

**TRANSFER OF PATIENTS TO ACUTE HOSPITAL CARE  
 POLICY  
 (Mental Health and Social Care Services)**

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Relevant Staff Groups:	All mental health inpatient staff.

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## DOCUMENT CONTROL

<b>Reference Number</b> AS/Apr13/ToPP	<b>Version</b> 4	<b>Status</b> Final	<b>Author</b> Service Manager (Special Projects)
<b>Amendments</b>	Policy redrafted to comply with new Trust policy template.		
<b>Document objectives:</b> To ensure the effective and efficient transfer of Trust patients to acute hospitals in Somerset and for their timely return to Trust care.			
<b>Intended recipients:</b> All Trust staff			
<b>Committee/Group Consulted:</b> Senior Managers Business Group			
<b>Monitoring arrangements and indicators:</b> The effectiveness of this Policy will be monitored through the Trust Clinical Governance Group.			
<b>Training/resource implications:</b> Trust managers will ensure all inpatient and community staff are aware of this policy and follow its requirements.			
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## 1. INTRODUCTION

- 1.1 This policy applies to patients of Somerset Partnership NHS Foundation Trust receiving mental health inpatient care who require medical assessment or treatment at an acute hospital.

## 2. PURPOSE AND SCOPE

- 2.1 This policy recognises the importance of close partnership working between the Trust and NHS acute care providers.

- 2.2 This policy relies on reciprocal working between the Trust and acute hospitals with excellent standards of information exchange between these organisations.

- 2.3 Somerset Partnership NHS Foundation Trust will:

- Support the acute hospital and provide advice and monitoring relating to the mental health needs of an inpatient transferred from the Trust to an acute hospital;
- Undertake a mental health clinical risk assessment to determine any risks associated with the patient's mental health needs prior to an episode of care at the acute hospital and ensure the risk assessment is made available to the acute hospital staff. This may not always be possible in emergency situations.
- Patients transferred to an acute hospital will be discharged from the mental health ward whilst receiving treatment at the acute hospital. The discharging ward will liaise with the acute ward to enable a mental health bed to be accessed, when the patient is medically fit for transfer back.

Following clinical risk assessment by the discharging ward, patients will be transferred with appropriate support.

- Mental Health ward staff will regularly liaise with the acute ward regarding the mental health of a patient transferred to the acute hospital but will **not** provide general nursing care, as this is the responsibility of the acute hospital trust,
- Where the patient is detained under the Mental Health Act a Section 17 leave form will be completed as soon as possible.
- Be sensitive whenever possible to patients' gender and cultural needs when arranging transfer to acute hospitals.
- Mental health staff will inform the ambulance service undertaking the transfer of any risks associated with the patients mental health needs

### 3. DUTIES AND RESPONSIBILITIES

3.1 Duties in respect of the requirements of this document are as follows:

- 3.1.1 The **Trust Board** has a duty to care for patients receiving care and treatment from the Trust and has overall responsibility for procedural documents and delegates responsibility as appropriate.
- 3.1.2 The **Lead Director** is the **Medical Director** who has devolved responsibility for the implementation of this policy.
- 3.1.3 The **Identified Lead (Author)** is the **Service Manager (Special Projects)** and he will be responsible for producing written drafts of the document and for consulting with others and amending the draft as appropriate.
- 3.1.4 **Heads of Service/Senior Managers** have responsibility for implementing this policy and for ensuring adherence to this policy.
- 3.1.5 **Line Managers** are responsible for ensuring that relevant staff are conversant with this and related policies.
- 3.1.6 **All Medical and Inpatient Nursing Staff** including temporary staff are individually responsible for their actions including complying with this and related policies.
- 3.1.7 **The Clinical Effectiveness Team** are responsible for undertaking clinical audits as scheduled within the clinical audit plan.
- 3.1.8 **The Clinical and Social Care Effectiveness Group** is responsible for the implementation of any clinical audit recommendations agreed by the Medical Audit Group.
- 3.1.9 **The Clinical Governance Group** is responsible for approving this policy and will ensure it is reviewed at least every three years or sooner in line with local and/or national requirements. The Group is responsible for the overall monitoring of the Clinical Audit Plan.
- 3.1.10 The **Head of Corporate Governance** has responsibility for holding the central database of procedural documents including this policy and for providing quarterly reports to each Governance Group highlighting which policies are due to review. The Corporate Governance Team also has responsibility for dissemination of the final document and archiving old versions.
- 3.1.11 The **Nursing Staff** on duty at the time of transfer will:
- Observe and, if qualified, assess mental state prior to the transfer.
  - Handover transfer form, prescription card and other documentation as appropriate.

- Maintain Trust clinical records on RiO regarding mental health needs.
- Work within duties which they are competent to perform.
- Work within their competency of practice and professional codes.
- Follow policies and procedures of the acute ward or department being visited at all times.

#### 4. EXPLANATION OF TERMS USED

4.1 **Acute Hospital** is a general hospital offering a range of medical and physical health interventions; in Somerset these are Musgrove Park Hospital and Yeovil District Hospital.

#### 5. PROCEDURE

5.1 If a patient is transferred or advised to attend to an Accident and Emergency Department, the Trust will call the Accident and Emergency Department as soon as possible to let them know the patient is being transferred.

5.2 A telephone handover should take place between the duty psychiatrist or the senior mental health nurse and either an Accident and Emergency doctor or an Accident and Emergency nurse.

It may be necessary for the Acute Trust to undertake an assessment of the patient's capacity. This may be undertaken prior to transfer, if appropriate.

5.3 If a Trust patient detained under the Mental Health Act requires assessment/treatment at an acute hospital they will be placed on Section 17 Leave. The Section 17 Leave form will be completed as soon as possible by the patient's Responsible Medical Officer [RMO] (Responsible Clinician [RC] from the 3 November 2008). Completion of a Section 17 should not delay the transfer of a client requiring emergency medical treatment.

5.4 If the patient is taken to an Accident and Emergency Department for assessment, their Trust bed must be held until a decision has been made to admit to one of the wards at the acute hospital. This includes if a patient requires an Accident and Emergency Department assessment whilst on leave or off the ward (e.g. with Occupational Therapy staff). Attendance at an Accident and Emergency Department is not an admission to an acute hospital.

5.5 Before leaving the mental health inpatient ward, or as soon as possible afterwards, a Rio clinical risk assessment will be carried out by senior mental health nursing staff (together with a psychiatrist wherever possible). The risk assessment will determine risks associated with the mental health needs of the patient at the point of transfer to the acute hospital. The risk assessment will be made available to the acute hospital.

5.6 A transfer summary must be sent to the acute hospital with the patient, by completing the Patient Transfer Form (Appendix 1). If any additional information is required it should be obtained by telephoning the named

contact on the form. A comprehensive summary cannot always be provided in emergency situation but should be forwarded as soon as practicable.

- 5.7 Where a 'Do Not Resuscitate' decision has been made, the red DNAR form should accompany the patient and should be given to ambulance personnel on transfer. It is the role of the Doctor assuming medical responsibility for the patient's care to review existing DNAR orders.
- 5.8 Where possible, an inventory of property being taken with the patient to the acute hospital should be made by ward staff. Both the patient and ward staff should sign this inventory. This may necessarily have to be done subsequently if the transfer is in emergency circumstances. The patient's property remaining on the mental health ward should be securely stored.
- 5.9 Following the clinical risk assessment, the Trust Ward Manager, Consultant or their nominated deputy will liaise with the acute hospital to determine the appropriate levels of observation and management.
- 5.10 Where the patient is detained under the Mental Health Act, Trust staff will provide support and advice to ensure that appropriate levels of observation are maintained. It is not always necessary for a patient detained under the Mental Health Act to be observed under a one to one basis. (out of working hours a Ward Manager or Service Manager on call can be contacted for advice).
- 5.11 Any period of physical observation that is considered necessary by Accident and Emergency staff (e.g. following an overdose) will be carried out in the acute hospital.
- 5.12 If it is necessary to omit doses of psychotropic medication whilst the patient is in the acute hospital, advice from mental health medical staff is available if required as the risk assessment may change as a result.
- 5.13 It should be clarified as soon as possible whether the patient will return to mental health inpatient care or whether discharge home after the medical treatment is appropriate.
- 5.14 The Care Co-ordinator will take an active role to update and support staff in Acute General settings (who may not have specialist knowledge and skills in Mental Health) and should continue to be involved.
- 5.15 During the patient's admission to the acute hospital, the Trust Psychiatric Liaison Teams will provide support and advice to hospital staff, as needed concerning the mental health needs during their admission. The teams will also provide an important link between acute and mental health ward staff to help ensure effective communication at all times.
- 5.16 When the patient is fit to be transferred from the Accident and Emergency Department or to be discharged from the acute hospital ward, consultation between the acute hospital and Trust staff will take place to determine what

acute medical follow-up is required. The acute hospital will supply a minimum of seven days of medication and dressings as appropriate to take with the patient.

5.17 When a patient is re admitted to the Somerset Partnership after being seen in the Accident and Emergency Department, the following will occur:

- A copy of the Accident and Emergency Department card will accompany the patient.
- The letter which is automatically generated for the GP after an Accident and Emergency Department attendance will be copied to the relevant Trust Consultant Psychiatrist.
- An Accident and Emergency Department doctor or nurse will give a telephone handover to Trust staff. This will include any instructions regarding ongoing treatment or physical observations, and signs of relapse in the patient's condition. These should also be included in the written information subsequently sent.
- Any additional medication, which has been prescribed, should be entered onto the patient's Trust prescription chart. If further medication is required, it should be recorded on the prescription chart and medication supplied on discharge in order to prevent any delay in the patient receiving subsequent doses.

## **6. TRANSFER OF CONTROLLED DRUGS**

6.1 Stock Controlled Drugs must not be transferred between Trusts.

6.2 Patients' own Controlled Drugs should be transferred to the acute ward or department with the patient in line with the local procedure for transferring all other medicines and properties belonging to the patient.

6.3 Entries must be made in the Controlled Drugs record books on the Trust and acute wards when patients' own Controlled Drugs are transferred.

## **7. ADMINISTRATION OF INJECTIONS BY ACUTE TRUSTS**

7.1 If the Trust patient/client is an inpatient on an acute trust ward, nursing staff on that acute ward should normally administer any injections themselves. To aid this, advice and information may be provided by the ward or a CPN from the Trust.

7.2 In exceptional circumstances, members of Trust staff may provide support and administer medication.



7.3 Trust staff must also ensure the administration is recorded in the patient's records on the acute ward, the Medicines Administration Record as well as on the patient's Trust Rio record.

## **8. TRAINING REQUIREMENTS**

8.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

## **9. EQUALITY IMPACT ASSESSMENT**

9.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## **10. MONITORING COMPLIANCE AND EFFECTIVENESS**

### **10.1 Process for Monitoring Compliance**

- Overall monitoring will be by the Trust Clinical Governance Group.
- Monitoring of the policy will also be conducted at operational management meetings and at ward/team levels.

### **10.2 Responsibilities for conducting the monitoring**

- All Trust managers will be responsible for monitoring the effectiveness of the policy in their service area and for reporting concerns or issues to their Directorate.

### **10.3 Methodology to be used for monitoring**

- Complaints monitoring;
- Incident reporting and monitoring.

### **10.4 Frequency of monitoring**

- Monitoring will be conducted whenever a patient is transferred to an acute hospital with reporting of problems through the Datix system.

### **10.5 Process for reviewing results and ensuring improvements in performance occur.**

Issues and concerns will be presented to the Trust Directorate and Senior Managers Business Group as appropriate for consideration, identifying good practice, any shortfalls, action points and lessons learnt. These will be responsible for ensuring improvements, where necessary, are implemented. Lessons learnt will be forwarded to the Corporate Governance Administrator who will add to the Corporate Register of Lessons Learnt and filed on the Intranet.

A brief of the any lessons learnt will be provided to staff to raise awareness through the Spice newsletter with a hyperlink to the updated Corporate Register of Lessons Learnt.

## 11. STANDARDS AND KEY PERFORMANCE INDICATORS

The standards or key performance indicators, which inform this procedural document, are as follows:

Section	Outcome
Personalised care, treatment and support	4 Care and welfare of people who use services
	6 Cooperating with other providers
Safeguarding and safety	7 Safeguarding people who use services from abuse
	8 Cleanliness and infection control
	9 Management of medicines

## 12. COUNTER FRAUD

- 12.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## 13. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

The Mental Health Act, 1983, London HMSO

Mental Health Act 1983, Memorandum on Parts 1-VI, VIII and X, Department of Health and Welsh Office, 1998

Health Service Guidelines, No. 28, The Use of “trial leave” under Section 17 of the Mental Health Act, 1983, to transfer patients between hospitals, Department of Health, 1986

### Cross reference to other policies

- Controlled Drugs Policy
- Do not attempt to Resuscitate policy

- Medicines Policy
- Recovery Care Programme Approach (RCPA) Policy
- Section 17 Leave Policy

## **14. APPENDICES**

14.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix One

Patient Transfer Form

**PATIENT TRANSFER FORM** From \_\_\_\_\_ to \_\_\_\_\_

**PATIENT INFORMATION**

<b>First Name(s)</b>		<b>Surname</b>	
<b>Address</b>			
<b>Home Telephone</b>		<b>Hospital Number</b>	
<b>Date of Birth</b>		<b>Age</b>	
<b>Date of Admission</b>		<b>Consultant</b>	
<b>CPN</b>		<b>Other Involved worker</b>	
<b>Legal Status</b>			

**NEXT OF KIN**

<b>Name</b>		<b>Relationship</b>	
<b>Address</b>			
<b>Telephone</b>		<b>Contacted about Transfer?</b>	YES / NO
<i>Note: NOK may not be appointed contact, if so, please state main contact</i>		<b>Special instructions re contact?</b>	

**IMPORTANT INFORMATION**

<b>Presenting Problem(s)</b>			
<b>Current Medication (inc PRN)</b>	1. 2. 3. 4. 5.	<b>Last Given</b>	1. 2. 3. 4. 5.
<b>Relevant Medical History</b>			
<b>Special Nursing Procedures / Level of Supervision required</b>			
<b>Communication Needs</b>			
<b>Outstanding appointments</b>			

**IMPORTANT INFORMATION (CONTINUED)**

<b>Allergies</b>		<b>Diet</b>	
<b>Manual Handling Needs</b>		<b>Level of Self Care</b>	
<b>Bowels</b>		<b>Pressure Area</b>	

**KNOWN RISKS**

<b>Harm to Self</b>	YES / NO	<b>Harm to Others</b>	YES / NO
<b>Use of Alcohol</b>	YES / NO	<b>Use of Illicit Drugs</b>	YES / NO
<b>Risk of Non-Compliance</b>	YES / NO	<b>Other risks</b>	YES / NO
<i>If Yes to any of the above, please give details</i>			

**ITEMS ACCOMPANYING PATIENT**

<b>Medical Notes</b>	YES / NO
<b>X-Rays</b>	YES / NO
<b>Drug Chart</b>	YES / NO
<b>Medication</b>	YES / NO
<b>S17 Leave Form (For detained patients)</b>	YES / NO
<b>Consent to Treatment</b>	YES / NO
<b>Second Opinion Form</b>	YES / NO
<b>List Clothing, Personal Effects &amp; Valuables</b>	

**Comments and Other Information:**

**Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_  
**Designation** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Ward/Team** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_