Discharge and Transfer of Patients in CNWL (Overarching) Policy

Purpose

The purpose of this document is to set out the principles for safe, effective and seamless transfer of care between clinical settings and for safe discharge from CNWL services.

Every service which transfers and/or discharges patients must have in place a Local Operating Procedure which provides service and locality-specific guidance. This policy includes the standards, guidelines and a template for the Local Procedures.

This policy is essential reading for the following groups of staff:
1. All Registered Practitioners,
2. All Health Care Support Workers,
3. All staff responsible for the governance of Trust Policies and associated documents which include the transfer of patient information.
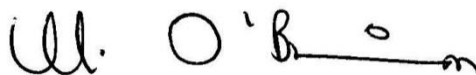
The following groups of staff need to be aware of the existence of this policy:

Executive Directors

Key points of the policy
1. 'Discharge' is the process by which the patient's case is closed to CNWL services after an episode of care and the patient returns to primary care. 'Transfer' is the process for moving a patient from one care setting to another.

2. The principles for safe, effective transfer and discharge are:
   a. Effective planning, starting as soon as possible after admission,
   b. Transfer or Discharge arrangements are in the patient's Best Interests,
   c. Multidisciplinary Team, patient and carer involvement,
   d. Risk assessment
   e. Effective handover of information, including all documentation and verbal handover.

3. Each CNWL service is required to have local procedures setting out transfer and discharge arrangements. This policy should be read in conjunction with the relevant local admission, transfer and discharge procedure for each service.

Policy Lead:	Nursing Directorate
Ratifying Committee / Group:	Clinical Effectiveness and Policies Group
Status of Policy:	FINAL
Policy Reference:	TW/0035/20 -25a

Signed: _____

                Chief Nurse

Signed: _____

                Chief Medical Officer

Approval date: **May 2020**

Review date: **May 2025**

Version:		Last updated:	May 2020
Document Owner:		Next review date:	May 2025
Approved By:	Maria O'Brien / Con Kelly	Date of First Issue:	2020

CONTENTS:

1. SCOPE

This policy is intended for use by all staff working in any clinical service and/or monitoring compliance with any aspect of Discharge and/or Transfer of Care. The policy applies:-
  a. In all CNWL settings including in-patient wards, community-based services, clinics, offender care settings and patients' homes.
  b. When a patient is transferred either to another CNWL service, or to an external provider,
  c. When a patient is discharged back to primary care after an episode of care, and no longer requires CNWL services.

The policy does not apply to:-
a. transfer into a CNWL service from an external provider,
b. Referrals made for additional services while the patient is still in receipt of care from a CNWL service.

All services responsible for discharging and/or transferring patients must develop a Local Operating Procedure based on the principles set out in this policy. This will provide staff with setting-specific guidance. (section 4.3 and appendix 1).

The document should be read in conjunction with the following policies:-
a. Handover,
b. Identification of Patients,
c. Clinical Risk Assessment and Safety Management Policy.
d. All Trust Policy and Procedural documents relating to Information Governance, confidentiality and Record Keeping.

2. RESPONSIBILITIES

Post Title	Duties
Chief Executive Officer (CEO)	Accountable for corporate governance and assurance and therefore supports the Trust-wide implementation of this policy.
Trust Director of Nursing	Liaises with the Divisional Directors of Nursing to monitor this policy and to provide assurance to the CEO for its use.
Operational and Clinical Directors	Accountable for the processes required for implementation of this policy. Responsible for determining that LOPs are in place in relevant services.
Clinical service managers/Heads Department	Responsible for: • the Development of Local Operating Procedures (LOP) for transfer and discharge, • the implementation of this policy and LOPs and for ensuring that the staff understand how these in their specific clinical settings, • providing resources, training and clinical supervision,

Post Title	Duties
	• planning staff rosters and skill mix to enable safe processes for discharge and transfer of care, • keeping the implementation of this document under review and taking appropriate action over any act or omission which contravenes it. • Monitoring the quality of transfer of care and discharge.
Lead clinicians/ team managers	Ensure that:- • All discharge and Transfer of Care processes take place in accordance with the principles in this document, and the guidance in the LOPs, • Staff complete all records and any locally-agreed documentation (e.g. checklists, risk assessment) and undertake any agreed actions, • The provider/service receiving the patient receives timely contact, and comprehensive, relevant information • Any adverse event relating to transfer of care is fully investigated and lessons learnt are discussed with the MDT
All clinical staff	All staff must adhere to the principles and standards outlined in this policy. This includes: • Effective transfer or discharge care planning, • Appropriate assessment/risk assessment, • Completing records and transfer documentation in accordance with Trust Standards • Communicating with all relevant agencies in-line with Information-Sharing protocols, • If escorting the patient, ensuring that care is taken for his/her welfare and dignity.
Clinical Policy Group	Oversee the policy approval and sign-off process, Publicise the policy to staff via the Clinical Message of the Week and publish on Trustnet, Manage the timeline and process for review and updating

3. DEFINITIONS

Admission: Acceptance of a referral to a CNWL service caseload.

Transfer The process whereby a patient is moved from one care setting to another. This can occur either as a planned transfer or as an emergency and can occur internally or externally.

Planned transfer: Planned and agreed in advance as part of the patient's care pathway. Planned Transfer usually takes place within normal working hours.

Emergency transfer: transfers which take place for very urgent reasons and which may require an emergency ambulance.

Out of hours transfer: Transfers that occur outside the normal working hours for the services transferring and receiving the patient.

Internal transfer: A transfer between clinical services within CNWL.

External transfer: A transfer from a CNWL clinical service to an external provider.

Handover; The written and verbal communication between the transferring and receiving organisations to support the transfer of care.

Discharge: The process whereby the patient's case is closed to a service after an episode of care. The patient returns to primary care without continued support from CNWL services relating to that episode of care.

Delayed Discharge:
The (DoH) definition is that a patient is ready for transfer when :
a. a clinical decision has been made that the patient is ready for transfer,
b. a multidisciplinary team decision has been made that a patient is ready for transfer, and-
c. the patient is safe to discharge/ transfer.

<u>But</u> the patient is unable to be transferred / discharged to the most appropriate setting because –
a. the administration is not complete,
b. a placement has not been found,
c. the funding is not available,
d. the patient has not been allocated a worker who can co-ordinate the placement,
e. Self-funding patients / families delay a transfer until they get the home of their choice.

4.   THE POLICY

4.1. Policy Statement
Transfer of care and discharge should be seamless, safe and effective, Arrangements should be made in the person's best interest and partnership with the patient, and with carers where appropriate.
To promote safe practice and minimise the risks associated with transfer of care, all services must have a Local Operating Procedure in place.

4.2. Planned discharge/transfer:
- Discharge planning, or arrangements for transfer, should start as soon as possible after the admission to optimise the delivery of focussed care/rehabilitation, encourage patient / carer participation and avoid delayed discharge,
- The decision to transfer or discharge a patient is normally the responsibility of a multi-disciplinary team, who will agree the arrangements and the date for transfer or discharge.   In some settings the decision-making may take place as part of a structured CPA or Case Management review,
- All arrangements should be made in the patient's best interests, and in accordance with Trust

policies for consent, and relevant legislation,

- Clinical and/or risk assessments (depending on the setting) should be reviewed at key intervals during the discharge or transfer planning processes; this is particularly important before and after periods of trial-leave,
- A discharge or transfer care plan should be drawn up in partnership with the patient, and carers (and / or an advocate) if appropriate.
- The Plan should specify the time-frames, practical arrangements, contact details for the service/organisation receiving the patient, and the names of people responsible for the arrangements. Guidance is included in the LOP and Care Plan Template; appendix 1.
- All documents must be completed in accordance with Trust standards for Handover and Information Governance, and the service receiving the patient must receive a full handover.

4.2. Emergency Transfer

This is required in very urgent situations, for example emergency transfer to hospital in the event that a patient's condition deteriorates suddenly. Full guidance is given in the Care of the Deteriorating Patient policy; in summary:

- Communicate with the emergency services and/or clinician using the 'Situation, Background, Assessment, Recommendation (SBAR) framework,
- Ensure that key information (e.g. medication charts, contact details, records, Advance-Decisions) accompanies the patient,
- Remain in contact with the patient and receiving service, and ensure information is exchanged appropriately,
- Keep family/carers informed.

4.3. Local Operating Procedures.

Every service with a responsibility for transferring and/or discharging patients should have a Local Operating Procedure in place. These must be written in-line with this policy, agreed at the Care Quality Forum or Divisional Board and made available to all staff. A template, which includes guidance and a care-plan framework, is given in Appendix 1.

5. Training and Competence

Team leads are responsible for ensuring that all staff undertaking discharge/transfer processes have:

- Sufficient guidance in this part of their role. This will include familiarisation with this policy and the service LOP.
- Access to advice and supervision,
- A thorough understanding of the risks associated with transfer of care,
- Detailed knowledge of the person being transferred, and access to information from relevant members of the MDT,

- Good understanding of other policies, frameworks and legislation relevant to the area of practice (e.g. CPA, MHA)
- Regular opportunities to practice, and an understanding of how to raise concerns.,

Induction should include service and organisation-wide standards for discharge/transfer.

All staff must also be compliant with Trust Mandatory Training standards

All staff have a duty to act in accordance with their codes of conduct and to engage with training and advice on transfer/discharge.

6.   Monitoring compliance and effectiveness

Monitoring compliance with this policy is the responsibility of the Nursing Directorate. The results of quality monitoring and incident-reviews will be reported by exception to the Trust Board via Divisional and Trust Committees. (see appendix 2 for details)

7.   Consultation

Consultation will include representation from:
- Relevant clinical services in each Division,
- Practice Educators,
- People with a policy governance remit.

8.   References

Trust Care of the Deteriorating Patient Policy
Trust Handover Policy
RCN (2008) **Improving the Safe Transfer of Care:** A Quality Improvement Initiative
NMC (2015) **Code of Conduct.**
NICE (2014) **Effects of a patient handover intervention on rates of medical errors and preventable adverse events.**
NICE; NG27 (2015) **Transition between inpatient hospital settings and community or care home settings for adults with social care needs.**
NICE; NG53 (2016) **Transition between inpatient mental health settings and community or care home settings**

Appendix 1; Template, Guidance and Discharge Care Plan Guide.

Local Operating Procedure; Discharge and Transfer of Care

Service Name:	
LOP Owner:	
Approved by:	
Version:	
Review due on:	

Transfer and Discharge Standards
1. Your LOP should set out the processes for your service which are listed below.
2. Briefly describe each process, be specific – for example give post-titles and contact details for key people, state where relevant documents are stored.
3. You should also set the quality standards for each element (e.g. give time-frames, state how documentation should happen).
4. If lots of people are involved you could put individuals' roles and responsibilities in a table – in a format similar to that used for policies.

The discharge and transfer planning processes; these are the main elements which should be included:

- Key points and standards for Risk assessment,
- Management of home-visits or planned leave,
- Roles of key staff members in discharge planning,
- How the service involves family/carers,
- The type(s) of discharge-letters/checklists and other documentation used by your service,
- Management and supply of medication on discharge,
- Communication with the GP and involvement of primary care,
- Communication with social services and involvement of social workers
- Communication and liaison with other health, social and/or voluntary services.
- Consideration of transport arrangements.
- Closing the episode of care on the electronic system,
- Monitoring standards for transfer and discharge and investigating adverse events

Patient/carer information

Your LOP should list any information your service gives to patients on discharge. E.g. crisis helpline, instructions for ongoing self-care, information about medication, information about voluntary organisations.

Unusual or emergency situations.

Your LOP should include guidance including: processes, roles and responsibilities, communication, documentation and standards for:

- Out of hours transfers and discharges. Out of hours means outside your own services' usual working hours, *and* outside the normal working hours for the receiving service,
- Emergency transfers (e.g. to hospital by ambulance,
- Self-discharge against clinical advice.

People with additional needs

If you provide services for people with additional needs, your LOP should provide details for how these will be addressed on transfer or discharge. For example:

- what communication support might a service-user with a learning disability need if transferred to a different setting?

- Use of an advocate if the person lacks capacity to make decisions about their discharge destination.

Discharge care plan.

You may find it useful to include standards for **individualised** discharge care-planning in your LOP, based on this template and guide. The bullet points are prompts and suggestions, and not an exhaustive list.

Specific What is needed for this individual? Can he/she go back to the previous place of residence?	• Consider home circumstances, • Any adaptations/equipment needed, • Social support • Follow-up treatment/care, • Referrals to specialists.
Measurable How will the practical arrangements be made?	• Who is going to undertake key aspects of the planning? • E.g. risk assessments, home-visits, liaison with receiving organisation/primary care, contact with social workers and/or other healthcare professionals. • Who is arranging transport?
Achievable and Realistic Is the person going to be able to manage?	Consider: • Concordance, • Social/economic factors, • Support provided by family carers, • Home environment.
Timely	Ensure the plan gives the expected discharge date, and the dates of any pre-discharge arrangements (such as reviews, home-visits, contact with other providers) are included.

APPENDIX 2: Monitoring Compliance and Effectiveness of the Transfer and Discharge Policy

What element(s) need(s) monitoring	Who will lead on this aspect of monitoring?	What tool will be used to monitor	How often is the need to monitor each element?	Who or what committee will the completed report go to.	Which committee, department or lead will undertake subsequent recommendations and action planning	How will system or practice changes be implemented and how will these be shared.
Element to be monitored	**Lead**	**Tool**	**Frequency**	**Reporting arrangements**	**Acting on recommendations and Lead(s)**	**Change in practice and lessons to be shared**
Incidents relating to transfer or discharge. Delayed discharges, Presence of LOPS in all services Standards of documentation	Directors of Nursing / Service Managers	Adverse event reporting and analysis. Reporting to DOH on the Delayed Transfer of Care Situation Report. Checks to determine that all services have developed a LOP	As required by local services.	All sets of information will be reviewed through the governance reporting structures in each Division	Divisional Boards via Care Quality Forums	Care quality forums

APPENDIX 3

Equality, Human Rights and Privacy Impact Assessment Form

Equality and Human Rights Screening assessment

1.   What is the name of the service/policy/procedure/Trust function that is being Impact Assessed?
    Discharge and Transfer of Patients in CNWL (Overarching) Policy

2.   Briefly describe the aim of the service/policy/procedure/ Trust function that is being Impact Assessed. What needs or dutiesis it designed to meet? What are its intended outcomes?
    This policy sets out the procedures to be followed in the discharge or transfer of a patient from CNWL. It aims to ensure that all relevant staff members are aware of their duties and responsibilities in this area.

3.   If this service/policy/procedure/Trust function has no relevance for equality or human rights considerations, please give your reasoning and sign below:
    An assessment has been undertaken and the policy is unlikely to have any adverse effects on protected characteristic groups

    (Where there is no relevance then the screening section can be signed and countersigned, and there is no need for a full assessment. Where there is relevance, then a full Equality and Human Rights Impact Assessment must be undertaken.

4a.   Does the project/service development involve any technologies that might have a privacy impact, for example, Smartcards, biometrics, digital imaging, video recording or logging of electronic traffic?
    No

4b.   Does the project/service development involve the use of new personal identifiers or an extension in the use of personal identifiers?
    No

4c.   Does the project/service development involve the handling of a significant amount of new personal data?
    No

4d.   Does the project/service development involve new or changed data management processes that might be intrusive, insecure, more permissive in terms of access to data, or unclear?
    No

    If the answer to any of questions 4a – 4d is "yes," you are required to contact the Information Governance Team for advice on how to proceed in relation to the privacy issues identified.

To be signed by the manger undertaking the full assessment

Name: David Jones
Designation: Clinical Effectiveness Manager
Date: 29 April 2020

To be countersigned by the Senior Manager, i.e. Head of Service, Line Manager as appropriate

Name: Davina Culley
Designation: Chair of Clinical Effectiveness and Policies Group
Date: 29 April 2020