

## Internal Professional Standards (IPS)

### Background and context

The development of Internal Professional Standards across the Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) acute mental health care pathway was agreed following workshops held in January 2020. The workshops were held as part of addressing recommendations from the 2019 BEH urgent care pathway review. The aim of the workshops was to understand what was working well across the pathway and to identify areas that required improvement. The workshops included representation from all divisions across the Trust. Implementing internal professional standards across BEH was seen as a priority area which would help address and make improvements to our behaviours, systems and processes and help us to deliver outstanding patient care.

### Why Internal Professional Standards?

Internal Professional Standards are a clear, unambiguous description of behaviours expected in an organisation in line with its values. This is a process that has been successfully used across Emergency Departments and acute services to ensure smooth flow through A&E and all ward areas, leading to timely inpatient stay and timely discharge, improved patient experience and staff engagement. We believe this can be applied successfully by BEH teams and help shape our culture, ***‘the way we do things here’***.

### Internal Professional Standards at BEH

These Internal Professional Standards will be used in addition to the Trust’s policies, guidelines and national regulatory requirements. The standards outline the expected attitudes, behaviours and culture which the organisation will embed. All staff will be expected to adhere to these standards. This includes all services provided on behalf on the Trust where care is provided to patients. There may be occasions when we do not live up to these standards and in those circumstances, we expect staff to continue to act in an open and transparent way in relation to the care we have provided to patients.



# BEH Internal Professional Standards For the Acute Mental Health Care Pathway

**1.** For services provided by BEHMHT, we will ensure that service users in crisis have a physical and mental health assessment and an initial plan in place within **1 hour** of presenting to Mental Health Liaison and Health Based Place of Safety. For Crisis Teams, emergency referrals will be assessed within **4 hours** and all urgent referrals within **24 hours**. Referrals from Police Custody and Court Diversion will be assessed within **4 hours**.

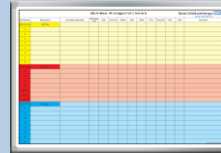


**2.** Following service user assessment by a mental health clinician, a decision will be made between community support and hospital admission. This relates to both formal and informal admissions under the Mental Health Act. If admission is indicated, a decision to admit is recorded (DTA) for service users in A&E. Crisis teams will ensure that service users that are for informal admission will be considered for a recovery house placement.



Mental Health Act  
2007

**3.** The Access and Flow team will allocate a bed within **4 hours** of a decision to admit (DTA).



**4.** For services provided by BEHMHT the referrer will ensure that the service user is transferred to the allocated bed in a timely manner, ensuring avoidance of the **12 hour** breach within A&E. For referrals from other sources, we will ensure transfer within **4 hours**.



**5.** All service users admitted to BEH inpatient wards will receive equitable treatment and be provided with standard information to enable them to be safely oriented and made to feel secure in their new environment. Staff will provide safe, sound and supportive services for our patients in a welcoming and compassionate manner.

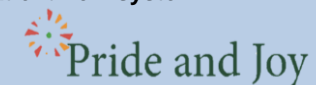


Application of these standards will enable us to deliver the Trust's vision and values of respect, compassion, being positive and working together.

This is also in line with the Brilliant Basics aim to have a solid base on which we can deliver outstanding care.

We will ensure that all decisions are made with the service user as the focal point and their views will be taken into account.

**6.** Ward teams will ensure that all admitted service users have a formulation meeting within **72 hours** of admission. Attendance will include the multidisciplinary team (MDT), service user, carer or family. A care plan which includes a planned date of discharge will be agreed at this meeting with leads identified for each action. These will be recorded on the Trust patient flow system.



**7.** Community teams and care coordinators where applicable will be fully involved in all service users' inpatient care and contribute to discharge planning. Ward teams will ensure that planned dates of discharges are reviewed at all daily Multidisciplinary team meetings as part of the holistic care being delivered.



**8.** Service users confirmed as fit for discharge will be identified before **12** midday. Ward teams will review service users for discharges daily by 4pm. Crisis teams will ensure that when service users are referred for follow up post discharge, they are assessed within **2 hours**.



**9.** Ward teams will ensure that all medications are ordered in advance to avoid delaying a service user's discharge. Ward MDT, discharge intervention team, crisis teams and community teams must all work in collaboration and in partnership to ensure that service users are home within **4 hours** of discharge meeting.



**10.** Community teams, care coordinators where applicable, ward teams and crisis teams will ensure that ALL service users have a follow up within **72 hours** of discharge and transfer from inpatient care. This is to ensure continuity of care and service user safety.

