**NHS Greater Glasgow and Clyde**

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| 1. **JOB IDENTIFICATION**  |  |  | | --- | --- | | Job Title: | Bed Manager | | Responsible to (insert Job Title) | Service Manager | | Department (s): |  | | Directorate: | Child and Adolescent Mental Health Service | | CAJE number | 2021NM004 | |

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| 1. **JOB PURPOSE**   Reporting to the Service Manager and Professional Advisor the post holder will provide specialist skills and knowledge to support the delivery of care for patients across all the services that Specialist Children’s Services operate. They will be expected to provide clinical leadership on all bed management issues which will include taking a leading role in any service redesign. This post holder will be expected to play a role in the development and education of staff. This will include Band 6 Charge Nurses and In-patient and Community Care Managers.  The post holder will exercise high levels of judgement, discretion and decision-making within admission and discharge processes for a wide variety of patients and their needs. These patients will usually be aged up to and including 17 years and may be in adult or acute settings across the West of Scotland region. An ability to use own judgement and analyse unplanned highly complex clinical situations is essential. Their role in system wide bed management across NHSGG&C will require the post holder to work collaboratively with colleagues in other areas.  The delivery of bed management services will reflect NHSGG&C values and beliefs.  The post holder will lead on bed management issues in accordance with Local bed management policies, Nursing and Health Strategies and Government Targets.  They will ensure that effective discharge planning remains an integral part of the patient’s stay in hospital, leading the team of care managers, supporting them to maintain the link with families and carers as well as all members of the wider multi-disciplinary team to ensure any blocks to discharge are identified at the earliest opportunity and actioned accordingly. They will oversee the care manager’s role in working with social work colleagues to provide timely assessments of needs, providing a senior presence in meetings where necessary. They will support the care manager role in influencing MDT members, including consultant psychiatrists and nursing staff to ensure discharge planning is timely, with stay in hospital being purposeful and that this planning is personalised to meet the individual needs of each patient and their carer’s.  They will manage timely discharges/transfer of care in order to contribute to NHSGG&C performance targets.  They will work autonomously in accordance with organisational policies and codes of professional practice.  They will contribute to clinical governance within the service by undertaking audit and research within the specialised field of bed management as well as breaking down and collating monthly Datix reports and annual Datix reports to inform risk management of individuals which will have a longer term impact on preventing delays to discharge.  The postholder will have specific responsibility for collating all relevant data and pulling together monthly and annual reports in relation to data for service level. They will respond to freedom of information requests, requests around bed data and diagnostic data. The postholder will also have responsibility for inputting data such as recording READ codes and working with medical records to ensure timely recording of information.  Act in accordance with their professional code.  The post holders will be highly visible within clinical areas across the in-patient setting acting as a resource for nursing/medical staff and outside agencies.  To ensure efficient and effective bed usage throughout CAMHS services accommodating where possible patients in their own teams. This post holder will be responsible for effective communication processes between clinical teams in the event of a patient being boarded in another region or hospital. |
| 1. **ROLE OF THE DEPARTMENT**   To work within NHSGG&C SCS services and multidisciplinary teams to provide leadership and advice on bed availability throughout the organisation to ensure service users have, where possible, access to admission to national and regional age appropriate In-patient units through monitoring of bed usage on a daily basis providing a comprehensive bed management system in collaboration with all relevant professional groups and organisational structures Contributing to and supporting the implementation of a proactive bed management strategy both for national unit and for WOS region. |

1. **ORGANISATIONAL POSITION**

Head of Service

SCS

Clinical Director

Professional lead

Care Managers x 3

Bed Manager

(this post)

Service Manager

1. **SCOPE AND RANGE**

Working as an autonomous practitioner within agreed protocols the post holder is required to be responsive to ever changing needs of the service. There is an exception that the post holder will cover for colleagues in other geographical locations within NHSGG&C.

There is no direct financial responsibility with the post, however, the post holder will be expected to work collaboratively with the bed managers to ensure effective utilisation of resources and to assist with the monitoring of the regional unit budget.

The post holder will be required to work in partnership with:

* Consultant Psychiatrists
* Clinicians
* Social Services
* Voluntary Organisations
* Service Managers
* Partnership Colleagues
* Users of CAMHS and Carers
* Other Health Boards and Board areas throughout the country

To maintain and update databases used within bed management to enable ongoing compilation of Acute Bed Management Monthly Report.

Updating and monitoring usage of beds in relation to different diagnostic pathways. The bed manager will monitor WOS Board activity and usage and/ or National usage.

The post holder is responsible for the training of junior medical staff in the specialist field of Bed Management. This will include the design of an induction programme for medical staff new to the hospital and the delivery of this programme.

It will be an expectation that the post holder will act in an advisory capacity, offering continuous support and expertise to all medical staff. This will include the mentoring of junior nursing and medical staff.

The sphere of responsibility will include:

* The post holder will be expected to work collaboratively with the Senior Charge Nurse and Care Managers to ensure that accurate records pertaining to bed management are maintained.
* A range of clinical staff may require support and monitoring in complex situations involving bed management which is outwith their level of expertise. It is expected that this level of support will come from this post holder.
* They will provide education for newly appointed band 6 nurses on scenarios they may encounter out of hours and how to respond to these.
* They will work with the PDN in developing the induction of newly qualified staff to provide education around the role of the care managers and the bed management system as well as the importance of accuracy in recording of a datix.

An expected outcome of the CAMHS Bed Manager role will be that National and regional units have an agreed set of options for bed usage which are uniformly applied across the region.

The Bed Manager will have an operational and clinical focus on the management of in-patient beds. The Bed Manager will on a daily basis intensively support the management of in-patient provision. The Bed Manager will be a member of the Senior Staff Group at Skye House.

The WOS CAMHS bed management role will have the following responsibilities:

* Receive calls requesting beds
* Having an accurate awareness of bed availability
* Screening all referrals including referrals for IPCU.
* Arrange admission to units whenever possible
* Work closely with Tier 4, Tier 3 and Intensive Services
* Link closely with the Consultant Child and Adolescent Psychiatrist seeking admission for a 12 to 17 year old, under 12s and in new developed units based on criteria.
* Manage all admission processes on behalf of Child and Adolescent Psychiatrist
* Assist in arranging boarding in another ward if there are no beds available in Designated units

Expert knowledge of Child and Adolescent Mental Health Services throughout GGC, regional and national services

* ICAMHS
* Connect ED
* Tier 3 locality CAMHS teams
* National Child Psychiatry In-patient Unit
* Tier 4 Hub
* Learning Disability Pathway
* Complex Trauma Pathway
* CAMHS Forensic Services
* Paediatric Liaison Services
* Intensive Psychiatric Care Unit Services
* National camhs forensic inpatient unit (Foxgrove)

To have knowledge and understanding of changes in Mental Health Services in relation to commissioning and decommissioning of services.

To be a key member at multidisciplinary team meetings relating to Bed Management.

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| 1. **MAIN DUTIES/RESPONSIBILITIES**   Undertake day-to-day management of work load priorities with regards to the needs of the services acting as a role model in standards of behaviour and professionalism, through commitment to the integration of policies and procedures within role and workplace.  Maintain professional registration, practice and accountability through Continued Professional Development CPD to demonstrate competency in line with NHSGG&C policies, the Knowledge and Skills Framework and the professional guidelines  Have a responsibility to ensure all information processed for patients and staff is kept confidential, accurate and in line with Caldicott policy and GDPR.  Communicate effectively with internal, external and partner agencies, including Community Tier 3 and Tier 4 CAMHS and intensive services, GP services, Consultants, Nursing staff and Social Services, providing professional clinical reports when requested.  Contribute to the development of organisational and regional objectives for the service.  Ensure efficient and appropriate use of resources in order to meet service/client needs. The post holder is expected to be aware of budgetary requirements and work within this.  Recognise, understand and accept the requirement to act as an advocate for patients/carers and the organisation.  To take the lead in liaising with Local Authorities outside NHSGG&C on bed management issues.  Monitor and report on delayed discharges.  Participate with other senior staff in developing a working environment and culture that actively promotes health, safety and security by utilising incident reporting.  Participate in development and changes in policy/procedures. Play a key role in the application of Hospital Bed Management Policies and Procedures including effective discharge planning.  Monitor standards and performance of the service, in line with Bed Management policies and procedures.  Act as a resource for providing advice, information and support to NHSGG&C staff caring for specific client groups e.g. homelessness, asylum seekers.  Ensure that child protection & vulnerable adult legislation is adhered to within own practice and that of the service appropriately referring any persons at risk, in accordance with national guidelines. Act in a manner to consistently support equality and diversity in all interactions. Recognise ethical and legal issues that have implications for practice, and take appropriate action.  Continually review and evaluate own role and clinical practice, engage in the annual review process within the KSF.  Plan and manage own workload and the workload of the service in a flexible manner, ensuring that the service provision meets the needs of the clients.  Contribute to the clinical governance process, including adverse incident reporting, risk management and management of complaints, as appropriate. Comply with all infection control policies and procedures as set out by NHSGG&C. The post holder will comply with all NHSGG&C reporting procedures relating to adverse events.  To be a key member and actively participate at any organised multidisciplinary team, service or regional or national meetings.  Be highly visible in the clinical areas acting as a critical thinker, innovator and constructive challenger in all areas of work.  With reference to the Mental Health Services Bed Management Policy the post holder has responsibility to initiate escalation procedures when there is no bed availability in and outwith Glasgow. The post holder is expected to make appropriate contingency plans which may include liaising and negotiating with other Health Boards.  Participate in and contribute to a range of meetings which will typically include Local communications meeting, Clinical Governance meetings and meetings within SCS.  Assume responsibility for the management and daily operational responsibilities within Bed Management.  Work collaboratively with clinical staff by actively participating in the effective management of the patient’s journey from admission to discharge. This will include identifying actual and potential problems and putting in place actions to prevent delays.  Liaise regularly with other services and hospitals to update knowledge relating to current clinical activity. Use this knowledge to enhance service delivery e.g. when providing cross cover.  Have knowledge and ability to collate and interpret data as per IT packages used to support Bed Management system.  Provide and receive highly complex, sensitive and contentious information. In response to this the post holder may be required to exercise judgement, analyse, interpret and compare a range of possible options to aid the development of a robust contingency plan.   * Provide effective clinical leadership, supporting staff to develop and utilise Bed Management strategies and ensure documentation is appropriate. * Ensure that all beds are used efficiently and effectively at all times. The post holder will develop new and employ existing strategies to avoid “boarding” out patients. * There will be an expectation that the post holder works collaboratively with medical colleagues and wider team. This will require the post holder to have current and up to date clinical knowledge.   Resolve complicated situations involving receiving hospital/clinician where conflict of interest/lack of information may occur.  Provide expert advice in relation to:   * Risk assessment * Clinical needs * Child and Adolescent Psychiatry * Court (Criminal Procedures Act) * Addictions * Vulnerable Adults * Scottish Office * Mental Health (Scotland) (2003) Act with provisions * Child Protection   Use clinical knowledge and communication skills to advise all nursing staff and assist with decisions on intra ward/region patient transfers and the return of patients boarding in other hospitals/regions back to locality hospital.  Consolidate information on a daily basis which details local and citywide bed availability. Communicate collated information to nursing and medical staff. Give advice regarding strategies that can be employed to maximise efficient use of available resources when the Bed Manager is not available e.g. out of hours.  Continually assess needs of service users and make appropriate referrals to other services. This will typically include communications re discharges to resource centres, other hospitals and social work agencies.  Use clinical knowledge and experience with regards admission taking into account:   * Risk assessment * Clinical needs * Observation levels * Staffing implications * Client group * Complex issues * Least restrictive practice * Financial implications   Contribute to the recovery of service users by:   * Providing an efficient service * Acting in an advisory capacity to wide ranging staff groups including clinicians, managers and social workers * Providing datix reports to risk management team * Leading on new initiatives to improve service delivery * Working within legal frameworks e.g. Mental Health Act and the 2010 Equalities Act * Practising openly and with the best interest of the service users * Practicing with the Professional code of conduct * Ensuring that staff have sought the views of service providers prior to decisions being finalised   Working collaboratively with Clinical Leads to promote the Scottish Patient Safety Programme initiative.  Act in an advisory capacity and provide expert knowledge in any bed management issues to Clinical Governance within the SPSP programme which will contribute to quality improvements in the service.  The post holder will provide expert knowledge on data sets required to support clinical reports and hospital wide initiatives such as Scottish Patient Safety Programme.  Coordinate discharge processes using all available resources and systems to support effective discharge planning by:   * Ensuring that the nursing contribution within the discharge process contributes to quality indicators such as clinical benchmarking and is meeting NHS government targets. * Employing the skills and ability to assess referrals and make decisions about action and appropriate plans of care, with pro-active approach to discharge planning in complex situations including further referral to appropriate services. * Acting in a lead capacity to identify and report when delayed discharges arise. The post holder will be expected to maintain effective databases. This will require collaborative working between the post holder, clinicians and local authority colleagues. * Acting as a resource in the co-ordination and effective management of the discharge process. * Ensure that all discharge notifications are sent out to ensure that care is followed up promptly and to ensure that care is not compromised at any time. * Through clinical knowledge and understanding liaise with staff re planning and discharge to ensure that any difficulties which may arise and which may result in a planned discharge being delayed are known in advance and dealt with appropriately i.e. taking a lead role with Social Work, Consultant Psychiatrists, Nursing Staff and outside agencies to ensure that discharge is not compromised. * Support and advise other professionals on how safeguarding children and young people, may impact on the discharge planning process. * Undertake service wide discharge responsibilities e.g. bed meetings/ length of stay, liaison with lead nurses, bed managers and hospital manager. * Ensure that referrals to the other services are completed and notification of boarders and discharges are sent to appropriate Clinical Teams both verbally and written to ensure that at no time patient care is compromised. * Play a key role in city wide groups which involves both health and social care staff. * Manage processes related to specialised NHSGG&C contracts and Service level agreements. * Manage contractual breaches in a way that supports and protects both the contracted service and the organisation. * Contribute to regulation of and the renewal of specialised contracts. * Coordinate admission and discharge of service users referred by boards who are part of the WOS regional network/ national remit. This will include accurate and timeous completion of specialised paperwork whilst handling sensitive information. * Take a lead role in evaluating new initiatives, contractual agreements and the impact of service redesign. * Take a lead role regarding the impact on bed usage re service redesign. This will require the post holder to act in an advisory role to senior managers, consultant psychiatrists and finance planners. * Reflect the principle of continuous improvement through audit of care and patient/carer satisfaction.   Work collaboratively with other staff groups to promote a healthy working environment for staff.  Lead on Equality issues relating to bed management, including carrying out Equality Impact Assessments.  Act as a lead reviewer when carrying out EQIAs related to bed management.  The postholder will lead on data collection within the units and provide a range of data reports and responses as required by the service  The postholder will assist with transfers to and from the units to ensure children and young people have timely access to beds. |

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| 7.a. **EQUIPMENT AND MACHINERY**  The equipment and machinery will be used by the post holder in their roles includes:   * A computer will be used on a regular basis. The post holder will need to have a working knowledge of systems such as Microsoft Word, Access, Excel, e-mail, internet, EMIS, MS teams and BOXI. * A telephone will be used regularly. * Compile and update delayed discharge and boarders database. * Car (will be expected to visit more than one site and health board area and to attend meetings). * MS Teams * Printer * Photocopier * Shredder * Laminator * Telephone * General office equipment * Working knowledge of medical emergency equipment * Utilising aids – hoists may be used from time to time   7.b. **Systems**  The post holder will regularly be involved in a number of systems including:   * Microsoft Office Packages, Word, Excel, Access, MS teams etc. * EMIS * Filing System * On-going maintenance of daily records * Procedures and review of bed manager reports and bed management * Responsible for maintaining reports on delayed discharges * Comply with the Data Protection Act, local policies, guidelines, procedures relating to patient confidentiality and access to medical records. |

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| **8.DECISIONS AND MANAGEMENT**  The Bed Manager is expected to make autonomous clinical management decisions on a day to day basis.  Making judgements on highly complex facts and situations which require analysis, interpretation and comparison of a range of possible options.  Bed management operational decisions will be made working without supervision. This includes the provision of advice to consultant Psychiatrists, all members of the nursing team and to all members of the multi-disciplinary team and also decisions related to the effective deployment of bed usage.  Use own initiative and act independently within boundaries of existing knowledge and skills guided by written policies, guidelines and protocols seeking advice if necessary.  Decisions relating to the effective deployment of bed usage, exercising judgement in assessing and identifying complex situations which require solutions.  Exercise the ability to calmly and confidently challenge any interactions with regards to the movement of patients around the hospital wards, which fails to deliver an excellent quality of service.  Refer patient care to other support agencies to provide increased patient care and support.  Contribute to the reorganisation and redesign of resources needed to meet demands of service, re-design and commissioning within NHSGG&C.  The post holder is accountable for their actions and judgements. The post holder will be required to make decisions but these will be reviewed under supervision and support from co-ordinating NHSGG&C Mental Health Services Bed Manager if required.  When required contribute to patient journey engaging in:  Multidisciplinary meetings  Pre-admission assessments  Referral meetings  Early Care Planning Meetings  Review meetings  Discharge planning meetings  Screening group meetings  And any other meeting which requires input from bed managers.  Practice is guided by professional and organisational policy, protocols, guidelines and procedures and the post holder is also required to make decisions that are informed by the legal and ethical framework within which they operate. |

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| 9. **COMMUNICATION AND RELATIONSHIPS**  The post holder will regularly be involved in communicating internally and externally with health and social care professionals, forensic, voluntary organisations/providers, as well as users and carers.  Co-ordinating patient activity and subsequent communications from a variety of sources redirecting and ensuring safe and acceptable solutions for patients are achieved.  Provide a high standard of interpersonal and communication skills frequently receiving and providing information which on occasions can be highly complex.  To establish communication networks with service users, carers, and other health care professionals.  Develop effective communication strategies to ensure an effective utilisation of CAMHS beds.  Respond to complex pressures of the service both in written and verbal communications.  Developing sound and inter-dependant relationships with all consultant psychiatrists, medical staff, senior charge nurses and all staff members.  Using well developed interpersonal communication skills where there are significant barriers to acceptance of change in relation to bed utilisation.  Continuous processing, assimilation, analysing and responding to all types of information.  The role will involve an educational dimension with users, carers and colleagues. Implement evidence based interventions to meet needs of patients, carers and staff.  The post holder will be required to communicate sensitive information, manage potential interpersonal conflict. This may be a feature of the clinical or managerial and leadership dimension of their role.  They will also attend a range of meetings that support effective communications including:   * Clinical and Multidisciplinary Team Meetings * Service Provider meetings * Social Work * Supervision meetings * Screening Groups * Medical Records * Nursing staff * Medical staff * ICAMHS * Patients * Relatives and carers * Voluntary organisations |

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| 10. **PHYSICAL, MENTAL, EMOTIONAL, ENVIRONMENTAL DEMANDS OF THE JOB**  The Bed Manager role will place a high level of mental and emotional demands on the post holder.  The Bed manager operates within a fast moving and sometimes pressurised environment. The role is focussed on optimising resources against a background of a high level of service demand, limited availability at times and unplanned activity peaks that can be difficult to plan for.  The role requires the ability to manage a wide range of operational demands, dealing with a range of interests form across service areas and agencies whilst delivering operational performance objective to a high standard. Inevitably, there can be conflicting demands from different groups and the Bed Manager will be expected to deal with these professionally and objectively whilst maintaining good working relationships within the team and all stakeholders.  This aspect of the role requires an ability to remain calm when dealing with very difficult pressured situations and dealing with difficult situations, for example, differing views or opinions among clinical groups or stakeholders, staff problems, performance issues, conduct and other HR related people management situation (frequently a couple of time per week).  The emotional effort involved in the role will be high and will occur frequently. This could be driven by the needs of the service user, their carers or through the demands of other services, ward closures, infection outbreaks, fire, wilful damage, suicides, etc.  Skilled to diffuse emotive situations in a professional manner.  To be fully aware at all times of patient movement throughout wards and hospitals.  Mental demands are significant in relation to the retention and communication of knowledge and information.  Thinking logically and strategically at all times whilst under pressure.  Continuously supporting junior members of both nursing and medical staff with decision making re admissions, transfer of patients throughout hospital safely.  Awareness of accountability and responsibility for all decisions taken with regards to patient movement.  Constant interruptions from telephone system when trying to complete tasks having to stop and restart where previously left off.  Prioritising work load, responding immediately to unpredictable situations.  Mental demands are significant in relation to the retention and communication of knowledge and information, whilst being subject to frequent interruptions from members of the multidisciplinary team.  Having a pivotal role ultimately requires bed manager to always to be accessible at all times throughout the day.  High levels of concentration required at all times when exploring solutions to bed pressures on a very frequent basis throughout the day.  Providing and receiving complex sensitive or contentious information where persuasive, motivational, negotiating, emphatic, reassurance skills required.  Physical tasks will involve on occasions:  Manual handling of patients from floor to chair or bed if required whilst visiting wards. The use of mechanical aids to support manual handling.  Management of aggression techniques in aggressive as a response to verbal and/or physical aggression or volatile situations in the wards.  Intervene when absconding patients leaves wards and assist in the return.  When necessary and in times of crisis aid patients escorts to and from hospitals and wards.  Administering of medication or have hands on clinical input when necessary.  Moderate physical effort to respond to staff safety in point.  Moderate physical effort to respond to fire alarms.  Constant physical effort walking and standing throughout and around hospital sites on your own irrespective of geography of building site and/or inclement weather.  Driving between hospital sites and health boards in all weather, sometimes in peak traffic and varying weather conditions.  Significant periods of time sitting at a computer.  Dexterity, co-ordination and sensory skills for use of keyboard to input data and collate information.  Ability to handle complex information about activity waiting times and emergencies and respond accordingly. |

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| 11. **MOST CHALLENGING/DIFFICULT PARTS OF THE JOB**  Dealing with verbal hostility.  Demands from colleagues and outside agencies/specialties which exceed available resources.  Negotiating with other Health Boards and Mental Health Providers.  Employing strategies to resolve conflict among different clinical areas.  Managing resources effectively in challenging environments.  Dealing with stressful situations on a frequent basis when supply and demands are unable to be met easily.  Unpredictable nature of workload.  Negotiating with a wide range of professionals over complex and sensitive issues in a reasoned and calm manner.  Working without direct supervision in stressful circumstances.  Providing and receiving highly complex sensitive or contentious information where higher order skills are required.  Attending, chairing and participating in a range of meetings whilst remaining contactable to manage admissions.  Leading a team of care managers with a focus on discharge to maintain patient flow. |
| 12. **KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**   * First level mental health qualification with relevant knowledge training and experience to make informed decisions based on each clients or individual situations needs. * Expert knowledge in Child and Adolescent Mental Health. * Significant experience in mental health * Evidence of continuing professional development. * Excellent communication, social, interpersonal and organisational skills. * Ability to work as an autonomous practitioner. * Knowledge of policies and procedures relating to admission, discharge, transfers, delayed discharges. * Knowledge of Mental Health Act (Scotland) (2015) procedures, Criminal Procedures Act. * Ability to fulfil main duties and responsibilities as outlined in the job description. * Ability to initiate and participate in relevant audit/research/develop own personal development/e-KSF. * Effective time management skills. * Proven ability to work across a regional network incorporating multiple health boards. |

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| 13. **JOB DESCRIPTION AGREEMENT**  **This job description is a general outline of the above post and is not exhaustive. This job description is subject to periodic review with the post holder. Duties may change in line with the service changes and of the post holders own personal development.**  **Job Holder’s Signature:**  **Head of Department Signature:** | **Date:**  **Date:** |