

# CONTROLLED DOCUMENT

## Patient Internal Transfer Policy

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| <b>CATEGORY:</b>   | Policy  |
| <b>CLASSIFICATION:</b>   | Clinical  |
| <b>PURPOSE</b>   | To set out the principles and framework for the transfer of patients from ward to ward, department and site within the Trust. |
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| <b>Controlled Document Sponsor:</b>  | Chief Nurse   |
| <b>Controlled Document Lead:</b>   | Lead Nurse Quality and Clinical Assurance   |
| <b>Approved By:</b>  | Chief Executive   |
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| <b>Distribution:</b> <ul style="list-style-type: none"><li>• <b>Essential Reading for:</b></li><li>• <b>Information for:</b></li></ul> | Trust staff / departments involved in the transfer of patients within the Trust.<br><br>All Staff                             |

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| <b>Version</b> | <b>Title</b>                     | <b>Issued</b> |
|----------------|----------------------------------|---------------|
| 3.0            | Patient Transfer Policy          | 31/10/2008    |
| 4.0            | Patient Internal Transfer Policy | 28/09/2011    |
| 6.0            | Patient Internal Transfer Policy | 21/12/2012    |
| 7.0            | Patient Internal Transfer Policy | 16/04/2014    |
| 8.0            | Patient Internal Transfer Policy | 27/06/2018    |
| 9.0            | Patient Internal Transfer Policy | 19/05/2020    |
| 9.1            | Patient Internal Transfer Policy | 02/10/2020    |
| 10.0           | Patient Internal Transfer Policy | 19/07/2023    |
| 10.1           | Patient Internal Transfer Policy | 07/12/2023    |

## **1. Policy Statement**

- 1.1 The aim of this policy is to ensure the safe and timely transfer of patients within the University Hospitals Birmingham NHS Foundation Trust (the “Trust”). In particular, it ensures that:
  - 1.1.1 The risks associated with transferring patients are identified and managed appropriately (CQC, 2018; Health and Social Care Act, 2008);
  - 1.1.2 Transfer practices are monitored and any incidents are reported to support practice improvement (Health and Social Care Act, 2008);
  - 1.1.3 Transfers of both adults and children:-
    - a) Are appropriate;
    - b) Have adequate equipment and personnel during the transfer;
    - c) Have sufficient and/or appropriate information given to the receiving area; and
    - d) Have adequate personnel/ equipment in the receiving area.
    - e) Are performed at appropriate times of day. The optimal time for transfers is between 07.00-22.00hrs. The Trust discourages out of hours transfers and the associated procedures detail specific considerations for patients with cognitive impairment.
- 1.2 An internal transfer refers to any transfer arranged by or on behalf of University Hospitals Birmingham NHS Foundation Trust, irrespective of site or location, to another clinical area within the Trust.
- 1.3 Transfer to another healthcare provider is classed as a discharge. Please refer to the associated Discharge and Transfer of Care Policy and associated procedures.

## **2. Scope**

- 2.1 This policy applies to all individuals employed by the Trust including students, locum and bank/agency staff and staff employed on honorary contracts who are involved in Trust business on or off Trust premises.
- 2.2 It applies to all patients registered as inpatients within the hospitals or those attending the hospitals for emergency/urgent assessment and

- being transferred to a ward/department or another site within the Trust, following a decision being taken to admit the patient.
- 2.3 It applies to patients being admitted, and thus transferred, from outpatient or ambulatory care to emergency or inpatient areas.
  - 2.4 It applies to patients being transferred to and from theatres, critical care and dialysis. It applies to patients being transferred temporarily for an investigation, procedure or therapy session.
  - 2.5 This policy does not apply to:
    - 2.5.1 Patients attending as outpatients (that are not admitted);
    - 2.5.2 The permanent transfer of a patient (discharged) to another Trust/ healthcare provider; or
    - 2.5.3 The transfer of deceased patients from wards / departments to the mortuary.

### **3. Framework**

- 3.1 This section describes the broad framework for the Patient Internal Transfer Policy. The operational instructions for the processes required when undertaking a patient transfer, including the escort requirements, are described within the associated procedures.
- 3.2 The Chief Nurse, shall approve all procedural documents associated with this policy, and any amendments to such documents, and is responsible for ensuring that such documents are compliant with this policy. Associated Trust procedures exist for adult and paediatric patients.
- 3.3 The associated procedures are to be followed for all patients within the scope of this policy. The procedures set out specific transfer requirements for the following patient groups:
  - 3.3.1 Patients with infections;
  - 3.3.2 Patients being temporarily transferred from their ward/department for an investigation, procedure or dialysis; and
  - 3.3.3 Patients requiring transfer to the Discharge Lounge.
- 3.4 Patients are either internally transferred temporarily to another department or clinical area for a procedure or investigation; or permanently from one clinical area to another.

- 3.5 The Trust will ensure that all internal patient transfers take place appropriately by ensuring that:
- 3.5.1 The decision to transfer a patient is made by an appropriate registered practitioner who will then be responsible for ensuring the patient is prepared for transfer;
  - 3.5.2 The transfer either benefits the patient or another patient. This will include transfers for clinical reasons, infection prevention measures, to comply with same sex accommodation or other privacy and dignity concerns, or transferring (outlying) a patient to another ward, of a different specialty, to allow the transfer of a patient who has a greater need for the care, into the clinical area;
  - 3.5.3 The surgical checking processes are followed for all transfers to and from theatres. The associated sections of the theatre and other procedural area (such as endoscopy) documentation must be completed;
  - 3.5.4 The Procedures for the Transfer of Adults across University Hospitals Birmingham Sites and the Procedures for the Transfer of Paediatrics across University Hospitals Birmingham Sites are followed for all transfers to and from dialysis and critical care;
  - 3.5.5 Before a patient is transferred an assessment is undertaken and documented, to establish:
    - a) Any risks to the transfer; and
    - b) The needs of the patient during the transfer.
  - 3.5.6 Adequate equipment and staff with the necessary competencies are available during a transfer and in the receiving area;
  - 3.5.7 Appropriate information is given by the transferring clinician to the receiving area; and
  - 3.5.8 In the case of a permanent transfer of a patient from one clinical area to another, a transfer checklist is completed.
- 3.6 The property of transferring patients will be transferred in accordance with the associated Policy for the Handling of Patients' Cash, Valuables and Property.
- 3.7 In the event that a patient is transferred inappropriately an incident form must be completed in accordance with the Trust's Incident Reporting Procedure.

#### **4. Duties**

#### **4.1 Chief Nurse**

The Chief Nurse is responsible for overseeing compliance with this policy, and will provide assurance to the Board of Directors on compliance and raise matters of concern with the relevant Site/Department.

#### **4.2 Senior Management Teams and their deputies**

Senior Management Teams and their deputies are responsible for ensuring that the wards/departments and staff within the Site are aware of and implement this policy, and where there are deficiencies or concerns in delivery, these are investigated and reported via the Site Quality and Patient Safety Groups.

#### **4.3 Managers**

Managers of staff involved in the process for internal patient transfer must ensure that:

- 4.3.1 All staff have access to this policy and associated procedural documents;
- 4.3.2 All staff adhere to and implement this policy and associated procedural documents;
- 4.3.3 The appropriate staff, equipment and stationary are available to enable this policy to be followed; and
- 4.3.4 Staff have the necessary training to enable them to implement this policy.

#### **4.4 All staff involved in the process of internal patient transfer**

All staff involved in the process of internal patient transfer are required to familiarise themselves with all relevant Trust policies and procedures referred to within this document. They must ensure that they comply with them in their areas of work at all times.

### **5. Implementation and Monitoring**

#### **5.1 Implementation**

This policy and its associated procedures are available on the Trust intranet and disseminated to staff through the site management and internal team structures within the Trust.

#### **5.2 Monitoring**

Appendix A provides details on how the policy will be monitored.

## 6. References/ Bibliography

Care Quality Commission (2018) **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12**  
<http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment#full-regulation>  
[Accessed 11.10.22]

NHS England; NHS Improvement (2019) **Delivering same-sex accommodation.**  
[Statistics » Mixed-Sex Accommodation \(england.nhs.uk\)](Statistics » Mixed-Sex Accommodation (england.nhs.uk))  
[Accessed 11.10.22]

Health and Social Care Act (2008)  
<http://www.legislation.gov.uk/ukpga/2008/14/contents>  
[Accessed 11.10.22]

## 7. Associated Policy and Procedural Documentation

Bedside Clinical Guideline Partnership in association with the Staffordshire, Shropshire, and Black Country Neonatal Operational delivery Network and Southern West Midlands Operational Delivery Network).

Discharge and Transfer of Care Policy and Procedures

Policy for the Reporting and Management of Incidents including Serious Incidents Requiring Investigation

Procedure for the Handling of Patients' Cash, Valuables and Property

Procedures for the Transfer of Adults across University Hospitals Birmingham NHS Trust Sites

Procedures for the Transfer of Children across University Hospitals Birmingham NHS Trust Sites

Same Sex Accommodation Policy and Procedural Documents

Supporting Individuals who are Transgender (Trans) and Non-binary Policy

Surgery Transfer Protocol

Transport and Retrieval (Neonatal)

**Monitoring Matrix****Appendix A**

| <b>MONITORING OF IMPLEMENTATION</b>                                     | <b>MONITORING LEAD</b>  | <b>REPORTED TO PERSON/GROUP</b>          | <b>MONITORING PROCESS</b>  | <b>MONITORING FREQUENCY</b> |
|---|---|--|--|-----------------------------|
| Correct documentation has been completed for internal patient transfers | Clinical Governance and Patient Safety/ Lead Nurse Quality and Clinical Assurance | Operational Quality Assurance Group      | Correct completion of the transfer documentation will be monitored through the Nursing Documentation Audit               | Annually                    |
| Monitoring of incident trends associated with patient transfer          | Clinical Governance and Patient Safety  | Clinical Quality Monitoring Group (CQMG) | Details of any identified trends relating to patient internal transfer will be included in the Integrated Quality report | Monthly                     |