Transfer of Patients between Hospitals Policy

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| Consultation: | Practice Policy Group  
Locality Directorates  
Physical Health Care Clinical Expert  
Reference Group |
| Ratified by: | Director of Quality |
| Date ratified: | March 2015 |
| Name of originator/author: | Written: Jonathan Hill January 2006 |
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| Audience | All Trust areas in Gloucestershire and Herefordshire |
1. **Policy Statement**
   This policy provides guidance for staff on processes to be followed to ensure safe transfer of patients between different hospitals. Transition between hospitals can be considered a period of increased risk to patient safety. The Trust is committed to providing safe and effective care. This policy outlines the processes to be followed to minimise the risk to patients at times of transition between hospitals.

2. **Introduction**
   When any person who is a current inpatient within 2gether NHS Foundation Trust (2gether), including those on leave from the hospital, are to be admitted/transferred as an inpatient to an alternative hospital, a formal transfer and hand-over of care should be undertaken. This transfer is required to comply with any legal requirements of the Mental Health Act 2007 and Mental Capacity Act 2005 to which the patient may be subject, in addition to ensuring a seamless transition of care.

3. **Purpose**
   The purpose of this document is to provide procedural guidance to those practitioners undertaking the transfer of patients to hospitals within and outside of 2gether.

4. **Scope**
   This document scope includes all transfers of inpatients between 2gether inpatient units and other providers of inpatient services, inclusive of mental or physical care settings.

5. **Context**
   A clear process to follow when service users transition between in-patient care providers, allows for consistent and safer management of such circumstances.

6. **Duties**

6.1 **Duties within 2gether NHS Foundation Trust**
   Responsibility for the development, maintenance and review of this document lies within the Director of Quality Directorate. The Director of Quality Directorate has board level responsibility for the development of this document and may delegate this responsibility to a subordinate, namely the Deputy Director of Nursing.
6.2 **The Governance Committee**  
The Governance Committee will be notified of the ratification of this policy.

6.3 **All Staff**  
All staff responsible for patients being transferred to non-2gether hospitals have a duty to comply with this policy.

7. **Definitions**
- 2gether: 2gether NHS Foundation Trust for Gloucestershire
- MHA: Mental Health Act 2007
- CoP: Code of Practice (relating to either/or MHA & MCA)
- MCA: Mental Capacity Act 2005
- IMCA: Independent Mental Capacity Advocate
- Patient Groups: The Trust provides services to people with mental health, learning disability or substance misuse issues. This policy is equally applicable to all service user groups and will be operated on an individual clinical need

8. **Ownership & Consultation**
Responsibility for the development, maintenance, review and ratification of this document lies within the Director of Quality and Medical Director; however this has been delegated to the Deputy Director of Nursing. Each policy will be sent to the locality and clinical directors for consultation. This will be for a one month period. This will then be notified to the Trust Governance Committee. Where review only results in very small changes to a policy or procedure there will be no formal consultation and the review will be uploaded on to the intranet and notified at the next update.

9. **Ratification Details**  
The Director of Quality has the authority to ratify polices. This can be delegated to the Deputy Director of Nursing. The governance committee will be notified of any care practice policy reviews.

10. **Release Details**  
Care Practice Policies are not routinely placed on the Trust public website. Upon request most are available to members of the public if requested. This policy is on the trust intranet under Care Practice Policies - Inpatient.

11. **Review Arrangements**  
The policy will be reviewed every 2 years to ensure that it is contemporaneous to modern mental health practice and research.

12. **Process for Monitoring Compliance**  
To ensure compliance of this guidance an audit of the implementation of this document will be undertaken every two years, commissioned by the Director of Quality. This will involve auditing a random sample of patient health & social care records. The audit criteria will include assessing compliance against the following standards:

- Duties
- Requirements for transfer within the care planning process
- Documentation to accompany the service user when being transferred
It is expected that all documents audited will comply with this guidance. The results of the audit will be presented to the Governance Committee who will be responsible for the development and monitoring of any identified actions within the scope of the audit.

14. **Main body of policy/guideline.**

14.1 **When to use this pathway**

- When a current inpatient, including those currently on leave, are to be admitted or transferred to an alternative hospital site; e.g. A General Hospital, alternative Mental Health Provider or alternative 2gether Hospital. This is applicable across all client group inpatient settings.

- After a person has been transferred to another hospital in an emergency and will be remaining there as an inpatient for at least one night.

**Please note when the Mental Capacity Act is being utilised to facilitate transfer:**
Within the Act provision is made for independent Mental Capacity Advocates (IMCA) to provide independent safeguards for people who lack capacity. An IMCA must be instructed or consulted for people lacking capacity who have no-one else to support them (other than paid staff) whenever an NHS body is proposing serious medical treatment. Serious medical treatment is defined as treatment which involves giving new treatment, stopping treatment that has already started or withholding treatment (see chapter 10 of the MCA Code of Practice for additional detail if required).

14.2 **When not to use this policy**

- When the patient is attending another hospital as a day patient; in this case, the person should be considered as on leave from 2gether and if necessary, provision made using Section 17 MHA.

- In the case of a medical emergency when the health and safety of the patient is paramount. In practical terms, the patient should be considered as on leave from the Trust until the medical situation has been clarified and it is identified whether the person will be returning to the Trust that day. It is considered good practice however to ensure that the information described within this policy is provided at the earliest available opportunity to the receiving hospital. If in doubt senior clinical management advice should be sought.

14.3 **Procedure for Transfers**

The main aim of this procedure is to facilitate an effective and planned safe transfer of a patient to another care facility or provider. This includes the following:

- The transfer of core demographic and care information.
- The identification and assessment of any associated risks, followed by a management plan if indicated.
- Clarifying in advance any arrangements for discharge from the new provider, such as transfer of care back to a 2gether inpatient facility, or informing community staff to
facilitate swift recommencement of community based interventions if discharged straight to the community.

14.5 Tools and Forms

The Hospital Transfer form, “2G- P30- 08” (this is available as an editable letter in RiO), should be completed by a qualified member of the nursing team from the base ward. A copy of the completed version must be added to the patients and health and social care record. It indicates what information should be copied and transferred with the patient, together with a summary of why the patient was admitted, their progress, risk management issues and anticipated discharge arrangements.

For transfer to a medical unit this paperwork includes a copy of the following:
1. Medical Handover Form (to be completed by the team doctor) as attached at the end of this policy in Appendix 1
2. The patient address, next of kin, and other relevant contact details from electronic health record
3. Current medication prescription chart
4. Latest physical examination
5. Most recent Essence of Care Screening Tool or physical health assessment
6. Current care plan and core assessment
7. Any clinical risk assessments and risk management plans
8. Ongoing active physiotherapy treatment – if indicated

For transfer to another mental health hospital the **additional** paperwork should be provided:

9. Copies of the last two weeks of clinical notes
10. Mental Health Act paperwork

14.6 Detained Patients

Where a patient has been detained under a section of the Mental Health Act (excluding sections 4, 5(2) and 5(4) where transfer between hospitals is not possible) and is to stay in another unit for one night or more:

Section 17 leave should be used if the person is expected to return under section to a 2gether hospital; For a person on S.17 leave the Responsible Clinician remains the doctor with the original responsibility.

Section 19 Authority to Transfer (H4) should be completed if the patient is not expected to return under section to a 2gether hospital. This results in the other hospital (and its RC) becoming responsible for the section. If the transfer is to Gloucestershire Hospitals NHS Foundation Trust or Wye Valley NHS Trust, the Mental Health Act Administrator remains unchanged; copies of all pertinent Mental Health Act paperwork should be copied and sent with the person.
If the patient will only be attending the other hospital as a day patient, for example to attend an outpatient clinic or for elective day surgery, provision should be made using Section 17 leave. The treating unit must be made aware of the person’s legal status.

If the transfer is to the Gloucestershire Hospitals NHS Foundation Trust or Wye Valley NHS Trust, the person’s Responsible Clinician (RC) becomes the Mental Health Liaison Consultant and out of hours the on call consultant for the speciality. The Mental Health Act Administrator remain unchanged, though copies of all pertinent Mental Health Act paperwork should sent with the person to the receiving hospital. If in doubt please seek senior clinical management advice.

**Supervision of patients on wards**

Where a patient with mental health needs is not medically fit for transfer back and requires psychiatric supervision, this will be provided by the acute hospital. If the patient is open to *2gether* NHSFT mental health services, there is a responsibility to maintain daily communication with the Acute Hospital. The acute Hospital can also access advice from the Mental Health Liaison Team.

14.7 CPA Status

Where a patient is discharged to a medical facility the person continues to be subject to CPA and the patient Care Coordinator must be informed. The care coordinator will remain actively engaged in the patients care and will be in contact with the medical facility.

14.8 Risk Assessment

Please see the Trust Assessment and Care Management Policy. Available at this link [Policy](#)

An assessment of the patient’s needs, including any risks of absconding, violence or harm to others suicide, Deliberate Self Harm, falls, wandering, choking etc should be completed before transfer.

Where an area(s) of risk is identified a risk summary and risk management care plan should be developed and documented correctly in the patient’s electronic health record. This must be clearly handed over to the receiving clinical team.

Following a risk assessment, if it is indicated in the risk management care plan, an escort may be provided for a limited time. The scope of the escort’s purpose and scope should be identified and explained clearly to all parties.

14.9 Discharge / Transfer Arrangements

Any anticipated transfer arrangements on the completion of medical treatment should be identified and indicated on the last part of the transfer form. These include whether it is expected that a person will be returning to a *2gether* inpatient facility or not.
Mental Health Patients transferred from Acute Hospital back to 2gether NHSFT

Transfer must be planned and discussed between acute and mental health wards and ideally should not take place out of working hours. The exception to this is urgent situations and when it is in the patient’s best interest to be transferred.

A full assessment of the patient is to be carried out by the indicated team doctor including recent test results and must be documented on the Medical Handover form in Appendix 1 to transfer.

If the patients physical needs cannot be met on the mental health ward then transfer at this stage would not be appropriate. Mental health treatment options in the acute trust would need to be considered following discussion with Nurse in charge/RC/ Team Medic of both trusts and support options discussed. It would be appropriate at this stage to involve the mental health liaison team.

If transfer to a mental health unit is appropriate then the following information should be sent

- A complete medical history, treatment commenced to date and any ongoing physical care needs detailed (Acute) and sent with in a sealed envelope and handed to nurse in charge of mental health ward. (Copies are to be filed in health and social care record).
- The ward doctor should also provide 2gether with a discharge summary.
- The medication sheet should be sent with the patient (not a photocopy).
- There should be a phone call between referring and receiving doctors and nurses.
- Allied health professionals should speak to counterparts in 2gether to organise appropriate ongoing OT/physiotherapy/SALT input.

Supervision of patients during transfer

It is the responsibility of the hospital arranging the transfer out to arrange suitable supervision if required. Supervision is to be provided by a Registered General Nurse (RGN), a Registered Mental Health Nurse (RMN) or suitably experienced Allied Health Professional.

Patients who are new to mental health

All new patients will need assessment by the Acute Hospitals Mental Health Liaison Team prior to any transfer.

15. References

* Mental Health Act 2007
* R Jones, Mental Health Act Manual

16. Associated Documentation

Trust Mental Capacity Act Policy & associated guidance
Equality Impact Assessment for this policy
Appendix 1 - Image below is for information – This is a 2 page document - see separate file linked to this policy for ease of printing