

THE STATE HOSPITALS BOARD FOR SCOTLAND

INTERHUB TRANSFER POLICY

Policy Reference Number	CP19	Issue: 4.1
Lead Author	Clinical Operations Manager	
Contributing Authors	Risk Management Facilitator	
	Security Managers	
	Senior Charge Nurse	
	Psychology Staff	
	Patient Partnership Group	
Advisory Group	Interhub Transfer Group	
Approval Group	Policy Approval Group	
Implementation Date	27 November 2020	
Next Review Date	31 December 2024 (27/02/24 - PAG approved review date extension)	
Accountable Executive Director	Medical Director	

The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: <http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

CONTENTS	PAGE
1. Purpose	3
2. Background	3
3. Scope	3
4. Definition	3
5. Planned Procedure	4
– Initial stage of Transfer procedure	
– Transfer from Hub	
– Next stage of Transfer procedure for all Hubs	
6. Nursing Interventions	5
7. After Transfer Procedure – same day as transfer	5
8. Conflict Resolution	6
9. Unplanned Emergency Transfer	6
10. Recommendations for Audit and Records	6
11. Review	7
12. Format	7
Appendix A – Patient Proforma Interhub Transfer	8
Appendix B – Inter Ward/Hub Transfer Nursing Checklist	9

1. PURPOSE

To standardise the practice of transferring patients between Hubs within The State Hospital. (TSH) This document provides a framework for Clinical Teams to use when transfers are being arranged. It should be read in conjunction with the ICP for Inter Hub Transfer.

2. BACKGROUND

There will be occasions when, due to identified risks, patients may require to move from one Hub to another. When used in association with the Inter-Hub transfer ICP, this policy will help ensure a more proactive approach is taken to patient transfer. It will also help promote consistent standards of practice and avoid discrimination.

3. SCOPE

The procedure applies to all members of the Clinical Team, Hub staff and relevant managers. It is relevant to all Hubs involved in the transfer of patients between Hubs in TSH.

4. DEFINITION

Inter Hub transfer is the process whereby a patient is moved from one Hub to another. This process should be consistent with the principles of the Mental Health (Care and Treatment) (Scotland) Act 2003.

The whole process should be: -

- Seamless.
- Planned.
- Driven by clinical and safety needs.
- Beneficial to the patient and his individual needs.
- Person centred
- Fully inclusive i.e. all relevant parties should be involved, including carers.

Inter Hub transfers can occur for the following reasons, for example: -

- Actual or potential aberrant behaviour on a Hub e.g. sexual impropriety, serious violence.
- To create a bed for a patient from another Hub who requires to be moved.
- For patient and staff safety in line with recommendations from an Adult Support & Protection investigation
- Necessitated by patients within the same hub being disassociated (when disassociation unlikely to be short term)

Transfers happen on (a) **planned** and (b) **unplanned emergency** basis. Every attempt should be made for transfers to be planned. The procedure should be adhered to unless there are valid reasons not to do so. It is acknowledged that in unplanned emergency transfers some of the procedure may not take place immediately.

5. PLANNED PROCEDURE

Initial Stage of Transfer Procedure

5.1 Patient should be identified as being appropriate for transfer.

Transfer from Hub

5.1a The need for transfer from a *Hub* will be identified by the referring Clinical Team. The referring Clinical Team will make the Patient Pathway Meeting aware of the need to transfer a patient. Through the Patient Pathway Meeting a new potential Hub and RMO will be identified.

Spare bed availability requires to be identified within the Hospital. If more than one free bed is available, the referring Clinical Team members need to make a recommendation about the most appropriate Hub for the patient to be transferred to; in practice this will occur through liaison/discussion with the potential receiving hub. This should take into consideration the individual needs of the patient being transferred and the mix of patients on the receiving Hub. Any disassociation between patients and also staff and patients will be taken into consideration.

Next Stage of Transfer Procedure for all Hubs

- 5.2 The RMO and Lead Nurse from the transferring Hub should contact the identified RMO and Lead Nurse in the potential receiving Hub. This contact will take place through a referral letter or email. There should be a joint case review (this should involve as many multi-disciplinary team members as possible) prior to planned inter-hub transfers which should be minuted and the information shared with all appropriate staff in the receiving hub. Processes for the inter-hub transfer should be monitored to ensure effective multidisciplinary handover. Details will be provided outlining the proposed move, proposed timings and reasons for the move. This will allow the receiving team to become familiar with previous clinical assessments and the patient's history.
- 5.3 An assessment will be carried out by the receiving Clinical Team if there is any dubiety about the patient's suitability for transfer.
- 5.4 Clinical staff should reach agreement on the transfer which would then proceed. The minimum staff involvement on agreeing to transfer or not should be the RMO and the Lead Nurse or their deputies (see Section 8 for conflict resolution). Due consideration should be given to the timing of the transfer with regard to the patient's routine and activities.
- 5.5 The reasons for moving a patient should be fully discussed with the patient concerned by a member of the Clinical Team. The patient's named person or primary carer must be contacted by the existing key worker; this should be done by day 7 prior to transfer.
- 5.6 Where possible, visits to the receiving Hub will be arranged for the patient to help familiarise the patient with his key worker, new ward team members, peer group and surroundings. This should be arranged to maximise the patient's opportunity to familiarise himself with the relevant Hub routine.
- 5.7 A key worker handover should take place before the patient is transferred to another ward. This handover can be achieved through email, telephone or face to face meetings. The RMO, Psychology, AHP, Social Work should ensure that current reports are shared and a handover takes place to support consistency of input.
- 5.8 Nursing staff will commence completing 'Interward/Hub Nursing Checklist (see Appendix B) and this will follow the patient to the receiving ward/hub.

- 5.9 After a patient has been transferred there will be a review of the transfer by the receiving Clinical Team within 1 week or at next Clinical Team Meeting. This review will determine the appropriateness of the new Hub for the patient as well as whether the transfer proceeded satisfactorily. If necessary, a joint review of the patient should be undertaken 4 weeks after the patient has moved to the new Clinical Team.

6. NURSING INTERVENTIONS

- 6.1 On the day of transfer items will have been moved from the referring Hub to the receiving Hub. These will include:
- Medical records to be informed of the patient being transferred to update bed status, RMO details and to make necessary changes to RiO
 - All relevant paperwork - e.g. prescription kardex
 - Property and valuables
 - Any medication specific to that patient e.g. clozapine
- 6.2 Property and valuables should be checked by nursing staff from the referring Hub prior to transfer and after transfer by the receiving Hub. These checks should include property in the patient's possession as well as property in storage.
- 6.3 The receiving Hub requires to ascertain (if applicable):
- When the next dose of the patient's depot is due
 - If any routine blood tests need to be carried out
 - The patient's placements timetable
 - Any outings that have been arranged
 - The patient's urinalysis category
 - Whether the patient has a Form T2 or T3
 - The "at risk" register status
 - The tailored security status
 - Treatment plan objectives
 - Necessary level of observation
 - Any alerts regarding eating requirements/risk of choking
 - Any specific spiritual and pastoral care/diversity needs
 - Any barriers to communication e.g. language, sensory impairment, Dementia, Intellectual Disability

Other additional information will be communicated to the receiving Hub as described in the Inter Hub transfer ICP.

- 6.4 At the earliest opportunity, the named person, primary carer, nearest relative, Skye Centre, Pharmacy, the Person Centred Improvement Team and Patient Advocacy Service will be made aware of the inter-hub transfer. This should not exceed the timescale of 7 days.

7. AFTER TRANSFER PROCEDURE – SAME DAY AS TRANSFER

- The patient will be introduced to the staff and patients in the new ward.
- The patient will be shown the ward layout and his room.
- The patient will be assigned to his key worker and associate worker and informed of the ward routine.

- Nursing staff will complete 'Patient Proforma Interhub Transfer' (see Appendix A)
- The patient will commence on the appropriate observation level, based on the initial clinical assessment agreed prior to transfer.
- The patient will be assessed by the receiving RMO or their deputy as soon as possible after transfer. At this point the level of observation should be reviewed in consultation with nursing staff.
- The patient will be assessed by appropriate Clinical Team members within 7 working days (allowing for annual leave/other absence).
- The patient and their transfer will be discussed at the first weekly Clinical Team meeting after the transfer. If requested by the receiving team, a representative of the previous Clinical Team will attend this meeting to assist handover and transfer of information. The meeting will include a qualitative evaluation of patients' and staff members' experiences of the transfer process.

8. CONFLICT RESOLUTION

In the event that there is a disagreement about the transfer of a patient:

- This conflict will be discussed at the relevant Clinical Team meetings in the first instance.
- A meeting will be arranged between the Clinical Team members to discuss further their difference of opinion within seven days.
- It may be appropriate to request that a potential alternative RMO and Hub is identified at the Patient Pathways Meeting.
- If matters remain unresolved, the Associate Medical Director and Clinical Operations Manager should meet along with members of the relevant Clinical Teams and a final decision made.

9. UNPLANNED EMERGENCY TRANSFER

- An emergency transfer should be deemed as any transfer where the full procedure cannot take place.
- In an emergency situation any transfer should involve the relevant RMOs and Lead Nurses or their deputies as a minimum.
- Reasons for non-adherence to the procedure should be documented in the clinical notes and reported to the Clinical Operations Manager and Associate Medical Director
- Every effort should be made to avoid transfers out with the hours of 09.00-17.00 Mon-Fri. However, if the proposed transfer requires to take place *out of office hours* consultation should occur in the first instance with the duty RMO and Senior Clinical Cover.
- If the patient's property cannot be collected and transported on the day of the transfer, an overnight bag of necessary items should be prepared and transferred with the patient. Where possible, the patient should be included in decisions made about items deemed necessary for this initial period.

10. RECOMMENDATIONS FOR AUDIT AND RECORDS

All decisions made about transfers should be accurately documented in the medical and nursing notes. The notes must include the reasons for making any decisions along with the individuals involved. Any non adherence to the inter-Hub transfer procedure should be documented along with the reason for this. The policy will be audited in line with other hospital policies at regular intervals.

The nursing checklist for inter-Hub transfer will be completed. This will differentiate between **Emergency** and **Planned** transfers. Review of the forms will be undertaken with feedback to Clinical Teams and the appropriate management committee.

11. REVIEW

This policy will be reviewed in three years or sooner if required.

12. FORMAT

The State Hospitals Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information / documents in alternative formats and are happy to discuss with you the most practical and cost effective format suitable for your needs. Some of the services we are able to access include interpretation, translation, large print, Braille, tape recorded material, sign language, use of plain English / images.

If you require information in another format, please contact the Person Centred Improvement Lead on 01555 842072.

Key Stakeholders	Consulted (Y/N)
Patients	N
Staff	Y
TSH Board	N
Carers	N
Volunteers	N

**PATIENT PROFORMA
INTERHUB TRANSFER**

Patient Name:

Current Hub:

1.

Transferred from:	
Date of Transfer:	
Planned Transfer <input type="checkbox"/>	Unplanned Emergency Transfer <input type="checkbox"/>

2.

New RMO:
New Keyworker:
New Lead Nurse:

3.

Patient's View of Transfer:

4.

Any Problems Encountered:

Nurse(s) Signature

Print Name

Date

Once form completed it should be scanned into Rio

TRANSFERRING WARD/HUB

INTERVENTIONS	Tick and date when completed	Notes:
Prior to Transfer		
Transfer location agreed	<input type="checkbox"/> .../.../...	
Date of transfer confirmed	<input type="checkbox"/> .../.../...	
Patient visited by member of clinical team	<input type="checkbox"/> .../.../...	
Patient visit to new ward/hub	<input type="checkbox"/> .../.../...	
Checklist for Transfer		Name of transferring nurse:
Depot due:/...../...	
Due dates of routine bloods (i.e. clozapine)/...../.../...../...
Urinalysis category (tick box)	<input type="checkbox"/> HIGH PLUS <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW <input type="checkbox"/> LOW MINUS	
Patient on Form T2/T3 reminder system?	<input type="checkbox"/> T2 <input type="checkbox"/> T3	

Placements	Department	Day /time
Mon		
Tues		
Wed		
Thurs		
Fri		
Outings pending	Dates & locations	Outings form submitted <input type="checkbox"/> yes <input type="checkbox"/> no

Tailored security assessment:		Date initiated: .../.../...
• Observation status (if approp)		
• Grounds access	<input type="checkbox"/> yes <input type="checkbox"/> no	
• Disassociation(s)		
• Visits & telephones (supervised & unsupervised), & mail (censored & uncensored) monitoring lists		
• Need for handcuffs	<input type="checkbox"/> yes <input type="checkbox"/> no	

	VIOLENCE	EPIL	HARM	FIRE	DRUG	HOST	INAP	ESCA	DISA	WEAP
At Risk Register:	A / H	A / H	A / H	A / H	A / H	A / H	A / H	A / H	A / H	A / H

Signature of transferring Nurse	
--	--

TRANSFERRING WARD/HUB

RECEIVING WARD/HUB

INTERVENTIONS – on transfer	Tick when completed		Notes:
Personal Belongings			
	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation			
Ensure patient's RiO record is transferred to new ward/hub	<input type="checkbox"/>	<input type="checkbox"/>	
Postage Kardex: stamps	<input type="checkbox"/>	<input type="checkbox"/>	
Medication Kardex	<input type="checkbox"/>	<input type="checkbox"/>	
Approved visitors list	<input type="checkbox"/>	<input type="checkbox"/>	
Approved telephone numbers sheet (incl supervised /unsupervised)	<input type="checkbox"/>	<input type="checkbox"/>	
Form T2B T3B (circle)	<input type="checkbox"/>	<input type="checkbox"/>	
Other			
Medication ordered for receiving ward/hub (if required)	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate relatives informed of transfer by phone (i.e. Named Person, primary carer)	<input type="checkbox"/>	<input type="checkbox"/>	
e-mail to transfers box	<input type="checkbox"/>	<input type="checkbox"/>	
Notify: Skye Activity Centre	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	
Person Centred Improvement Team	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen and Dietician	<input type="checkbox"/>	<input type="checkbox"/>	

Equality & Diversity – Please note here if the patient has any specific Spiritual and Pastoral Care/Diversity Needs	
--	--

Barriers to Communication – please indicate if the patient has any barriers of which the receiving team require to be aware e.g. language, sensory impairment, Dementia, Intellectual Disability.	
--	--

Signature of transferring Nurse	
Signature of receiving Nurse	

RECEIVING WARD/HUB

INTERVENTIONS	Tick and date when completed	Notes:
Same day		
Introduction to ward/hub staff & patients	<input type="checkbox"/> .../.../...	
Patient assigned to Key Worker (Associate Worker)	<input type="checkbox"/> .../.../...	
Patient shown ward/hub layout and room	<input type="checkbox"/> .../.../...	
Patient informed of ward/hub routine	<input type="checkbox"/> .../.../...	
Appropriate observation level commenced and noted on RiO (as agreed prior to transfer)	<input type="checkbox"/> .../.../...	
By day 2		
Update care plan	<input type="checkbox"/> .../.../...	
Patient onto drug screen urinalysis list	<input type="checkbox"/> .../.../...	
Patient property placed in pack store or patient's room	<input type="checkbox"/> .../.../...	
Update telephone/ mail censorship list	<input type="checkbox"/> .../.../...	
By day 7		
Introduce to Key Worker (Associate Worker)	<input type="checkbox"/> .../.../...	
Update care plan formative / summative evaluation	<input type="checkbox"/> .../.../...	
Obtain urine sample		
Telephone call to relatives (introduction)	<input type="checkbox"/> .../.../...	
Day 7 – at CTM		
Review of transfer by clinical team	<input type="checkbox"/> .../.../...	
Review unsupervised phone calls	<input type="checkbox"/> .../.../...	
Review observation level	<input type="checkbox"/> .../.../...	
Discuss Skye Activity Centre placements and make any new referrals (if appropriate)	<input type="checkbox"/> .../.../...	
MDT representative(s) from previous ward/hub attends CTM? Yes <input type="checkbox"/> No <input type="checkbox"/> if no, enter reason if known	<input type="checkbox"/> .../.../...	
By day 14		
Problems/ interventions reviewed	<input type="checkbox"/> .../.../...	
Integrate into ward/hub based groups	<input type="checkbox"/> .../.../...	

Signature of Receiving Nurse	
-------------------------------------	--