

Policy Document Control Page

Title: Protocol for Mental Health Inpatient Service Users who Require Care in the Pennine Acute Hospital

Version: 6

Reference Number: CL25

Supersedes

Supersedes: Protocol for Inpatient Service Users who require care in the Local Acute Hospital: V5

Description of Amendment(s):

Transfer of service users from Acute Trust wards added following Acute Care Forum feedback

Reviewed – No Changes

Originator

Originated By: Vinny Nolan, Chris Phillips & Dawn Parker

Designation: IPSM, Risk Manager, Modern Matron

Equality Impact Assessment (EIA) Process

Equality Relevance Assessment Undertaken by: CP

ERA undertaken on: 05.11.2013

ERA approved by EIA Work group on:

Where policy deemed relevant to equality- N/A

EIA undertaken by: N Griffiths & V Nolan

EIA undertaken on: Dec 2013

EIA approved by EIA work group on: 20.12.13

Approval

Referred for approval by: D Parker

Date of Referral: 19/02/2016

Approved by: PH Steering Group and Trust Acute Care Forum

Approval Date: 12th February 2016

Executive Director Lead: Director of Nursing

Circulation

Issue Date: 24th February 2016

Circulated by: Performance and Information

Issued to: An e-copy of this policy is sent to all wards and departments.

Policy to be uploaded to the Trust's External Website? YES

Review

Review Date: June 2017

Responsibility of: V Nolan & D Parker

Designation: IPSM & Modern Matron

This policy is to be disseminated to all relevant staff.

This policy must be posted on the Intranet.

Date Posted: 24th February 2016

Protocol for Mental Health Inpatient Service Users who require care in the Local Acute Hospital

This protocol sets out the arrangements for Pennine Care NHS Foundation Trust's mental health in-patient services, relating to:

- Service users requiring medical (or nursing, physiotherapy etc) care in an acute hospital setting which requires one or more overnight in-patient stay and
- Patients in acute hospitals requiring mental health input and or transfer to a mental health ward.

Scope

This protocol is for Adult and Older age inpatients and includes Rehabilitation and High Support transfers or Children and Adolescent Mental Health services.

Procedure

Where a service user who has been admitted on to an in-patient mental health unit and requires treatment or care in an acute hospital setting, an assessment will be completed regarding any continual support needs by the Mental Health Service. This assessment will be completed by a Pennine Care medical officer in consultation with the acute hospital staff.

Patients detained under the mental health act would normally be sent on section 17 leave to the acute Trust for treatment with the Consultant Psychiatrist retaining responsibility for their mental health care and treatment. Additional mental health staff would be supplied where clinical need and risk indicates. This will be decided in partnership with both Trusts. If the period the individual needs to remain on the acute ward is not clear or possibly long term (i.e. in excess of 7 days) then the Mental Health Law office should be contacted (immediately or at the earliest opportunity) for further advice because it may be necessary to transfer the detention to the Acute Trust.

In cases of medical emergency wards/units should continue to get an immediate response in line with current local protocols (e.g. use of emergency response teams, calling 999) and as such this protocol does not cover medical emergency response. Section 17 leave is not required for urgent medical treatment

In all cases the transfer should be managed as part of the overall care process with both medical and nursing staff from both organisations ensuring care is planned following Multi-disciplinary team (MDT) processes, assessing and managing risks and aiming to ensure the optimal care and treatment is provided as safely as possible to meet the service user's care needs.

Learning Disabilities:

If a patient who is diagnosed with a learning disability requires treatment on an acute ward (medical/Surgical etc) and are already admitted to a Pennine Care NHS Foundation Trust ward then the relevant borough Learning Disability Liaison nurse must be informed. You must also inform the adult safeguarding lead for the Acute Trust.

The Pennine Acute Trust Adult safeguarding leads contact details;

Named Nurse Safeguarding Adults
Pennine Acute Hospitals NHS Trust
North Manchester General Hospital
Room 146 Trust HQ
Tel: 0161 918 4420

Learning Disability Liaison Nurses contact details:

Bury: 0161 762 3263
Rochdale: 01706 764280
Oldham: 0161 633 9951
Stockport: 0161 218 1220
Tameside: 0161 304 5384

Admission of service users from an Acute Trust Hospital

Service Users who are admitted to Acute Trust Wards and require admission to an acute mental health ward (following an appropriate assessment) should only be transferred once they have been declared medically fit by the treating clinician and then assessed by a senior member of the acute mental health service, RAID or Access and Crisis for suitability for admission. In addition to the mental health assessment this is to determine if there are any ongoing physical health needs which may require more specialist input or follow up.

The assessing practitioner should manage the request for admission through the normal gate keeping process.

In circumstances where the service user requires ongoing treatment from the Acute Trust to meet their physical health requirements a joint care plan should be agreed between the admitting ward and the Acute Trust ward prior to transfer. Where Pennine Care NHS Foundation Trust operates services from Acute Trust sites every effort should be made to provide a mental health inpatient bed for the service user on the same site that they are to receive ongoing care and treatment from the Acute Trust for continuity of both acute and mental health care and resource management.

Known service users admitted onto an acute hospital ward that require mental health assessment should be seen and assessed by the team familiar with the service user as soon as possible.

Procedure for the Transfer of Psychiatric Inpatients Currently under the Care of Pennine Acute Trust

To ensure the safe transfer of psychiatric inpatients who have required medical/surgical interventions from the Acute Trust during a period of admission with Pennine Care NHS Foundation Trust, an assessment must be undertaken by a senior member of the mental health ward team (nursing and medical) to ensure they are medically fit for transfer **and** that all their medical and nursing needs can be safely met on the mental health ward to which they are being transferred back to (SEE APPENDIX 1)

Patients must not be transferred back to their host ward out of hours unless this has been a planned transfer out of hours. (Out of hours includes the times between 18.00hrs and 08.00) The rationale for this is that it would be difficult to provide personnel to carry out the assessment from the mental health ward and also should there be a need for any specialist nursing/physical equipment then staff would require more time to arrange this in order to provide continuity of care for the patient.

Should a patient be admitted as an inpatient onto the psychiatric ward and then require admission to a Pennine Acute Ward these patients should not be transferred back to the psychiatric unit until the respective middle grade doctor has reviewed the patient and agreed to their transfer back. This would normally be done within 24 hours. If for any reason the doctor is not available then the ward consultant can either assess the patient themselves or delegate this to an appropriate junior doctor or advanced practitioner.

At weekends this will be delegated to the on-call doctor and bleep holder between the hours of 08.00hrs and 18.00 hrs.

If there is a major disagreement between both Trusts about where the patient should reside either mental health or acute hospital ward then this must be escalated and discussed by the respective psychiatric and medical consultants directly with senior nursing managers involved if appropriate. (see appendix 2)

Prior to transfer from acute hospital to mental health unit the following criteria must be met.

- That there is agreement that the patient is physically fit for discharge from the acute ward.
- That a physical health assessment and review has taken place prior to transfer.
- That the transfer has been planned and agreed between the hours of 0800 and 18.00
- That any identified equipment is in place on the receiving ward.
- That a handover of care takes place between both parties on transfer including any physical health related care issues. (see Appendix 3)

- Where a patient has been seen in A&E from PCFT but not requiring admission to the Acute Trust then the A&E team who treated that patient will complete a written summary of the interventions and further care and management of that patient prior to transfer back to PCFT.

Transfers of patients from shared sites (Pennine Acute and Pennine Care NHS Foundation Trust)

The transfer of patients from Acute hospital wards should be planned during normal working hours and should not occur out of hours (after 18.00 hours up until 08.00 hours) unless the transfer has been agreed between both acute and mental health staff and planned in advance.

Where a service user is on a ward in an acute setting admitted from home and not fit for transfer, but requires mental health staff support, this Service will be commissioned by the acute Trust. (I.e. through agency)

If the patient is receiving ongoing specialist treatment from an acute hospital and the patient is under the care of mental health services from Pennine Care Foundation Trust and requires mental health services in put mental Health services will complete an assessment to determine the level of support that is required and liaise with acute hospital staff. Where the clinical need and or risk are evident Pennine Care NHS Foundation Trust will supply mental health workers to provide supervision and support to acute trust staff and to continue to assess the patients ongoing mental health needs.

This protocol does not cover physical health care on mental health wards; this is covered in the Trusts Physical Healthcare Policy

Sharing Information

A copy of the relevant clinical notes will be given to the receiving ward from each trust.

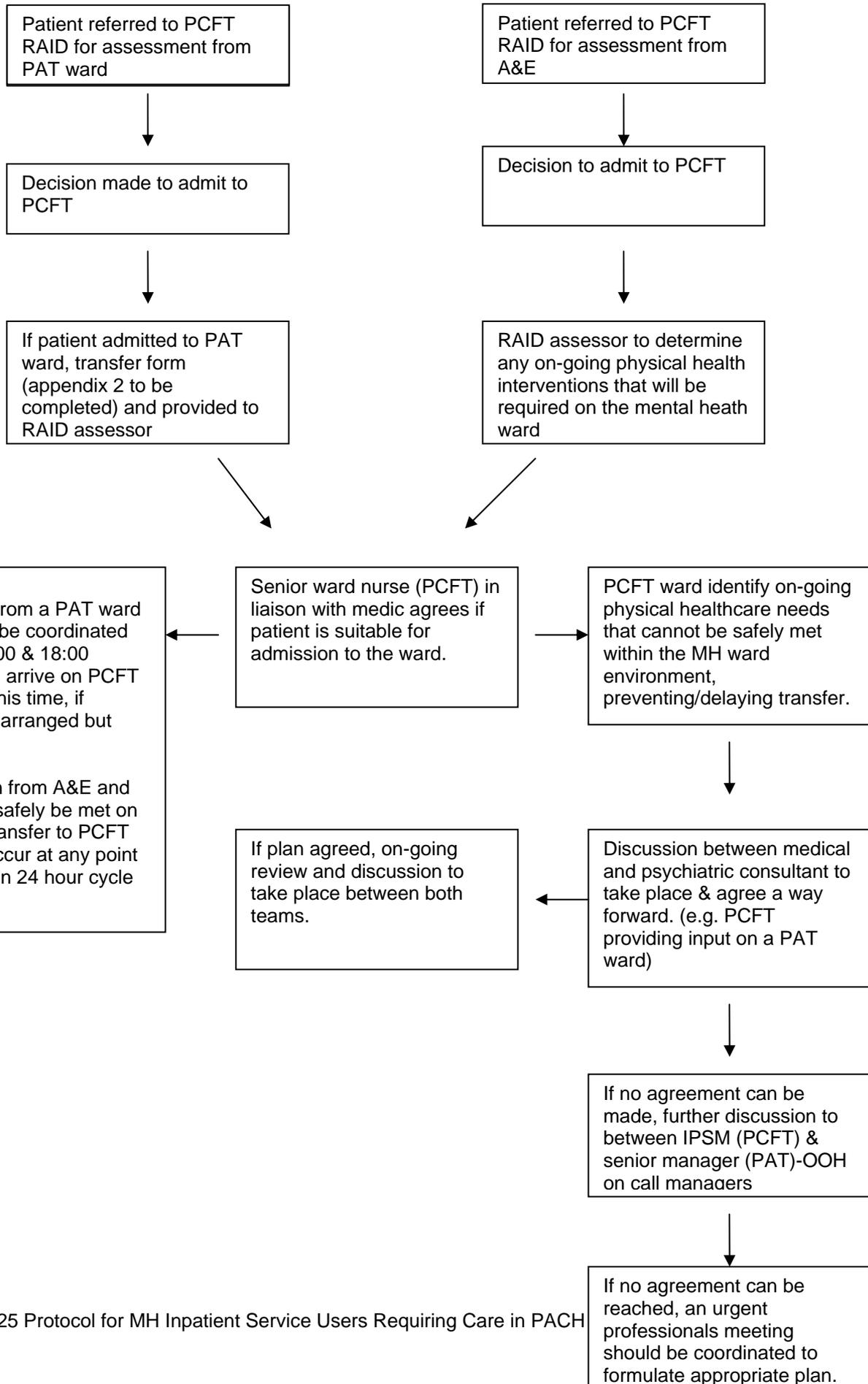
Incident Reporting of Unsafe Transfer/Discharge

Where patients have been either discharged or transferred from and in patient unit and either organisation has not adhered or been able to apply the required standards of this protocol staff must complete an incident report and grade this to allow for the appropriate organisation to investigate. The Risk department will ensure that incidents are sent to the required service area for investigation. Following completion of an investigation any recommendations will be shared across the appropriate organisation for shared learning.

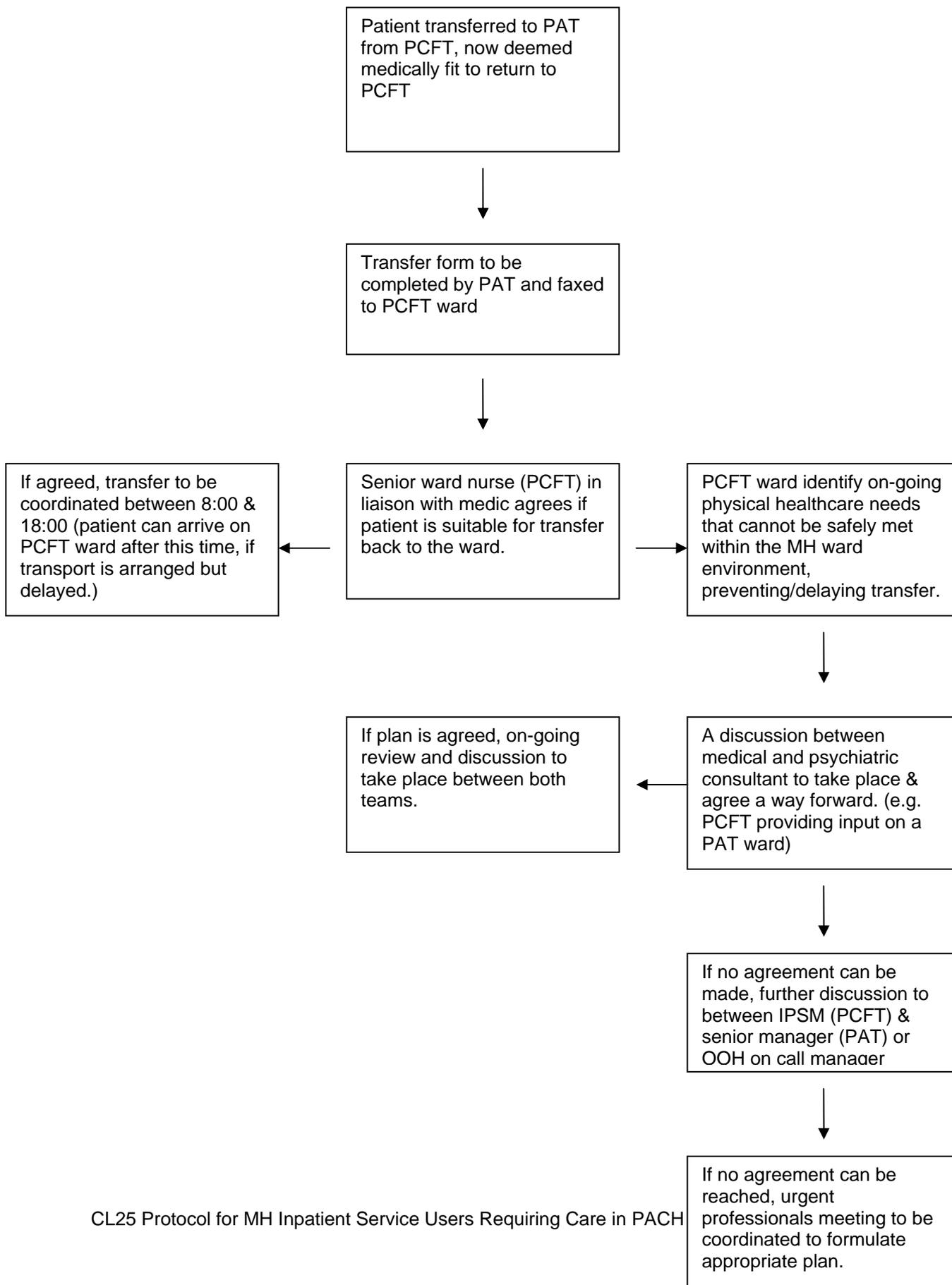
Monitoring and Review

This protocol will be monitored by the reporting and monitoring of incidents related to transfers from acute and mental health wards by the Patient Safety Improvement Group. Approval of the protocol (by PCFT) will be completed by the Acute Care Forum. The protocol will be reviewed on a 2 yearly basis.

Transfer of patients under the care of PAT to PCFT Appendix 1



Appendix 2
Transfer of patients admitted to PCFT, transferred to PAT and requiring return
transfer



Appendix 3

PATIENT DISCHARGE/TRANSFER FORM

DATE OF TRANSFER:-

TRANSFERRING FROM:-

Address

TRANSFERRING TO:-

Patient Name: -

Date of Birth:-

NHS Number: -

Tel:-

Address:-

Next of Kin Name: -

Relationship to patient:-

Address: -

Tel:-

Informed of transfer: - Y/N

Date and Time:-

GP:-

DIAGNOSIS AND MEDICAL HISTORY (Treatment provided)

Is the patient aware of diagnosis: - Y/N

NUTRITIONAL STATUS

Normal Diet

Special Diet

Swallowing Difficulties

Gastronomy Feed e.g. PEG fed

Additional Information:-

COMMUNICATION

Normal

Hearing Aid

Wears Glasses

Speech Problems

Additional Information:-

Language Spoken:-

MAINTAINING SAFETY Orientated Confused Risk of Falls Needs Bed Rails

Additional Information:-

MOBILITY Fully Ambulant Walks/Transfers with one Immobile Stick Frame

Additional Information:-

SLEEPING No Problems Poor Sleeper Nocturnal Confusion Requires Sedation

Additional Information:-

ELIMINATION No Problems Incontinent of Urine/Faeces Prone to Constipation

Bowels last Opened:-

Catheter in situ:- Y/N

Date Inserted:-

Type Used:-

Stoma:- Y/N

Type:-

Additional Information:-

BREATHING No Problems Breathless on Exertion Breathless at Rest

Additional Information:-

SKIN INTEGRITY Waterlow Score:-

Skin Intact:- Y/N

Pressure Score:- Y/N

Texas Scale:-

Pressure Relieving Equipment Used:- Y/N

Mattress

Cushion

(Podiatry) Total Contact Cast etc

Type Used:-

Wound Site:-

Any Dressings Used:- Y/N

Type Used:-

Frequency of Change:-

Additional Information:-

Allergies:-

PERSONAL HYGIENE Self Caring Supervision/Assistance of One All Care

Additional Information:-

CURRENT MEDICATION

Name of Drug	Dose	Route	Breakfast	Lunch	Tea	Bedtime

OTHER AGENCIES INVOLVED

Allied Health Professional	Date Referred	Name and Telephone Number
Social Worker		
District Nurse		
Physiotherapist		
Occupational Therapist		
Dietician		
Other		

Pending Appointments/Further Investigations:

Investigation	Date	Time	Location
<i>e.g. MRI</i>	<i>12.12.2013</i>	<i>10:30</i>	<i>Rochdale Infirmary</i>

Additional Information:-

ANY OTHER INFORMATION RELEVANT TO TRANSFER (including reason for transfer):-

MRSA + YES/NO

Site of Infection:-

Date of Last Screen:-

Any Advance Decision:-

ANY OTHER IDENTIFIED AREAS OF RISK (e.g. harm to others/self neglect/safeguarding):-

OTHER INFECTION PRESENT:-

NAME OF PRACTITIONER COMPLETING TRANSFER FORM:
(Please print in block capitals):-

SIGNATURE:-

DATE:-

Contact Number:

PLEASE RETAIN A COPY OF THIS DOCUMENT WITHIN THE PATIENTS CLINICAL RECORD