



Standard Operating Procedure to support the safe temporary transfer of patients across Mental Health Inpatient areas

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Standard Operating Procedure to describe the process to ensure safe practice when a patients care is temporarily transferred outwith their locality ward across MH Inpatient areas

This Standard Operating Procedure (SOP) should be read in conjunction with the **Bed Management Policy and Operational Guidance NHS GGC Mental Health Services**

The aim of this SOP is to:

- Ensure the safety of patients and staff remains paramount when care is required to be temporarily transferred out with the patients locality ward.
- Ensure communication with patients, families and between services is of a high standard.
- To ensure patients and families are involved and feel supported before, during and after the temporary transfer of care
- Provide staff with a structured and consistent approach to help them identify patients who are suitable, to move out with their locality ward because of bed pressures, this may be an existing patient or a patient on admission.
- Ensure that all staff are clear about their roles, responsibilities and are able to identify when there is a need for escalation.

Definitions of Temporary Transfer of Care: (This SOP mainly focuses on Temporary Transfer of Care within NHS GGC but also includes a brief section on Inter-Board Transfers)

Someone whose care has been temporarily transferred and is currently residing in an in-patient bed out with their locality ward (catchment area), the following categories fall under this definition:

- **Ward Transfers (existing patient transfer)** - patients may be moved internally to another ward in order to make a bed available for a new admission.
- **Transfer to Other Speciality** - if there are exceptional pressures on beds an individual may be identified as potentially appropriate to transfer to another specialist area e.g. from Adult Services to Older People Services.
- **Transfer to another Mental Health hospital out with the patient's locality** – in the event that there are no admission beds available, a patient may be identified for transfer to another hospital site to accommodate a new admission or the new admission may be admitted out with their locality ward/hospital.
- Patient who has been admitted to their locality hospital but not under the care of their RMO/locality ward.

- Patient who has been admitted to Acute Services, who will be transferred back to their locality ward when deemed medically fit, or someone who is awaiting a bed within Mental Health Services

Rationale:

New admissions including 'No Fixed Abode' patients should be admitted to the locality ward of their assigned RMO. However due to the demand for mental health inpatient admission beds, bed capacity is frequently reached within admission areas. In order to safely and effectively manage beds throughout the mental health system there may be a need to create additional bed capacity by moving patients out with their locality ward.

Principles:

The principles of this SOP are to;

- Minimise clinical risk to patients being moved or patients waiting for admission out with their locality ward/hospital
- Maintain patient centred care by taking into account the patient/family needs and involving the patient in the decision making process
- Minimise any adverse effect on the overall experience for patients being admitted out with their locality ward, or being temporarily transferred to another area out with their locality ward/hospital
- Reduce delays to admission through Multidisciplinary discussion and planning and identify possible bed capacity for unplanned admissions
- Maximise communication with the patient and their family and have clear guidance in place to ensure the patient and family remain supported throughout the temporary transfer of care
- Base decisions around best evidence ensuring that any patient movement will not be detrimental to the patient's mental well-being and/or physical health.

Anticipated Outcome:

To ensure that service provision to the wider population is sustained and that hospital patient flow meets both scheduled and unscheduled care demands with no detrimental impact on overall patient care.

Existing Patient Temporary Transfer of Care

The following criteria should be used to identify if someone is suitable to be moved out with their locality ward to free up bed capacity and support admission.

Patients suitable for Temporary Transfer of Care	Patients unsuitable for Temporary Transfer of Care
<p>Those who have <i>an agreed care and treatment plan</i> and it has been recorded that they can be moved for non-clinical reason</p> <p>Those whose discharge is planned within 24-48 hours</p> <p>Those who are on extended pass</p> <p>Those with no cognitive impairment – (An Abbreviated Mental Test (AMT) score of 8 or above or similar cognitive test)</p> <p>Those with a frailty score of 4 or less (based on Rockwood(ROC) frailty scale)</p> <p>Those who are clinically stable:NEWS2 score of 4 or less with no one category with a score of 3</p>	<p>Where the Multidisciplinary team have assessed and documented that a patient’s care cannot be temporarily transferred for a clinical reason</p> <p>Patients who are on an Assessment Order or Treatment Order under Section 52 of the Criminal Procedure (Scotland) Act 1995’, or any other patient who would be considered a ‘Restricted Patient’ as their transfer must be authorised, and a warrant issued, by the Court or Restricted Patient Team at The Scottish Government</p> <p>NB: patients who are detained under the MH(C&T) (S) Act 2003 can appeal transfer between hospitals and therefore should be given notice in line with the Act.</p> <p>Patients with behavioural/psychiatric issues requiring specialist input</p> <p>Patients receiving end of life care</p> <p>Patients whose care has previously been transferred more than once</p> <p>Patients in isolation on the advice of IPCT ¹</p> <p>Frail older people and those with a Cognitive impairment (AMT score of 7 or less and/or ROC frailty score of 5 or more)</p>

¹ Older persons with medical, nutritional, psychological or functional impairments. **Clinical Frailty Scale** -Measures frailty based on clinical assessment - Ranges 1- 9 based upon level of functional independence

Criteria for Movement of patients for Non-clinical reasons:

- All decisions will be based on the clinical condition of the patient as documented in the electronic patient record which would include any MDT advice regarding movement i.e. (acuity of mental illness/risk factors /MH Act Status/physical health)
- Communication between clinical teams must take place to ensure that there is no disruption to the person centred care plan.
- The Nurse in charge of the locality ward should advise the patient and the next of kin; including informal and formal carers that the patient is moving and explain that support will be available to maintain person centred visiting if the person has been moved to another Mental Health Inpatient Hospital This communication and support arrangements should be recorded in the patient's **electronic patient record**.
- Electronic Handovers ~Situation; Background; Assessment; Recommendation (SBAR) should be updated on EMIS
- Patients' discharge plans must be passed on at the time of transfer.

Capacity and Patient Flow

- The nurse in charge of each ward in conjunction with senior medical staff will identify at least two suitable patients whose care could be temporarily transferred to create bed capacity. A suitable ward for transfer must also be identified to maintain a safe environment and ensure placement within an appropriate clinical setting.
- The patient must agree with the plan. Patients should be identified to the Bed Management team and if a ward is unable to identify any suitable patients this should be escalated to the Operational Nurse Managers who will link with Senior Medical staff, Inpatient Service Manager or Head of Service as appropriate.
- Movement of patients suitable for transfer should where possible be completed by 20:00hrs with an absolute cut off of 21:00hrs and any non-clinical movement of patients after this time requires to be escalated to the on-call manager and reported at the next morning Huddle. It should be recognised that on occasions adult admission wards will require to transfer patients after 21.00hrs, this should happen by exception.
- In the event that there are no patients identified as being suitable for temporary transfer, an available bed should be identified by Bed managers/site response nurses to facilitate the admission, the type of ward and patient needs must also be considered.
- Consideration requires to be given to the pressures of the receiving ward/site and where possible, assistance should be provided to manage patients requiring enhanced observations for up to a 72 hr period, during which time the locality site will seek assistance from within their own workforce.
- Staff will be transported to and from hospitals within the confines of their shift start/finish times, unless by alternative arrangements e.g. staff living close to the hospital where the patient has been temporarily transferred, will go directly there at commencement of their shift rather than travelling to their base.

Local Systems

- On transfer the patients Electronic Patient Record should be reviewed and updated by the nurse in charge and the on call doctor, this includes review of the person centred care plan and CRAFT.
- If the patient is a new admission and is being admitted out with their locality hospital, then the admission and clerk in should take place at the receiving hospital.

- The medical team from the locality ward will maintain contact with the medical team on the ward where the patient has been transferred to. The purpose of this is to have a discussion about the patients current mental health and progress, possible transfer back to locality ward, this will be recorded as normal via the electronic patient record on EMIS, this should happen once per week as a minimum.
- Nursing care, follow up and discharge planning should be responsibility of the ward staff where the patient is currently residing (including, acute wards, rehab and old age wards)

Roles and Responsibilities:

Consultants

The Consultant will be responsible for the ongoing management and clinical care of patients who have been transferred on a temporary basis.

If a patient has been admitted out with the locality ward the MDT for that ward are responsible for the clinical care and management of the patient until the patient is transferred back to their locality ward and there should be as a minimum weekly communication between the two consultant psychiatrists

Doctors in training

The responsibility for trainees is to provide medical care for any patient who is in their ward regardless of specialty. They also have a responsibility to highlight any clinical concerns to the locality clinical team or the clinical team with designated responsibility for the patient

Senior Charge Nurse /Nurse in charge

Nurse in charge is responsible in conjunction with the ward medical staff to identify appropriate patients who are suitable for boarding. Not all patients will require a medical review.

It is the responsibility of the Nurse of the referring ward to provide effective information on the electronic handover (SBAR) for those patients that are identified to transfer, ensuring that all relevant and essential information is transferred. It is also the responsibility of the nurse in charge to communicate with both the patient, the next of kin, informal and formal carers timeously to ensure recording of this. Should any specialist nursing advice be required this should be co-ordinated between the locality ward and ward the patient has transferred to.

Bed Manager/Site Page Holder/Response Nurse

It will be the responsibility of the bed manager/site page holder/response nurse to use their clinical expertise in providing support to ward staff, in identifying suitable patients to transfer. They should also keep a record of those patients who have been transferred. These lists will be collated and emailed out locally to specific staff in accordance with local protocols.

The Bed Managers will ensure they communicate with the relevant inpatient service manager and provide up to date and accurate information on those patients who are moved out with their locality ward for non-clinical reasons

Inpatient Service Manager/Operational Nurse Managers

It is the responsibility of the above groups to ensure that patients are identified as suitable to transfer in line with the guidance criteria within this SOP.

Operational Nurse Managers are required to ensure that there are safe staffing levels in the wards patients are transferring into. (As per NHS GG&C Rostering Policy). It is also their responsibility alongside the Senior Charge Nurse, to provide professional leadership and support to ward staff in the application of this SOP and in particular in conversations with patients and families who also have a role in escalation.

AHP's

Patients who are temporarily transferred but have ongoing therapy needs the AHP staff from the locality ward will communicate the treatment plan with the AHP staff in the temporary transfer ward. It is the responsibility of the AHPs working on the temporary transfer ward to continue to deliver all assessed AHP interventions.

Crisis/IHTT/CRS /CMHTs/Discharge co-ordinators

Crisis/IHTT/CRS /CMHTs/Discharge co-ordinators should remain involved with patients identified for temporary transfers in order to provide in-reach support and coordinate/facilitate discharges as planned.

Facilities

When required it is the responsibility of facilities managers to ensure support staff are available to facilitate transfer of patients before 20.00 hrs.

Systems:

Identification of Clinical Areas Suitable for temporary transfer of care for Patients

Each Hospital must have a template with a matrix of wards and beds suitable to use for patients who require to be temporarily transferred

It is essential that all patient movement is updated timeously on Trakcare.

Safety Huddle Exception Reporting

Patients who are temporarily transferred must be discussed at the morning safety huddle. Details of these patients will be contained within the Shift Report/Temporary transfer of Care Report completed by the bed managers (in hours) and site page holders/response nurses (out of hours)

Datix incidents:

Any untoward incidents with any patient who is moved from their locality ward for non-clinical reasons should be recorded formally using the Datix system this includes patients who are moved for non-clinical reasons from their locality ward after 22.00hrs

Reporting Arrangements

Daily reports of any patient moved for non-clinical reasons will be circulated as per the bed management policy.

The bed management team will issue weekly reports to the local and HSCP management team via local and city wide huddles, reporting the overall number of patients currently out with their locality ward/locality hospital, age and the time they were moved.

Sector Management teams should have in place arrangements to review the overall activity for their site. Reporting should be to the Board wide bed management group/huddles, Clinical Governance Groups and the Board Nurse Director / Chief Nurse Group to ensure that all aspects of quality, safety and patients experience are reviewed.

Escalation

In Hours

If there are minimal or no patients identified to transfer and this is likely to impact on the ability to admit, the Bed Manager should escalate as per local arrangements.

Out of Hours

In the event that there are no patients identified to transfer from the in-hours period, or a sudden and unexpected number of admissions is having a significant impact on patient safety, the site page holder/response nurse should ask wards to undertake a further review to identify patients suitable to transfer. If at this point there are still no patients identified as being suitable to transfer and the lack of available beds is having a significant impact on the ability to admit they should contact the on call manager for advice and further action.

Families

There needs to be a mechanism in place to allow families/next of kin etc to raise their objections and be able to escalate if they are unhappy at the patient being moved.

Transferring between Acute Hospitals to Mental Health Hospitals:

If a patient is admitted to an Acute Hospital and throughout the admission, it is assessed that the patient has a mental illness and requires a Mental Health Bed, and then the following steps must be followed:

- Acute ward staff will contact Liaison Psychiatry to inform them of the admission who will attend the ward that day or the next day to carry out a mental health and clinical risk assessment.
- There must be agreement between both acute and mental health services that the patient is medically fit for transfer from the acute hospital to a mental health bed.
- Liaison psychiatry will contact the locality hospital bed manager to identify a suitable bed.
- If a bed is not available in the locality hospital even after considering patient transfer of care, the bed manager will attempt to identify a bed in another mental health inpatient hospital
- If there are still no beds available then the Service Manager for Specialist Services will escalate this to the Head of Service with overall bed management responsibilities.
- This is then highlighted at the mental health inpatient huddle that take place on a Friday or sooner if there are extenuating circumstances. The overall responsibility for finding a suitable bed is with the Bed Managers.
- Liaison psychiatry will remain in contact with the patient and ward until a mental health bed is sourced.

All attempts will be made to identify a mental health bed as soon as possible.

Patients who require Mental Health Inpatient Care: Transfers from another Health Board to GGC:

The principles and guidance described in '**Patients who require Mental Health Inpatient Care: Transfers from another Health Board to GGC**' (Appendix 1) should be applied if a patient is being transferred from another Health Board because of:

- Lack of available admission beds in the assessing HB
- Returning a patient assessed/admitted out of area to his/her responsible HB

Appendix 1



Inter-Board Transfers.
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