the Bed Management Service to plan for a potential admission
- The Bed Management Service will book a provisional bed for that Mental Health Act Assessment when this is possible and inform the referrer of the location of this bed. This bed will be held for the service user unless other admissions take priority. The Bed Management Service will inform the referrer of any change of plan at the earliest opportunity and reallocate another suitable bed
- Beds will only be provisionally allocated on the day of Mental Health Act Assessment to avoid the potential for beds to be used in intervening periods
- NTW Bed Management Service will take full responsibility for finding a bed for patients detained under Mental Health Act and will make all necessary arrangements to source a bed 'Out of Area' if there are no suitable beds in the Trust's Pathways
- These arrangements are designed to prevent provisionally booked beds being used for other admissions as the Bed Management Service is the single point of bed allocation within the Trust. Should an allocated bed not be available for a patient on arrival at the hospital, the Bed Management Service will make necessary arrangements to source an alternative bed. Any such incident will be treated as a Serious Incident and reported via the Web-Based Reporting System by the Bed Management Service. (See the Trust's NTW(O)05 - Incident Policy and Practice Guidance Notes)

- 4.1.7 The NTW Bed Management Service will discuss the necessary authorities to admit to hospital before a bed is allocated with the Referrer. The Clinical Bed Manager may advise on appropriate authority required to enable admission (informal, Mental Health Act).
- 4.1.8 Referrals of patients to the Adult Acute Pathway may be allocated to a general adult ward or Psychiatric Intensive Care Unit (PICU) depending on presentation. The decision making responsibility for bed allocation rests with the Clinical Bed Manager who will have awareness of capacity and capability within the Pathway to assist decision making.
- 4.1.9 Serving military personnel should be admitted to beds commissioned for this patient group. NTW Bed Management Service will contact South Durham CRHTT to access commissioned beds at West Park Hospital, Darlington. If no commissioned beds are available the referral should be accommodated in NTW stock as appropriate irrespective of CCG of origin. Military Veterans project and Defence Medical Services will be informed of all referrals of serving military personnel.

4.2 **Bed Allocation, Use of Leave Beds and Associated Issues**

- 4.2.1 The Bed Management Service will utilise a standard approach to ensure that patients are allocated beds in their own locality or close to that locality and that admissions are allocated evenly across the Trust's resources.
- 4.2.2 The use of leave beds for admissions may be considered in order to meet the needs of patients when no vacant beds are available in a locality. The Trust's Bed Management Service will attempt to balance the needs of the patient on leave with the needs of the patient requiring admission.
- 4.2.3 The Trust's Bed Management Service will work together with Wards in scope to have up-to-date, clinically accurate knowledge of all patients on leave at a given time to aid the bed allocation process.
- 4.2.4 Clinical Pathway allocation will be the responsibility of the Clinical Bed Manager. All relevant referral information will be considered and discussed with the referrer to assist in making this decision.
- 4.2.5 On occasion it may be necessary to allocate a bed in a different Clinical Pathway from the ideal agreed due to resource pressures. The Clinical Bed Manager will liaise with referrer and proposed receiving Wards to ensure that the admission is safe.

4.3 **Unplanned 'Out of Area' Admissions – NTW Patients**

- 4.3.1 On occasion, NTW patients will be accommodated in 'Out of Area' Hospital placements in both the NHS and Private Sector, whether placed by the Trust's Bed Management Service or because of ad-hoc presentations in other areas. The NTW Bed Management Service will be responsible for coordinating return to NTW bed stock or other Services at the earliest opportunity, of all patients placed in non-Trust bed stock. The Trust's Bed Management Service will advise or arrange transport and any necessary Clinical Assessments to aid the return.

4.3.2 Wherever possible, the Trust's Bed Management Service will seek to inform and gain authorisation from the responsible Clinical Commissioning Group prior to placing an NTW patient outside the NTW bed stock. The NTW Bed Management Service will develop individual systems for this process led by Clinical Commissioning Group needs.

4.4 **Unplanned 'Out of Area' Admissions – Non NTW Patients**

4.4.1 On occasion, patients from other NHS Trust areas will present to NTW Services and require hospital admission. The NTW Bed Management Service will be responsible for considering and authorising referrals for admissions to the Trust's beds for patients who are living outside NTW area and are the responsibility of other NHS Trusts. These referrals will be considered within the overarching NHS Duty of Care and to assist colleagues in other NHS Trusts in their Bed Management.

4.4.2 The Trust's Bed Management Service will liaise with referrer and the patients' home area to make the most appropriate plan to meet needs and safety. When possible, the patient should be admitted to their home area but when this is not possible or regarded as unsafe, the patient will be admitted to an NTW bed and repatriated to their home area as soon as possible.

4.4.3 NTW Bed Management Service will collect information on all 'Out of Area' activity (incoming and outgoing) and report to relevant Stakeholders on issues and trends.

4.4.4 The NTW Bed Management Service will liaise with the NTW Finance Department to ensure that all recharges are accurately processed.

5 **Transfers between Wards**

5.1 **Transfer between Wards in the Same Clinical Pathway**

5.1.1 The NTW Bed Management Service seeks to ensure that patients are accommodated in wards serving their own locality. On occasion, patients will be admitted outside their own locality and a transfer may be required to return the service user to their own locality.

5.1.2 The NTW Bed Management Service will facilitate and authorise all transfers of this kind. It is not appropriate for Wards to arrange transfers between themselves as staff may be unaware of all associated clinical issues and other potential transfers or admissions that may take priority.

5.1.3 On occasion, patients require Ward transfer for reasons not related to locality, e.g. clinical reasons, safeguarding reasons. The NTW Bed Management Service will facilitate and authorise all transfers of this kind taking into consideration clinical presentation, safeguarding advice, interventions used and the needs of potential receiving wards.

5.2 Transfers between Wards in Different Pathways

- 5.2.1 Where a patient is accommodated, as an emergency bed management measure, in a Ward of a different pathway to that required, the transfer of the service user to a Ward in the correct pathway will be a priority for the Trust's Bed Management Service.
- 5.2.2 When a Ward Multi-Disciplinary Team feels that transfer of an existing in-patient to a Psychiatric Intensive Care Unit or other Ward requiring triaged admission is needed, a referral will be triaged by the Trust's Bed Management Service. The Trust's Bed Management Service will facilitate and authorise all transfers of this kind.
- 5.2.3 Where transfer between different Clinical Pathways is proposed by a Ward Multi-Disciplinary Team following completion of a period of Assessment, The Trust's Bed Management Service will facilitate and authorise all transfers of this kind. It will be usual for clinicians in the receiving Pathway to agree to any such Pathway transfers.

6 Inpatient Flow

- 6.1 The Trust's Bed Management Service will support Wards through the provision of advice and practical assistance in the resolution of bed management problems and issues. Primary responsibility for such matters will continue to rest with Clinical Teams within the Care Programme Approach process unless this is otherwise agreed by the Trust's Bed Management Service. (See The Trust's NTW(C)20 - Care Coordination, Care Programme Approach Policy).
- 6.2 The Trust's Bed Management Service will provide discharge facilitation services to Wards with identified resources. Identified staff will work as part of the Ward Multi-Disciplinary Team to identify and solve issues preventing discharge from hospital. This Service will include the provision of a Clinical Assessment and planning to enable transition from inpatient to Crisis Service Home Treatment.
- 6.3 The Trust's Bed Management Service will develop and provide data to identify activity trends and issues to inform service management and development.

7 Identification of Stakeholders

- 7.1 This Policy follows the criteria set out in NTW(O)01 – Development and Management of Procedural Documents, this Policy was circulated Trust-wide for a **four week consultation** to the standard distribution listed below:

- [North Locality Care Group](#)
- [Central Locality Care Group](#)

- South Locality Care Group
- Corporate Decision Team
- Business Delivery Group
- Safer Care Group
- Communications, Finance, IM&T
- Commissioning and Quality Assurance
- Workforce and Organisational Development
- NTW Solutions
- Local Negotiating Committee
- Medical Directorate
- Staff Side
- Internal Audit

8 Training and Awareness

- 8.1 There are no specific areas of Training in respect of this Policy but Clinical Staff are expected to have an awareness of this Policy. (See Appendix B)

9 Equality and Diversity Assessment – Appendix A

- 9.1 In conjunction with the Trust's Equality and Diversity Lead this Policy has undergone an Equality and Diversity Impact Assessment which has taken into account all human rights in relation to disability, ethnicity, age and gender. The Trust undertakes to improve the working experience of staff and to ensure everyone is treated in a fair and consistent manner.

10 Implementation

- 10.1 Taking into consideration all the implications associated with this Policy, it is considered that a target date of **February, 2017** is achievable for the contents to be implemented within the organisation.
- 10.2 This Policy will be monitored by the Agreed inpatient pathways during the review process. If at any stage there is an indication that the target date cannot be met, then the Agreed inpatient pathways will consider the implementation of an Action Plan.

11 Monitoring – See Appendix C

- 11.1 The monitoring elements are referenced in Appendix C.

12 Fair Blame

- 12.1 The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be taken.

13 Fraud, Bribery and Corruption

- 13.1 The Trust takes fraud and corruption very seriously. In accordance with the Trust's NTW(O)23 - Fraud, Bribery and Corruption Policy, all suspected cases of fraud and corruption should be reported immediately to the Trust's Local Counter Fraud Specialist or to the Executive Director of Finance.

14 Associated Documentation

- NTW(O)01 – Development and Management of Procedural Documentation Policy
- NTW(O)05 – Incident Policy (including Practice Guidance Notes)
- NTW(O)23 – Fraud, Bribery and Corruption Policy
- NTW(C)20 – Care Coordination, Care Programme Approach Policy

Equality Analysis Screening Toolkit			
Names of Individuals involved in Review	Date of Initial Screening	Review Date	Service Area / Locality
Christopher Rowlands	June 2016	In line with Policy Review	Inpatient Care
Policy to be analysed		Is this policy new or existing?	
NTW(C)58 Bed Management Service Policy		New	
What are the intended outcomes of this work? Include outline of objectives and function aims			
<p>The role of the Northumberland, Tyne and Wear NHS Foundation Trust's Bed Management Service is to work with Clinical Teams and Operational Managers to make the most effective and efficient use of in-patient resources in the Agreed inpatient pathways.</p> <p>All agreed inpatient pathways will be within the scope of the Trust's Bed Management Service. Bed Management Model and operational arrangements may differ between clinical areas depending on the needs of that patient group.</p> <p>The Trust's Bed Management Service will not have bed management responsibility for all inpatient pathways in NTW but may assist Clinical Teams, Operational Managers and On-Call staff in finding solutions to bed management issues for these beds when required, especially when issues arise relating to agreed inpatient pathways. Such assistance will be at the discretion of Bed Management Service.</p>			
Who will be affected? e.g. staff, service users, carers, wider public etc			
Service Users			
Protected Characteristics under the Equality Act 2010. The following characteristics have protection under the Act and therefore require further analysis of the potential impact that the policy may have upon them			
Disability	<p>The specific needs of service users regarding their protected characteristics will be used to inform the bed allocation process. 4.1.4 All service users referred for hospital admission should have received a face to face assessment of need by an authorised NTW clinician in the 24 hours prior to referral (referrals following Mental Health Act (MHA) assessment are exceptions). This is to ensure that all needs / risks have been considered immediately before admission takes place and all alternatives have been considered. Bed Managers may defer the allocation of a bed until such face to face assessment has taken place. The Bed Manager will consider the circumstances of each individual referral and may waive this requirement in exceptional circumstances.</p>		
Sex	See above		
Race	See above		
Age	See above		

Gender reassignment (including transgender)	See above
Sexual orientation.	See above
Religion or belief	See above
Marriage and Civil Partnership	See above
Pregnancy and maternity	See above
Carers	See above
Other identified groups	See above
How have you engaged stakeholders in gathering evidence or testing the evidence available?	
Through the Policy making process	
How have you engaged stakeholders in testing the policy or programme proposals?	
Through the required consultation process for the implementation of a new Policy	
For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:	
Trust-wide Policy Group and the wider consultation network	
Summary of Analysis Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.	
The Policy is likely to have a positive impact because individual needs will be taken into consideration as part of the allocation process	
Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic	
Eliminate discrimination, harassment and victimisation	Positive
Advance equality of opportunity	Neutral
Promote good relations between groups	Positive
What is the overall impact?	Positive
Addressing the impact on equalities	Positive
From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010? No	
If yes, has a Full Impact Assessment been recommended? If not, why not?	
Manager's signature:	Chris Rowlands
Date:	June 2016

Appendix B

Communication and Training Check List for Policies

Key Questions for the accountable committees designing, reviewing or agreeing a new Trust policy

Is this a new policy with new training requirements or a change to an existing policy?	New
If it is a change to an existing policy are there changes to the existing model of training delivery? If yes specify below.	Not Applicable
<p>Are the awareness/training needs required to deliver the changes by law, national or local standards or best practice?</p> <p>Please give specific evidence that identifies the training need, e.g. National Guidance, CQC, NHS Resolutions etc.</p> <p>Please identify the risks if training does not occur.</p>	
Please specify which staff groups need to undertake this awareness/training. Please be specific. It may well be the case that certain groups will require different levels e.g. staff group A requires awareness and staff group B requires training.	All Clinical Staff should have an awareness of the Policy
Is there a staff group that should be prioritised for this training / awareness?	All Clinical Staff
<p>Please outline how the training will be delivered. Include who will deliver it and by what method.</p> <p>The following may be useful to consider:</p> <ul style="list-style-type: none"> Team brief/e bulletin of summary Management cascade Newsletter/leaflets/payslip attachment Focus groups for those concerned Local Induction Training Awareness sessions for those affected by the new policy Local demonstrations of techniques/equipment with reference documentation Staff Handbook Summary for easy reference Taught Session E Learning 	
Please identify a link person who will liaise with the Training Department to arrange details for the Trust Training Prospectus, Administration needs etc.	Jim Sowter

Appendix B – continued

Training Needs Analysis

Staff / Professional Group	Type of Training	Duration of Training	Frequency of Training
All Clinical Staff	Awareness of Policy	-	-

Copy of completed form to be sent to:

Training and Development Department,
St. Nicholas Hospital

Should any advice be required, please contact:- **0191 245 6777 (internal 56777-Option 1)**

Appendix C

Monitoring Tool

Statement

The Trust is working towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance, Policy Authors are required to include how monitoring of this policy is linked to Auditable Standards/Key Performance Indicators will be undertaken using this framework.

NTW(C)58 – Bed Management Policy - Monitoring Framework			
Auditable Standard / Key Performance Indicators		Frequency / Method / Person Responsible	Where results and any Associate Action plan will be reported to implemented and monitored; (this will usually be via the relevant Governance Group).
1	Number of detained patients arriving at identified hospital with no bed available	<ul style="list-style-type: none"> • Monthly Report • Via review of the Web Based Incident Reporting Reports • Service Manager for Bed Management 	<ul style="list-style-type: none"> • Monthly to Agreed inpatient pathways Operational Meeting
2	Number of unplanned 'Out of Area' admissions of NTW patients	<ul style="list-style-type: none"> • Weekly Report to Performance Dept, Finance Dept and Directors • Duty Clinical Bed Manager 	<ul style="list-style-type: none"> • Monthly to Agreed inpatient pathways Operational Meeting
3	Key Indicators for system stress in each pathway. <ul style="list-style-type: none"> • Admissions to leave beds • Out of Locality admissions • Out of pathway admissions 	<ul style="list-style-type: none"> • Monthly Report • Service Manager for Bed Management 	<ul style="list-style-type: none"> • Monthly to Agreed inpatient pathways Operational Meeting

The Author(s) of each Policy is required to complete this monitoring template and ensure that these results are taken to the appropriate Quality and Performance Governance Group in line with the frequency set out.