

Policy Number: CLIN/0033/v3

Issue/Version No.: 3

Procedure for In-patient Service Users who require care in the local acute hospital Trust

Current Status: Ratified

Compliance

All members of Tees, Esk and Wear Valleys NHS Foundation Trust staff will adhere to the parameters of trust policies. The consequences of non-compliance may include disciplinary action and/or legal action.

DOCUMENT CONTROL

Application	This policy pertains to all areas, departments and services of Tees, Esk and Wear Valleys NHS Foundation Trust	
Associated policy reference and title	N/A	
Date of Ratification	3 February 2010	
Date of Review	31 July 2018	
Replacing	CLIN/0033/v2 Procedure for In-patient Service Users who require care in the local acute hospital Trust	
Lead	Carl Bashford, Head of Service MHSOP	
Members of working party		
This policy has been agreed and accepted by: (Director)		
Name	Designation	Date
Brent Kilmurray	Chief Operating Officer	23 March 2010
This policy has been ratified by:		
Trust Board or Trust Board Sub Committee (specify)		Date of Trust Board or Sub Committee
Executive Management Team		3 February 2010
This policy has gone through an equality impact assessment(EqiA)		Date of EqiA
		17 October 2008
Amendment 26 June 2009 Extended review date to 1 December 2009 3 February 2010 Extended review date to 1 January 2013 7 November 2012 Review date extended to 30 April 2013 7 May 2014 Review date extended to 31 October 2014 while under revision 7 Sep 2016 Review date extended to 31 October 2016 2 November 2016 Review date extended to 31 July 2018		

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1. INTRODUCTION

- 1.1 Situations will arise when the physical care of in-patient service users from Tees, Esk and Wear Valleys NHS Foundation Trust can no longer be managed effectively or safely on a psychiatric in-patient unit and following clinical assessment it will be decided that they require care and treatment from local Acute Hospital services.
- 1.2 To ensure that each organisation is clear with regard to 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 Trust.
- 1.3 This document should be used in conjunction with any other locally agreed procedures which have been agreed with the acute trust.

2. IN THE EVENT OF ATTENDANCE AT THE ACUTE HOSPITAL

- 2.1 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.
- 2.2 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.

3. IN THE EVENT OF AN EXTENDED STAY WITHIN THE ACUTE HOSPITAL

- 3.1 The Nurse in Charge from Tees, Esk and Wear Valleys Trust, 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.
- 3.2 The service manager or modern matron from Tees, Esk and Wear Valleys Trust must be involved in the decision making process regarding continuous nurse escort. Outside of normal office hours the duty manager will take on this role.
- 3.3 The Nurse in Charge or delegated other (from Tees, Esk and Wear Valleys Trust) must 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. This information will be summarised on a transfer form (appendix 1) which will accompany the patient. An agreement regarding arrangements for ongoing communication between Mental Health

staff and Acute Trust staff will be made specifying the frequency of this communication to ensure progress is monitored and discharge/transfer arrangements are planned affectively.

3.4 In most circumstances accountability for the service user's mental health needs will remain with Tees, Esk and Wear Valleys Trust and following the stay in the acute hospital the patient will return to the mental health or learning disability ward. Should the specific care and treatment needs of the patient be deemed as requiring transfer of accountability 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.

3.5 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.

4. SERVICE USERS DETAINED UNDER A SECTION OF THE MENTAL HEALTH ACT 1983

4.1 Appropriate discussion must take place with the Approved/Responsible Clinician regarding Section 17 leave and any requirement for escort for patients who are detained under the Mental Health Act.

4.2 Any discussion regarding detained patients who require care in the local acute hospital must include the service manager or modern matron

Agreed on behalf of Tees Esk and Wear Valleys NHS Foundation Trust

Signature:

Leslie Morgan, Chief Operating Officer

Date:

Agreed on behalf of NHS Trust

Signature:

Name:

Designation:

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 <input type="checkbox"/> yes (Please indicate ✓) <input type="checkbox"/> no
Mental Health Act Status:	CPA Status:
Valuables accompanying: (detail)	
Reason for transfer	

TRANSFER FORM (Confidential) cont/d

Patients Current Mental Health Status:

Current Medication:

Name:

Dose:

Start Date:

Depot Medications:

Name:

Dose:

Start Date:

Next Due:

Level of Observation:

Physical Condition:

Additional Information:

Signed:

Name (Please print).....

Contact Number:

Date: