

DOCUMENT CONTROL	
Title:	Mental Health Inpatient Service Users who Require Care in the Pennine Acute Hospital
Version:	7
Reference Number:	CL025
Scope:	
This Policy applies to all staff working in Adult and Older-age Inpatients and includes Rehabilitation and High Support transfers or Children and Adolescent Mental Health Services	
Purpose:	
This policy sets out the arrangements for Pennine Care NHS Foundation Trust's mental health in-patient services, relating to:	
<ul style="list-style-type: none"> • 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. 	
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Safe Transition of Patients	
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Owner:	
Vinny Nolan, Inpatient Services Manager	
Individual(s) & group(s) involved in the Development:	
This document has been developed in collaboration with the following interested parties:	
<ul style="list-style-type: none"> • Vinny Nolan 	

Individual(s) & group(s) involved in the Consultation:	
The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly:	
<ul style="list-style-type: none"> • Trust Acute Care Forum • Pennine Acute – Stuart Greenwood, Paula Baker 	
Equality Impact Analysis:	
Date approved:	24 th September 2018
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Date approved:	6 th of September 2018
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Presented by:	Vinny Nolan
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Responsibility of:	Inpatient Services Manager
Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
CL042	Physical Health Policy
MHL002	Section 17 Policy

Policy Associated Documents:	
TAD_CL025_01	Transfer of patients under the care of PAT to PCFT
TAD_CL025_02	Transfer of patients admitted to PCFT, transferred to PAT and requiring return transfer
TAD_CL025_03	Patient Discharge/Transfer Form
TAD_CL025_04	Risk assessment and management review form
Other external documentation/resources to which this policy relates:	
CQC Regulations	
This Policy supports the following CQC regulations:	
Regulation 9	Person centred care
Regulation 12	Safe care and treatment
Regulation 13	Safeguarding service users from abuse and improper treatment

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1. INTRODUCTION

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

2. PURPOSE

This policy 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.

3. 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. (See risk assessment in Appendix 4) 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 Policy 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.

4. 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 676767

Oldham: 0161 770 3770

Stockport: 0161 218 1220

Tameside: 0161 304 5384

5. 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.

6. 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 TAD_CL025_01)

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 or senior nurse from the PCFT ward has reviewed the patient and agreed to their transfer back. The rationale for this is to ensure PCFT are able to safely meet the medical & nursing needs of that patient. This would 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 TAD_CL025_02)

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 08:00 – 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 TAD_CL025_03)
- Where a patient has been seen in A&E from PCFT but not requiring admission to the summary of the interventions and further care and management of that patient prior to transfer back to PCFT.

7. 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 input 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 Policy does not cover physical health care on mental health wards; this is covered in the Trusts Physical Healthcare Policy

8. SHARING INFORMATION

The referring ward must provide the receiving ward with appropriate and relevant clinical notes to ensure safe patient care. Information must be shared in an appropriate and secure manner. (Please consult the Information Governance Staff Handbook for further information)

9. INCIDENT REPORTING OF UNSAFE TRANSFER/DISCHARGE

Where patients have been either discharged or transferred from an inpatient unit and either organisation has not adhered or been able to apply the required standards of this Policy 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.

10. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

11. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

12. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

13. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

14. MONITORING & REVIEW

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

This policy 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 policy (by PCFT) will be completed by the Acute Care Forum. The policy will be reviewed on a 3 yearly basis