

Rapid Transfer Procedure

Version:	v2
Bodies consulted:	Royal Free, IG, Informatics, ICT
Approved by:	EMT
Date Approved:	12.4.16
Lead Manager:	Associate Medical Director
Responsible Director:	Medical Director
Date issued:	Dec 16
Review date:	Nov 19

Contents

1	Introduction	2
2	Purpose	2
3	Scope.....	2
4	Duties and Responsibilities	2
5	Procedure for Safe Transfer of Patient who Becomes Acutely Unwell	3
6	Process for Monitoring Compliance with this Policy..	5
7	Associated Documents.....	5
	Appendix A : Equality Analysis.....	7
	Appendix B : Making referrals to the Royal Free A&E.....	9

Rapid Transfer Procedure

1 Introduction

The Tavistock & Portman NHS Foundation Trust (the Trust) provides outpatient mental health services; it does not provide or have facilities for the care and treatment of acutely unwell patients (whether this be mental and/or physical illness). This procedure helps staff respond safely and effectively should a patient become acutely unwell whilst on the trust's premises.

The Trust recognises that for safe transfer, appropriate assessment of the patient is required, and that staff must ensure the highest quality of handover information is provided to enable partner organisations to appropriately care for the patient.

2 Purpose

This procedure describes the process for the safe transfer of an acutely unwell patient from the Trust to a suitable healthcare setting for assessment and treatment; this may be to an accident and emergency department, or another designated centre, depending on the presenting symptoms.

3 Scope

This procedure is relevant to clinical staff in all settings and should be followed by all clinical staff in circumstances where they have care of a patient who presents in acute condition that may require rapid transfer to an appropriate care setting, on account of their mental and/or physical health

4 Duties and Responsibilities

Medical Director

The Medical Director has overall responsibility for this procedure's implementation

CYAF and AF Services Directors

Are responsible for ensuring that their staff are told about this procedure in clinical induction and ensuring that it is understood and followed at team level.

Responsible clinician

The responsible clinician is responsible for ensuring that this transfer procedure is adhered to should it become necessary to transfer a patient, including ensuring that ongoing assessment of mental health and associated risks are undertaken at appropriate intervals whilst the patient remains on site or within the care of the responsible clinician in the community.

Clinical staff working under supervision

Clinical staff working under supervision are responsible for accessing senior help and support, usually from the on call consultant, in any situation where the patient becomes acutely disturbed and/or unwell whilst in the Trust, and then assist with the transfer arrangements by following the procedure.

5 Procedure for Safe Transfer of Patient who Becomes Acutely Unwell

a) Preparing a transfer

In any situation where a patient becomes so acutely unwell and/or disturbed that transfer to an alternative care setting is in the best interest of the patient the first priority is to maintain the safety both of the patient and staff members.

The clinician responsible for the care of the patient should

- i) alert a senior clinician, and/or the consultant on call, who is responsible for undertaking a clinical risk assessment and determining whether or not transfer is required
- ii) phone 999 and explain the situation. It is advised to call the NHS 111 service if you urgently need medical help or advice but are not in a life-threatening situation
- iii) explain to the call handler that the Trust is an outpatient facility and is not in a position to be seen as a place of safety for an acutely unwell patient, and that the patient requires rapid transfer to accident and emergency department for assessment and treatment
- iv) When an ambulance has arrived, assess the patient, and agreed to the transfer, phone ahead to the receiving hospital (details from the ambulance service) to advise them that a patient would be shortly

transferred and to advise further that a written referral will be forwarded to the A&E department providing essential details.

b) Writing a Referral

Clinical staff transferring patients to the Royal Free should follow the process in appendix 2 and complete the simple web form at

<https://aetv.igspectrum.net/login.aspx>

This method is secure and rapid, this link is also available from the intranet so can be used from any location. The referrer will receive an email confirming the referral has been sent.

In other circumstances referrals must be made in writing, and should contain the following:

- i. Basic demographic details about the patient (name, date of birth, NHS number, address, GP, person to contact in emergency, if recorded)
- ii. the patients current problem and events that led up to the need for transfer
- iii. History and Mental health issues (if relevant) information should be limited to provide sufficient information for the safe immediate assessment and treatment of the patient, thus protecting the patient's right of confidentiality in relation to the care and treatment he/she has received from the Trust.
- iv. the transferring clinicians' contact details (and/or consultant the responsible clinician) to include telephone contact
- v. whether or not a relative/carer has been made aware of the transfer
- vi. the carer's contact details

Whatever mode of communication is chosen the person making the referral must ensure that the mode chosen is secure.

c) Recording the Incident

A copy of communication must be uploaded into the correspondence section into the patient's file. For communications via the Royal Free's web based form, the referring clinician will receive an email confirming that the referral was sent –simply upload the attached pdf into CareNotes, there is no need to duplicate the information on the form, but a note should be made referencing the form in the respective section of the record.

As emergency transfer is a very rare event in the Trust, on each occasion it occurs the responsible clinician should complete an incident form and send it to the Health and Safety Manager

d) Transferring Patients

Someone should remain with the patient at all times until the ambulance service have received the patient.

e) Patient Involvement in Decision Making

If the patient is considered to be capable of rational decision making (that is, has capacity) at this time and refuses to be transferred to an Accident and Emergency department then their decision, including their right to refuse assistance, must be respected.

f) Patient without Capacity to Agree to Transfer

If a patient is so unwell/disturbed as to lack capacity to participate in decisions then the decision to transfer them is done in their best interest. If this is the case the transfer letter should include reference to the fact that that transfer has been arranged in the patient's best interest'.

g) Informing Relatives and Carers

The clinical record should be consulted to identify whether or not the patient has named a person to be called in an emergency.

If they have named that person then all appropriate attempts should be made to contact the named person and provide the limited information that a transfer is to be arranged and that they should either contact or make their way to the Accident & Emergency Department identified by the ambulance service.

If the patient's condition is sufficiently serious then the A and E department will follow their own procedures which will involve contacting the police in order to identify appropriate next of kin.

6 Process for Monitoring Compliance with this Policy

Compliance with this procedure will be monitored via the incident reporting process, which will be monitored by the Patient Safety and Clinical Risk Work stream.

7 Associated Documents

- Clinical Risk Assessment procedure
- Data Protection Procedure
- Clinical Supervision procedure

Appendix A : Equality Analysis

Completed by	Irene Henderson
Position	Clinical Governance & Quality Manager
Date	1.11.16

The following questions determine whether analysis is needed	Yes	No
Is it likely to affect people with particular protected characteristics differently?	<input type="checkbox"/>	X
Is it a major policy, significantly affecting how Trust services are delivered?	<input type="checkbox"/>	X
Will the policy have a significant effect on how partner organisations operate in terms of equality?	<input type="checkbox"/>	X
Does the policy relate to functions that have been identified through engagement as being important to people with particular protected characteristics?	<input type="checkbox"/>	X
Does the policy relate to an area with known inequalities?	<input type="checkbox"/>	X
Does the policy relate to any equality objectives that have been set by the Trust?	<input type="checkbox"/>	X
Other?	<input type="checkbox"/>	X

If the answer to *all* of these questions was no, then the assessment is complete.

If the answer to *any* of the questions was yes, then undertake the following analysis:

	Yes	No	Comment
Do policy outcomes and service take-up differ between people with different protected characteristics?	<input type="checkbox"/>	<input type="checkbox"/>	
What are the key findings of any engagement you have undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	
If there is a greater effect on one group, is that	<input type="checkbox"/>	<input type="checkbox"/>	

consistent with the policy aims?			
If the policy has negative effects on people sharing particular characteristics, what steps can be taken to mitigate these effects?			
Will the policy deliver practical benefits for certain groups?			
Does the policy miss opportunities to advance equality of opportunity and foster good relations?			
Do other policies need to change to enable this policy to be effective?			
Additional comments			

Appendix B : Making referrals to the Royal Free A&E

