

SUECN Repatriation and Prompt Transfer Procedure

Executive Team Statement of Commitment

We the undersigned commit to implementing and adhering to the attached procedure.

Trust Name	
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CEO Name	Signed	Date

COO/DOO Name	Signed	Date

Medical Director Name	Signed	Date

Procedure for the prompt and safe transfer and repatriation of patients within the Severn Urgent and Emergency Care Network (SUECN). Signed by Chief Executive Officer, Director of Operations/Chief Operating Officer and Medical Director.

Severn Urgent and Emergency Care Network

Title:	SUECN Repatriation and Prompt Transfer Procedure Procedure for the prompt, safe transfer and repatriation of patients within the Severn Urgent and Emergency Care Network (SUECN).
Summary	
Purpose:	To introduce a timescale target of 24 hours to repatriate individual patients within the SUECN area and to transfer patients into an appropriate acute or tertiary setting. If the patient can safely wait at the transferring hospital then transfer to tertiary centres for non-emergency, surgical interventions must take place within four days of a referral being clinically accepted.
Scope:	<p>This procedure relates to the repatriation and transfer of patients between acute hospital Trusts within the SUECN area, where the patient and is fit for transfer.</p> <p>This procedure applies to:</p> <ul style="list-style-type: none"> • Patients admitted for emergency or elective care at a hospital that is not local to them; • Patients awaiting non-elective, non-emergency transfer to tertiary centres; and • All adult specialities <i>excluding</i> Intensive Treatment Units (ITU). <p>This procedure does not apply to patients temporarily admitted for urgent intervention as a day case at another trust. This procedure does not currently apply to Mental Health Trusts or community hospitals.</p>
Impact:	<p>Timely access to specialist tertiary care centres has been shown to reduce mortality, and excessive waits for specialist care can result in poor patient experience.</p> <p>Effective repatriation of patients ensures that they receive the most appropriate service, closer to their home. It is the responsibility of the health system to ensure repatriation happens in a timely manner in order to maximise accessibility to tertiary services and maintain patient flow. Post hospital care is easier to co-ordinate from a patient's local hospital and allows better access for visiting family and carers, thus enhancing patient experience.</p>
Action:	All Acute Hospital Trusts across SUECN must ensure every effort is made to expedite clinical acceptance of referrals in order to facilitate prompt repatriation home and transfer of patients to tertiary services.
Effective From:	This version (2.2) is effective as of 15 th June 2017
Distribution:	<p>SUECN CEOs, COO/DOOs, Medical Directors, NHSI, NHSE (for specialist commissioning), A&E Delivery Boards, CCG's and the following providers:</p> <ul style="list-style-type: none"> • Gloucestershire Hospitals Foundation Trust • Great Western Hospitals Foundation Trust • North Bristol NHS Trust • Royal United Hospitals Bath • Taunton & Somerset NHS Foundation Trust • University Hospitals Bristol NHS Foundation Trust Bristol • Weston General Hospital • Yeovil District Hospital NHS Foundation Trust
Review:	This procedure will be reviewed by the SUECN Programme Board in July 2017 and will be supported by recommendations made to the SUECN Programme Board.

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1. Definitions and glossary

Repatriation – The movement of an individual patient to an acute hospital nearest to their place of residence and/or registered GP.

Transfer – Movement of a patient between acute hospitals; e.g. into a tertiary centre in order to receive specialist care.

Transferring Hospital – A hospital that provides secondary and/or tertiary services, typically not nearest to the patient's place of residence.

Receiving Hospital – Typically the hospital closest to where the patient lives or their registered GP.

CEO – Chief Executive Officer

COO – Chief Operating Officer

DOO – Director of Operations

MD – Medical Director

ED – Emergency Department

SUECN – Severn Urgent and Emergency Care Network

ITU – Intensive Care Unit

SWASFT – South West Ambulance Service Foundation Trust

HCP – Health Care Professional

2. Introduction

This procedure outlines the operational pathway for the management of patients who require further secondary care closer to home when they have been admitted to a hospital that is not their local acute hospital trust. The procedure also applies to patients who require transfer into a tertiary centre from a secondary care provider.

This procedure outlines the responsibility of hospitals to receive patients who require repatriation within 24 hours of a referral being accepted.

Provided that it is safe for a patient to wait at the transferring hospital, any tertiary centres providing specialist surgical, non-elective and non-emergency intervention have a window of four days to add the patient to a surgical list and receive them. If after four days the patient has not been given a date for surgery and transfer, the escalation procedure in section 6 should be followed and transfer expected within the next 24 hours.

A lack of timely inter-hospital transfer and acceptance is currently an issue for some cohorts of patients in the SUECN area, with delays acknowledged in clinical acceptance, transfers and repatriation.

Tertiary care centres can experience difficulties when discharging patients from acute specialist beds at the end of a period of care. Problems are often associated with the repatriation of patients back to their referring or local hospital, particularly patients who have been receiving emergency care whilst out of their area of residence.

Timely repatriation and transfer is better for patient experience and essential to maximising bed utilisation. This improves accessibility to all services, including tertiary services.

NHS England, CCGs and participating hospital Trusts within the Severn Network have identified the need to ensure that the quality of care and experience received by patients is improved and that transfer protocols are consistent across the region.

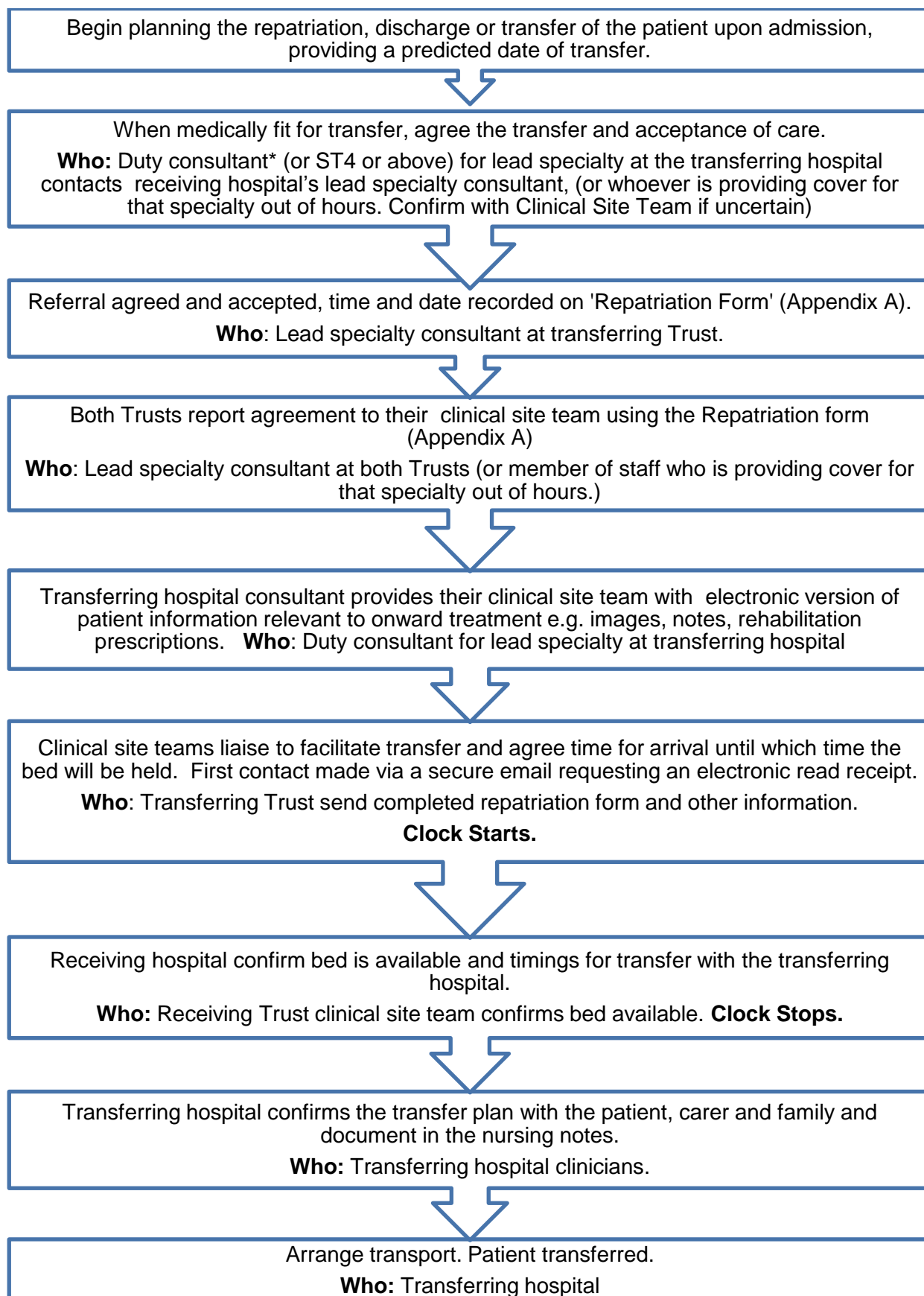
This procedure will ensure that all patients are repatriated or transferred in a timely manner to the appropriate Trust, and that if delays arise, they are formally recorded and escalated for resolution. This procedure will ensure that all relevant parties are aware of their specific roles and responsibilities to prevent delays to patient transfer.

Changes in culture and local practice may be required in order to achieve person-centred, co-ordinated care for patients when moving them between care settings. Repatriation and transfer of patients requires NHS Trusts to work in partnership in the best interests of patients.

The following procedure has been developed in conjunction with clinical and operational representatives from the eight Acute Trusts within the SUECN footprint.

3. Procedure

*If no consultant is available, then a member of staff level ST4 or above



4. Timescales

The following steps must be completed before a repatriation request is made by the transferring Trust's clinical site team:

- A clinical agreement has been reached between the lead specialty consultants or an ST4 level doctor on behalf of a named consultant at both trusts.
- The transferring hospital has sent email confirmation to the clinical site team at the receiving hospital of the agreement reached using the '**Repatriation Form**' (appendix A). A secure email account and the read receipt function must be used for this process.

The clock starts when the above has been completed and the clinical site team at the transferring hospital receives an email read receipt from the receiving hospital. Internal processes should be addressed in order to avoid unnecessary delays to clinical acceptance.

The clock stops when the receiving hospital's clinical site team informs the transferring Trust that:

- A bed has been allocated, and
- A bed hold time confirmed, and
- They are ready to receive the patient.

Clinical responsibilities remain with the transferring Trust until the patient has arrived at the receiving Trust.

A breach is considered to have occurred when no bed has been allocated at the receiving Trust within 24 hours of the clock start time.

5. Roles and Responsibilities

A member of staff at each Trust should be responsible for co-ordinating repatriations at all times. Each Trust will provide a single point of contact (email address and phone number) for all liaison and queries relating to repatriation and the management of patients requiring onward acute care (this will typically be the bed manager or member of clinical site team). It is then the responsibility of each hospital's clinical site team to ensure communication and liaison with the relevant teams within their Trust. These details can be found on the '**Repatriation Form**' (Appendix A)

The transfer or repatriation of a patient is a clinical decision. The receiving Trust's clinical site team or bed manager cannot refuse repatriation on clinical grounds. If no consultant is available then another member of staff, level ST4 or above, can lead this process on behalf of the specialty consultant. This must be noted in the '**Repatriation Form**' (Appendix A).

Each Trust will nominate a senior consultant to act in the case of disputes regarding clinical acceptance on behalf of the whole Trust.

Transport will be organised by the transferring hospital, providing any necessary escort arrangements.

The transferring Trust must ensure that appropriate transport arrangements (including funding) are in place. A link to SWASFT's HCP booking guide which outlines SWASFT's current contractual responsibilities can be found at www.swast.nhs.uk/clinicians or by following this link: <http://www.swast.nhs.uk/Downloads/SWASFT%20downloads/RequestingAEMbulanceTransport-AGuideforHealthcareProfessionals.pdf>

6. Escalation

A patient is considered to have breached the repatriation threshold if no bed has been allocated at the receiving Trust within 24 hours of the '**Repatriation Form**' (Appendix A) being acknowledged by the receiving Trust clinical site team (i.e. read receipt).

If the clinical site team at the receiving Trust cannot be contacted, the transferring Trust can escalate this directly to the receiving Trust's Director of Operations (in-hours) or the on-call manager (OOH) prior to the 24 hour threshold.

- **If after 24 hours no response or a negative response has been given by the receiving Trust, then this must be escalated to both Trusts' respective Director of Operations or COO (or on call manager OOH).**
- **If no bed has been allocated after 48 hours, then the COO/Director of Operations must escalate this to their CEO**, who is then required to negotiate the repatriation of transfer with their counterpart at the receiving hospital, agreeing a timeframe for the patient to be moved.
- **If the situation remains unresolved after 72 hours and no response or a negative response has been received from the receiving Trust, and if no bed has been allocated, the transferring Trust's CEO will advise the receiving Trust's CEO that they are sending the patient to them.** The receiving Trust should be alerted that this is the planned course of action, and the receiving Trust should ensure the patient is received by the relevant clinical team for their required specialty. This must not be the Emergency Department.

In addition, the DOO/COO from each Trust should report the number of 24, 48 and 72 hour breaches to their respective A&E Delivery Boards.

Patients in a hospital bed waiting for non-elective, non-emergency treatment at a specialist unit should wait no longer than four days to be given a date for surgery and transfer to that site. If this four day threshold is breached, then the above escalation process must be followed and the same timescales apply.

7. Scope

This procedure applies:

- To patients admitted to a non-local District General Hospital (DGH) for emergency care;
- To patients who have been referred to tertiary centres for specialist care and patients returning to their local hospital following tertiary centre admission;
- To patients in a hospital bed waiting for non-elective, non-emergency **surgical** treatment at a specialist centre;
- Seven days per week; and
- To all adult patients (see also Clinical and Operational Exclusions);

This procedure does not apply to patients who require ITU beds.

8. Operational Exceptions

If the receiving Trust is under significant pressure, specifically a major incident in escalation status OPEL 4, then there can be an agreement to extend the repatriation threshold by a further 12 hours (providing the appropriate care is available in the transferring hospital). This is at the discretion of the transferring Trust. The transferring Trust COO/DOO is responsible for agreeing any extensions to the timescales.

However, where a transferring Trust is under equally significant pressure for example, in escalation status OPEL 4, it is not acceptable for a receiving Trust to decline to accept a patient on operational or capacity grounds.

9. Clinical Exclusions

- This procedure applies to all specialties being treated within secondary and tertiary care, except ITU.
- If the patient becomes unwell, the transferring Trust must inform the receiving Trust immediately.
- This procedure applies to acute hospital trusts, but not mental health or community hospital referrals.
- Clinical interventions, such as diagnostics, which take place within one day, should not be treated as repatriation or transfer. The transferring hospital should not release the patient's bed in this instance.

10. Monitoring and Reporting Responsibilities

It is the responsibility of both the transferring and the receiving hospital to record any repatriation that has breached the 24 hour/48 hour/72 hour target, both into and out of their Trust.

The record must include the following metrics:

- Clinical specialty;
- Name of the receiving trust;
- Cause of delay; and
- Length of time before the patient was accepted by the receiving Trust.

This information should be reported to A&E delivery boards. **An example template has been provided in Appendix B**

11. Existing Network and Footprint Arrangements

This procedure overrides any existing agreed formal network arrangements. Any future network arrangements should consider that this procedure:

- Overrides locally agreed repatriation and transfer protocols and internal Trust policies;

- Recognises that many Trusts within the SUECN footprint will be affected by repatriation policies from other regions; and
- Has sought to align with South Central, Peninsula, and Severn Major Trauma Network repatriation policies wherever possible.

12. General Responsibilities

The receiving hospital will arrange for the appropriate placement of the patient within the agreed timeframes. The time limit for repatriation should be observed at weekends and the responsibility lies with the duty consultants, as well as during the week (see also 'Operational Exclusions').

Hospitals should ensure that the constraints imposed by meticillin-resistant staphylococcus aureus (MRSA), or other infection screening, do not prevent them from meeting their obligations under this procedure by delaying an otherwise clinically appropriate and desirable transfer. The transferring hospital must make full disclosure of the infection status of patients to the receiving hospital/care setting, and to the patient transport service.

Patients should not depart from the transferring hospital between the hours of 8pm and 7am.

Patient transfer will be accompanied by all relevant clinical and social information included in a discharge summary.

Should a patient clinically deteriorate and no longer be fit to transfer, the clinical site team at the referring trust should inform their counterpart at the receiving trust as soon as possible.

It should be the responsibility of each organisation involved to:

- Implement this procedure for the management of patients requiring onward care;
- Ensure that each relevant member of staff is aware of their own roles and responsibilities;
- Ensure this procedure is cascaded and made available to each relevant member of staff;
- Ensure the process is smooth and seamless for the patient; and
- Ensure that the patient is cared for in the right facility at the right time.

13. Patient and Carer Communication

A patient's relative and/or carer should be fully informed as to where and when the patient is being transferred. When a patient requires a critical or immediate transfer from an emergency department, the sending hospital is to provide direction and support to assist the relative/carer in travelling to the receiving hospital.

The transferring hospital must ensure that the patient and their family and/or carer are fully informed of the tertiary care, the repatriation process or the transfer of the patient for onward care. Planning for discharge with the patient and their families should take place at the earliest opportunity.

Patients with dementia, clinical risk, safeguarding or other pertinent issues should be highlighted on the '**Repatriation Form**'. Patients with dementia should only be moved for reasons pertaining to their care and treatment. Any moves for these patients should take place during daylight hours. Relatives and carers should be kept informed of any move and given acceptable notice.

14. Equality Impact Assessment

When undertaking repatriation and transfer, the receiving hospital Trust should endeavour to take the patient's ethnic and religious beliefs, together with their need for continuing medical care and their personal social network, into active consideration.

15. Procedure Review

This procedure has been reviewed by the Severn Urgent and Emergency Care Network 2-3 months post implementation.

Appendix A –Form for completion prior to all transfer or repatriation requests

Repatriation and transfer form – all fields to be completed and sent to receiving Trust Clinical Site Team	
Patient Name:	NHS number:
DOB:	Date of and reason for original admission:
Name of transferring hospital:	Name of receiving hospital:
Name of transferring consultant:	Name of receiving consultant:
Name of transferring junior doctor (if on behalf of consultant)	Name of receiving junior doctor (if on behalf of consultant)
Transferring specialty:	Receiving specialty:
Next of kin name:	Next of kin telephone no:
Transport risk assessment completed and documented?	Infection Control Status: Bed/Side room requirement?
Other instructions and additional information: e.g. specialist equipment required	

Once completed, please send the above form to the relevant receiving hospital, from your site team nhs.net email address.

Gloucestershire Hospitals Foundation Trust: ghft.repatriations@nhs.net

Great Western Hospitals Foundation Trust: gwh.clinicalsite manager@nhs.net

North Bristol NHS Trust: CSMRepatriations@nbt.nhs.uk

Royal United Hospitals Bath: Ruh-tr.ruh-sitemanagement@nhs.net

Taunton & Somerset NHS Foundation Trust: ClinicalSiteManagers@tst.nhs.uk

University Hospitals Bristol NHS Foundation Trust Bristol: CSMT@UHBristol.nhs.uk

Weston General Hospital: Wnt-tr.PatientFlowTeam@nhs.net

Yeovil District Hospital NHS Foundation Trust: ydh-ftr.repats@nhs.net

Appendix B – Example template for reporting 24 hour repatriation breaches to A&E delivery board

Sending Hospital Name	Receiving Hospital name	Patient Speciality	Breach time (>24 hours, >48 hours, >72 hours)	Any accompanying comments e.g. LOS

Please collate repatriation breaches, and send to your local A&E delivery board