Transfer – Procedure for the Transfer Out/In of Mental Health In-Patients to/from another Hospital or Residential Health Care Provider

Author: Claire O’Brien, Head of Emergency Preparedness & Resilience
Dr Erica Heppleston, Head of Clinical Pathways Improvement and Corporate Quality Lead

Executive Lead: Suzanne Rankin

Approval date: January 2014
Ratified by: Integrated Governance & Assurance Committee
Review date: January 2022
History

<table>
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<th>Issue</th>
<th>Date Issued</th>
<th>Brief Summary of Change</th>
<th>Author / reviewed by</th>
</tr>
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<td>1</td>
<td>Jan 2014</td>
<td>New policy</td>
<td>Claire O’Brien and Dr Erica Heppleston</td>
</tr>
<tr>
<td>2</td>
<td>Jan 2019</td>
<td>Minor changes to job titles and area names</td>
<td>Felipe Alves</td>
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For more information on the status of this document, please contact:

Policy Author: Claire O’Brien and Dr Erica Heppleston
Date of issue: January 2014
Review due: January 2022
Ratified by: Integrated Governance and Assurance Committee
Audience: All staff

Executive summary

This policy sets out the framework within which to cover transfers to/from any inpatient service provider.
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1.0 INTRODUCTION
Mental health patients may transfer between mental health wards and acute trusts for a variety of reasons, including to receive inpatient medical/surgical treatments; not able to be provided in a mental health setting. Patients may also transfer to/from tertiary acute hospitals and then return to either the referring acute trust or to the community.
Surrey and Borders Partnership (SABP) provides both acute and community mental health care within ASPH’s catchment area, so it is envisaged that many (but not all) such transfers may involve SAPB. This procedure has been written to cover transfers to/from any inpatient service provider.

2.0 ADMINISTRATION PROCESSES
This policy is not written to guide the treatment of mental health patients. It is written with the intention of improving communication surrounding the transfer process in order to minimise the risk of important clinical care information not being passed between mental health and acute trusts around the time of mental health patient transfer.
Whilst ASPH can specify a definitive transfer process in respect of patients transferring out of ASPH NHS Foundation Trust, there is a limitation on the scope of influence in respect of patients transferring into ASPH NHS Foundation Trust from another provider. For that reason, the procedure for mental health patients transferring in focuses more on processes pertaining to requesting information from the transferring in organisation.

2.1 TRANSFERS INTO ASPH
• Where possible, patients should be assessed in AECU or SAU. Assessment in A&E should be reserved for 999 emergencies.
• Before transfer, speak with the transferring in external hospital’s On-Call Specialty Registrar to agree the approximate time of arrival. Request a full telephone transfer (with written handover notes also requested to accompany the incoming patient).
• Inform ASPH’s Clinical Site Nurse Practitioner (CSNP) on bleep 5001 and The Head of Regulation in the Quality Department as soon as possible after the transfer has occurred. In hours: Clinical Nurse Lead (CNL) informs the ASPH MH Quality Team of the admission. Out of hours: The Clinical Site Nurse Practitioner informs the ASPH MH Quality Team as soon as practicable.
• For all referrals in:
  - following a referral in from SABP
  - following a referral from another inpatient mental health unit
    - Or if the patient arrives in A&E, but was immediately previously a mental health patient in a residential care unit (but arrived without formal referral)
IN ALL of these circumstances commence Checklist 2.
2.2 TRANSFERS BACK TO THE MENTAL HEALTH WARD or other residential care unit where the patient is a mental health patient

- A transfer form should be completed as per Checklist 1.

3.0 INFORMING OTHERS

Communication is to be as outlined in Checklist 1 and Checklist 2.

4.0 MEDICAL RESPONSIBILITIES

Whilst the patient is in a general hospital bed at ASPH their physical care will be the responsibility of the appropriate physician / surgeon.
Where concerns exist about the patient’s mental state, input must be obtained from the ASPH Liaison Psychiatry Service. Out of hours for urgent advice contact the on-call RMO or Consultant at SABP.

5.0 MEDICAL FITNESS

ASPH must ensure that the patient has been classified as “medically fit” prior to the patient’s return to the mental health unit. This will include the removal of any “invasive” devices such as drips, transfusions, cannulas, wound drains, and catheters (unless otherwise needed long-term).
For patients having been treated in an intensive care environment, a period of suitable physical stability in another environment such as a medical ward, PRIOR to transfer to the mental health unit is expected.

6.0 PSYCHIATRIC MEDICATIONS

Most mental health patients transferred into ASPH from another inpatient unit will be receiving medications for their mental state. It is important that the general ward seeks advice if changes to these psychiatric medications are considered necessary. This advice should be sought at the earliest opportunity and documented in the ASPH medical notes.
Seek advice from:
- Liaison Psychiatry at ASPH
- Transferring ward at SABP (if the patient was previously an inpatient from SABP).
- Out of hours for urgent advice contact the on-call RMO or Consultant at SABP.
- In hours contact the Consultant Psychiatrist responsible for the patient mental health treatment
7.0 CONTINUITY

We encourage ASPH to keep the original inpatient unit informed of the patient’s progress at suitable intervals.
Upon discharge back to the originating unit (or to another inpatient unit) ASPH must complete Checklist 1, Mental Health Inpatient Transfer Out to Another Hospital, Mental Health Unit, or Residential Care Facility.

8.0 UNEXPECTED LAPSE OF SECTION

It is possible that a patient’s section could lapse whilst they are an inpatient at ASPH receiving medical treatment, or waiting for a bed in the inpatient unit to which they are awaiting transfer.
If a section could lapse whilst the patient is at ASPH, advice must be sought in a timely manner from Liaison Psychiatry, or the on-call Consultant or RMO at SABP in advance of the section ending.
If a patient’s section does lapse, and emergency medical treatment is considered necessary (as determined by a Senior Medical Officer at ASPH) then ensure it is documented in the patient’s notes that the patient was “treated in emergency under common law”.
Obtain the patient’s consent – and if obtained, advise family or next of kin that the patient was treated under common law as an emergency.

9.0 APPROVAL AND RATIFICATION

Ratification of this policy will be sourced from the Integrated Governance & Assurance Committee.

10.0 DISSEMINATION & IMPLEMENTATION

The policy will be disseminated through the Aspire global email. This policy will be published on the trust intranet and internet sites.

11. MONITORING COMPLIANCE

Compliance of this policy will be monitored at the Psychiatric Liaison Interface Meetings.

12. DOCUMENT CONTROL AND ARCHIVING

This is a trust-wide document and archiving arrangements are managed by the Head of Regulation & Accreditation and Information Content Manager who can be contacted to request master/archived copies.
### Appendix 1 - Checklist 1. Mental Health Inpatient Transfer OUT to Another Hospital, Mental Health Unit, or Residential Care Facility

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<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Hospital Number</th>
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<tr>
<th>NHS Number</th>
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**Home Address**

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<th>Postcode</th>
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**General Practitioner Name & Address**

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**Mandatory information must be communicated in writing to receiving inpatient unit**

And copy retained on patient’s file as evidence

- The patient is medically stable for transfer out from ASPH
- ASPH has called the receiving bed manager (e.g., at mental health trust) to confirm bed
- The plan for outstanding medical/surgical treatment (if any)
- Outstanding investigations (if any) plus details of who will book and give results
- Electronic Discharge Summary copy - including summary of psychiatric situation
- Details of any psychiatric follow-up or treatment requested to be arranged by receiving unit
- Contact details of the patient’s community psychiatric team (where known)
- Provide photocopy of medical and psychiatric notes from inpatient stay
- The copy of section papers and transfer documentation under Mental Health Act 1983 (if patient detained)
- Confirmation that the patient’s GP has been transmitted the electronic discharge summary
- Confirmation that the electronic discharge summary to GP covers any pending actions
- Confirmation that ASPH has advised liaison psychiatry team of the patient’s discharge
- Confirmation that ASPH has advised the community psychiatric team of the discharge (including copy of discharge summary plus details of any outstanding psychiatric follow-up)
- Telephone handover to receiving inpatient unit with named individual at receiving unit

☐ yes

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<th>☐ yes</th>
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Section 8
Patient care

Current Version is held on the Intranet

First ratified: January 2014

Review date: January 2022

Issue 2

Page 7 of 13
Completed ward transfer checklist □ yes

Confirmation that copies of all the above documentation is placed on patients file also □ yes

If during/near a weekend, and section could lapse before transfer completed, advice has been sought from Liaison Psychiatry or On-Call RMO or Consultant at SABP □ yes

If patient detained on section: following discharge, MH Quality at ASPH has been told □ yes

Obtain patient’s consent (if possible) to let the patient’s family/next of kin be advised of the transfer out □ yes

Telephone patient’s GP to advise of transfer out, and of any actions requested of GP □ yes

Ensure the “Policy for Transfer of Adult Patients (Excluding Maternity)” has been read □ yes

Ensure there is evidence on file that actions per the “Policy for Transfer of Adult Patients (Excluding Maternity)” have been completed □ yes

Make any additional transfer notes here:

[Sign Name] ________________________________________  Date & Time_____________________

[Position]  ________________________________________________
### Appendix 2 - Checklist 2. Mental Health Inpatient Transfer IN from Another Hospital, Mental Health Unit, or Residential Care Facility

<table>
<thead>
<tr>
<th>Name</th>
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<th>NHS Number</th>
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### Home Address

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<th>Postcode</th>
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### General Practitioner Name & Address

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Retain this checklist on patient’s file as evidence you have attempted to obtain the following information from the sending hospital / inpatient unit

**Planned or Non-Emergency Transfers Start Checklist Here:**

- Enquire whether the patient has been cleared for transfer by the sending unit
  - [ ] yes

**A&E Department Start Checklist Here:**

- Telephone sending Specialty Doctor / Consultant to agree an approximate time of arrival and request a full hand-over by telephone. Document name of who you called.
  - [ ] yes

- Request details of outstanding medical/surgical treatment (if any), plus who is to arrange this Request this to be provided in writing from the transferring unit. Seek clarity on who is to give any pending results to the patient.
  - [ ] yes

- Enquire of the sending unit whether they will be supplying a Registered Mental Health Nurse to accompany the patient
  - [ ] yes

- Document the on-call accepting Consultant (or ST Grade Doctor) has accepted the transfer in
  - [ ] yes

- Emergency patients will be received into A&E. Planned patients usually can be assessed in AECU, SAU, or other inpatient area.
  - [ ] yes

- Request Discharge Summary copy - including summary of psychiatric situation
  - [ ] yes

- Request details of any psychiatric follow-up or treatment be specified by the sending unit Request clarity on who is expected to arrange this and follow it up
  - [ ] yes

- Request contact details of the patient’s community psychiatric team
  - [ ] yes

- Request photocopy of medical and psychiatric notes from inpatient stay
  - [ ] yes
Request copy of section papers and transfer documents under Mental Health Act 1983 (if patient detained) e.g. S17 leave form □ yes

Request confirmation patient’s GP has been sent the discharge summary by the sending unit □ yes

Request confirmation that the electronic discharge summary to GP covers any pending actions □ yes

Inform ASPH Clinical Site Nurse Practitioner on bleep 5001 of the impending arrival. □ yes

Upon the patient’s arrival

As soon as possible inform ASPH MH Quality Team that the transfer of a detained patient has occurred. □ yes

Advise Liaison Psychiatry of admission at earliest opportunity. □ yes

Document name and title of liaison psychiatry team contact, with date/time notified □ yes

Confirm that ASPH has advised the community psychiatric team (if any) of the admission □ yes

Confirmation that copies of all the above documentation is placed on patients file also □ yes

Obtain patient’s consent (if possible) to let the patient’s family/next of kin be advised of the admission □ yes

Telephone patient’s GP to advise patient now inpatient at ASPH □ yes

Make any additional transfer notes here:

[Sign Name] ________________________________________ Date & Time_____________________
[Position]  _________________________________________________________________________
Flowchart of Incoming Inpatient Mental Health Patients for Medical / Surgical Treatment

ASPH receives notice of intended transfer in of mental health inpatient for treatment

Advise Clinical Site Nurse Practitioner (CSNP) of Planned Transfer

If 999 Emergency: phone A&E department to advise of expected arrival

Assess in AECU, SAU, or other appropriate inpatient area – receiving Consultant Team

Make enquiries of transferring hospital including:
- Cleared for transfer
- Expected arrival time
- Handover questions per Checklist 1
- Will Registered Mental Health Nurse accompany patient
- Confirm accepting Consultant Team aware
- Confirm if Section 17 (Leave form) is available

Inform Liaison Psychiatry

Inform Community Psychiatric Team (if any) of admission

Inform General Practitioner of admission

Obtain consent from patient to inform family / next of kin of admission

Complete Checklist 1
Appendix 3  
Equality Impact Assessment Summary

Name of Author: Erica Heppleston, Enhancing Quality Programme Manager
Policy/Service: Quality Department

<table>
<thead>
<tr>
<th>Background</th>
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<tbody>
<tr>
<td>• Description of the aims of the policy</td>
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<tr>
<td>• Context in which the policy operates</td>
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<tr>
<td>• Who was involved in the Equality Impact Assessment</td>
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<th>Description</th>
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<tbody>
<tr>
<td>A policy to outline the process for communicating clinical and administrative information about mental health inpatients who are being transferred between inpatient service providers. The communication is primarily between health service providers.</td>
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<th>Context</th>
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<tr>
<td>This policy is not written with the intention of guiding the treatment of mental health patients.</td>
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<th>Methodology</th>
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<tr>
<td>• Draft 0.1 of the policy was assessed and it was determined that the policy is unaffected by any party’s race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, or age.</td>
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<td>• Consequently no communication was deemed necessary.</td>
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<th>Key Findings</th>
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<td>There is no adverse or a potentially adverse impacts for any equalities groups.</td>
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<th>Recommendations</th>
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<tr>
<td>There are no recommended changes to the proposed policy as a result of the impact assessment. There is no need to review the assessment therefore.</td>
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<th>Conclusion</th>
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<td>No further action is considered necessary.</td>
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