**PROCEDURE FOR THE USE OF SECTION 136 SUITE**

**AS DESIGNATED BEDS TO FACILITATE**

**DETENTION (“FLEX BEDS”)**

The key messages the reader should note about this document are:

1. This procedure sets out the process by which the Section 136 Suite can be designated as formal beds in order to facilitate admission to hospital and formal detention to these beds when required.

1. This procedure has been developed in response to significant and ongoing bed pressures, and following consultation with the Care Quality Commission (CQC).It seeks to ensure that any patient admitted / detained to the Section 136 area will receive an appropriate standard of care and treatment equivalent to those within a usual admission bed.

**DOCUMENT SUMMARY SHEET**

ALL sections of this form must be completed.

|  |  |
| --- | --- |
| Document title | Procedure for the Use of Section 136 Suite as Designated Beds to Facilitate Detention |
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| **Executive Team member responsible (title)** | Chief Operating Officer |
| **Document author (name and title)** | Alan Boyer, Clinical Operations Manager for Crisis and Police Pathways |
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**Amendment detail**

|  |  |  |
| --- | --- | --- |
| **Version** | **Amendment** | **Reason** |
| 1.0 | New procedure | New procedural document created |
| 2.0 | Minor change approved by the Acute Service Clinical Governance meeting. | A paragraph has been included in the policy to reflect a review to avoid service users that are in the section 136 breaching 24 hours. |

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**1.** **INTRODUCTION**

Section 136 of the Mental Health Act allows for a person to be held for up to 24 hours (with an extension for up to 12 hours if criteria is met) for the purpose of assessment.

Following an assessment, where it is indicated that inpatient admission is required this would usually occur to an available bed. However, as a result of significant and sustained system pressures there are occasions when no identified bed is available (either within the Trust or externally). This may result in the service user remaining within the Section 136 suite whilst a bed becomes available, and therefore having a period of time without formal detention.

This procedure sets out when it would be appropriate to designate the Section 136 site as a formal bed and therefore use this bed (referred to as a “flex bed”) to avoid an unauthorised deprivation of liberty.

In order to facilitate this designation of the Section 136 suite as a formal hospital bed, the Trust has undertaken a number of changes to the physical environment of the suite to ensure it is able to provide safe and appropriate care, including the creating of a day space and an outside space that may be used by service users who are being cared for there.

It is beyond the remit of this procedure to be able to cover every situation, staff will be expected to use their professional judgement to consider all available and appropriate options. It is important that a comprehensive record of the decision-making process staff have followed is documented in the service users’ clinical records.

**1.1 Key principles:**

* The Section 136 suite will only be formally designated as a bed for admission / detention when no other bed is available, and this must be kept to the shortest period of time possible
* The allocation of an alternative (ward) bed for the service user is not to be de-prioritised due to them being in the Section 136 suite, and therefore the time spent in the suite is kept to a minimum
* Any service user detained to a ‘flex bed’ within the Section 136 suite will receive the same level of care/treatment that a service on a ward is receiving.
* The decision to utilise the Section 136 beds as formal beds will be made in agreement with the Head of Operations or equivalent (CSM on call out of hours) and clearly recorded.

**2. PROCEDURE**

When an AMHP wishes to make an application under the Mental Health Act following completion of a Section 136 assessment, they will liaise with the bed management team. The shift coordinator will complete a bed management referral.

If at hour 12 of the 136 detention, bed management advise that there is no bed available either locally or out of area, the following action should be taken.

**2.1 Immediate action in office hours (Monday – Friday 9-5pm)**

* CTM to contact Head of Operations to request use of a flex bed
* CTM and Head of Operations to consider the following :
* Remaining time on s136
* Likelihood of a bed becoming available within the 136-time frame
* Risk implications of a reassessment by another AMHP on the service user
* Whether there is any alternate legal authority for providing care/treatment that is immediately necessary, e.g. service user consent, mental capacity assessment.

The Head of Operations will then make a decision as to whether to utilise a flex bed, and where appropriate will discuss this with the Chief Operating Officer / Deputy Chief Operating Officer.

The decision to designate a bed in the Section 136 suite as a formal bed will be recorded using the Datix reporting form.

* 1. **Immediate action out of hours**

The duty CTM to contact the on call CSM to request use of a flex bed

* CTM and CSM to consider the following :
* Remaining time on s136
* Likelihood of a bed becoming available within the 136-time frame
* Risk implications of a reassessment by another AMHP on the service user
* Whether there is any alternate legal authority for providing care/treatment that is immediately necessary. Eg service user consent, Mental Capacity Assessment

If necessary the on call consultant will be consulted in relation to clinical risk.

If the decision is taken to detain a service user to a flex bed in the 136 suite, the CSM will notify director on call of this decision. If overnight this can be communicated via email or verbally in the morning.

**2.3 Decision taking to use flex bed**

When it is agreed that a flex bed is going to be utilised and the service user is going to be detained to the Becklin Centre, the AMHP can proceed to make an application.

If no acute bed has been identified, and 2 medcal recommendations have been made, 18 hours after the initial detention, the section 136 co-ordintor to inform the relevant AMHP to consider detention to the suite as an alternative to breaching over 24 hours.

At the point of agreement of designation of the S136 Suite as a formal bed, the service user can be formally admitted and detained there.

Staff in the 136 suite will commence and complete an admission checklist

From the point of detention, the service user will be allocated a named Responsible Clinician and a Named Nurse, and a comprehensive care plan will be developed.

Where possible, consideration will be given to the service user spending some time during the day on a designated ward to engage in clinical activies; this decision will be taken based on presentation and assessment of clinical risk.

**2.4 Decision not to use a flex bed**

If a decision is made not to use a flex bed, arrangements should be made as to when this will be reviewed and by whom.

**2.5 Review of flex bed use**

Regular review is required to ensure that the services user’s priority for a bed is not deprioritised, and that the time spent in a flex bed – and therefore the designation of the S136 as a formal bed - is kept to the minimum.

Daily Review to be undertaken in hours by the Clinical Operations Manager. At the weekend the review will be undertaken by the Head of Operations.

**3. MONITORING THE USE OF FLEX BEDS**

A datix incident form to be completed each time a flex bed is authorised.

The frequency and use of designated flex beds will be displayed on the service performance dashboard and reviewed every month within the CAU/Police Pathway Clinical Improvement Forum reporting into the Acute Care Services Clinical Governance Meeting. The frequency and use of designated flex beds will also be reported to and monitored by the Mental Health Legislation Operational Steering Group on a quarterly basis.

This will include regular review of feedback from service users who have been detained to the Section 136 flex beds, and will facilitate monitoring of system / bed pressures and onward reporting to the Mental Health Legislation Committee for oversight and assurance.

**PART B**

**4 IDENTIFICATION OF STAKEHOLDERS**

The table below should be used as a summary. List those involved in development, consultation, approval and ratification processes.

|  |  |
| --- | --- |
| **Stakeholder** | **Level of involvement** |
| Acute Services Leadership Team | Consultation on process |
| Mental Health Legislation Committee | Review and consultation on process |
| Deputy Chief Operating Officer  Deputy Director of Nursing | Support to develop procedure and discussions with CQC |
| Care Quality Commission | Advice and information provided to support development of process |
| Policy and Procedures Group | Ratification |

**5. EQUALITY IMPACT**

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. Consideration must be given to any potential impacts that the application of this policy/procedure  might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Declaration: The potential impacts on the application of this policy/procedure have been fully considered for all nine protected groups. Through this process I have not identified  any potential negative impacts for any of the nine protected groups.

Print name: Bronwen Maxwell

Job title: Mental Health Legislation Clinical Adviser

Date: 08/06/2022

If any potential negative impacts are identified the Diversity Team must be contacted for advice and guidance: email; [diversity.lypft@nhs.net](mailto:diversity.lypft@nhs.net).

**CHECKLIST**

To be completed and attached to any draft version of a procedural document when submitted to the appropriate group/committee to support its consideration and approval/ratification of the procedural document.

This checklist is part of the working papers.

|  | **Title of document being newly created / reviewed:** | **Yes / No/** |
| --- | --- | --- |
| **1.** | **Title** |  |
|  | Is the title clear and unambiguous? | *Y* |
|  | Is the procedural document in the correct format and style? | *Y* |
| **2.** | **Development Process** |  |
|  | Is there evidence of reasonable attempts to ensure relevant expertise has been used? | *Y* |
| **3.** | **Content** |  |
|  | Is the Purpose of the document clear? | *Y* |
| **5.** | **Approval** |  |
|  | Does the document identify which committee/group will approve it? | *Y* |
| **6.** | **Equality Impact Assessment** |  |
|  | Has the declaration been completed? | *Y* |
| **7.** | **Review Date** |  |
|  | Is the review date identified? | *Y* |
|  | Is the frequency of review identified and acceptable? | *Y* |
| **8.** | **Overall Responsibility for the Document** |  |
|  | Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document? | *Y* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Chair of the Committee / Group approving** | | | |
| If you are assured this document meets requirements and that it will provide an essential element in ensuring a safe and effective workforce, please sign and date below and forward to the chair of the committee/group where it will be ratified. | | | |
| Name | *Acute Service Clinical Governance* | Date | *14 June 2023* |
| **Name of the chair of the Group/Committee ratifying** | | | |
| If you are assured that the group or committee approving this procedural document have fulfilled its obligation please sign and date it and return to the procedural document author who will ensure the document is disseminated and uploaded onto Staffnet. | | | |
| Name | *Policies and Procedures Group* | Date | *8 August 2023* |