



Public – To be published on the Trust external website

Protocol for Hospital Transfers between TEWV NHS FT and Acute Hospitals

CLIN-0069-v3.1

Status: Approved

Document type: Procedure

Overarching policy: [Admissions, Transfers and Discharge Policy](#)

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1 Introduction

This procedure supports hospital transfer between TEWWV NHS FT and Acute Hospitals, The procedure supports staff with decision making when supporting patients with Mental Health problems during a stay within any acute hospital setting.

This procedure is critical to the delivery of [Our Journey to Change](#) OJTC and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

- This procedure supports the trust to co-create a great experience for all patients, carers and families from its diverse population, great partnership working across all organisations ensuring the appropriate services are involved considering timely effective care. Listening and responding to feedback from all involved patients, carers, families and professionals.
- This procedure supports the trust to co-create a great experience for our colleagues by ensuring services are well led and managed accordingly ensuring patients receive the best possible care whilst in any hospital setting.
- This procedure supports the trust to co-create a great experience for our colleagues by working closely with our stakeholders from an acute setting reviewing and updating staff on any changes to enable joint working and open lines of communication.

2 Purpose

Following this procedure will help the Trust to:-

- Ensure that each service understands accountability for the service user's care and expectations where the responsibility for different aspects of care is shared. This document identifies the processes staff will follow within Tees, Esk and Wear Valleys NHS Foundation Trust and local Acute Hospitals.
- Allow this document to be used in conjunction with any other locally agreed procedures and any which have been agreed with the acute trust.
- Ensure that all staff from local Acute Hospitals and Tees Esk and Wear Valleys NHS Trust (TEWWV) are aware of the process to follow to ensure a safe and effective transfer.
- Ensure that all staff involved in a potential transfer between mental health and acute hospital trust are aware of the process to follow to facilitate a safe and effective transfer

2.1 Objectives

All staff involved will:

- Be aware of the criteria required for the safe and effective transfer of a patient
- Be aware of the correct documentation to complete

- Be aware that effective communication is the responsibility of both groups of Trust staff with the safety of the patient and ensuring best and most appropriate care being a priority.

3 Who this procedure applies to

- The procedure considers and is in keeping with the Trust values and beliefs, so ensuring people affected are treated with compassion, respect and responsibly.
- This procedure applies to all patients who are currently occupying a mental health bed and require acute hospital treatment. This procedure also supports staff who may be involved in the transfer to and from TEWV and local Acute Hospitals within all sites:

4 Related documents

This procedure also refers to:-

- Admission, Transfer and Discharge of service users within hospital and residential settings CLIN-0012
- Privacy & Dignity Policy CLIN-0067-v4
- [Medication Safety Guidance: Transfer of Patients Between Mental Health Bed and Acute Trust Hospital Ward \(intranet\)](#) or on [Trust website](#)

5 Criteria for transfer

5.1 TEWV NHS FT to Acute Hospitals

- Self Harm
- Medical Emergency
- Medical / Surgical / Orthopaedic referral requiring further investigation / treatment
- Eating Disorders – see appendix E

5.2 Acute Hospitals to TEWV NHS FT

- Eating Disorders – see appendix E
- Patient requiring acute psychiatric care and their medical care can be managed in TEWV or medically stable.
- Previous mental health patient who is now medically fit for discharge/stable from acute care who still requires on-going psychiatric care


6 Transfer arrangements

6.1 TEWV NHS FT to Acute Hospital

6.1.1 If 999 call not indicated

| Step | Who | What |
|------|---|---|
| 1 | Nursing staff | Carry out baseline assessment including EWS and discuss with duty Doctor (if duty Doctor unavailable duty on call Psychiatrist can be contacted) |
| 2 | Duty Doctor | Carry out a full medical assessment of the patient – this should include all issues around consent from the patient to transfer |
| 3 | Duty Doctor | Discuss with the patient's Psychiatric Consultant (or on call consultant if need be) and agree on the need for transfer. |
| 4 | Duty Doctor or Consultant Psychiatrist | Contact the relevant duty Medical Doctor for the admission area and discuss case (Emergency Department, Medical assessment ward or appropriate ward – local contact numbers apply). Duty Doctor's then to decide on the need for admission. |
| 5 | Medical and nursing staff | A full medical / mental health history to be written (Psych) including action / treatment commenced to date/significant risks (to be completed by both medical and nursing staff to ensure completeness of information) |
| 6 | Nurse in Charge or delegated other (TEWV) | Liaise with the admitting ward (of the Acute Hospital) to provide information regarding levels of risk and any specific care needed to ensure the needs of the service user are met. |
| 7 | Nurse in Charge (TEWV) | Summarise information from steps 5 and 6 on Transfer form (Appendix D) which is sent in a sealed envelope with the patient and handed to admission nurse. Record on PARIS that this information has been sent and copy filed in paper notes. |
| 8 | Nurse in Charge (TEWV) | Agree arrangements for ongoing communication between Mental Health staff and Acute Hospital staff specifying the frequency of this communication to ensure progress is monitored and discharge/transfer arrangements are planned effectively. |
| 9 | Nurse in Charge (TEWV) | Liaise with receiving ward nurse to arrange time of admission, medication etc. |
| 10 | Nurse in Charge (TEWV) | The Nurse in Charge (TEWV), in consultation with appropriate medical staff will take responsibility for assessing the need for a continuous nurse escort. This will be done following a revised assessment of risk and discussion with the admitting ward. Any such arrangement will be reviewed on a regular basis by the Modern Matron. |
| 11 | Service manager or modern matron (TEWV) | Must be involved in the decision making process regarding continuous nurse escort. Outside of normal office hours the duty manager/ senior nurse will take on this role. |

| | | |
|----|------------------------|--|
| 12 | Nurse in Charge (TEWV) | Arrange suitable transfer transport. |
| 13 | Nurse in Charge (TEWV) | Inform next of kin of need to transfer. |
| 14 | Nurse in Charge (TEWV) | Arrange nurse escort if appropriate and contact liaison team to inform of admission and discuss involvement if needed. (See supervision arrangements below) TEWV staff must consult flow chart Appendix A |

-  In most circumstances accountability for the service user's mental health needs will remain with Tees, Esk and Wear Valleys Trust. Following the stay in the acute hospital, the patient may return to the mental health or learning disability ward.
- Should the specific care and treatment needs of the patient require transfer of accountability or discharge from mental health then the consultant psychiatrist, in conjunction with the service manager or modern matron, will discuss and reach agreement with the acute consultant and modern matron / service manager.
 - The service user and their carer / relative must be informed and included in discussion regarding transfer of care by Tees, Esk and Wear Valleys Trust staff.
 - Liaison team to be informed on all occasions.

6.1.2 Attendance at the acute hospital for out patients appointment

- The service user will be escorted by nursing staff from Tees, Esk and Wear Valleys Trust or an agreed family member or carer using locally agreed arrangements for transportation. A family member would be appropriate only in cases of routine hospital appointments when a detailed handover of care is not required.
- No transfer of accountability will take place for service users who attend the acute hospital for an appointment only and return straight back to Tees, Esk and Wear Valleys Trust.

6.1.3 Service users detained under a section of the Mental Health Act 1983

- Discussion must take place with the Responsible Clinician (RC) regarding Section 17 leave and any requirement for escort for patients who are detained under the Mental Health Act. Conditions for leave, escort etc, must be recorded on the leave form. Section 17 leave and the risk assessment associated with Section 17 leave must be referenced for detained patients.
- Any discussion about detained patients who require care in the local acute hospital must include the service manager or modern matron.
- If discharge from the MHA is indicated, then only the TEWV RC can do this under Section 23 MHA, not a s12 doctor, and they must use the appropriate TEWV Form (section 23 discharge)
- Patients coming from Acute hospital to TEWV may already be detained patients. They must be transferred to TEWV under Section 19 MHA ensuring that necessary MHA transfer Form is completed (Form H4)
- MHA documents do not transfer with the patient, only copies, and this must include T Forms.

6.2 Acute Hospital to TEWV NHS FT



Transfer must be planned and discussed between acute ward/liaison team/crisis team and mental health wards.

| Step | Who | What |
|------|---|---|
| 1 | Ward doctor (Acute) | Carry out a full medical assessment of the patient including recent test results within two days of transfer – this should include all issues around consent from the patient to transfer |
| 2 | Ward doctor or named nurse (acute) | If the patient came from a mental health ward, contact the relevant Mental Health ward and seek advice on treatment options or discuss possible need for transfer back |
| 3 | TEWV Staff | Liaison staff will ensure the patient is medically fit prior to discharge and all relevant discharge documentation and mental health records are updated. |
| 4 | Ward nurse (Acute) and/or ward doctor (Acute) | If transfer to TEWV NHS FT is appropriate then all discharge summaries and cardex will be sent with the patient at time of discharge. |
| 5 | Ward nurse (Acute) | Liaise with receiving ward to arrange time, medication, any out patient appointments etc. |
| 6 | Ward nurse (Acute) | Inform next of kin of need to transfer. |
| 7 | Ward nurse (Acute) | Arrange suitable transfer transport and nurse escort if appropriate. |

6.3 Patients who are not previously known to mental health

All new patients will need assessment by mental health liaison. (See local Acute NHS Foundation Trusts intranet mental health page or Appendix C for contact details)

6.4 Supervision of patients during transfer

It is the responsibility of the hospital arranging the transfer out, to arrange suitable supervision if required. Level of supervision (ie qualified or unqualified staff) is to be decided by the Nurse in charge at the point of transfer following an assessment of risk.

6.5 Supervision of patients on acute wards

Where a patient with psychiatric needs is too medically unwell for transfer and requires psychiatric supervision, access to the Mental Health nursing bank is available via the duty manager/ senior nurse. If the patient is from a mental health ward then it is the responsibility of the mental health trust to provide staff. If the patient is not from a mental health ward then it is the responsibility of the acute hospital to provide the staff. If there is a specific mental health need (e.g. escort for ECT or the person is experiencing behaviours that challenge), then the supervision must include mental health trained staff. Advice can be taken from liaison nurses.

6.6 Documentation



All relevant documentation relating to the patient must be transferred with the patient. This is particularly important in respect of a patient who has been detained under the Mental Health Act. MHA documents do not transfer with the patient, only copies, and this must include T Forms

Advice and support on transfer of patients detained under the mental health act will be given by the liaison team. Information can also be found on local Acute Hospitals staff intranet.

A copy of the current medical/mental health episode, medical history sheets/mental health transfer document and prescription chart to be forwarded with the patient.

Any further requests for additional case note content should be directed to Ward Managers.

On transfer to Acute Hospital, MH ward medics will complete a transfer letter with details of the medical need, considering risk factors if appropriate.

On transfer from the Acute Hospital to MH a copy of the discharge letter should accompany the patient in all cases.

6.6.1 Risk Assessment



All patients transferred from TEWV NHS FT unit must have a documented risk assessment before transfer with arrangements for appropriate escort/supervision. This should include on-going risk and management issues should the patient remain for an inpatient stay on the Acute Ward. The Acute ward will conduct their own risk assessment taking into account the mental health information provided

If on going mental health supervision is required for patients who are being/have been transferred from the mental health ward, this should be provided from TEWV NHS FT

6.7 Physical fitness to transfer

- Adult Psychiatric Ward is equivalent to community setting and patients must be medically stable or fit prior to transfer.
- Patients with eating disorders are specifically managed between acute hospital wards and the specialist eating disorders units.
- Older Peoples mental health may be able to manage patients with greater physical health needs if the mental health need is greatest. However all decisions will be made on an individual basis.
- If mental health nursing staff have concerns over physical needs that they feel cannot be managed on a Mental health Ward then the rationale (including specific physical needs that cannot be met on the mental health ward, risks and safety aspects) for this must be clearly communicated to the acute ward and documented on clinical records.
- If there is disagreement on this decision then the Nurse in charge of the ward to discuss with the Duty Psychiatric Doctor or RC/ On call Psychiatrist who will then discuss with the appropriate Acute hospital duty Doctor or Consultant to consider possible options.
- Ultimately, the decision to admit in terms of nursing care needs lies with the nurse in charge of the ward.

6.8 Additional considerations

- It is unlawful to disclose a patient’s gender history without their consent. Explicit written consent must be gained from the patient each time their personal information is processed or shared

7 Terms and definitions

| Term | Definition |
|------|---|
| RC | <ul style="list-style-type: none"> Responsible Clinician |
| RN | <ul style="list-style-type: none"> Registered Nurse |
| MM | <ul style="list-style-type: none"> Modern Matron |
| WM | <ul style="list-style-type: none"> Ward Manager |
| CL | <ul style="list-style-type: none"> Clinical Lead |
| SW | <ul style="list-style-type: none"> Support Worker |
| AMHP | <ul style="list-style-type: none"> Approved Mental Health Professional |
| MHA | <ul style="list-style-type: none"> Mental Health Act |
| EWS | <ul style="list-style-type: none"> Early Warning Score |
| TEWV | <ul style="list-style-type: none"> Tees Esk Wear Valley. |

8 How this procedure will be implemented

- This procedure will be published on TEWV and Acute Hospital intranet and external website.
- Line managers will disseminate this procedure to all hospital employees through a line management briefing process specific to each hospital (TEWV and local Acute Hospitals)

8.1 Training needs analysis

| Staff/Professional Group | Type of Training | Duration | Frequency of Training |
|--|--|----------|-----------------------|
| New starters across wards, Liaison, Crisis services. | Procedure awareness will be included in local induction. | NA | NA |

9 How the implementation of this procedure will be monitored

| Number | Auditable Standard/Key Performance Indicators | Frequency/Method/Person Responsible | Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). |
|--------|---|--|--|
| 1 | Routine audit/monitoring of compliance with this procedure will be part of normal operational management responsibilities. Compliance with the discharge element of this policy will be monitored by Matrons as part of quarterly audits. | Quarterly monitoring by Service managers and Matrons through clinical audit tools. | Local governance groups and meetings. |
| 2 | Procedure will be shared through operational and clinical meetings including team meetings, joint partnership groups with acute care providers, local governance meetings. | Service Managers within Acute Liaison services will circulate procedure once sign off is agreed by May 2023. Monitoring complete by email and meeting minutes. | Quarterly review and recirculation, monitored by meeting minutes and email, through TEWV governance structure. Escalated accordingly if concerns are highlighted during review of procedure. |
| 3 | Added to all local inductions for staff to familiarise themselves with the procedure, completion of appendix D on transfer. | Team and ward managers to ensure the procedure remains within local induction. | Reported quarterly by service managers and Modern Matron following review of local induction packs. |

10 References

- www.nhs.uk – Achieving better access to 24/7 Urgent and Emergency care.
- www.nhs.uk – core 24 Model.
- www.NMC.org.uk – NMC Guidelines.
- www.ncepod.org.uk – Treat as one.
- www.england.nhs.uk – Preventing patients falling through the gap.

11 Document control (external)

To be recorded on the policy register by Policy Coordinator

| | |
|------------------------|--|
| Date of approval | 24 May 2023. |
| Next review date | 24 May 2026. |
| This document replaces | CLIN-0069 –v2 Inter hospital transfer procedure. |

| | |
|--|--|
| This document was approved by | ECLS (virtual approval 02 May 2023) (Framework removed) – v3 Executive medical director 24 May 2023 (Framework reinstated) -v3 ECLS (retrospective formal approval 06 June 2023) – v3 ECLS (formal approval 06 June 2023) -v3.1 |
| This document was approved | |
| This document was ratified by | |
| This document was ratified | . |
| An equality analysis was completed on this policy on | 27 April 2023 |
| Document type | Public |
| FOI Clause (Private documents only) | n/a |

Change record

| Version | Date | Amendment details | Status |
|---------|-------------|---|-----------------------------|
| 2 | 19 Feb 2018 | Full revision | Published |
| 2 | Feb 2021 | Review date extended to 19 August 2021 | Published |
| 2 | July 2021 | Review date extended to 19 February 2022 | Published |
| 3 | 02 May 2023 | <p>Through consultation with mental health Liaison Services and inpatient services the following recommendations have been made in order to improve and facilitate smoother transfer to acute hospital setting and discharge from acute hospital settings.</p> <ol style="list-style-type: none"> 1. The procedure will be circulated to improve awareness and oversight by service managers to appropriate acute trust forums and meetings. 2. Shared locally with Urgent Care Pathways Lead to be embedded within the Urgent care forum agenda. 3. Teams to discuss and review with ward staff at a local level, through team meetings, supervision and local induction. 4. All mental health liaison services contact details have been added. 5. Appendix 3 and Appendix 4 have now been added which have been shared trust wide and supports staff with advice and guidance when seeking medical advice for all mental health patients. | Approved but not published. |

| | | | |
|------|--------------|---|--|
| | | <p>These documents provide clarity and reduce potential risks.</p> <p>6. Updated procedure to be shared and communicated with wider TEWV staff and agreed for sign off with a review date embedded.</p> | |
| v3 | 24 May 2023 | The framework has been reinstated into this document to provide support for serious incident action plan. Please see Appendix 5 and Appendix 8 | Accepted by executive medical director and approved for publication. |
| v3.1 | 12 June 2023 | Added link to Pharmacy document “Medication Safety Guidance: Transfer of Patients Between Mental Health Bed and Acute Trust Hospital Ward” to Related documents section 4. | Published (per ECLS 06 June 2023) |

Appendix 1 - Equality Analysis Screening Form

Please note: [The Equality Analysis Policy and Equality Analysis Guidance](#) can be found on the policy pages of the intranet

| Section 1 | Scope |
|---|--|
| Name of service area/directorate/department | Trust Wide |
| Title | Inter Hospital Transfer Procedure |
| Type | Procedure/guidance |
| Geographical area covered | Trust Wide |
| Aims and objectives | <p>Following this procedure will help the Trust to:-</p> <ul style="list-style-type: none"> • Ensure that each service understands accountability for the service user's care and expectations where the responsibility for different aspects of care is shared. This document identifies the processes staff will follow within Tees, Esk and Wear Valleys NHS Foundation Trust and local Acute Trusts. • Allow this document to be used in conjunction with any other locally agreed procedures and any which have been agreed with the acute trust. • Ensure that all staff from local Acute Trusts and Tees Esk and Wear Valleys NHS Trust (TEWV) are aware of the process to follow to ensure a safe and effective transfer. • Ensure that all staff involved in a potential transfer between mental health and acute hospital trust are aware of the process to follow to facilitate a safe and effective transfer |
| Start date of Equality Analysis Screening | March 2023 |
| End date of Equality Analysis Screening | 27 April 2023 |

| Section 2 | Impacts |
|---|---|
| Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit? | Patients who require transfer from TEWV hospital sites to Acute hospital sites. |

| | |
|--|---|
| <p>Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?</p> | <ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO |
| <p>Describe any negative impacts</p> | <p>N/A</p> |
| <p>Describe any positive impacts</p> | <p>To provide additional safeguards around physical health needs. Gives clear roles and responsibilities for TEWV and Acute hospital staff.</p> |

| <p>Section 3</p> | <p>Research and involvement</p> |
|---|---|
| <p>What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)</p> | <p>Expert advice from local Acute liaison service and networks.</p> |
| <p>Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?</p> | <p>Yes</p> |

| | |
|--|--|
| If you answered Yes above, describe the engagement and involvement that has taken place | Direct liaison with Acute liaison services within TEWV. Plan to review within network meetings between TEWV and Acute hospitals. |
| If you answered No above, describe future plans that you may have to engage and involve people from different groups | N/A |

| Section 4 | Training needs |
|--|-----------------------|
| As part of this equality analysis have any training needs/service needs been identified? | No |
| Describe any training needs for Trust staff | N/A |
| Describe any training needs for patients | N/A |
| Describe any training needs for contractors or other outside agencies | N/A |

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 - Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

| | Title of document being reviewed: | Yes / No / Not applicable | Comments |
|-----------|---|---------------------------|--|
| 1. | Title | | |
| | Is the title clear and unambiguous? | Yes | |
| | Is it clear whether the document is a guideline, policy, protocol or standard? | Yes | |
| 2. | Rationale | | |
| | Are reasons for development of the document stated? | Yes | |
| 3. | Development Process | | |
| | Are people involved in the development identified? | Yes | |
| | Has relevant expertise has been sought/used? | Yes | |
| | Is there evidence of consultation with stakeholders and users? | Yes | Experts from Durham and Darlington have produced the template for roll out, Active input from Tees Liaison and comments requested from North Yorks and York Liaison. |
| | Have any related documents or documents that are impacted by this change been identified and updated? | Yes | This document supplements the Admission Transfer and Discharge of service users within Hospital and Residential settings |
| 4. | Content | | |
| | Is the objective of the document clear? | Yes | |
| | Is the target population clear and unambiguous? | Yes | |
| | Are the intended outcomes described? | Yes | |
| | Are the statements clear and unambiguous? | Yes | |
| 5. | Evidence Base | | |
| | Is the type of evidence to support the document identified explicitly? | Yes | |
| | Are key references cited? | No | Based on best local practice |
| | Are supporting documents referenced? | No | Appendices locally developed |

| | Title of document being reviewed: | Yes / No / Not applicable | Comments |
|------------|---|---------------------------|---|
| 6. | Training | | |
| | Have training needs been considered? | Yes | Verbal discussion and updates shared, training provided to staff where required. |
| | Are training needs included in the document? | Yes | |
| 7. | Implementation and monitoring | | |
| | Does the document identify how it will be implemented and monitored? | Yes | |
| 8. | Equality analysis | | |
| | Has an equality analysis been completed for the document? | Yes | |
| | Have Equality and Diversity reviewed and approved the equality analysis? | Yes | Recommended and approved by changes are incorporated in the Procedure by E&D on 3rd May 2023. |
| 9. | Approval | | |
| | Does the document identify which committee/group will approve it? | Yes | |
| 10. | Publication | | |
| | Has the policy been reviewed for harm? | Yes | |
| | Does the document identify whether it is private or public? | yes | Public |
| | If private, does the document identify which clause of the Freedom of Information Act 2000 applies? | n/a | |

Appendix 3 - Process for formal and informal adult patients who require medical assessment and/or treatment while on leave from a mental health ward.

On occasions a patient who is on leave from a mental health ward may require medical assessment and/or treatment from an acute hospital. To ensure the ward is notified of their patient at the earliest opportunity a process has been implemented to support with risk assessment and discharge planning.

The treating mental health ward is responsible for the co-ordination of care and liaising with the acute trust to plan and facilitate discharge. The process is as follows:

Patient arrives at the emergency department or admitting acute ward requiring medical assessment and/or treatment whilst on leave from the treating mental health ward.



Alerting mental health services:

Acute hospital staff to inform the treating mental health ward or Liaison psychiatry when a patient who is on leave from a mental health ward accesses A&E. TEWV staff must ensure this information is shared with the other service (treating mental health ward or Liaison psychiatry).



Responsibility for patient:

The treating mental health Ward is to take responsibility for the co-ordination, risk assessment and management of the patient including discharge from the acute trust.

If the treating mental health ward is unable to complete a face to face assessment due to registered nurse capacity issues the nurse in charge would need to liaise with crisis and liaison to support with completing the assessment.

In the event crisis or liaison are unable to support with face to face assessment for the patient this must be escalated to service managers or manager on-call.



Once the treating mental health ward have been alerted to the patient presenting to the acute trust the Trust patient transfer form is to be shared with the acute trust within 1 hour to ensure full summary of risks are shared with the acute ward. Appendix 14.9 of the ["Protocol for hospital transfer between TEWV NHS FT and acute hospital"](#)

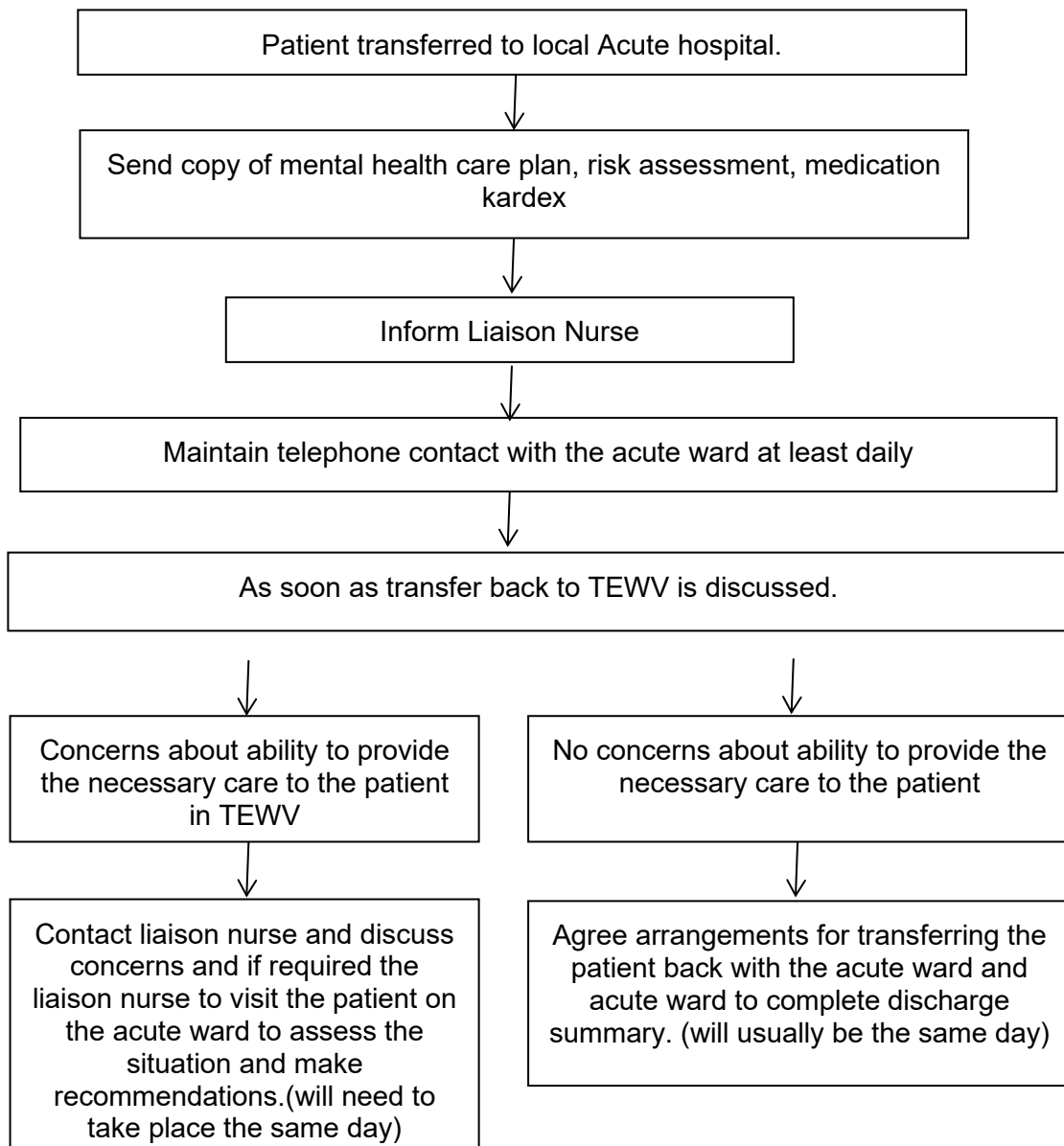


Discharge planning from the acute trust to be reviewed on an individualised basis, taking individual risks and discharge planning into consideration. The patient may not always be required to return to the mental health ward however the crisis team must be involved with the discharge planning process.

Please ensure the following documentation is completed prior to discharge:

- Safety summary and safety plan.

Appendix 4 - Flowchart for care of Mental Health patients transferred to Acute hospitals (where MHA is indicated discuss with Liaison Team/ on call Psychiatrist)



Appendix 5 - Assessment of patient prior to transfer from an acute hospital ward to a TEWV NHS FT ward

| | |
|--|--|
| Patient's Name: | |
| Date of assessment: | |
| Name of MH nurse making assessment: | |
| Name of acute hospitals nurse giving information: | |
| Reason for acute hospital admission Diagnosis Investigations / procedures performed and results of these | |
| Blood chemistry and haematology Is the patient well hydrated? Are there any unexplained results? What (if any) blood investigations need to be performed and when? | |
| Outstanding investigations Are there any more investigations / procedures planned? What are the arrangements for these? Is any out-patient follow-up planned? | |
| Clinical observations What is the patients current EWS score? Are TPR, BP & O ₂ sats within normal limits? If not, what are the plans to monitor these? | |
| Infection Does the patient have any infections that the receiving ward should be aware of? MRSA / C. diff/ Other please state Has the ward had any recent outbreaks of Diarrhoea and Vomiting? | |
| Pain Is the patient's pain well controlled? What analgesia is being given? | |
| Wounds and dressings Does the patient have any sutures, staples or drains? What are the arrangements for removing these? Does the patient have any wounds which require dressing, and if so with what? | |
| Pressure areas | |

| | |
|---|--|
| <p>Are the patient's pressure areas intact? If not, where and what grade are the ulcers? What pressure relieving equipment is needed?</p> | |
| <p>Elimination Does the patient have a catheter? If so, why? And what is the long-term plan? When was the patient last catheterized? When did the patient last open his / her bowels?</p> | |
| <p>Nutrition and hydration How well is the patient eating and drinking? What is the patient's weight? Is it stable? Which nutritional supplements are being used? If the patient has a PEG, what is the feeding regime? Are hydration supplements being used? (IV / sub cut) Has the patient managed to sustain adequate hydration without these for 24 hours?</p> | |
| <p>Mobility What is the patient's current level of mobility? Is the patient receiving physiotherapy? If so, what advice is to be followed? What aids / equipment is the patient using?</p> | |
| <p>Equipment List any special equipment the patient is using (mattress, hoist, wheelchair, oxygen, NG tube, PEG etc) and ensure the patient will have a supply of all necessary equipment on transfer</p> | |
| <p>Medication Check that a supply has been ordered to send with the patient. Check that a discharge script will be sent with the patient Are any of the drugs temporary (e.g. steroids, antibiotics), when and how should they be stopped?</p> | |
| <p>Nursing management problems Have there been any difficulties caring for this patient? If so, what were they and how were they overcome?</p> | |
| <p>Information What have the patient and carer been told about diagnosis, tests, causes, treatments etc.?</p> | |
| <p>Any other information:</p> | |
| <p>Name of Mental Health Nurse: Name of Acute Hosp Nurse:</p> | |

Appendix 6 - Liaison Contact numbers

Contact for Mental Health Liaison Team
Liaison can be contacted 24 hours a day :

Durham Liaison Team –
Telephone 01913333550

Darlington Liaison Team
Telephone: 01325736400.

North Tees Team
Telephone: 01642624318

South Tees Team
Telephone:01642838201.

Harrogate Team
Telephone: 01423553734

Hambilton and Richmond Team
Telephone: 01609751990

Scarborough General Team
Telephone: 01723342663

York Team
Telephone: 01904631313

Appendix 7 - Eating Disorder Protocol

PATIENTS ON NORTHERN CENTRE FOR EATING DISORDERS BIRCH WARD, WEST PARK HOSPITAL

NCED at Birch ward runs a combined on site management approach with the medical directorate at North Tees & Hartlepool NHS FT – ward 27 at North Tees Hospital. It has an MDT which includes acute care staff (physician and RGN), a nursing team with a high level of observational training and is equipped with monitoring equipment to allow for the clinical management of low weight and less medically well patients than the rest of the WPH site. The unit has its own medical management operational Procedure which is applied to all patients admitted to the unit.

All patients requiring non-blue light emergency medical treatment on a medical ward are to be assessed and managed in conjunction with the on-call medical team and ward 27 at North Tees General hospital. Their assessment and management should be as per the operational Procedure on the unit. There will still be some admissions to DMH which will be arranged as needed or bed availability and then their transfer and management will be according to this inter-hospital transfer Procedure with the associated documentation current treatment plan, including dietetic plan being provided.

Patients assessed by the doctor or nursing staff as being in medical extremis, requiring blue light emergency treatment are to be blue light ambulance transferred to A&E/ward 27 North Tees Hospital or DMH wherever appropriate in an emergency.

Birch ward will provide continuing 1:1 or greater supervising as required and agreed necessary with the treating team.

Daily contact will be made by the Doctors at Birch with the DMH ward as to the patient's status and readiness for transfer back to the unit.

There are no transfer requirements between NCED Birch at WPH and UHND.

OTHER ED PATIENTS ON WARDS IN ACUTE TRUSTS

The NCED Birch is not a direct admissions unit with admission only being accepted via the community eating disorder teams via a regionally commissioned pathway

ED patients on the acute wards will most commonly already be under the care of TEWV Community Eating Disorder team and most admissions are normally arranged in conjunction with them, the patients GP and a medical consultant. Contact should be made directly with the team at Imperial Avenue on 01642 550863 (Mon – Fri, 9am – 5pm) to alert them of the patients presence on the ward if they are not already aware such that they can provide the input and support as needed.

If the patient is not known to the ED service they should in the first instance be referred to the Liaison teams at DMH & UHND respectively who will coordinate and arrange for the community ED team referral.

Any transfers from the wards to the mental health units will be on an organised and agreed basis coordinated by the liaison or ED team and should follow the standard protocol as detailed in the main Procedure

Appendix 8 - Tees Esk and Wear Valleys NHS Foundation Trust Transfer Form (Confidential)

| | |
|---|---|
| Transfer From: (details below) | Transferred to: (details below) |
| Ward/Dept: Address: Tel. No: | |
| Patient Name: | Religion: |
| Hospital No: | G.P. |
| Age: | Next of Kin: Name: Address: |
| Diagnosis: | Next of Kin informed (Please indicate yes <input type="checkbox"/> OR no <input type="checkbox"/>) |
| Mental Health Act Status: | CPA Status: |
| Valuables accompanying: (detail) | |
| Reason for transfer | |

TRANSFER FORM (Confidential) cont/d

Patient's Current Mental Health Status:

Current Medication: send via Kardex

Level of Observation:

Physical Condition:

Additional Information:

Signed: -----

Name (Please print)-----

Contact Number: ----- **Date:** -----