CHILDREN AND YOUNG PEOPLE PRESENTING IN PSYCHIATRIC CRISIS POLICY

PART B – YOUNG PERSONS 16 AND 17 YRS OLD

Document Author	Authorised
Written By: Lead Nurse MHLD and Consultant Psychiatrist **Date:** January 2014	**Authorised By:** Chief Executive **Date:** 13th June 2018
Lead Director: Director for Mental Health	
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DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
	1.0	29 Mar 2012	Mo Smith Lesley Parkman Stephen Ward	Logo and wording updated for new organisation	
Apr 13	1.1			Amendments made and transferred to new format	
Jan 13	1.2		Mo Smith Maggie Hampson Stephen Ward Richard Braithwaite	Amendments made	
4 Apr 14	1.2		Clinical Director – Community Health	Ratified at	Clinical Standards Group
15 Apr 14	2.0	15 April 2014	Clinical Director – Community Health	Approved at	Policy Management Group
23 Mar 18	2.1		Director for Mental Health	Ratified at	Clinical Standards Group
10 Apr 18	2.1	10 April 2018	Director for Mental Health	Approved subject to police agreement; to return for final approval	Policy Management Sub-Committee
13 Jun 2018	3	13 June 2018	Director for Mental Health	Policy approved at	Policy Management Sub-Committee

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

Contents

1 EXECUTIVE SUMMARY

1.1 The purpose of this document is to ensure that children and young people, between 16 and 18 years of age, who need to be admitted for inpatient psychiatric care, are admitted to an environment that is suitable to their age and needs

2 INTRODUCTION

2.1 This document takes account of the National Service Framework for Children, Young People and Maternity Services (2004), which highlights the importance of ensuring that children and young people who require admissions to hospital for mental health care have access to appropriate care in an environment suited to their age and development. It also takes account of the Mental Health Act 2007 which introduces important changes in law for children and young people, including the provision of an appropriate environment for admission to hospital. It gives practical guidance for dealing with children and young person's admission to hospital and outlines the key responsibilities of different staff involved.

2.2 The report *Pushed into the Shadows* by 11 Million (Office of the Children's Commissioner for England) in January 2007 highlighted the need to take action on this issue.

2.3 Section 31(3) of the Mental Health Act 2007 was implemented in April 2010 and places a duty on hospital managers to ensure that patients aged under 18 are treated in an environment suitable for their age, subject to their needs.

3 DEFINITIONS

EIP **Early Intervention in Psychosis:** The Early Intervention Team for 14-65 year olds experiencing a first diagnosis of psychosis.

AMHP **Approved Mental Health Professional:** A mental health professional who is approved to make applications for admission under the MHA.

Atypical Need / Approaching 18th Birthday: The period allowed for as 'approaching' is not specifically defined but means a matter of weeks not months.

MCA **Mental Capacity Act 2005:** provides a framework for making decisions on behalf of persons over the age of 16 who are unable to make some decisions for themselves.

MHA **Mental Health Act 1983 as amended by the Mental Health Act 2007:** governs the admission to, treatment in and discharge from hospital of persons with mental disorder and allows for the admission and treatment of such patients without their consent.

Nearest relative: the person defined in section 26 of the MHA and given the right to request an assessment under the Act, to object to some applications under the Act and to discharge patients detained under the Act.

Parental Responsibility: The Children Act 1989 defines PR as 'the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to

the child and his property'. In practice this includes making decisions about matters such as medical treatment, education etc.

Place of safety: In Relation to persons under the age of 18 years - Section 135(6) defines a 'Place of safety' as -

- *"residential accommodation provided by a local social services authority under Part III of the National Assistance Act 1948*
- *a hospital*
- *or any other suitable place (with the consent of a person managing or residing at that place).*

RC **Responsible Clinician:** The clinician in overall charge of the treatment of a person detained under the MHA.

Section 136: of the MHA allows the Police to detain any person found in found in any place but a private dwelling, appearing to be mentally disordered and in need of immediate care and control and take them to a place of safety, where they may be held for up to 24 hours to enable a full assessment under the MHA.

Section 136 Suite: A separate facility attached to Seagrove Ward for the detention of persons subject to section 136.

CAMHS **Child and Adolescent Mental Health Services:** Tier 2/3 mental health service for those under 18.

SIRI Alert **Serious Incident Requiring Investigation:** a system for reviewing any serious untoward incident in healthcare services, to ensure that appropriate lessons are learnt.

4 SCOPE

4.1 This document applies to ALL Mental Health and Children's Health and Social Care Professionals within the Trust.

4.2 It applies to all young people aged 16-17 years old who present with emotional or psychiatric disorder and for whom admission is to be seriously considered.

5 PURPOSE

5.1 The aim of this document is to provide a framework for Trust staff to identify appropriate accommodation for young persons requiring mental health treatment under the care of the Isle of Wight NHS Trust, ensuring:

5.1.1 That inappropriate admission of children and young people with mental health problems to hospital is avoided whenever possible.

5.1.2 That when admissions do occur, the use of adult wards is minimised for 16 and 17 year olds.

5.1.3 That any child or young person admitted to the Children's Ward is, where indicated, assessed by appropriate mental health professionals and, where appropriate, arrangements are made for the person to be moved to a specialist unit within 24 hours.

5.1.4 That there is provision of safeguards for children and young persons and other patients whilst they are on Children's Ward. That means they should only be admitted to an adult psychiatric ward if risks of harm make an

immediate admission unavoidable (over-riding need) or they are approaching their 18th birthday (atypical need). Whenever a child or young person is unavoidably admitted to an adult ward they must be given appropriate support and safeguards and moved to a more suitable environment at the earliest opportunity.

6 ROLES AND RESPONSIBILITIES

6.1 The professionals carrying out the initial assessment

6.1.1 Mon-Fri 9-5 this will be Community CAMHS.

6.1.2 Out of hours this can be the Children's Social Worker on-call and/or any appropriate professional working under the supervision of the Consultant Psychiatrist on-call and/or the Senior Paediatrician on-call.

6.1.3 Assessing professionals will establish and explore all options available to meet the needs of young people aged 16 & 17. This will include:

- Carrying out a full Clinical Risk Assessment;
- Identifying how appropriate care can be provided within the child or young person's family;
- Considering the need for admission under the Mental Health Act 1983. If this is thought likely, or if the young person is detained under Section 136 of the Act, an Approved Mental Health Professional and Consultant Psychiatrist must be involved at the earliest possible opportunity;
- Arranging referral to and assessment by the chosen service provider, including CAMHS, Community and/or local authority teams;
- Identifying a suitable care provider to meet the needs of the child or young person;
- Arranging transfer to a suitable care provider.

6.1.4 Protocols exist for the admission to Children's Ward of any child who has presented following an episode of deliberate self-harm. In accordance with the Royal College of Psychiatry Child & Adolescents Guidelines it is recommended that an admission should allow for a period of reflection.

6.1.5 In other circumstances, the final decision to admit a young person for psychiatric assessment and/or treatment must be taken by a Consultant Psychiatrist. This decision may be made remotely following discussion with the assessing professional(s).

6.1.6 Young persons of 16-17 years old should not be admitted to the main Adult Psychiatric Unit unless there is an emergency need, as outlined in paragraph 6.1.5. It should be considered whether the young person can be managed safely on the Children's Ward and whether they require medical treatment over-riding their mental health needs.

6.1.7 If the young person can be accommodated on Children's Ward, an assessment of mental health needs and risk should be completed to ascertain whether extra support may be required for the young person to manage risks. This will usually be completed by a member of nursing staff on Children's Ward, with assistance from other professionals as required. This support should be provided / arranged by Community CAMHS Mon-Fri 9-5. Out of hours, bank staff or regular staff on additional hours should be considered.

6.1.8 If the young person cannot be safely managed on Children's Ward, the S136 suite at Sevenacres should be utilised as a safe environment pending MHA assessment and/or transfer to mainland placement. Additional staffing may be required, in which case arrangements should be made by the ward staff.

6.1.9 In cases where, as a last resort, an adult ward is chosen for the admission of a child of young person age 16 or 17, it is the responsibility of the ward staff to ensure that:

- A SIRI Alert is raised within 24 hours.
- Immediate action is taken to liaise with family members and carers, subject to any objections by a capable child or young person that would have to be respected.
- Immediate action is taken to ensure transfer to a specialist adolescent unit is arranged within 48 hours.
- A referral to Community CAMHS has been completed. By telephone information through to the Team answerphone and email to CommunityCAMHS@iow.nhs.uk as per Out of Hours process.
- A designated side room is provided.
- A named nurse is identified.
- The appropriate management to support 1:1 observation, if appropriate, is in place.
- Care plans are agreed and documented on admission.
- A "Young Person's Admission to Adult Ward" checklist is completed.
- All appropriate referrals are made in consultation with Community CAMHS to Local Authority and voluntary social care, vocational and housing services.

6.2 Community CAMHS Consultant, Paediatrician and Team

6.2.1 A Community CAMHS Consultant Psychiatrist will take responsibility for all young persons. This will not preclude shared care with the local adult psychiatrist if the young person is admitted to the psychiatric unit; or the paediatrician if the young person is admitted to Children's Ward.

6.2.2 All young persons admitted to Children's Ward requiring mental health intervention should

- Have a clear plan of care documented in the notes by Community Child Adolescent Mental Health Services (Community CAMHS).
- Have a planned date of discharge recorded in the notes by Community CAMHS.
- Be seen daily by the paediatrician (including the on call paediatrician at weekends) and the Community CAMHS worker (Monday – Friday only).

6.2.3 The nursing staff on Children's Ward should be provided with appropriate training, information, support or education to enhance their knowledge in caring for a young person with specific mental health conditions.

6.3 Police

6.3.1 Where police are involved, either by implementing Section 136 of the Mental Health Act or by bringing a young person aged 16 or 17 years of age to hospital, they must liaise with the Children's Ward in the first instance.

6.3.2 A young person who cannot be safely managed on the Children's Ward should be taken to the Section 136 suite at Sevenacres.

6.4 On-Call Child Care Social Worker

6.4.1 To be available for assessment and advice, to support consideration of alternatives to admission.

6.5 Approved Mental Health Professional

6.5.1 The AMHP involved in assessing a young person aged 16 – 17 must ensure that all the necessary consultations have taken place and that an appropriate placement has been identified before making an application for admission under the Mental Health Act. The following must be consulted:

- the young person
- the on-call Consultant Psychiatrist and on-call Children's Social Worker
- the Nearest Relative
- any person holding Parental Responsibility

7 POLICY DETAIL/COURSE OF ACTION

7.1 Age Appropriate Services:

7.1.1 Children and young people admitted to hospital for treatment should be accommodated in an environment that is suitable to their needs. Currently there is no age-specific psychiatric inpatient facility in the area.

7.1.2 In addition to all policy and protocol regarding inpatient admission (including Gender, Privacy & Dignity; Patient Rights and Safeguards; CPA Provisions and Confidentiality), should an emergency admission of a child or young person to Sevenacres become necessary, staff must ensure that the following elements have been provided:

- appropriate physical facilities;
- available staff with relevant training, skills and knowledge
- a hospital routine that allows personal, social and educational development to continue as normally as possible;
- access to appropriate educational opportunities;
- social contact, including visiting arrangements.

7.1.3 Taking into account the necessities listed in the paragraph above and the specific needs of the patient, consideration should be given to use of the extra-care area of Children's Ward or admission to an out-of-area bed.

7.1.4 Young People detained under the Mental Health Act have the same right to apply to a Mental Health Review Tribunal (MHRT) or Hospital Managers Hearing as adult patients. Legal representation should be provided at an early stage. In addition, there is a duty placed on hospital managers to make an automatic referral to the MHRT for review after ONE year.

7.1.5 The Mental Health Act Code of Practice, paragraph 36.71, states that "in a small number of cases, the patient's need to be accommodated in a safe environment could, in the short term, take precedence over the suitability of that environment for their age. Furthermore, it is also important to recognise that there is a clear difference between what is a suitable environment for a child or young person in an emergency situation and what a suitable environment is for a child or young person on a longer-term basis. In an

emergency, such as when the patient is in crisis, the important thing is that the patient is in a safe environment.

7.1.6 "Once the initial emergency situation is over, hospital managers, in determining whether the environment continues to be suitable, would need to consider issues such as whether the patient can mix with individuals of their own age, can receive visitors of all ages and has access to education. Hospital managers have a duty to consider whether a patient should be transferred to more appropriate accommodation and, if so, to arrange this as soon as possible".

8 CONSULTATION

The revised policy will be presented to clinical and non clinical teams affected by the policy and consultation may result in further changes being made.
Stakeholder list though not exhaustive:

- Patient/service user groups
- Mental Health Services including Community CAMHS
- Local Authority Services
- Childrens Health services
- Police

9 CAPACITY AND YOUNG PEOPLE

9.1. The Mental Capacity Act 2005 applies to Young People aged 16 – 17 years old. They must be assumed to have capacity and if there is any doubt about their capacity this must be assessed on a decision- and time-specific basis.

9.2. If a young person refuses consent to admission, the need for an application under the Mental Health Act must be considered.

9.3. Where a young person does not have capacity to consent, intervention and/or admission can be carried out under the Mental Capacity Act, unless the intervention amounts to a deprivation of liberty.

9.4. A person with Parental Responsibility does not have the authority to override the refusal of consent of a young person with capacity, nor to consent on behalf of a young person who lacks capacity to consent to the admission.

9.5. If the young person has capacity but is unable to consent for some other reason, for example because they feel overwhelmed by the situation, then they can be admitted and/or treated with parental consent, provided the decision falls within the zone of parental control.

9.6. A decision will be within the 'zone of parental control' if

- the decision is one that a parent would be expected to make, having regard to both what is considered normal practice in our society and to any relevant human rights decisions made by the courts and
- the parent is acting in the best interests of the young person. The less confidence there is regarding these two criteria, the less reliance should be placed on parental consent.

9.7. Emergency treatment may be given without consent, however this must be where there is a threat to life if the treatment is not given, and must be in accordance with paragraph 36.51 of the Mental Health Act Code of Practice.

10 TRAINING

10.1 Psychiatric inpatient treatment of under-18s does not have a mandatory training requirement.

10.2 This Policy will be posted on the Trust internet site, so that all staff are able to access it.

10.3 Ward/Unit Managers directly affected will brief staff about key aspects and enforce the importance of following it (SpCAMHS, Children's Ward, Sevenacres, EIP, A&E, and Medical Staff).

10.4 Those parts of the policy relating to use of the Mental Health Act will be covered in the Trust's training on use of the Act.

10.5 The MHA Lead will ensure that all AMHPs are aware of this policy

11 REVIEW & REVISION ARRANGEMENTS

This document will be reviewed every 3 years or sooner should there be any legislative changes.

12 MONITORING COMPLIANCE AND EFFECTIVENESS

12.1 The Directorate Service Board on admissions of patients of under 18 including:

12.1.1 Number

12.1.2 (Ethnicity)

12.1.3 Type (e.g. voluntary or compulsory)

12.1.4 Length of stay on Adult Ward

12.1.5. Outcomes (e.g. destination on discharge and whether to home, specialist unit, other).

12.1.6. All incidents of young people being admitted to an adult psychiatric ward will be reported as a Serious Incident Requiring Investigation. A copy of the incident reporting proforma should be sent to the Patient Services Manager who will forward to CQC.

13 LINKS TO OTHER ORGANISATIONAL DOCUMENTS

Bed Management Policy
Safeguarding Children Policy

14 REFERENCES

- Department of Health 1983 Mental Health Act
- Department of Health 2007 Mental Health Act
- Department of Health 2008 Reference Guide to the Mental Health Act 1983
- Code of Practice to the Mental Health Act 1983 (especially Chapter 31)
- Department of Health 1989 Children Act
- Department of Health 2004 National Service Framework for Children, Young People and Maternity Services
- Office of the Children's Commissioner for England 2007 Pushed into the Shadows by 11 Million
- NIMHE (2009) The Legal Aspects of the Care and Treatment of Children and Young People with Mental Disorder: A Guide for Professionals

15 DISCLAIMER

It is the responsibility of staff to check the Trust intranet to ensure that the most recent version/issue of this document is being referenced.

16 APPENDICES

Appendix A Admission Checklist For Under 18s Admitted To Sevenacres
Appendix B Algorithm for under 18's presenting in psychiatric crisis
Appendix C Financial and Resourcing Impact Assessment on Policy Implementation
Appendix D Equality Impact Assessment (EIA) Screening Tool

Appendix A

ADMISSION CHECKLIST FOR UNDER 18s ADMITTED TO SEVENACRES

PATIENTS NAME:	**D.O.B:**	**AGE:**
WARD:	**NHS/IW NUMBER:**	

LIAISON AND REFERAL

1	Has the patient been referred to Community CAMHS?	Y/N
2	Is the Patient subject to a safeguarding plan?	Y/N
3	Has the patient been referred to an NHS specialist younger persons unit? NHS preferred provider Leigh House	Y/N
4	If an NHS placement is not available has the patient been referred to a private child or younger persons unit? Private Provider – Priory Group via Marchwood Priory Have Commissioning been involved in and agreed to this referral?	Y/N Y/N
5	Has Community CAMHS agreed to send a member of staff to the ward to provide advice, education and support to staff?	Y/N
6	Has liaison taken place with Consultant Psychiatrist On Call for Psychiatric examination to take place?	Y/N
7	Has liaison been made to Mental Health Services for staff supervision and support Ext 4950	Y/N
8	Has the patient been referred to the childrens referral team at HantsDirect? **08450020095**	Y/N
9	Have arrangements been made to provide the patient with any necessary education or training? E.G. Connexions	Y/N
10	Has the patient been referred to an advocacy service?	Y/N

Comments:

CARE ON THE WARD

1	Is the patient placed in an individual room?	Y/N
2	Is the patient being observed on 1:1?	Y/N
3	Do nurses engaged in the Level 1 observation have special experience and/or training in care of children or young persons?	Y/N
4	Is the RC a consultant?	Y/N
5	If no, to 4, are there arrangements for effective liaison / shared responsibility with Community CAMHS?	Y/N
6	Does the patients care plan specifically address the patients educational and vocational needs? By law this is a must for all under 16's (under 16's admitted for over 3 days must have access to education)	Y/N
7	Has an assessment been made of the patients level of capacity for decision making?	Y/N
8	Has a Community CAMHS risk assessment been carried out?	Y/N
9	On assessment, are any of the indicators of child abuse observed? (Including physical abuse, emotional, sexual abuse, neglect) If yes, has action been taken in line with the trusts guidelines on what to do if a child is abused.(local child protection protocol)	Y/N
Comments:		

PARENTS / RELATIVES

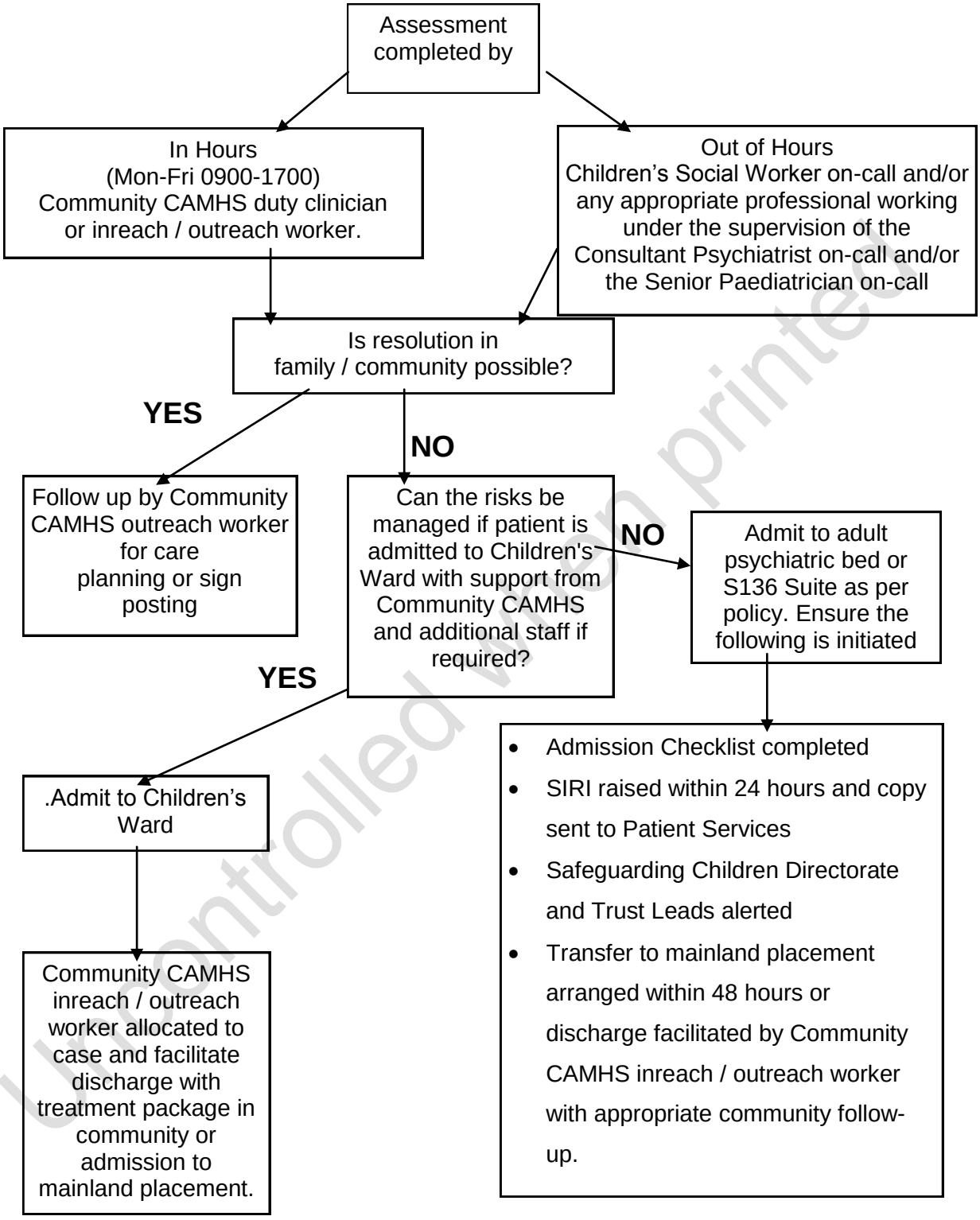
1	Is the ward in contact with either the patient's mother or father?	Y/N
2	If no, is the ward in contact with another relative believed to be the closest (in the case of detained patients the nearest relative)	Y/N
3	Is the ward clear which relative, if any has parental responsibility (e.g. in relation to consent to treatment)?	Y/N
Comments:		

LEGAL

1	Are there any court orders in place in relation to this patient e.g. Care orders Residence orders Contact orders Evidence of appointment as the child's guardian Parental responsibility agreements Orders under section 4 of the children's act Orders under wardship Child Protection Register	Y/N
2	If the patient is detained, have their rights been read and has the patient fully understood?	Y/N
3	If the patient is detained, has the MHA administrator notified the MHA commission?	Y/N
4	If the patient is detained has he/she been referred for an IMHA?	Y/N
Comments and Details:		

Appendix B

Algorithm for under 18's presenting in psychiatric crisis



Appendix C

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	**Policy for Children and Young People Presenting in Psychiatric Crisis** **Part B – Young Persons 16 and 17 years old**

Totals	**WTE**	**Recurring £**	**Non Recurring £**
Manpower Costs	**0**	**0**	**0**
Training Staff	**0**	**0**	**0**
Equipment & Provision of resources	**0**	**0**	**0**

Summary of Impact: None

Risk Management Issues: None

Benefits / Savings to the organisation: None

Equality Impact Assessment

- Has this been appropriately carried out?
  YES
- Are there any reported equality issues?
  NO

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	**WTE**	**Recurring £**	**Non-Recurring £**
Operational running costs		0	0
Totals:		0	0

Staff Training Impact	**Recurring £**	**Non-Recurring £**

Totals:	0	0

Equipment and Provision of Resources	**Recurring £ ***	**Non-Recurring £ ***
Accommodation / facilities needed	0	0
Building alterations (extensions/new)	**0**	**0**
IT Hardware / software / licences	**0**	**0**
Medical equipment	**0**	**0**
Stationery / publicity	**0**	**0**
Travel costs	**0**	**0**
Utilities e.g. telephones	**0**	**0**
Process change	**0**	**0**
Rolling replacement of equipment	**0**	**0**
Equipment maintenance	**0**	**0**
Marketing – booklets/posters/handouts, etc	**0**	**0**
Totals:	**0**	**0**

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	**0**
Signature & date of financial accountant:	**0**
Funding / costs have been agreed and are in place:	**0**
Signature of appropriate Executive or Associate Director:	**0**

Appendix D

Equality Impact Assessment (EIA) Screening Tool

Document Title:	**Policy for Children and Young People Presenting in Psychiatric Crisis Part B – Young Persons 16 and 17 years old**
Purpose of document	To ensure staff within Children's, Emergency and Mental Health services are aware of the procedure for supporting people with a mental health between the ages of 16 – 18years of age
Target Audience	Staff in Children's, Emergency and Mental Health Services
Person or Committee undertaken the Equality Impact Assessment	Su Tomkins – Clinical Quality Lead

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men			
	Women			
Race	Asian or Asian British People			
	Black or Black British People			
	Chinese people			
	People of Mixed Race			
	White people (including Irish people)			
	People with Physical Disabilities, Learning	*Yes*		*Clear guidance given to staff on managing under 18's with a mental health crisis*

	Disabilities or Mental Health Issues			
Sexual Orientation	Transgender			
	Lesbian, Gay men and bisexual			
Age	Children	*Yes*		*Clear guidance given to staff on managing under 18's with a mental health crisis*
	Older People (60+)			
	Younger People (17 to 25 yrs)			
Faith Group				
Pregnancy & Maternity				
Equal Opportunities and/or improved relations				

Notes:
Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:		
	YES	**NO**
Legal (it is not discriminatory under anti-discriminatory law)		
Intended		

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?

Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	