



**Public – To be published on the Trust external website**

# Process for promoting timely discharge from Ridgeway

**Ref: CLIN-0012-001-v2**

**Status: Approved**

**Document type: Procedure**

**Overarching Policy: Admission, Transfer and Discharge Policy**

## Contents

<b>1</b>	<b>Introduction .....</b>	<b>3</b>
<b>2</b>	<b>Purpose.....</b>	<b>3</b>
<b>3</b>	<b>Who this procedure applies to .....</b>	<b>4</b>
<b>4</b>	<b>Related documents .....</b>	<b>4</b>
<b>5</b>	<b>Protocol.....</b>	<b>5</b>
5.1	Stage 1 – Pre-admission .....	5
5.2	Stage 2 - On admission .....	6
5.3	Stage 3 – 18-Months until EDD .....	7
5.4	Stage 4 – 12-Months until EDD .....	7
5.5	Stage 5 – 6-Months until EDD .....	9
5.6	Stage 6 – 3-Months until EDD .....	10
5.7	Stage 7 – 1- Month before EDD .....	12
5.8	Stage 8 – When EDD has passed.....	13
<b>6</b>	<b>Definitions.....</b>	<b>14</b>
<b>7</b>	<b>How this procedure will be implemented.....</b>	<b>15</b>
7.1	Training needs analysis.....	15
<b>8</b>	<b>How the implementation of this procedure will be monitored .....</b>	<b>15</b>
<b>9</b>	<b>References .....</b>	<b>16</b>
<b>10</b>	<b>Document control (external) .....</b>	<b>16</b>
	Appendix 1 - Equality Impact Assessment Screening Form .....	18
	Appendix 2 – Approval checklist .....	21
	Appendix 3 – Standard Process Description: Social Work admission process & Carer engagement within Ridgeway .....	23
	Appendix 4 - SIS SOCIAL WORKERS CONTACT REFERENCE LIST .....	26
	Appendix 5 - Letter to Local Authority .....	28
	Appendix 6 – Information sharing letter .....	30

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## 1 Introduction

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Since the bed management meetings began, they have been successful in enhancing the communication between Cumbria, Northumberland, Tyne and Wear (CNTW) NHS Foundation Trust and Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust - namely the Provider Collaborative.

However, we recognise that to facilitate timely discharges from hospital, TEWV, CNTW, Integrated Care Boards (ICB's) and local authorities need to effectively communicate and work together to ensure the package of care for each patient is agreed in a timely manner to promote a safe discharge from hospital.

As stated in the TEWV 'Information sharing agreement: Delayed transfers of care', the information is being shared so that local authority partners and the Trust can ensure that patients are supported through the transition process, and that professionals can negotiate to minimise barriers quickly and effectively. The Care Act 2014 states that: 'Where the NHS body responsible for a hospital patient considers that it is not likely to be safe to discharge the patient unless arrangements for meeting the patient's needs for care and support are in place, the body must give notice to—(a)the local authority in whose area the patient is ordinarily resident'.

Acknowledging the evidence above, a standardised process is necessary for staff in Ridgeway to promote information sharing in an agreed timescale between TEWV and the relevant partners. This will ensure that patients remain central to the discharge process to support their recovery pathway and avoid relapse or recall. Ridgeway is part of Secure Inpatient Services (SIS).

NICE guidelines support this information sharing process and highlights the importance of person centred care, which takes into account the person, and where appropriate the carers/family views(), promoting recovery and wellbeing.

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## 2 Purpose

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The aim of this procedure is to make sure that patients are supported throughout their care and treatment journey. This should begin before their admission and continue through to their discharge from our service.

It should be fit for purpose, and allow professionals to communicate at key stages throughout the admission and discharge process to minimise the risk of delayed discharges or delayed transfers of care. The procedure should be approached as an MDT, promoting collaborative work from all professionals involved in an individual's care, with a shared responsibility and goal to support patients to receive treatment in the least restrictive environment and to promote rehabilitation.

This will include ensuring we work with local authority organisations and commissioners in facilitating timely discharges for patients and are escalating any barriers to discharge through the appropriate channels within the service and through the bed management process.

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### 3 Who this procedure applies to

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This procedure applies to all Ridgeway staff and staff working on Forensic Rehabilitation ward's as part of the multi-disciplinary team, including senior managers responsible for the sharing, implementation and monitoring of this process across service.

### 4 Related documents

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This procedure describes what you need to do to implement the delayed discharge section of the Admission, Transfer and Discharge Policy. Please also refer to the [Interpreting and Translation Policy](#).

## 5 Protocol

This covers the period from pre-admission, on hospital admission, and from 18-months until Estimated Discharge Date (EDD).



**Please note: Learning Disability and Autism services may refer to IDD's - Indicative Discharge Dates – as well as EDD's. Furthermore, the EDD may be reviewed more often than the below stages as necessary within MDT forums alongside case workers. If there are unmet or unfinished treatments, this can extend the EDD. This protocol aims to highlight the key stages of engaging health and social care services and providers.**

### 5.1 Stage 1 – Pre-admission

Steps in process	Who
Bed management minutes and waiting lists for transfers into the hospital to be circulated to social work team weekly after Bed Management meeting (Referrals, waiting lists and new admissions).	Team Manager/ Senior Social Worker
Social workers to be a part of assessment process for new patients – arrange to assess patient with Responsible Clinician or visit the patient after they have been accepted into the service to establish information re. Section 117 responsibility, Carers information, MAPPA details and financial situation. Begin to complete Appendix 4 – contact sheet.	Inpatient Social Worker and Benefits Support Worker
Hold meeting with service or care provider from which the patient is being transferred – MDT internal and external to be involved - to handover information prior to admission to hospital. Ensure that patient and any identified carers are involved with this.	MDT/Inpatient Social Worker

Continue to complete Appendix 4 – contact sheet with as much information as possible

## 5.2 Stage 2 - On admission

Steps in process	Who
Apply standard process for admissions – Please refer to Appendix 3 for Standard Process Description and follow all steps.	Inpatient Social Worker
Following admission, the medical secretary for the ward will send notification and a link via email to the admission checklist found in the shared drive, social workers must complete this on the social work tab.	Inpatient Social Worker
Check if patient has named social worker recorded on CITO, link in with social worker from previous provider/service or LA to ascertain contact details.	Inpatient Social Worker
Within 14 days, send standard letter by secure email or recorded delivery to the Local Authority with 117 responsibility to formally notify them of admission and EDD, and send information sharing agreement to social work team, Team Manager and Service Manager of responsible LA. Request a receipt/acknowledgement within 1 month from admission (Appendices 5 and 6).	Inpatient Social Worker
If the patient does not have a named worker, a referral will be made to the Local Authority appearing to be the owning authority, and if there is no response, discussions will take place in bed management meetings and plans put in place to address this.	Inpatient Social Worker
Once patient is admitted and carer information is established including consent to make contact, arrange for the carer to visit the secure unit/ward where appropriate and practicable. Aim to do so within 1 month of admission into service.	Inpatient Social Worker

### 5.3 Stage 3 – 18-Months until EDD

Steps in process	Who
Keep track of Estimated Date of Discharge (EDD) through Bed Management minutes and EDD spreadsheet circulated weekly by Team Manager/Senior Social Worker. At 18 months prior to recorded EDD, review as MDT whether EDD is still achievable or whether review is needed. If review required, Responsible Clinician to review/change this formally through escalation to bed management chair	Team Manager/ Inpatient Social Worker/ Responsible Clinician
At 18 months prior to EDD (if this is realistic), referral to be made for allocation of Local Authority social worker to case if there is not already a specific professional involved. Referral to be copied to CITO. Ask for receipt/acknowledgement of referral and record on CITO.	Inpatient Social Worker
Any barriers to allocation or issues at this stage to be escalated through Bed Management forum and to Service Management and Case Managers in bed management meetings. Escalation and action plan to be recorded on CITO.	Team Manager/ Senior Social Worker

### 5.4 Stage 4 – 12-Months until EDD

Steps in process	Who
Keep track of Estimated Date of Discharge (EDD) through Bed Management minutes and EDD spreadsheet circulated weekly by Team Manager/Senior Social Worker. At 12 months prior to recorded EDD, review as MDT whether EDD is still achievable or whether review is needed. If review required, Responsible Clinician to review/change this formally through escalation to bed management chair.	Inpatient Social Worker/ Responsible Clinician

At 12 months prior to EDD, review information from Local Authority regarding information sharing. Make a referral to the local authority for allocation of social worker if there is not already a specific professional involved, and ensure that the LA social worker or representative has been invited to the MDT/CPA/recovery meetings.	Inpatient Social Worker
Inpatient social workers to ensure they co-facilitate and support the Local Authority in completing assessments of patients' needs under the Care Act 2014 and participate in the development of a Person/Service Specification alongside the MDT. Inpatient social worker to also jointly complete any Mental Capacity Act (2005) assessments around residency and finances as part of collaborative working with local authority social worker. Importantly, the local authority should lead with these as the organisation responsible for the funding and provision of aftercare services.	Inpatient Social Worker/LA social worker
A 117 discharge planning meeting should be held with the MDT (internal and external professionals), importantly the local authority, community teams, public protection agencies such as MAPPA/Police, and Case Managers. Communicate with Victim Liaison Unit if there are victim issues/exclusion zones to be aware of.	Inpatient Social Worker/MDT
If there are immigration issues, Home Office should be consulted and there should be discussion with a Local Authority around legal rights of patient to access social and economic support.	Inpatient Social Worker
Apply a strengths-based approach to promote equity across service delivery to our diverse population and minority ethnic groups, e.g. Gypsy Roma Travellers or transient communities, particularly related to the provision of appropriate 117 aftercare and allocation to the owning Local Authority	Inpatient Social Worker



to reduce any delays in discharge and health inequalities. Refer to relevant caselaw to ascertain the responsible authority to provide support and funding	
Discuss with Local Authority the potential options available to patient and ensure that this is a collaborative process with patient and where appropriate, family/carers. Ensure patients can be represented by advocacy as appropriate to ensure their voice is heard and they can communicate their views and wishes. The clinical team should ensure patients have access to an interpreter to aid communication when English is not their first language, or consider the use of British Sign Language if relevant, to promote engagement with any formal meetings or procedures. Even when an Interpreter/sign language is not requested, staff should assess the need for this.	Inpatient Social Worker/LA social worker, advocate

## 5.5 Stage 5 – 6-Months until EDD

Steps in process	Who
117 discharge planning meetings (minuted by ward admin support or Medical Secretary) to be held monthly with MDT presence, ensuring there is representation from Local Authority (and Commissioners or case managers if appropriate). This should include discussion around potential barriers to timely discharge, and development of action logs that are recorded on CITO/SIS shared drive.	Admin/Inpatient Social Worker/MDT
Patient and any identified carers to be made aware of the process and progress – See NICE guidance.	Inpatient Social Worker
Action log/117 meeting minutes to be circulated to LA social worker and copy sent to LA team manager (and any other relevant	Admin/Inpatient Social Worker

parties such as Case Managers/Commissioners).	
Any barriers identified to timely discharge or action logs from meetings to be fed through to Team Manager/Senior Social worker to share and escalate through Bed Management meetings.	Team Manager/ Senior Social Worker
Bed Management chair/Service Manager to escalate these barriers to Case Managers/Commissioners in attendance at bed management meeting, and record this discussion on meeting minutes/CITO.	Service Manager/ Chair
Team Manager/Senior Social Worker to report issues to Patient Flow Manager to raise this at Provider Collaborative Clinics with local authority and ICB representation. Discussion/actions to be logged.	Team Manager/ Senior Social Worker/Patient Flow Manager
Ensure patients are involved and/or represented by advocacy as appropriate through decision making re. reviewing EDD's to ensure their voice is heard and they are able to express choice and their right to communicate their views and wishes. Ensure patients can be represented by advocacy as appropriate to ensure their voice is heard and they can communicate their views and wishes. The clinical team should ensure patients have access to an interpreter to aid communication when English is not their first language, or consider the use of British Sign Language if relevant, to promote engagement with any formal meetings or procedures. Even when an Interpreter/sign language is not requested, staff should assess the need for this.	MDT

## 5.6 Stage 6 – 3-Months until EDD

Steps in process	Who
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<b>117 discharge planning meetings (minuted by ward admin support or Medical Secretary) to continue to be held monthly with MDT presence, ensuring there is representation from Local Authority (and Commissioners or case managers if appropriate). This should include discussion around potential barriers to timely discharge, and development of action logs that are recorded on CITO/shared drive.</b>	Admin/Inpatient Social Worker/MDT
<b>Patient and any identified carers to be made aware of the process and progress.</b>	Inpatient Social Worker/MDT
<b>Action log/117 meeting minutes to be circulated to LA social worker and copy sent to LA team manager (and any other relevant parties such as Case Managers/Commissioners).</b>	Admin/Inpatient Social Worker
<b>If barriers are identified that may include an action plan not being agreed, discussions not taking place or issues not resolved, this will be fed back at the bed management meeting by social work bed management representative.</b>	Team Manager/ Senior Social Worker
<b>Bed Management chair/Service Manager to escalate these barriers to Case Managers in attendance at bed management meeting, and record this discussion on meeting minutes/CITO. If issues persist, this should be escalated to Patient Flow Manager to raise at Provider Collaborative Clinics with local authority and ICB representation. Discussion/actions to be logged.</b>	Team Manager/ Senior Social Worker/Service Management/ Patient Flow Manager
<b>Ensure patients are involved and/or represented by advocacy as appropriate through decision making re. reviewing EDD's to ensure their voice is heard and they are able to express choice and their right to communicate their views and wishes. Ensure patients can be represented by advocacy as appropriate to ensure their voice is heard and they can communicate their views and wishes. The clinical team should ensure patients have access to an</b>	MDT

<p>interpreter to aid communication when English is not their first language, or consider the use of British Sign Language if relevant, to promote engagement with any formal meetings or procedures. Even when an Interpreter/sign language is not requested, staff should assess the need for this.</p>	
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## 5.7 Stage 7 – 1- Month before EDD

Steps in process	Who
<p>117 discharge planning meeting to be held with local authority representation, for update on discharge plan and to put final steps in place, such as ensuring MAPPA are informed, liaison with VLU, and community teams are engaged. This to be minuted by ward admin support or Medical Secretary and action logs to be recorded on CITO/shared drive.</p>	Admin/Inpatient Social Worker/MDT
<p>Clinical discussion to take place in 117 meeting with LA present and Case Managers as to whether EDD will be realistically achieved and agreed actions.</p>	MDT
<p>Information to be fed back to Bed Management forum.</p>	Team Manager/ Senior Social Worker
<p>Ensure patients are involved and/or represented by advocacy as appropriate through decision making re. reviewing EDD's to ensure their voice is heard and they are able to express choice and their right to communicate their views and wishes. Ensure patients can be represented by advocacy as appropriate to ensure their voice is heard and they can communicate their views and wishes. The clinical team should ensure patients have access to an interpreter to aid communication when English is not their first language, or consider the use of British Sign Language if relevant, to promote engagement with any</p>	MDT

formal meetings or procedures. Even when an Interpreter/sign language is not requested, staff should assess the need for this.

## 5.8 Stage 8 – When EDD has passed

Steps in process	Who
<b>117 meeting or if appropriate delayed discharge meeting to be held with Local Authority representation and Case Managers – ensuring representation from health and social care providers</b>	Admin/Inpatient Social Worker/MDT
<b>If patient has completed all available treatment and there is no justifiable reason for them to remain within secure care, then MDT and LA to agree the patient as a DTOC (Delayed Transfer of Care) or Clinically Ready for Discharge. However, if the patient has ongoing treatment and a need to remain within secure care, then Responsible Clinician to review the EDD. DTOC or reviewed EDD to be formally recorded on CITO as per DTOC guidance, and fed back in bed management by Responsible Clinician.</b>	MDT / Inpatient Social Worker / Responsible Clinician
<b>If EDD has not been met and it is not appropriate to extend, and disagreements re. attribution of delay continue, SIS Service Management/Patient Flow Manager to escalate and agree next steps at Provider Collaborative Clinics to LA Head of Service and ICB Case Managers. A Stop the Line meeting may need to be held with all relevant professions/staff (see relevant procedure).</b>	Team Manager/ Senior Social Worker/Service Management/ Patient Flow Manager/ LA HOS
<b>Ensure patients are involved and/or represented by advocacy as appropriate through decision making re. reviewing EDD's to ensure their voice is heard and they are able to express choice and their</b>	MDT

<p>right to communicate their views and wishes. Ensure patients can be represented by advocacy as appropriate to ensure their voice is heard and they can communicate their views and wishes. The clinical team should ensure patients have access to an interpreter to aid communication when English is not their first language, or consider the use of British Sign Language if relevant, to promote engagement with any formal meetings or procedures. Even when an Interpreter/sign language is not requested, staff should assess the need for this.</p>	
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## 6 Definitions

Term	Definition
<b>CNTW</b>	<ul style="list-style-type: none"> <li>Cumbria, Northumberland, Tyne &amp; Wear</li> </ul>
<b>TEWV</b>	<ul style="list-style-type: none"> <li>Tees Esk &amp; Wear Valleys</li> </ul>
<b>EDD</b>	<ul style="list-style-type: none"> <li>Estimated Discharge Date</li> </ul>
<b>IDD</b>	<ul style="list-style-type: none"> <li>Indicative Discharge Date (used by Learning Disability Services and Autism Services within TEWV)</li> </ul>
<b>LA</b>	<ul style="list-style-type: none"> <li>Local Authorities / Local Authority</li> </ul>
<b>MDT</b>	<ul style="list-style-type: none"> <li>Multi-Disciplinary Team</li> </ul>
<b>SIS</b>	<ul style="list-style-type: none"> <li>Secure Inpatient Services</li> </ul>
<b>DTOC</b>	<ul style="list-style-type: none"> <li>Delayed Transfer of Care</li> </ul>
<b>MAPP</b>	<ul style="list-style-type: none"> <li>Multi Agency Public Protection Arrangements</li> </ul>
<b>VLU</b>	<ul style="list-style-type: none"> <li>Victim Liaison Unit</li> </ul>
<b>RC</b>	<ul style="list-style-type: none"> <li>Responsible Clinician</li> </ul>

## 7 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

### 7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All MDT members, HCA/nursing team, medics/RC's, Clinical Leads, Ward Managers, Modern Matrons and Service Managers	Training to be facilitated focussing on main protocol (section 5) and appendices for all ward groups in SIS, and allocated Medics/RC.	1 hour training session on protocol from pre-admission – when EDD has passed.	Once per year.  Can be offered more than once if there is identified need, such as high staff turnover or new ward opening for example.

## 8 How the implementation of this procedure will be monitored

	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	<p>Measured against the number of patients discharged within the target EDD without extension.</p> <p>Measured against the number of patients recorded as DTOC's and as Clinically Ready for Discharge, and for how long they remain within service as DTOC's.</p> <p>EDD spreadsheet is held on shared drive under Secure Beds and Bed Management</p>	<p>Weekly – TEWV Bed Management meetings attended by SIS key representatives within service.</p> <p>TEWV Bed Management minutes including updated EDD's and actions are circulated to bed management attendees weekly, including service managers, Provider Collaborative, ICB case</p>	TEWV Bed Management meeting > Provider Collaborative Joint Bed Management meeting > Provider Collaborative Bed Flow clinics > Governance Group > Care Group Board.

files. EDD's are updated on a 3 monthly basis by MDT and Case Workers, and should be recorded on sheet. Changes will then be reflected on bed management meeting agenda, and discussed.	managers, inpatient social workers and ward managers.  Weekly - Our bed management data is escalated to wider joint TEWV and CNTW Provider Collaborative meeting for discussion by service management.	
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## 9 References

Department of Health (2014) 'Care and support statutory guidance: Issued under the Care Act 2014 ', London: Department of Health.

Overview | Transition between inpatient hospital settings and community or care home settings for adults with social care needs | Quality standards | NICE

Care Act 2014 ([legislation.gov.uk](http://legislation.gov.uk))

## 10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	13 August 2025
Next review date	13 August 2028
This document replaces	CLIN-0012-001-v1 Process for promoting timely discharge from Secure Inpatient Services and Forensic Rehabilitation wards
This document was approved by	SIS Governance Members
This document was approved	13 August 2025
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	04 August 2025



Document type	Public
FOI Clause (Private documents only)	N/A

## Change record

Version	Date	Amendment details	Status
v2	13 Aug 2025	<p>Full review with:</p> <p>Pg 4-5 – Introduction added, purpose altered, who this procedure applies to altered.</p> <p>Pg 6-14 – Protocol – Have divided table, changed formatting, added in EIA considerations, changes to steps in process.</p> <p>Pg 14 – Additional definitions added.</p> <p>Pg 15-16 – Training needs analysis and how the implementation of this procedure will be monitored altered.</p> <p>Appendices 3-6 added.</p> <p>Change of title (removal of 'forensic rehabilitation wards') to avoid ambiguity around who the procedure applies to.</p>	Approved

## Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Secure Inpatient Services
Title	Process for promoting Timely Discharge from Ridgeway
Type	Procedure/Protocol
Geographical area covered	Tees, Esk and Wear Valley's (TEWV) Cumbria, Northumberland, Tyne & Wear (CNTW), Secure Inpatients Services
Aims and objectives	To promote timely discharge of patients from secure services, and highlight key stages to engage partner agencies in discharge planning to promote effective communication between LA's, Case Managers if appropriate and Secure Inpatient Services.
Start date of Equality Analysis Screening	25 July 2025
End date of Equality Analysis Screening	04 August 2025

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All staff, patients and carers/family members
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> <li>• <b>Race</b> (including Gypsy and Traveller) <b>NO</b></li> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO</b></li> <li>• <b>Sex</b> (Men and women) <b>NO</b></li> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) <b>NO</b></li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) <b>NO</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Armed Forces</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> <li>• <b>Human Rights Implications</b> <b>NO</b> (<a href="#">Human Rights - easy read</a>)</li> </ul>
<b>Describe any negative impacts / Human Rights Implications</b>	<p>It may take longer to ascertain an owing authority if the family are nomadic or if there are immigration issues. The Social Work team will promote equity across service delivery to our diverse population and minority ethnic groups by continuing to work through the protocol and adhering to timescales to promote the best interests of the patient and timely discharge. The team will support with any social, financial and economic needs where possible until we can establish Section 117 aftercare, to resolve any barriers related to immigration and ensure we follow relevant legal frameworks to reduce waiting. We will also ensure the patient is represented independently by an advocate or can instruct a legal representative where applicable. The team will continuously support the patient and family by ensuring good communication and transparency in engagement, considering Trust values at all times.</p>
<b>Describe any positive impacts / Human Rights Implications</b>	

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See references section. <ul style="list-style-type: none"> <li>Care Act</li> <li>MHA 1983</li> </ul>
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	<p>Social work Huddle and development day</p> <p>EIA Assessment</p> <p>United Voices with the patients</p> <p>SIS Governance Meeting</p> <p>Consultation in SIS.</p> <p>Feedback incorporated in protocol section to promote co-creation.</p> <p>The SIS the social work team were involved in planning the document during a service development away day, the procedure has been shared with working group of service managers and patient flow manager as part of clinical transformation bed flow plan, and has been accepted and approved via the SIS governance meeting (final approval 13<sup>th</sup> August 2025).</p>
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	Training session for all ward groups on protocol.
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

**Check the information you have provided and ensure additional evidence can be provided if asked**




## Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
<b>1. Title</b>		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
<b>2. Rationale</b>		
Are reasons for development of the document stated?	Y	
<b>3. Development Process</b>		
Are people involved in the development identified?	Y	
Has relevant expertise has been sought/used?	Y	
Is there evidence of consultation with stakeholders and users?	y	See Equality Impact assessment
Have any related documents or documents that are impacted by this change been identified and updated?	n/a	
<b>4. Content</b>		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	
<b>5. Evidence Base</b>		
Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	

Are supporting documents referenced?	Y	
<b>6. Training</b>		
Have training needs been considered?	Y	
Are training needs included in the document?	Y	
<b>7. Implementation and monitoring</b>		
Does the document identify how it will be implemented and monitored?	Y	
<b>8. Equality analysis</b>		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	Y	4 <sup>th</sup> August 2025
<b>9. Approval</b>		
Does the document identify which committee/group will approve it?	Y	
<b>10. Publication</b>		
Has the policy been reviewed for harm?	y	no harm
Does the document identify whether it is private or public?	y	public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
<b>11. Accessibility</b> ( <a href="#">See intranet accessibility page for more information</a> )		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	Y	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	y	

## Appendix 3 – Standard Process Description: Social Work admission process & Carer engagement within Ridgeway

Quality Check		Safety Precaution	Standard WIP	
				
Notes:- <i>Any barriers / issues and concerns regarding admission process / timely discharge to be escalated by social worker to Team Manager.</i>				
Who Must Adopt This Process: <i>All staff within SIS social work team as part of admission process &amp; carer engagement.</i>				
GOAL: List key quality and lean targets				
STEP Add Quality, Safety or WIP symbols as needed	OPERATOR  List role responsible for each task	TASK DESCRIPTION	TOOLS/SUPPLIES REQUIRED	CYCLE TIME  Amt of processing time to complete each step
1.	Team Manager/Senior Social Worker.	Send weekly Bed management minutes to social work team. (Referrals, waiting lists and new admissions)	<ul style="list-style-type: none"><li>• Bed management agenda and minutes.</li></ul>	2 hours.
2.	Social worker for ward.	Prior to admission - Establish 117/local authority information/Carer involvement – review CITO, referral documents, previous residency/addresses/ current service involvement, contact local authority to confirm involvement.	<ul style="list-style-type: none"><li>• CITO</li><li>• Phone</li><li>• Referral documentation / reports.</li><li>• Emails.</li><li>• GP/ICB information.</li></ul>	1 working day (7.5 hours).
3.	Medical Secretary for ward.	Following admission, the medical secretary for the ward will send notification and a link via email to the <u>admission checklist</u> found in the SIS shared drive.	<ul style="list-style-type: none"><li>• Admission checklist link for spreadsheet.</li></ul>	
4.	Social worker for ward	Triangle of Care form to be completed establishing carer involvement and consent to make contact. Return details to the med sec. Consent to be recorded on admission checklist.	<ul style="list-style-type: none"><li>• Triangle of Care Form.</li><li>• Admission checklist link for spreadsheet.</li></ul>	Within 7 working days from admission date.

5.	Medical Secretary	Send Welcome Pack and upload onto CITO	<ul style="list-style-type: none"> <li>Welcome Pack</li> </ul>	
6.	Social worker for ward.	<p>If consent given, contact should be made with carers within 10 working days of admission and recorded/reviewed if unsuccessful.</p> <p><b><u>Family member(s) should be offered a carers assessment – make a referral to relevant LA if needed.</u></b></p>	<ul style="list-style-type: none"> <li>Contact details</li> <li>Address for written contact if phone contact not an option.</li> <li>CITO</li> </ul>	<b>Within 10 working days from admission date.</b>
7.	<p>Social worker for ward.</p> <p>Benefits Support Worker.</p>	<p>Patient review to establish financial situation (e.g. benefits eligibility, notify patient bank of admission, arrange for transfers, apply for grant, assess capacity etc.), establish 117/previous address, any child visiting requests, identify and record Nearest Relative on CITO, notify MAPPA, and also offer to refer to an advocate.</p> <p>* Records made on both the PRE-ADMISSION section of the admission checklist and the SOCIAL WORK tab. Record on CITO if the patient is too unwell to discuss these issues, or declines and plan a review date.</p>	<ul style="list-style-type: none"> <li>Patient Bank notification form.</li> <li>Olive and Norman Field Charity grant application form.</li> <li>MCA 1 documentation.</li> <li>Child Visiting Procedure.</li> <li>CITO</li> <li>MAPPA form.</li> <li>IMCA/IMHA application form (advocacy).</li> </ul>	<b>Within 10 working days from admission date.</b>
8.	Social Worker for ward.	Send standard letter to the local authority with 117 responsibility to inform them of admission and EDD, and send information sharing agreement to social work team, Team Manager and Service Manager of responsible LA (in writing or via email). Request a receipt/acknowledgement within 1 month from admission.	<ul style="list-style-type: none"> <li>Timely Discharge Procedure.</li> <li>EDD spreadsheet accessed in SIS shared drive.</li> </ul>	<b>Within 14 working days of admission.</b>
9.	Social worker for ward.	If no receipt/acknowledgement received, make contact with LA again. Record all communication	<ul style="list-style-type: none"> <li>Email.</li> <li>Local Authority postal address.</li> </ul>	



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		e.g. letters/correspondence on CITO.	<ul style="list-style-type: none"> <li>• Phone.</li> </ul>	
10.	Social worker for ward.	Timely discharge procedure to be followed – Regarding LA & Carer contact.	<ul style="list-style-type: none"> <li>• Timely Discharge Procedure.</li> </ul>	

## Appendix 4 - SIS SOCIAL WORKERS CONTACT REFERENCE LIST

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<u>PATIENT DETAILS</u>	
NAME:	
PREVIOUS NAME(S):	
DOB:	
WARD:	
HOSPITAL NO:	
NHS NO:	
RELIGION:	
ETHNICITY:	
NATIONALITY:	
WARD SOCIAL WORKER:	
RC:	
NAMED NURSE:	
DATE ADMITTED:	
ADMITTED FROM:	
TRANSFERRED TO:	
SECTION:	
DIAGNOSIS:	
MAPPA level:	
MAPPA details:	
EMERGENCY CONTACT (Interpreter required?)	
NEAREST RELATIVE	

<b>RESPONSIBLE LOCAL AUTHORITY</b>	
<b>PROBATION OFFICER</b>	
<b>LEGAL REPRESENTATION</b>	
<b>COMMISSIONER / HEALTH AUTHORITY</b>	
<b>VICTIM CONTACT</b>	
<b>OTHER CONTACT INFORMATION AND USEFUL DETAILS</b>	

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## Appendix 5 - Letter to Local Authority

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Please see over page.

Forensic Social Work Team  
Address  
Number

Letter to Local Authority

Dear,

**Re: Patient, DOB**  
**Section of MHA 83 – Ward, Roseberry Park Hospital**

Following discussion at the admissions and bed management meeting within Secure Inpatient Services/Ridgeway, it was agreed that the above named persons estimated date of discharge is \_\_\_\_\_. This will be subject to regular review and may change depending on the treatment trajectory.

At approximately 18 months prior to planned discharge, the Secure Inpatient Service/Ridgeway social work team will make contact with the responsible local authority for information sharing purposes and to share an update on \_\_\_\_\_ progress. Approximately 12 months prior to planned discharge, the inpatient social care team will make a referral to the local authority responsible for the provision of Section 117 aftercare so that a community social worker can be allocated and can attend relevant meetings to collaboratively facilitate a smooth and timely discharge. We will also ensure that \_\_\_\_\_ has access to an advocate, provide care plans and contact your department immediately if there are significant changes that may affect the estimated discharge date.

To ensure \_\_\_\_\_ has a timely assessment of need from your service, I would be grateful if you would complete the attached form advising of the expectations of your service when working with our inpatient MDT to promote discharge from secure hospital.

If you have any questions, please do not hesitate to contact \_\_\_\_\_ (inpatient social worker) using the details below, or contact the social work management team on \_\_\_\_\_ to discuss this in more detail.

Yours Sincerely,

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## Appendix 6 – Information sharing letter

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Please see over the page

Information sharing letter

**Re: DOB**

**Section:**

**Ward: Roseberry Park Hospital**

To ensure a smooth and timely discharge takes place, we would like the following information provided:

**How often would you like a report on ... progress?**

**When will you start the care needs assessment prior to the EDD?**

**What information is required from Secure Inpatient Services to support the care needs assessment?**

**Who will attend the CPA/Recovery meetings every 6 months?**

**When will the 117 aftercare documentation be completed?**

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**Is there anything else required from Secure Inpatient Services to support a timely discharge from hospital?**

**The first point of contact regarding ... will be the ward social worker ... on 01642, and if they are not available contact can be made with the social work management team on the same number.**

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