

## 1. INTRODUCTION AND BACKGROUND

This procedure is to detail the process for transfer of patients from UHL between acute health care providers to continue patient's continuing care needs. Its aim is to achieve a smoother journey for patients to access onward healthcare i.e., getting the right care at the right time, in the right place. It supports the overarching UHL capacity and flow escalation policy. It outlines the pathways for the management of those patients who need further health or care interventions closer to home, within specialities that are available at another tertiary site or back at UHL. This is also known as "repatriation".

## 2. SCOPE

This procedure applies to patients who have been admitted to UHL who now need repatriation to either their local hospital/care home for the remainder of their definitive care or needs further tertiary care at another hospital. The policy also refers to patients at other Acute Hospital sites that need to come to UHL

This procedure does not include those patients who are already on other specialist pathways such as e.g. Trauma, Neurological or Spinal, but does include those stepping down from these specialist pathways.

This procedure does not cover patients transferring to a step-down destination, other non-acute clinical provider nor patients' homes or places of residence.

This SOP applies to all UHL staff that are involved in the process to repatriate patients as part of their defined duties at all sites at UHL. This procedure should be applied at all times including normal working hours, on call, weekend and bank holiday working.

## 3. EDUCATION AND TRAINING

As part of induction this SOP will be provided and fully explained to all staff who are required to undertake this procedure. Any changes made to this SOP will be communicated to staff.

## 4. PROCEDURE

### 4.a Emergency Inter Hospital transfers.

When the clinical team has deemed a clinical emergency transfer is needed and the receiving hospital has agreed or there is an agreed clinical pathway the transfer should be undertaken without delay. If there is any delay, please refer to the escalation process below.

### 4.b Urgent Inter Hospital Transfers

Where an urgent transfer is agreed between clinical teams, the patient will be transferred within a maximum of 24 hours of the referral being accepted by a clinician. If there is any delay from the accepting trust beyond the 24 hours, please refer to the escalation process below.

### 4.c Repatriation

If it is decided that it would be appropriate for a patient to continue at a specialist centre (non-time critical) or at the patient's local hospital or nearest facility, a referral should be made between clinical teams. When accepted this transfer should be made within 48 hours. Any patient waiting over this time should be escalated to the Duty Managers and Senior Operational Managers. In hours they will escalate, and help will be provided from the Head of Capacity and Flow. Out of hours the on-call team will be made aware to escalate across to the receiving trust. If no plan is agreed over 72 hours, please refer to the escalation process below.

### 4.d Escalation

Where this transfer does not occur in the required timescales, (immediate, 24 hours or 72 hours) in order to ensure there is no compromise to the clinical outcome for the patient, the team should escalate to the Duty Manager and Tactical Operational and on call teams for support.

#### In hours

Escalation should be made to the ICB System Control Centre (SCC) to further support for trusts outside the ICB. Contact should also be made from UHL tactical team to the accepting hospital to establish what options are available.

If no plan is agreed escalation should be made to the Chief Operating Officer (COO) (or nominated deputy) to have a discussion with their counterpart at the receiving Trust to understand the delay and required actions.

If still no resolution, then further escalation must be made to NHS England UEC Operations Team for further support by the LLR SCC.

#### Out of hours

The same procedure should be undertaken ensuring on call executives are aware of the potential risk. Where the emergency inter hospital transfer has not happened within the agreed timescales, the hospital sending the patient should report this as a clinical incident as the patient has suffered a delay receiving the care that they require. A full review should then be undertaken overseen by the relevant Trust & ICB.

For patients where a COO-to-COO discussion has not resolved the delay, UHL will notify the local ICB SCC to further escalate the delay and share the potential risk involved. This should be noted as an Incident and reported via DATIX.

## 5. APPROVAL, DISSEMINATION AND IMPLEMENTATION

Following approval at the Inter-site Transfer Group and the Urgent and Emergency Care Steering Group, the SOP will be placed on to SharePoint for access by all staff. The SOP will also be cascaded to all CMGs for further cascade, to the Operational site team and all on-call teams for their use.

## 7. REVIEW AND MONITORING CRITERIA

This SOP will be reviewed in two years' time unless required earlier due to a change in practice or the release of a new Policy. It will also form an appendix of future versions of the Trust Capacity and Flow policy.

Key Performance Indicator	Method of Assessment	Frequency	Lead
Datix reported incidents	Monthly assessment	Monthly	Head of Capacity and Flow
Trauma Escalations	Trauma performance reports	Monthly	Trauma Clinical Lead/Associate Director of Operations

## 8. References to other standards and procedures:

- Midlands Inter-Hospital Transfer Procedure,
- Trauma Policy,
- UHL Capacity and Flow Escalation Policy,
- Transfer and Escort policy - Adult patients.

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This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT			
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