



MENTAL HEALTH IN GENERAL HOSPITALS

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ORGANISATIONAL QUESTIONNAIRE

CONFIDENTIAL

Name of Trust: _____

Name of Hospital: _____

Who completed this questionnaire?

Name: _____

Position: _____

What is this study about?

NCEPOD is undertaking a study to explore the overall quality of mental health and physical health care provided to patients with a significant mental disorder who are admitted to a general hospital (all hospitals to which patients are admitted for a medical/surgical or other non mental health reason) during the study timeframe and to explore the provision of services and organisational structures and policies in place to facilitate the delivery of the best possible care (for both mental and physical health) to this group of patients.

Organisational data are being collected from all general hospitals that admit inpatients and independent hospitals in England, Wales, Northern Ireland, Scotland, Jersey, Guernsey and the Isle of Man.

Who should complete this form?

This questionnaire should be completed by the Medical Director of the Trust or person(s) nominated by them who would have the knowledge to complete it accurately or be able to seek help to complete it accurately. People who should help with the completion of this form include leads for liaison psychiatry, emergency department, general, medical and surgical care.

To ensure confidentiality of the data, completed questionnaires must be returned directly to NCEPOD in the SAE provided.

How to complete the form:

This questionnaire will collect information by using box cross and free text, where your opinion will be requested.

This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided e.g.

Does your hospital have an emergency department?

Yes No

If you make a mistake, please "black-out" the incorrect box and re-enter the correct information, e.g.

Yes No

Unless indicated, please mark only one box per question.

Questions or help?

A list of definitions is provided on page 2 of the questionnaire.

If you have any queries about this study or this questionnaire, please contact mentalhealth@ncepod.org.uk

Or telephone: 020 7251 9060

Thank you for taking the time to complete this questionnaire. The findings of the study will be published in Winter 2016.

FOR NCEPOD USE ONLY

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DEFINITIONS

Areas in hospital:	
CDU	Clinical decisions unit: Some EDs will have a designated area where patients will wait for test results or be monitored for a short while before they will be able to go home or be admitted into hospital. Clinical Decision Units are often combined with an observation ward
SAU/ASU	Surgical assessment unit/acute surgical unit: assesses patients who have a confirmed or probable surgical condition and provides a service for the rapid assessment and treatment of a variety of surgical complications
AMU	Acute medical unit: often the first point of entry for patients referred to hospital as emergencies by their GP and those requiring admission from the emergency department. The AMU provides a high quality rapid assessment service for patients with acute medical and surgical problems Also known as MAU, EAU or AAU
ED - emergency department	Also known as Accident and Emergency Department (A&E) - a designated area for the assessment and treatment of patients with serious injuries or illnesses, but can care for a wide variety of patients, adults and children alike Within the ED: "Majors" Area – this is the area where you will find the majority of patients who have moderate medical illness or less serious injury but who need to be cared for on trolleys or monitored closely. This will usually be the area where patients are transferred from to the medical admissions wards. This is most often the largest part of a large hospital ED and where most of the staff will be working "Minors" Area – This is the area where minor injuries, wounds, musculoskeletal injuries or fractures are likely to be cared for as well as some minor illness. Often specialist nurses (Emergency Nurse Practitioners) will work in this area. Sometimes this area will be used to provide clinics for wound dressings or "see and treat" where there is a rapid turnover of patients presenting with minor complaints
General Hospital	General Hospital is a term used for this survey and means all hospitals to which patients are admitted for a medical/surgical or other non-mental health reason
Levels of care:	Level 0: (General wards) Patients whose needs can be met through normal ward care in an acute hospital. Level 1: (Specialist wards) Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care whose needs can be met on an acute ward with additional advice and support from the critical care team. Level 2: (e.g. HDU) Patients requiring more detailed observation or intervention including support for a single failing organ system or post operative care, and those stepping down from higher levels of care. (NB: When Basic Respiratory and Basic Cardiovascular support are provided at the same time during the same critical care spell and no other organ support is required, the care is considered to be Level 2 care). Level 3: (e.g. ICU) Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organs. This level includes all complex patients requiring support for multi-organ failure. (NB: Basic Respiratory and Basic Cardiovascular do not count as 2 organs if they occur simultaneously (see above under Level 2 care), but will count as Level 3 if another organ is supported at the same time).
PLAN	Psychiatric Liaison Accreditation Network: is a network of mental health liaison psychiatry services run by a central project team at the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI). PLAN facilitates quality improvement and development in liaison psychiatry services through a supportive peer review network. The network enables communication between services and the sharing of best practice. For PLAN accreditation criteria please visit: http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqiprojects/liasonpsychiatry/plan.aspx
AI / SUI	Adverse Incident/Severe Untoward Incident: adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. Serious Incidents include acts of omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm.



Instructions: This questionnaire has been split into sections – some to be completed by hospital site, and some can be answered for the Trust as a whole.

Sections A - C need to be completed for each hospital site within the Trust.

Sections D - G may be completed for the Trust as a whole. Where answers differ between hospitals please answer the relevant question in each hospital questionnaire using the usual yes/no boxes. If an answer applies to all hospital sites within the Trust, please use the tick boxes provided on the right hand side of the questionnaire to indicate this is the case (the answers must apply to ALL participating hospital sites in the Trust).

You will be asked to list the specific hospital sites for which answers apply Trust-wide on page 18.

Please note that if you have ticked this box then you will not need to complete these questions again on additional questionnaires for other hospitals in the Trust.

A. THE HOSPITAL

1. Type of facility: (please select one option that fits best)

*Please see definitions on page 2

- NHS general hospital* Tertiary specialist centre - stand alone
 Other (please state): Independent hospital

2. What is the size of this hospital? (please select one option that fits best)

- ≤ 500 beds 500 - 1000 beds 2000+ beds
 1000 - 1500 beds 1500 - 2000 beds

B. FACILITIES & SERVICES OF THE GENERAL HOSPITAL

3. Does this hospital accept acute admissions (not including those only for palliative care)? Yes No

4. Does this hospital have the following services: *Please see definitions on page 2

- | | | | |
|----------------------------------|--|--|--|
| a) Emergency department (ED)* | <input type="checkbox"/> Yes <input type="checkbox"/> No | e) Critical care - Level 2* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) CDU/AMU/SAU* (or equivalent)* | <input type="checkbox"/> Yes <input type="checkbox"/> No | f) Critical care - Level 3* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) General wards - Level 0* | <input type="checkbox"/> Yes <input type="checkbox"/> No | g) Step down/
rehabilitation/ long
stay beds* - e.g. Orthopaedic/
Neurorehabilitation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Specialist wards - Level 1* | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

5. If YES to 4a, does the emergency department have a:

- | | | | |
|-----------------------|--|-----------------|--|
| a) Minors area* | <input type="checkbox"/> Yes <input type="checkbox"/> No | b) Majors area* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Resuscitation area | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

6a. If YES to 4a, is the emergency department open 24/7? Yes No

6b. If NO to 6a, please state opening hours:

7a. If YES to 4a, in the emergency department, is there an assessment/ management room for mental health emergencies as specified by RCPsych guidance*? Yes No

If YES to 7a, please continue to 7b If NO to 7a, please continue to 7c

*N.B. see: <http://www.rcpsych.ac.uk/pdf/Standards%204th%20edition%202014.pdf> for details



7b. If YES to 7a, is this room :

- i) Free of ligature points Yes No
- ii) Empty of anything that could be used as a missile Yes No
- iii) Equipped with a panic button/emergency alarm system Yes No
- iv) Fitted with a two way opening entrance Yes No
- v) Equipped with an observation panel Yes No
- vi) Heavy immovable furniture Yes No
- vii) Not a room that doubles as an office or for any other purpose Yes No
- viii) Other (please specify):

7c. If NO to 7a, is there a designated area in the emergency department for the assessment/treatment of patients with mental health needs? Yes No

C. FACILITIES & SERVICES OF THE GENERAL HOSPITAL FOR PATIENTS WITH MENTAL HEALTH CONDITIONS

8. Is it possible for patients with co-existing mental health conditions to be cared for in or admitted to the following clinical areas of the hospital:

- a) Emergency department Yes No N/A- clinical area not available in this hospital
- b) CDU/AMU/SAU (or equivalent) Yes No N/A- clinical area not available in this hospital
- c) General wards - Level 0 Yes No N/A- clinical area not available in this hospital
- d) Specialist wards - Level 1 Yes No N/A- clinical area not available in this hospital
- e) Critical care - Level 2 Yes No N/A- clinical area not available in this hospital
- f) Critical care - Level 3 Yes No N/A- clinical area not available in this hospital
- g) Step down/ rehabilitation/long stay beds e.g. orthopaedic/ neurorehabilitation Yes No N/A- clinical area not available in this hospital

9a. Are there any areas of the general hospital where patients with mental health conditions cannot be managed? Yes No

b. If YES to 9a, please give details:



10. For each area of the general hospital, please complete the table below regarding the available facilities:

Clinical area	Designated room or assessment/treatment area for patients with mental health needs	Designated room equipped according to RCPsych specifications listed above (7b)	Other (please state): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
CDU/AMU/SAU	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
General wards - Level 0	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialist wards - Level 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Higher dependency unit - Level 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intensive care unit - Level 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

11a. Is there a liaison psychiatry service at this Trust?

Yes No **If YES to Q11a, please complete Q12-21**

11b. If NO to Q11a, please provide details of the psychiatry cover in your hospital:

Ad-hoc cover from community mental health Trust

Ad-hoc cover from other local mental health Trust

Other (please state):

12. For each area of practice, please state if there is general/specialist coverage by liaison psychiatry:

<u>Area of practice:</u>	Covered by general liaison psychiatry team	Covered by specialist liaison psychiatry team	Area of practice not covered at this hospital by liaison psychiatry service
Adults	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Older persons	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paediatrics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obstetrics/perinatal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance/ alcohol misuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other specialist team (please state): <div style="border: 1px solid black; height: 30px; width: 150px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



13. During normal working hours, what is the location of the liaison psychiatry team that provides coverage for this hospital:

On-site within this general hospital Continue to Q14a

Off-site from this general hospital Continue to Q15

Other (please state):

14a. If ON-SITE, does the liaison psychiatry team have a separate office space in the hospital? Yes No

b. If NO to 14a, where in the hospital are they based?

15. Which areas of the hospital are covered by the liaison psychiatry team?

Emergency department only

Emergency department/acute wards

The whole hospital

Other (please state):

16a. Is the coverage of the liaison psychiatry team for this hospital 24 hours/day, 7 days/week? Yes No

b. If NO to 16a, during which hours is there cover by the liaison psychiatry team?

7/7 (Mon-Sun) working hours (8am - 6pm) 5/7 (Mon - Fri) working hours (8am - 6pm)

Other hours (please state):

H H : M M H H : M M (24 hour clock)

Monday : to :

Tuesday : to :

Wednesday : to :

Thursday : to :

Friday : to :

Saturday : to :

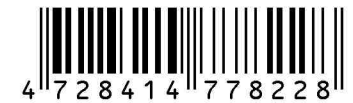
Sunday : to :



17. What is the composition of the liaison psychiatry team during the listed time frames? (please provide numbers against each staff group in the table below)

	Normal working hours (8am/9am - 5pm, Mon-Fri) on-site	Normal working hours (8am/9am - 5pm, Mon-Fri) off-site/ on call	Out of hours Mon-Fri (including nights) on-site	Out of hours Mon-Fri (including nights) off-site/ on call	Weekends on-site	Weekends off-site	Other (please state):
Consultant liaison psychiatrist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff grade/associate specialist/speciality doctor (psychiatry)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Senior trainee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Junior trainee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Liaison psychiatry nurse(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical or health psychologist (any grade)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupational therapist (any band)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Psychiatric social worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental health pharmacist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Older persons' service (nurse - any grade)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Older persons' service (doctor - any grade)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Substance misuse service (nurse)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q17 continues overleaf



17. (continued)

Normal working hours (8am/9am - 5pm, Mon-Fri on-site

Normal working hours (8am/9am - 5pm, Mon-Fri) off-site/ on call

Out of hours Mon-Fri (including nights) on-site

Out of hours Mon-Fri (including nights) off-site/ on call

Weekends on-site

Weekends off-site

Other (please state):

Substance misuse service (doctor)

Other (please specify):

D. REFERRAL PROCESS TO LIAISON PSYCHIATRY

18. How are patients referred to the liaison psychiatry service?

- i) In person/bleep/pager Yes No
- ii) By telephone Yes No
- iii) By fax proforma Yes No
- iv) By e-proforma Yes No

v) Other (please specify):

19a. Is there a protocol/policy which specifies which patients should be referred to liaison psychiatry? Yes No

b. If YES to 19a, is this:

- Specified by this hospital trust
- Specified by the liaison psychiatry team
- Specified by the Mental Health trust

Other (please state):

If YES to 19a , please send a copy to NCEPOD in the SAE provided

Applies to all hospital sites in Trust



20. What triggers a referral to the liaison psychiatry team? **Please mark all that apply**

Applies to all hospital sites in Trust

Referral trigger	Automatic referral	or	Discretion of doctor/ nurse	
a) Every patient with a mental health condition diagnosed	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
b) --- All patients with schizophrenia	<input type="checkbox"/>	<input type="checkbox"/> N/A (specified in 20a)	<input type="checkbox"/>	<input type="checkbox"/>
c) --- All patients with severe depression	<input type="checkbox"/>	<input type="checkbox"/> N/A (specified in 20a)	<input type="checkbox"/>	<input type="checkbox"/>
d) --- All patients with personality disorder	<input type="checkbox"/>	<input type="checkbox"/> N/A (specified in 20a)	<input type="checkbox"/>	<input type="checkbox"/>
e) --- All patients with severe anxiety	<input type="checkbox"/>	<input type="checkbox"/> N/A (specified in 20a)	<input type="checkbox"/>	<input type="checkbox"/>
f) All self harm patients	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
g) Patients exhibiting challenging behaviour	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
h) Patients exhibiting threatening behaviour	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
i) Patients with capacity issues	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
j) Patients exhibiting acute confusion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
k) Other:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

21a. Once the referral has been made are there any standards set for review by the liaison psychiatry services from the time of referral? Yes No

b. If YES to 21a, please specify time frame:

- Within 1 hour of referral
- Within 4 hours of referral
- Within 12 hour of referral
- Within 24 hours of referral
- Other (please state):

E. POLICIES, PROTOCOLS AND GUIDELINES

22. In addition to assessing and managing referrals of patients with mental health needs, is the liaison psychiatry service regularly involved in any of the following activities: N/A no liaison psychiatry service **Please go to Q24**

- a) Writing/reviewing mental health related policy, protocols or guidelines for the general hospital Yes No
- b) Formal teaching Yes No
- c) Incident investigation Yes No

continued overleaf



(Q22 continued)

Applies to all
hospital sites
in Trust

- d) Supporting staff in caring for patients with mental health needs Yes No
- e) Committees (e.g. clinical governance related) Yes No
- f) Other pertinent activities (please state): Yes No

23a. Is the liaison psychiatry team PLAN* accredited? Yes No

*For definitions see page 2

b. If NO to 23a, is there ongoing work to try to achieve this? Yes No

c. If NO to 23b, please explain:

24a. Does this general hospital have a protocol/s specifically covering the treatment of mental health patients that are admitted for physical health care problems? Yes No

b. If YES to 24a, does this cover:

i) The management of self harm patients Yes No

ii) Documentation of the patients mental health condition in their clinical record Yes No

iii) Assessing capacity of patients with mental health conditions Yes No

iv) Observations/1:1 supervision of patients with mental health conditions Yes No

v) The prescription/administration of psychotropic medications Yes No

vi) A transfer protocol for patients with mental health conditions Yes No

25. If YES to 24b-iii, who assesses mental capacity if required for patients with mental health conditions in this hospital?

(Please mark all that apply)

a) Routinely assessed by treating general hospital team Yes No

b) Routinely assessed by the liaison psychaitry team Yes No

c) Solely by the liaison psychaitry team Yes No

d) Joint assessments with general hospital treating team and liaison psychiatry Yes No

e) Other (please state):



26. If YES to 24b-iv (hospital has policy for observations/1:1 supervision of patients with MH conditions), which staff groups routinely undertake this:

<u>Please mark all that apply</u>	Mon-Fri 9am-5pm	Other times	Please specify:	Applies to all hospital sites in Trust
i) General hospital security	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
ii) General hospital health care assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
iii) General hospital nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
iv) Agency nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
v) Agency psychiatry/mental health nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
vi) Liaison psychiatry nurses under local arrangement from local mental health trust	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
vii) Other (please state):	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>
<input style="width: 100%; height: 20px;" type="text"/>				

27. If YES to 26b-v (hospital has a protocol covering the prescription/administration of psychotropic medications), what arrangements are in place to provide medications that are not easily available in your hospital, e.g. clozapine?

<input style="width: 100%; height: 40px;" type="text"/>	<input type="checkbox"/>
---	--------------------------

28. For clerking patients is there a proforma or space on the clerking proforma to write details of the patients mental health condition? Yes No

29. For clerking patients is there a proforma or space on the clerking proforma for assessment of capacity? Yes No

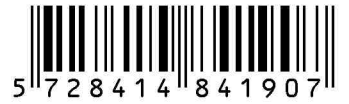
30a. Is there a policy/protocol for addictive substance replacement? Yes No

b. If YES to 30a, does this cover:

i) Nicotine replacement Yes No

ii) Methadone/opiate replacement Yes No

iii) Other (please state): Yes No



31. If YES to 24b-vi (hospital has transfer protocol for patients with MH conditions):

Applies to all hospital sites in Trust

i) Was this protocol jointly created by the liaison psychiatry team and the general hospital/acute trust? Yes No

ii) Was this protocol shared with the local mental health inpatient facility? Yes No

32. Is there a network arrangement* with the local mental health inpatient unit? Yes No

*Please see definitions on page 2

33. Does the protocol cover transfer both into and out of this hospital? Yes No

34. If the transfer of a patient out of this hospital to an inpatient mental health facility is delayed, who is responsible for the management of the patient's mental health condition?

The general hospital care team

Joint management between the mental health facility and the general hospital care team

Liaison psychiatry service

Psychiatric team from mental health facility

35. Are there joint clinical governance processes in place (between the mental health inpatient facility and this general hospital/acute trust)? Yes No

36a. Is there a standard handover procedure? Yes No

b. If YES to 36a, is this:

Face to face

via a proforma

Telephone based

Other (please state):

37. Who routinely escorts the patient on transfer?

General hospital clinical staff

Mental health unit clinical staff

Agency staff

Other (please state):

38. What is the maximum standard time frame from referral to admission?

No standard time Unknown h h m m

39. What arrangements are in place for the sharing of clinical data of patients transferred both to and from between the mental health unit and this general hospital?

Please mark all that apply

Printed notes transferred with the patient

Patient accompanied by mental health staff who can handover in person

Electronic notes (mental health and general hospital notes are accessible on both hospital systems)

Discharge/transfer summary sent with patient

Other (please state):



F. STAFF IN THE GENERAL HOSPITAL

Applies to all hospital sites in Trust

40a. Is there any mandatory training regarding the management of mental health patients in this general hospital? Yes No

b. If YES to 40a, please give details:

41. Does this general hospital offer the following training for the following staff groups:

	New junior doctors/induction	Other doctors	New nursing staff/induction	Allied health professionals	Other staff (please state):	Please state type of training e.g. day, half day, class room session, simulation based training	
Identifying patients with mental health conditions/ mental health awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Management of patients with specific mental health conditions in the acute trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
De-escalation of challenging behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Medicines management and reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Substance/alcohol misuse management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Mental health law and capacity issues and consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Other training (please state):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>



42. Who offers this training?

- Members of the liaison psychiatry service
- Staff from affiliated mental health trust
- Other (please state):

43. Does the liaison psychiatry team normally attend the general hospital MDT meetings?

Yes No

44a. Does the liaison psychaitry team conduct their own multi-disciplinary meetings?

Yes No

b. If YES to 44b, please the indicate frequency of the liaison psychiatry teams MDT?

- Daily
- Weekly
- Other (please state):

45. Does this general hospital have the following clinical leads for mental health:

a) Over-arching clinical lead

Yes No

i) If YES to 45a, which specialty is this member of staff:

See p. 19 for list of specialty codes

b) Nursing lead

c) Lead occupational therapist

d) Lead pharmacist

e) Lead physiotherapist

f) Other mental health lead (please state):

46. What are the responsibilities for the lead clinicians/allied health professionals?

47. How many of the nursing staff at this hospital are also dual mental health trained?

48. The Registered Mental Health Nurses practicing on site are:

- Employed by the general hospital trust
- Employed by the mental health trust
- Agency staff
- Other (please state):



G. SYSTEMS, CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT INITIATIVES

49. Regarding the clinical governance arrangements for patients with a mental health condition admitted to a general hospital: Applies to all hospital sites in Trust

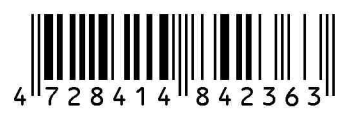
- | | | | |
|---|------------------------------|-----------------------------|--------------------------|
| a) Does the liaison psychiatry team attend general hospital governance meetings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| b) Are there any rolling audits taking place at the general hospital relating to patients admitted to this hospital with a mental health condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| i) If YES, please specify audit criteria and measures: | | | |

- | | | | | | | | |
|--|---|-----------------------------|--------------------------|--|--|--------------------------|--|
| c) Does this hospital monitor readmissions/outcomes of patients admitted with a mental health condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | | | | |
| d) Does this hospital keep a record of AI* and SUI* specifically related to patients with mental health conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> | | | | |
| <u>*Please see definitions on page 2</u> | | | | | | | |
| i) If YES to 50d, how many formal incidents (AI and SUI) relating to a patients mental health condition occurred within this hospital trust between 2014/2015? | <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | <input type="checkbox"/> | |
| | | | | | | | |

- | | | | |
|---|------------------------------|-----------------------------|--------------------------|
| e) Are the findings on incidents/readmissions disseminated to: | | | |
| <input type="checkbox"/> The Trust Hospital Board | | | <input type="checkbox"/> |
| <input type="checkbox"/> Governance Groups | | | <input type="checkbox"/> |
| <input type="checkbox"/> Other (please state): | | | <input type="checkbox"/> |
| f) Are there arrangements for shared learning with the local mental health trust? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| i) If YES, please give details: | | | |

- | | | | |
|--|------------------------------|-----------------------------|--------------------------|
| g) Are there arrangements for shared learning with community teams and primary care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| i) If YES, please give details: | | | |

- | | | | |
|---|------------------------------|-----------------------------|--------------------------|
| h) Are there currently any annual targets for improvement in mental health related issues in this general hospital? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| i) If YES, please give details: | | | |



50. How are records and other clinical data managed in this group of patients?

Please select one answer that best describes the situation at this hospital

Applies to all hospital sites in Trust

- Shared and complete access to both general hospital and Mental Health records (electronic/paper)
- Acute/general hospital treating team has access to complete Mental Health records (electronic/paper)
- Liaison psychiatry staff provide Mental Health records on request (electronic/paper)
- On a case by case basis individual records shared by Mental Health Trust on request (electronic/paper)
- Summary case records shared from Mental Health Trust
- Other (please state):

51. For patients admitted to this general hospital who have mental health conditions, is the discharge summary routinely copied to the relevant mental health team? Yes No

52. For patients admitted to this general hospital who have mental health conditions, is the discharge summary routinely copied to the named psychiatry consultant in the local mental health trust? Yes No

53. Are there means to share electronic records (including clinical notes) with:

- a) Local independent hospitals Yes No
- b) Local community hospitals Yes No
- c) Local mental health trust (including community mental health trust) Yes No
- d) Other local acute trusts Yes No
- e) Primary care providers Yes No

54a. Is there a central database in the general hospital of patients detained under MH legislation (MH Act or equivalent)? Yes No

b. If YES, please give details:

55a. Are there any other means of record sharing not previously mentioned? Yes No

b. If YES, please give details:

56a. Is there on-going work locally to improve information sharing between primary care, secondary care and mental health trust? Yes No

b. If YES, please give details:



57a. For patients admitted to this hospital who have mental health conditions, does this hospital have means of identifying them throughout their admission pathway (e.g. patient passport or equivalent)?

Yes No

Applies to all hospital sites in Trust

b. If YES, please give details:

58a. Are there any jointly run initiatives to promote the physical and mental health of psychiatric inpatients?

Yes No

b. If YES, please give details:

59a. Is there any other on-going quality improvement work being carried out at this hospital for patients admitted, who also have a mental health condition?

Yes No

b. If YES, please give details:

60. If you have any additional comments please write in the box below:



Please list ALL hospital sites for which answers are Trust-wide:

Hospital 1. _____

Hospital 2. _____

Hospital 3. _____

Hospital 4. _____

Hospital 5. _____

Hospital 6. _____

For NCEPOD use only:

1.

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2.

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3.

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4.

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5.

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6.

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CODES FOR SPECIALTY

SURGICAL SPECIALTIES

100 = General Surgery	107 = Vascular Surgery	161 = Burns Care
101 = Urology	110 = Trauma & Orthopaedics	170 = Cardiothoracic Surgery
103 = Breast Surgery	120 = Ear, Nose & Throat (ENT)	172 = Cardiac Surgery
104 = Colorectal Surgery	130 = Ophthalmology	173 = Thoracic Surgery
105 = Hepatobiliary & Pancreatic Surgery	140 = Oral Surgery	180 = Accident & Emergency
106 = Upper Gastrointestinal Surgery	145 = Maxillo-Facial Surgery	190 = Anaesthetics
	150 = Neurosurgery	192 = Critical/Intensive Care Medicine
	160 = Plastic Surgery	

MEDICAL SPECIALTIES

300 = General Medicine	330 = Dermatology	430 = Geriatric Medicine
301 = Gastroenterology	340 = Respiratory Medicine	500 = Obstetrics & Gynaecology
302 = Endocrinology	350 = Infectious Diseases	501 = Obstetrics
303 = Clinical Haematology	352 = Tropical Medicine	502 = Gynaecology
306 = Hepatology	360 = Genito-Urinary Medicine	800 = Clinical Oncology
307 = Diabetic Medicine	361 = Nephrology	810 = Radiology
314 = Rehabilitation	370 = Medical Oncology	820 = General Pathology
315 = Palliative Medicine	400 = Neurology	823 = Haematology
320 = Cardiology	410 = Rheumatology	

PSYCHIATRIC SPECIALTIES

700 = Learning disability	711 = Child/Adolescent psychiatry	713 = Psychology
710 = Adult mental illness	712 = Forensic psychiatry	715 = Old Age Psychiatry

CODES FOR GRADE

01 – Consultant	02 – Staff grade/Associate specialist
03 – Trainee with CCT	04 – Senior specialist trainee (ST3+ or equivalent)
05 – Junior specialist trainee (ST1&ST2 or CT equivalent)	06 – Basic grade (HO/FY1 or SHO/FY2 or equivalent)
07 - Specialist Nurse (Nurse consultant, Nurse practitioner, clinical nurse specialist)	08 – Senior staff nurse/enrolled nurse (EN)
09 - 1st Level nurse, staff nurse (RGN)	10 – Consultant (psychiatrist)
11 - Senior trainee psychiatrist	12 – Junior trainee psychiatrist
13 - Basic grade psychiatrist	14 – Specialist psychiatric nurse
15 - Senior psychiatric nurse	16 – Junior psychiatric nurse
17 - Allied health professional (OT, physio, SLT)	18 – Non-registered healthcare staff HCA, therapy assistant
19 - Security staff	20 – Police officer



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