Moorfields Eye Hospital NHS Foundation Trust

NHS

Adult Admission, Transfer and Discharge (ATD)

Policy Summary
The purpose of this policy is to ensure that admission, transfer and discharge of patients is undertaken in a safe, effective, linear and comprehensive manner.

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Status: FINAL

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Version History

Version	Date Issued	Brief Summary of Change	Author
1.0	November 2009	New Policy	Tim Withers & Carmel Brookes
1.1	October 2010	Amendment regarding age of next of kin.	Tim Withers & Carmel Brookes
1.1	December 2010	Clarification of existing monitoring methods	Carmel Brookes & Tim Withers
1.2	September 2011	Amendments in light of new policy format and Transfer and discharge audit recommendations	Carmel Brookes & Tim Withers
1.3	October 2015	Policy reviewed and updated to include updated transfer form	Tim Withers& Carmel Brookes
1.4	January 2016	St George's Referral form included	Carmel Brookes
2.0	August 2018	Reviewed and updated Job titles amended Homelessness Reduction Act included with duty to refer	Carmel Brookes
3.0	January 2019	4.2.3 Cross reference to the newly developed Bed Management policy (in final development pending changes to ADT policy) – learning from recent operational challenges 4.3.3. Addition of Early Warning score as baselines assessment (ref NEWS2) – suggested amendment 4.3.4 Update to VR contact details – suggested amendment 4.3.6 Detail re SW London Ophthalmic network- feedback 4.6 Procedure for consultant review – to reflect national guidelines and learning from audit 4.7.5.3 MDT meeting with Social service if input required = suggested amendment 4.7.5.4 Managing patients with length of stay longer than 7 days = Learning from incident 4.7.13 Homelessness and rough sleeping guidelines update	Kate Falkner

Version	Date Issued	Brief Summary of Change	Author
4.0	August 2020	4.3.7 Testing of COVID-19 for adult emergency admissions. Removal of 4.7.12 Discharge to the hostel. (due to ceasing of provision of hostel facility) 4.7.16 Discharge of COVID-19 positive patients to a single occupancy room in care facility including nursing homes and residential homes	Xiang Yin
5.0	October 2020	4.7.5.4 Addendum; retesting for inpatients for COVID -19 at day 5 and on every subsequent 7 days.	Kate Falkner
5.1	December 2020	4.7.5.4 Addendum; retesting for inpatients for COVID-19 at day 3 and day 5 and every subsequent 7 days	Xiang Yin

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Department:	Corporate Nursing	
Applies to (audience):	All Trust employees involved with the admission, transfer and discharge of patients	
Groups / individuals who have overseen the development of this policy:	Clinical Governance Committee	
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Contents

Executive Summary

To ensure the safety of admitted, transferred and discharged patients to, from, or within Moorfields Eye Hospital NHS Foundation Trust (the Trust), it is essential to ensure that each part of the process up to and including discharge is undertaken in a safe, effective, linear and comprehensive manner.

This policy outlines the processes and procedures that must be followed at each stage of the pathway so that patients remain safe, involved, and are discharged to a safe environment.

The policy also includes specific procedures for clinical handover of care for admitted patients and those being transferred to other healthcare providers, and identifies the documentation that must be completed when each stage is undertaken.

1. Introduction

Moorfields Eye Hospital NHS Foundation Trust (the Trust) is committed to ensuring that this document represents the formal procedure for the admission, transfer and discharge of **adult** patients. All patients admitted to the Trust, either planned or emergency, must receive equitable treatment and be provided with standard information to enable them to be safely orientated and made to feel secure in the environment.

At the point of admission all staff must anticipate and plan the discharge or transfer of the patient to ensure appropriate actions are anticipated and are taken ahead of time.

2. Scope

This document will apply to all healthcare staff working in the Trust, regardless of site (see Appendix 1), including managers, nurses, doctors and allied health professionals, or whoever first makes contact with the patient and initiates assessment of their needs whether for admission, transfer or discharge.

The policy applies directly to all adult patients aged 16 and above, (unless the patient falls within the scope of the Paediatric Admission, Paediatric Discharge, and Paediatric Transfer policies, which states that a young person aged 16-19 with distinct needs will be treated as a paediatric patient), admitted to the Trust for planned surgical and medical admissions, emergency and medical admission directly via A&E or emergency admissions from other satellite sites.

Appropriate timely admission, transfer and discharge planning is fundamental to this process.

3. Purpose

This Admission, Transfer and Discharge policy aims to ensure a smooth journey for all patients throughout their pathway within the Trust. The objectives include good communication with all those involved, the promotion of integrated working within and external to the Trust, and assurance of a safe environment and better-informed patients.

To ensure the safety of admitted, transferred and discharged patients to, from or within the Trust, it is essential to ensure that each part of the process up to and including discharge is undertaken in a safe, effective, linear and comprehensive manner. This policy outlines the processes and procedures that must be followed each stage of the pathway so that patients remain safe, involved, and are discharged to a safe environment.

The policy also includes specific procedures for clinical handover of care for admitted patients and those being transferred to other healthcare providers, and identifies the documentation that must be completed when each stage is undertaken.

4. Policy

4.1. General Admission Criteria

This policy sets out the admission criteria and pathway for all adult admissions to the Trust. It covers all patients **over** the age of 16 years.

At point of admission every patient arriving in the Trust must be greeted by a member of staff who must introduce themselves by name, title and role.
In November 2016 the trust adopted the “Hello my name is…” campaign. This campaign is the legacy of Dr. Kate Granger, an elderly care physician who was diagnosed with cancer in 2011 at the age of 29. Kate noticed that when she was receiving treatment, staff didn't always introduce themselves. This had a really big impact on Kate and so she set up the campaign to raise awareness of the patient behind the condition and the importance of introducing yourself.
It is therefore essential that all staff working across the trust introduce themselves to patients as this is a common curtesy and one of the first steps to delivering compassionate care.

The patient must be assessed as to their understanding of the reason for their admission, who their consultant is, and if they know who to contact should they have any issues during their stay.

At the point of admission the staff looking after the patient must record all information required to ensure the individual needs of the patient are fully met during their stay and discharge planning should be commenced at this point also. Appropriate risk assessments (waterlow, fall, manual handling, and infection control) should be undertaken on all patients at point of admission and appropriate action taken and documented to manage and reduce the risks identified. It is especially important that if the patient is ‘homeless’, that this be identified and that their local council homeless persons unit be informed and appropriate services commenced (see section 4.6.14). This information, which if addressed on arrival in the Trust can result in a more safe and effective patient stay.

All patients admitted to the Trust, whether booked or emergency, must receive equitable treatment and be given the appropriate information to allow them to be orientated to the clinical area (identifying toilets, washing facilities and the nurse call bell system). This information should allow them to understand the activities and routines of the day and they should be given any safety information they require e.g. fire egress.

Prior to admission it must be ensured that the details of the patient’s next of kin or emergency contact is recorded on the inside cover of the patient’s medical record and electronically. The patient must be informed of why we are collecting this information, i.e. who we should contact in a medical emergency. The next of kin must be over 18 years of age.

The admission process for those patients identified as having a learning disability or dementia will be complimented by further actions as outlined in the Trust’s Learning Disability policy and Caring for patients with Dementia policy. Should a patient have issues regarding their home security or dependants (including pets), local social services need to be contacted. They will take all reasonable steps to protect the moveable property of an adult with care and support needs who is being cared for away from home in hospital.

At the point of admission all patients must be fitted with an identification band which must be worn and legible for the duration of their stay as per the Trust's Patient Identification Policy.

All patients admitted to any Trust site must have their admission recorded on the Patient Administration System (PAS) or equivalent e.g. Medisoft.
Staff writing any documentation in the health record should use their trust name stamps detailing their name, designation and professional registration pin number (if applicable).

Patients can self-medicate in accordance with the Trust's Self-Administration of Medication policy.

Patients that have a guide dog usually make arrangements for the dog to be looked after whilst they are in hospital should they need to make any alternative arrangements the patient should contact their local guide dog mobility team who may be able to assist. (london@guidedogs.org.uk or call 0345 1430213).
For further information please refer to the trusts Assistant (guide dogs) SOP2018.

4.2. Planned booked admissions

A 'Decision to Admit (DTA)' pink form needs to be completed at the time the decision is made. This form can either be completed in OpenEyes or in hard copy.

A decision to admit is defined as the time when there is an agreement between the patient and the clinician to proceed with surgery. The DTA form should only be completed when the decision to proceed with surgery is confirmed. The details of the surgery and the risks, benefits and alternatives must be discussed at this point. If the patient agrees the booking process commences.

The date and time will be discussed with the patient and a suitable date arrived at. The booking process will then either be completed in an OpenEyes Decision to Admit (DTA) form by the doctor or clinic reception staff and an admission letter created and given to the patient, or a hard copy DTA form will be completed and processed as per the Access policy

When completing the DTA form, the following information must be confirmed with the patient:

- The patient's address (including postcode) and referring General Practitioner
- Patient's telephone number (home, work (if applicable) and mobile) or a number through which he or she can be contacted during normal working hours
- Availability to come in at short notice (less than one week) if an unexpected vacancy arises
- Any special circumstances requiring longer notice than usual for admission (e.g. caring for elderly relative, transport arrangements etc.)
- Any dates when the patient will not be available for admission e.g. booked holiday, religious festivals etc.
- Any special requirements on the day of admission (e.g. hospital transport,)

- The patient's next of kin or emergency contact

Additionally, the following information regarding the admission must be supplied on the form by the Consultant or a designated member of his or her team:

- Diagnosis
- Intended procedure and eye
- Approximate time that the operation will take
- If a date has been agreed with the patient
- If two reasonable offer dates (usually within three weeks of each other) were proposed and turned down by the patient and the reasons for this recorded
- Clinical urgency i.e. urgent or routine
- Type of anaesthetic required i.e. local or general
- If a Consultant/Fellow must be present for the procedure
- Paediatric or adult list
- Any other relevant information

DTA forms in hard copy (pink forms) or electronic must be delivered to the Admissions Office (basement RDCEC,) within one working day of the decision to admit.
The admissions team will ensure that all admission forms are processed on PAS/Open eyes within 24 hours of receipt.

All planned booked admissions will have a decision to admit made in the out-patients clinic by an ophthalmologist only. If the patient agrees the booking process commences. The date and time will be discussed with the patient and a preferred date arrived at.

All planned booked admissions should be referred to the pre-operative assessment department at the time of the decision to admit where they will be triaged as to their anesthetic suitability for surgery.

4.2.1. Admission & Assessment Documentation

Admission and assessment documentation applies to all admissions in all areas of the Trust, including Moorfields networked services. Although the patient will have been pre-assessed, this should not be viewed as a fixed assessment and further information gathered from the patient and family/carer should be added to the health record throughout the patient's stay, especially as the patient's condition changes.

All necessary information should be gleaned from the patient family/carer to ensure a safe and patient focused procedure. This information can be supported from previous assessments held in the patient health record. The admission process must be followed as outlined in the Patient Assessment and Treatment Record (Integrated Care Pathway) and must be a point of reference for the clinical team.

In order to prepare patients for discharge, a discussion must take place regarding post-operative discharge, including ophthalmic care, drop instillation technique, social support, family and carer situation, and pain management. Any issues that need addressing should be undertaken prior to admission.

A record of this discussion must be documented in the patient's health record or electronically. If the patient receives support from social or district nursing services prior to admission, it is essential that these agencies are liaised with to ensure continuity of care upon discharge. All patients should, where possible, remain in their own clothes to maintain their privacy and dignity, and where this is not possible, for instance when undergoing general anaesthesia, they should retain their own clothing and belongings which should be secured in lockers provided whilst in theatre. Patients should be admitted to the single sex accommodation when appropriate as per the Trust's Privacy and Dignity policy.

4.2.2. Patient Information

It is important that the patient feels involved in their care. To achieve this, it is essential that the patient receives information about their stay e.g. orientation to the ward/department, expectations of the timings and activities of the day and explanation of any planned procedures. This information should be adapted to the patient's own level of understanding and sensitivity to the patient's cultural needs must be recognised at all times. If supplementary written information is given to the patient this should also be documented.

4.2.3. Planned booked overnight admissions – City Road

The decision to admit a patient for planned booked overnight admission is taken by the surgeon in the clinic for ophthalmic reasons, and recorded in the patient's health record or electronically by the pre-assessment staff for medical or social reasons at the time of the patient assessment. A booking will be made by the pre-assessment staff for these patients to be admitted, in the first instance, to the Observation Ward electronic booking diary, or if beds are unavailable, Cumberlege Wing (please see the Bed Management and Escalation Policy.

If on the day of surgery the Observation Ward has become full through emergency admissions the patient will be admitted overnight to Cumberlege Wing. In the event that Cumberlege Wing is full also, a decision will be made by the Service Clinician, site cover nurse and on call manager whether to keep the Day Care Unit open overnight. If there are no staff available to keep the Day Care Unit open overnight please refer to Bed Management and Escalation Policy.

All patients admitted to hospital should have a comprehensive, individually completed care plan based on the patient's specific needs and complementing the care interventions of the clinical team. Care plans should be completed in collaboration with the patient/family/carer in order that they can understand their future plan of care and discharge.

Planned booked overnight admissions must be fully assessed using the Inpatient Assessment and Nursing Care Plan (emergency admissions) including full risk assessments. This needs to be completed by the Observation Ward, Cumberlege Wing.

4.2.4. Planned booked admissions –Satellite Services

All planned booked admissions will have a decision to admit made in the Moorfields Satellite Services Out-Patients Clinic by an ophthalmologist only. The details of the surgery and the risks, benefits and alternatives must be discussed at this point. If the patient agrees the booking process commences. The proposed date and time of admission will be discussed and agreed with the patient.

The booking process will then either be completed on an OpenEyes 'Decision to Admit' (DTA) form by the doctor or clinic reception staff and an admission letter created and given to the patient, or a hard copy 'DTA form will be completed and processed and the patient contacted regarding a suitable date and time.

Should the patient need surgery at City Road for any reason, the health record needs to be forwarded to the booking office and a date arranged with the patient for their surgery.

Should the patient need a pre-assessment at City Road, the Pre-Assessment Department at City Road should be contacted. Should the patient need to stay overnight, the Pre-Assessment department should be contacted who will then book a bed in the Observation Ward electronic diary for the patient.

If the patient needs to be assessed by an anesthetist then this appointment will be arranged at the satellite site. In the event of an anesthetic service not been provided at the site, then the booking team at City Road will be informed and the notes will be sent to City Road. A date will be booked into the anesthetic clinic and the patient will be contacted to agree the date.
To ensure consistency across the service, the points described in sections 4.1 to 4.2.2 are applicable at all Moorfields Satellite sites and must be followed at all times.

4.2.5. Planned booked admissions – Moorfields at St George's Hospital(SGH)

Patients requiring admission will be admitted to Duke Elder Ward (DEW), SGH, which has 4 beds, all en-suite single rooms.
The standard process of listing a patient on OpenEyes and booking on Silverlink PAS would apply.

All patients identified as High Risk will be surgically treated at St. Georges Hospital in two beds that have been allocated in St James Wing on three wards Gray, Vernon or Florence Nightingale. For further information please see SOP Ophthalmic High Risk patients SGH, (2018).

High risk (complex) patients

- Poorly controlled diabetic patient with HbA1C of greater than 40,
- Patients with sickle cell disease,
- Patients having dialysis
- Thyroid orbital decompression patients
- Patients with Marfan Syndrome
- Adult congenital heart disease patients
- Under age of 18 (at time of adding patient to wait list)

Those patients requiring surgery due to their anesthetic risk should have a St George's anaesthetic referral form completed and sent with the healthcare record to the admissions coordinator at St George's and Matron emailed.

Addendum for COVID-19 Emergency response and recovery
During the pandemic recovery and to support the current Green Surgical Pathways, the DEW will only have 2 rooms available for admissions. The Ward Manager will be responsible for assuring appropriate arrangements are in place to accommodate admissions in a timely manner, adhering to the Green Surgical Pathway. Under no circumstances, should Green and Blue Pathway patients be treated by the same Ward team or present at the ward at the same time.
For Blue patient pathways please refer to section 4.3.6

4.2.6. Planned Booked Private admissions – Moorfields Private (MP)
Bookings will be accepted from Consultants, and their secretaries/Practice Managers.

The MP admissions office will obtain full patient details by completing a booking form. This will include name, address, operation, insurance code and anticipated length of stay. They will check bed and theatre availability if outside arranged private patient theatre sessions. The booking will be entered onto the Compucare system and the patient advised of the admission date and any deposit to be paid using the current package price list, by an admission letter dispatched with questionnaire and financial agreement.

If no bed or theatre space is available, the admissions office will inform the Consultant and offer a different date.

On the day of admission all details relevant to the admission must be entered onto the Compucare system, as per guidance in 'Private patient procedure notes: Procedure Number: 5 Self pay/Guarantees / Insurance'.

4.2.7. Non-Planned Private admissions – Moorfields Private (MP) Out of hours procedure
Should the Senior Nurse in charge of Cumberlege Wing be contacted to advise that a non-NHS patient has presented at the hospital, a Consultant must agree to take over their care as a Private Patient.

The patient must complete an inpatient registration form and sign the financial agreement. The private patient admission office will need to be informed at the first available opportunity of the emergency admission. Financial arrangements are covered by: 'Private patient procedure notes Number: 8 Emergency Admissions'.

4.3. <u>Emergency admission via Accident and Emergency (A&E) at City Road</u>
All adult patients admitted through A&E must be admitted under the care of an identified consultant ophthalmologist and the reason for admission must be clearly stated in the patient's health record or electronically. The on-call consultant for that session must be informed of the admission. The decision to admit must include consideration of the patient's suitability for the designated ward e.g. Observation Ward, Cumberlege Wing, or Day Care Unit. All NHS emergency admission patients should be admitted through A&E and should not be admitted directly to any ward or unit. This includes emergency admissions from Moorfields Satellite Services (please refer to the Standard Operating Procedure for the Observation Ward.
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4.3.1. Emergency Admissions.
Patients admitted directly from A&E for overnight stay, will either be admitted to the Observation Ward in the first instance, or Cumberlege Wing if all beds in the

Observation Ward are occupied. In the unlikely event that there is no bed available on either Observation Bay or Cumberlege Wing then the procedure outlined in the Bed management and escalation policy will be implemented.

4.3.2. Emergency Admissions to Observation Ward

The Observation Ward has six beds and is open 24 hours a day, 7 days a week. The area is managed by the Matron for Surgical Services who has sole authority to accept admissions. Any service requiring use of a bed for emergency care must liaise with the Matron for Surgical Services (please refer to the Standard Operating Procedure for the Observation Ward.

In the event that there are no available beds in the Trust, but an Observation Ward bed has been reserved for a patient undergoing day care surgery that is not yet occupied, this bed should be given to the emergency admission and alternative arrangements made for the day care patient.

Moorfields is primarily an ambulatory care facility and any patients admitted overnight must be regularly reviewed with a view to discharge by the service caring for them. The Observation Ward should aim to have one empty bed at all times. If a fifth patient is admitted, all other patients in Observation Ward should be reviewed with a view to transfer or discharge.

4.3.3. Emergency Admissions from A&E

If a patient is to be admitted for surgery or observation as a Day Admission (e.g. lid laceration), the nurse in charge of A&E must contact the nurse in charge of the Observation Ward, Day Care Ward, or Cumberlege Wing as appropriate. The patient must be clerked medically within two hours of admission, either in A&E or on the admitting unit. All patients need the assessment to include an National Early Warning score NEWS2 , with appropriate escalation and repeat monitoring.

4.3.4. Emergency Admission via Vitreo-Retinal Emergency Clinic (VRE), City Road

Referrals to the Vitreo-Retinal (VR) Service are received in the Vitreo-Retinal Emergency clinic until 13:00 hrs weekdays, and 12:00 midday on Saturdays, after which the VR fellow on call (or Consultant if VR fellow unavailable as scrubbed in theatre) can be contacted via switch until 21:00 hrs. Outside of these hours patient will attend A&E. Referrals for the Vitreo-Retinal Service who are received in A&E will be assessed and referred to the Vitreo-Retinal service the following day.

Patients seen in the VRE clinic who require same day surgery will be admitted to the Mackellar Ward (male) Sedgwick Ward (female) by the VR/day care team.

4.3.5. Emergency / Unplanned Private admissions – Moorfields Private (MP)

Private emergency patients are admitted to Cumberlege Wing only once funding has been established. A Consultant must agree to take over their care as a Private Patient prior to their admission and may be admitted directly to Cumberlege Wing from any of the Moorfields Private Outpatient clinics: City, Upper Wimpole Street, Bedford or Purley.

Where funds are not available, the patient should not be admitted as a private patient. If the medical staff deem it appropriate, then the patient should be admitted

as an NHS patient for emergency treatment only and the relevant Consultant informed that the patient has been referred to A&E.

Addendum for COVID-19 Emergency response and recovery
During the pandemic recovery and to support national infection prevention control guidelines, patients requiring emergency admission will be risk assessed for COVID-19. There are specified pathway to support the provision of surgical care whilst maintaining safe and effective infection prevention control practices and adherence to national and local IPC guidelines. These include;

- SOP for surgical High risk /Covid +ve pathway
- SOP for Surgical Pathway non-COVID patients

However to reflect the fluctuating capacity and demand for the individual cohorts of risk groups the allocated wards and pathways may be reallocated in collaboration with the IPC team.

The inpatient bed locations at City Road include:

- Observation Ward
- Mackellar Ward
- Annex B Cumberlege Ward
- Annex A Cumberlege Ward

4.3.6. Emergency admission – Moorfields at St George's

Moorfields St George's is the admitting site for all emergency admission for the South West Ophthalmic Network comprising the ophthalmic units at Epsom & St Hellier's and Kingston hospitals as well as the Moorfields networked clinics at Nelson Health Centre, Croydon, Roehampton and Teddington.

Patients can be admitted as emergencies from Moorfields St George's outpatient clinic during clinic hours 09:00 to 17:00 weekdays.

Addendum for COVID-19 emergency response and recovery
To support the Green Surgical Pathways, out of hours emergency admissions, will be accommodated at St. Georges Hospital in two beds that have been allocated in St James Wing on one of three wards; Gray, Vernon or Florence Nightingale. The night Ophthalmology Registered Nurse will be responsible for arranging this alongside with the SGH's Site team. If the patient needs an emergency operation, this will take place under the CPOD (emergency) list and the On-Call ophthalmology scrub nurse will be called to assist the surgeon.

<u>Urgent care</u>
Patients attending for urgent care will not be able to present to Duke Elder Eye Unit during the refurbishment programme and instead will be seen for triage by RN in A&E department at St. George's Hospital between the hours of 21:00 & 08:00. Outside of these hours the service will continue in Moorfields Eye Hospital Outpatient Department

All adult patients admitted to Moorfields St George's must be admitted under the care and knowledge of an identified consultant ophthalmologist (out of hours this must be the consultant on call and care must be transferred to a Moorfields St George's consultant the next working day) who must be notified of their admission by the on call medical team. The reason for admission must be clearly stated in the patient's health record and no patient can be admitted without being medically clerked within one hour of the decision to admit being made.

Referrals for admission from network hospitals must be arranged through Moorfields ST 3 or above. No admission should be arranged or accepted by anyone without the nurse in charge of Duke Elder Eye Unit being informed and confirmation given that a bed is available.

Complex medical patients require a risk assessment of their care needs to establish if it is safe for them to be an inpatient on Duke Elder Eye Unit (see the SOP Ophthalmic High Risk Patients SGH). If the patient is assessed as not medically suitable, then the responsible medical ST 3 or above at St Georges will need to assess the patient and establish the consultant under whom the patient will be admitted. The bed manager at St George's will also need to be notified and a bed sought on an inpatient ward at St George's.

4.3.7 *Testing of COVID-19 for all emergency admissions*
All emergency admissions to the day care ward or inpatient ward should be tested for COVID-19 as soon as the decision for admission is made, or within 30 minutes of arriving onto the relevant ward. Please refer to the Standard Operating Procedure for Adult Emergency Admission Testing for COVID-19. (This SOP refers to testing within 15minutes of arrival to the ward).

4.4. Clinical handover of care
'Clinical Handover' is the transfer of information that is key to the patient's care and management from one care professional to another or from one care team to another whilst the patient is admitted. This will ensure a continuity of care, communication and effective discharge panning.

The handover process for patients admitted to the Trust must follow the Trust Protocol for Out of Hours Handover of Patients

4.5. Procedures for Transfer
4.5.1. Duty of Care
Whether a patient is being transferred for continuation of treatment and care to another ward or for investigations in another department, all patient information must be handed over to an appropriate member of staff. Moorfields has a duty of care to ensure that its patients are safe at all times. This duty of care continues while the patient is in transit to or from another Trust or healthcare facility.

The patient remains in the care of the Trust until the point that handover takes place between Moorfields staff, and the receiving organisation's staff. At the conclusion of handover, the receiving Trust should assume full responsibility for all care needs of the patient.

It is important that the requirements of all patients who may need to be transferred from wards and departments within the Trust or between Trust sites, or to other

Trusts are clarified and understood by all, with the result that a safer and effective patient transfer can be achieved. The transfer procedures in this policy apply to all adult patients including those patients with learning disabilities or dementia.

It is important that the clinical accountability of the nursing staff, medical team and support staff who are responsible for the patient's care is identified to ensure that safe, appropriate transfer of patients does occur and their care continues with minimal interruption and risk. The clinical team should aim to avoid repeated transfers for the same patient wherever possible.

Staff transferring a patient should ensure that all necessary information about the patient's medication is accurately recorded and transferred with the patient.

The Medical Inter-Hospital Transfer Form (Appendix 4) must be completed for transfers between Moorfields and other Trusts, Moorfields and other healthcare organisations, transfers between Moorfields and Community Satellite Services and transfers from Moorfields at St Georges to other wards within St George's Hospital. For internal City Road transfers, the transfer section on the Inpatient Assessment and Nursing Care Plan (emergency admissions) must be completed.

4.5.2. Transfer and Return from other hospital and other healthcare organisations

The decision to transfer a patient to another hospital or healthcare organisation must only be made in the patient's best interests and only with the patient's and their family/carer's agreement and understanding of the reason for the transfer. That this discussion has taken place must be recorded in the patient's health care record.

Communication between Moorfields and the receiving hospital or healthcare organisation must be between doctor-to-doctor in all instances and nurse-to-nurse when appropriate. This communication must be documented in the patient's health record and/or electronically. The Consultant in charge of the patient's care should be informed as soon as possible.

In exceptional circumstances and as appropriate a 'blue light' 999 ambulance transfer may be arranged as per section 4.5.4.

No patient should be transferred from Moorfields unless there is a named contact at the receiving facility and a specified location for the patient to be transferred to. This must be recorded on the Medical Inter-Hospital Transfer Form (Appendix 4)

The patient's next of kin / carer/s (regardless of whether they are present or not) must be informed of the intended transfer and this information recorded on the care plan. Where a next of kin cannot be contacted prior to transfer, it is essential that nursing staff make contact as soon as possible and that every attempt is documented.

For transfers from the Spire St Anthony's Hospital Cheam please refer to the SOP Patient who becomes unwell at St Anthony's Hospital 2018.
The hospital discharge letter and clinical care action plan on return to Moorfields of a patient who has required transfer to another hospital for acute care, treatment or investigations must be reviewed and actioned by the Consultant in charge of their care at Moorfields on their return.

Documentation

All patients transferred from Moorfields must have:

- A medical referral letter that accompanies them to the receiving facility. **A copy of this must be kept in the patient's health record.**
- A photocopy of the relevant medical and nursing notes included as part of the transfer documentation. A CD with radiological images may be sent to the receiving facility which must be clearly documented on the Medical Inter-Hospital Transfer Form.

Moorfields health records may accompany the patient with the escort staff, but **must not** be left at the receiving Trust, as they are the property of Moorfields Eye Hospital NHS Foundation Trust.

Consent, cognisant of capacity, must be sought from the patient prior to the sharing of information between Moorfields and other **Non-NHS** organisations and this should be documented clearly in the patients' health care record and/or electronically.

The Medical Inter-Hospital Transfer Form (Appendix 4) must be completed for all transfers between Moorfields and other trusts, healthcare organizations and Moorfields Networked sites.

A copy of the Medical Inter-Hospital Transfer Form MUST be taken and filed in the patient's Moorfields health care record.

- If the patient has invasive or other equipment (e.g. IV cannula, IV pump, stats machine, wheel chairs, pillows) this must be clearly documented on the Medical Inter-Hospital Transfer Form.

If no escort is deemed necessary, handover of care may be carried out by telephone and the conversation including names of parties involved must be documented. Patients should not take their original health record to another facility.

An online incident report should be completed for all transfers out of the Trust to another healthcare facility giving the reason for the transfer, the receiving medical officer and the receiving healthcare facility.

4.5.3. Transport

The appropriate and safe transfer of patients lies within the remit of the nurse in charge and an appropriate means of transport should be selected based upon the patient's condition, potential risks, mobility and urgency.

If an emergency ambulance is required at the City Road site, the nurse in charge or the site cover nurse will call the City Road switchboard directly and ask for a Blue Light ambulance.

Those networked sites attached to acute NHS trusts (St George's, Northwick Park, Bedford, Ealing, Croydon and Darent Valley) would normally refer medical emergencies to their respective A&E departments and will not require Blue Light transport. The remaining networked sites must contact London ambulance service directly through a 999 call.

If non-emergency transport is required for a patient transfer, this should be arranged through the Transport Department using existing or local protocols.

Non-emergency transport at City Road will be supplied by FALCK.

Moorfields St George's will contact St George's transport department or the St George's night cover sister to arrange non-urgent transport

4.5.4. Escort

It is the responsibility of the nurse in charge at the time of the transfer request, to assess if an escort is required and allocate a suitable member of staff as the escort.

Some patients may be fit enough to travel on their own, using their own transport, or be escorted by a carer, but patients requiring emergency transfer may require a nursing or medical escort. This decision should be approached holistically and made by the nurse in charge or site cover nurse, seeking advice from medical staff where necessary, and taking into account any risk factors.

The designation of any escort must be documented on the Medical Inter-Hospital Transfer Form. Allocating an escort may not be possible at night due to the lack of available nursing and medical staff necessitating liaison with the London ambulance Service in cases of 'blue light' transport and this must be documented in the patient's health records.

If a patient has been transferred by hospital transport for an outpatient review between Trust sites, the patient must use hospital transport for outward and returning journeys.

If the patient wishes to make their own arrangements for travel they must take self-discharge and this must be documented in the patient's health record and/or electronically.

4.5.5. Role of Trust Escort

The Trust Escort's main duty is to ensure the safe and comfortable transfer of patients. The escort must be competent and be capable of undertaking any actions necessary should the condition of the patient change during the transfer, and have the necessary knowledge and skills to deal with any circumstances that may occur during the transfer, and to respond accordingly e.g. medical deterioration.

- The escort must possess full knowledge of the patient's condition and reason for transfer, and be able to correctly give this information to the receiving facility that the patient is being escorted to.
- A patient identity bracelet must be worn according to Trust policy and should be removed by the receiving organisation.
- It is imperative that the patient's privacy and dignity is maintained at all times during the transfer and that they are appropriately clothed or covered.
- Ensure effective communication with the patient/family/carer is maintained throughout the transfer.
- Direct the safe transfer of the patient between bed, chairs, trolleys and transport ensuring that the correct moving and handling equipment is utilised if required.

If the patient requires an escort then the escort may not leave the patient until the relevant information and patient has been handed over to staff at the receiving facility.

If at time of arrival the receiving department has no suitable member of staff to accept the patient then the escort must remain with the patient.

If the patient has invasive or other equipment (e.g. Intravenous cannula, Intravenous pump, pulse oximeter, wheel chairs, pillows) this must be handed over to the receiving staff and equipment replaced by the receiving organization and MEH equipment returned to the Trust.

4.5.6. Transfers within City Road

All admitted patients being transferred between departments (i.e. between Sedgwick and Mackellar Wards, Cumberlege Wing and the Observation Ward) should not be transferred unless their medical records are with them. If the patient is to be transferred from theatre the patient, next of kin or carer must be informed prior to the patient going to theatre. A Medical Inter-Hospital Transfer Form **does not** need to be completed though the transfer section on the Inpatient Assessment and (emergency admissions) **must** be completed.

The decision to transfer a patient to another department must only be made in the patient's best interest and only with the patient's and their family/carer's agreement and understanding of the reason for the transfer. Communication between the nursing staff in both departing and receiving departments must take place prior to transfer. A record of this conversation must be documented in the healthcare record and/or electronically.
The consultant in charge of the patient care should be informed where possible.

The patient's next of kin/carers who are not present must be informed of the intended transfer as soon as possible.

The patient's property, valuables and medication must all be transferred with the patient at the time of transfer.

4.5.7. Post-operative Complications

In the event of a patient requiring an unplanned transfer for overnight care due to experiencing post-operative complications or for other, possibly social reasons, the nurse in charge of Sedgwick and Mackellar wards should, in the first instance, contact the Observation Ward regarding the transfer. If there is no bed available in the Observation Ward, a bed can then be sought on Cumberlege Wing.

In exceptional circumstances the nurse in charge of the Sedgwick and Mackellar wards, in consultation with the Matron, City Road, or site cover nurse, may keep either unit open out of hours but only if safe nursing (i.e. minimum two qualified nursing staff) and support staff levels can be ensured for the duration of the patient's stay. In this circumstance the out of hours' medical, portering, security, and switchboard teams must be informed as well as the manager on call. An online incident report should be completed detailing the circumstances in which the unit was kept open.

4.5.9. *Transfer of patient with known or suspected infection:*

If a patient is being transferred to another healthcare provider, nursing or residential home information with regards to a known or suspected infection should be verbalised to the receiving area before the patient is transferred and must also be included in the transfer form. A patient who is being discharged home with an infection risk identified at MEH, e.g. diarrhoea or has already been discharged before a positive result is known, e.g. MRSA then the GP must be notified. If patient is receiving input from other healthcare providers, e.g. District Nurses then they should also be notified. Advice from the infection control team is available to support discharge of patients with known or suspected infection.

A copy of the Medical Inter-Hospital Transfer Form MUST be taken and filed in the patient's Moorfields health care record.

4.6. Procedures for Consultant Review

Senior review is important in the interest of patient safety, effective use of the in-patient ward and maximising patient flow. Quality standards for Consultant review of acute medical conditions have been detailed in the NHS document Seven Day Services Clinical Standard (1) and NICE guideline (NG94) (2). Of note the definition of a Medical emergency by NICE is a life-threatening emergency, acute exacerbation of chronic illness or routine health problem that needs prompt action.

4.6.1 Consultant review should be arranged within 6 hours of admission during working hours (08:00 to 20:00) and within 14 hours of admission if out of hours. Once admitted the patient's ongoing care needs to be classified as medically active or medically optimised and fit for discharge (3). The determination that a patient is medically optimised is from a medical perspective only, and is a decision made usually by the consultant or team who are responsible for the patient.

4.6.2 Medically active patients must be reviewed daily by a Consultant, after the initial Consultant review is carried out. This includes all patients admitted within the last 24 hours.

4.6.3 The decision that the patient does not require further daily consultant review (ie medically optimized or fit for discharge) must be documented with a plan for how the patient will be reviewed.

4.6.4 Consultant-directed diagnostics and reporting that is available 7 days a week include blood tests, computerised tomography, microbiology and fluorescein angiography. Orthoptics, visual fields, refraction and confocal microscopy are not available our of working hours Monday- Friday 8:30-5:30pm.

(1) Seven Day Services Clinical Standards. NHS Gateway ref:0*6408* Sep 2017
(2) Chapter 3 Consultant assessment and review. Emergency and acute medical care in over 16s: service delivery and organisation. NICE guideline (NG94) March 2018
https://www.nice.org.uk/guidance/qs174/chapter/Quality-statement-3-Consultant-assessment-and-review
(3) Clinically optimised is described as the point at which care and assessment can safely be continued in a non-acute setting. This is also known as 'medically fit for discharge' 'medically optimised.' NHS England (2015). Monthly Delayed Transfer of Care Situation Reports Definitions and Guidance London p.6-7.

4.7. Procedures for Discharge

4.7.1. Discharge Principles

Discharge planning should be considered part of the patient pathway and not treated as an isolated process. It is essential that discharge planning fully involve patients, relatives and carers.

The discharge process will begin at pre-assessment admission or on occasion on admission.

The discharge process plays a vital role in the overall patient experience of being treated in Moorfields. Wherever a patient is admitted they must be included in discussions regarding the time and details of their discharge, so that together patients, carers and staff can plan accordingly to ensure that any self-care deficits are met once they have left the Trust. This process must also include community support such as their GP and District Nurses.

As Moorfields is primarily ambulatory care, it is imperative that there is a smooth and efficient discharge procedure in place that so that discharge delays are minimal and that there is constant re-evaluation of the processes involved.

Record keeping is a fundamental issue within ambulatory care, particularly when the patient's experience is condensed into a few hours. This provides an audit trail while also contributing to the Trust's obligation to clinical governance.

The discharge process for those patients identified as having a learning disability or dementia will be complimented by further actions as outlined in the Trust's Learning Disability policy and Caring for Patients with Dementia policy.

On the rare occasion when a patient might require long term funded healthcare in the community, an NHS continuing healthcare assessment may be necessary. Information regarding this can be found at http://www.nhs.uk/conditions/social-care-and-support-guide/pages/nhs-continuing-care.aspx.

4.7.2. Discharge decisions

The decision to discharge patients is initially for the ophthalmologist, as the patients must be medically and ophthalmic fit for discharge. On occasion this role may be delegated to appropriately trained staff, normally a day care nurse or Ophthalmic Nurse Specialist. It must be recorded in the Patient Health Record and/or electronically that the patient is fit for discharge and signed by the person making the decision.

Should the decision be delegated to a nurse, the person discharging must be deemed competent to do so in line with local protocols.

4.7.3. Discharge planning

Once a decision has been made the following considerations must be taken in to account:

- At pre-assessment, whether prior to surgery or upon the day of surgery or emergency admission, the discharge process will be discussed with patients/carers and a record kept of any social services, transport needs, home situation or district nursing support required post operatively or upon discharge. This must be recorded in the patient's healthcare record and/or electronically and confirmed upon admission (if at pre-assessment).

- The patient's self-care needs regarding safe discharge should be assessed at the time of admission and if any support or aids are required (e.g. compliance aids) these need to be sourced at this time.

4.7.4. Involving the Patient/Family/Carer

The patient family/carer must be involved in discussions and decisions regarding the patient's discharge so that they feel part of the decision making process. The patient's experience can be enhanced when they are better informed about their care, are aware of the time and date of their discharge, and feel they are included in their decisions.

Patients will have a more realistic expectation of the care that will be provided and what is not included if they are involved in all discussions and planning.

Patients should not be discharged without discussion. They should be happy to be discharged and this should be recorded in the healthcare record.

4.7.5. Fitness for discharge

Discharge criteria should be relevant to each individual patient. The following factors must be borne in mind when anticipating or planning a patient discharge from the Observation Ward, overnight ward or day care units.

4.7.5.1. Physical criteria

- Their level of consciousness and physical ability should be consistent with their pre-operative state.
- Their cardiovascular, respiratory and diabetic state should be stable.
- They should be able to tolerate food, fluids and have passed urine prior to discharge.
- Patients should be conscious and orientated and aware of their surroundings commensurate with their state on admission.
- Pain, nausea and vomiting should be controlled
- Wound site – surgical bleeding should be minimal, i.e. not requiring a dressing change /change of eye pad etc.
- Mobility of the patient – patient should be able to mobilize at a pre-operative level.
- As a minimum requirement a complete set of observations need to be recorded as per the trusts Early Warning Score policy.

4.7.5.2. Psychological criteria

- The patient's family/carer's capacity to understand their role in the discharge process must be assessed at or prior to admission and this must be recorded in the patient's healthcare record in line with the Trust's Mental Capacity Act and Deprivation of Liberty Safeguards policy.
- Patients should not be discharged home if there is any doubt that they will be unable to continue the care required once discharged.

4.7.5.3. Care and Support Needs/Services

- It must be established at pre-assessment whether the patient has any existing home care or social services, and the frequency of these. This must be recorded in the patient's healthcare record and /or electronically.

- On admission it must be established that these services have been suspended and if so, the admitting staff must ensure that these are re-commenced prior to discharge. Once a discharge date is confirmed the relevant teams (e.g. social services, district nurses) should be notified.
- An MDT meeting for patients staying for longer than 7 days (inviting social services and the community nursing team)as required is needed for patients requiring social input on discharge
- Any actions relating to external support must be recorded in the patient's healthcare record.

Patients should not be discharged until the relevant services have been put into place and these have been accepted and agreed with the service providers

Should a new social service referral be required prior to discharge then an assessment notice (appendix 3) should be completed as this is the first referral stage (ideally at least 48 hours pre-discharge). This must be followed by a discharge notice (appendix 5) ideally at least 24 hours pre-discharge. If an assessment notice and discharge notice are sent together, this should be done at least 72 hours prior to discharge.

4.7.5.4 Patients with a Length of Stay longer than 7 days

On occasions patients are required to stay in hospital for longer than the average length of stay. This may be due to medical complexity or a reduced ability to provide level of ophthalmic care required for treatment in their normal place of residence. In order to support the safe and effective ongoing care for those patients there must be an MDT meeting for any patients whose length of stay reaches 7 days to ensure their holistic needs are being met when there is no identified date of discharge or they are not medically optimized for transfer or discharge.

This must be led by and include the consultant responsible for care the senior nursing team, other professionals as required (for example, Safeguarding professionals) and operational management representation. This meeting shall be held every 7 days thereafter until transfer or discharge.

A risk assessment and plan of care must be clearly recorded in the patients' notes and the patient involved in this care management planning.

Addendum for COVID-19 Emergency response and recovery

All patients admitted, elective or non elective, will be tested for COVID-19 on or in preparation for admission.

Any patients admitted who are in hospital for 3 days and more should have a repeat Antigen test on day 3 and day 5 of their stay and subsequently every 7 days following this.

4.7.6. Discharge Transport

It must be established at pre-assessment whether the patient requires hospital transport following discharge and if not, what form of transport they will be using. The patient should be advised that it is safer for them to be accompanied home once discharged and that it is inadvisable to travel alone on public transport.

Patients following general anesthetic (or local with sedation) should be strongly advised prior to discharge, that for their own safety it is essential that they do not travel on public transport whether accompanied or not. This point should be established at the pre-assessment discussion and reiterated prior to surgery.

Existing transport patients will have their transport automatically arranged for the day of surgery as part of the booking process.

If new hospital transport is required the patient must be asked to contact their GP to arrange this transport for most day surgery sites. At City Road the pre-assessment department can request hospital transport in the first instance using a patient pre-operative assessment transport request form. (It should also be established at pre-assessment whether transport is required for subsequent outpatient visits).

If transport needs to be arranged unexpectedly on the day of surgery, this should be arranged via the local transport departments, site cover nurse or via locally established Trust protocols using established transport providers.

4.7.7. Discharge Treatment

The patient's ability to self-care (e.g. instilling eye drops, medications, dressings etc) must be established at pre-assessment and confirmed on the day of admission and also prior to discharge.

It is important that the patient and their family/carer are given sufficient information and support to enable them to self-care following their discharge. This should include verbal instruction, supported by written information and any support equipment required such as compliance aids to help with drop instillation. A contact telephone number and the discharging nurse's name must be given to the patient and recorded in the patient health record. They should also be given an out-of-hours emergency contact number.

4.7.8. Discharge Medication

Where possible, prescriptions should be written and dispensed to the clinical area prior to surgery or ahead of discharge to expedite the patient's discharge and improve the patient experience. Ideally, medications should be dispensed by a pharmacist directly to the patient. Where this is a not possible, a nurse may undertake this role in line with the policy for Nurse Supply of Medicines.

When dispensing medication to the patient/carer the following must be adhered to:

- Be certain of the identity of the patient to whom the medicine is to be dispensed.
- Check that the patient is not allergic to the medicine before dispensing it.
- Know the therapeutic uses of the medicine to be dispensed, its normal dosage, side effects, precautions and contra-indications.
- Be aware of the patient's treatment plan.
- Check that the prescription or the label on medicine dispensed is clearly written and unambiguous.
- Check the expiry date (where it exists) of the medicine to be dispensed.
- Confirmed the dosage, method of administration, route and timing.
- Contact the prescriber or another authorized prescriber without delay, where contra-indications to the prescribed medicine are discovered.

- Ensure that all medications belonging to the patient are returned to them prior to discharge.
- Ensure the patient or carer is physically able to administer any medication (e.g. can the patient open the bottles and instill own drops, does a compliance aid need to be given to help with drop instillation).

Check that there are no significant interactions between the prescribed medicine and other medicines the patient already taking.

4.7.9. GP letter / Out Patient Appointment / Sick Certification

On discharge a copy of both the Treatments to Take Out (TTO) form and the e-patient record of surgery summary or GP discharge letter, must be given to the patient. A second copy should be sent to the patients GP and a third copy must be retained in the patient's health record. The contents of the letters, especially where patients are copied in, must be written in language that the patient understands in line with the Trust Patient Letters Policy.

To expedite a smooth discharge, where possible an outpatient appointment should be made prior to the surgery or if an in-patient, as soon as the decision to discharge is made. It must be given to the patient, ensuring that the patient is fully aware of the details of the appointment including the location and site of the appointment.

Should the patient require sick certification, this should be established at the time of admission to expedite a smooth and timely discharge.

4.7.10. Imminent Discharge Checks

Prior to the patient leaving the department a final check must be made of:

- All invasive medical equipment (e.g. Venflon, ECG electrodes, wristband) has been removed.
- If the patient has had day surgery, the Patient Assessment and Treatment Record discharge checklist must be completed. If the patient was a medical admission the discharge section of the Emergency and Overnight Admission documentation booklet must be completed.
- Once checked that the patient has their own medication, property, appointment card, instructions, contact details, has verbalised their satisfaction on being discharged and has been invited to comment on their stay via patient experience gathering tools such as the Friends and Family Test (FFT), it is the responsibility of the nurse discharging the patient to fully document, in the patient's healthcare record and/or electronically, the time, accompaniment and condition of the patient on discharge and ensure staff signature, name, designation and date are recorded.

4.7.11. Discharge from Moorfields Private

The decision to discharge is the sole responsibility of the named consultant. The practice manager or secretary may contact patients with a follow up appointment, after the date of discharge. GP letters will be generated by the consultant and practice manager and forwarded to the patient's GP following discharge. In all other respects, discharge procedure for Moorfields Private patients are as described above.

4.7.12. Self-Discharge

All patients admitted to Moorfields do so of their own volition and the majority will follow the advised treatment plan. However, a minority of patients may choose not to follow this and will wish take their own discharge against clinical advice.

Should a patient wish to self-discharge him or herself they should be assessed with regard to their mental capacity as per the Mental Capacity Act and Deprivation of Liberty Policy. Together with the accompanying Code of Practice, it sets out five basic principles relating to capacity and how to assess capacity. The five principles are as follows:

- A person must be assumed to have capacity unless it is established that he/she lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.
- An act done, or decision for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests.
- Before the act is done, or the decision is made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

If a patient is deemed to possess capacity, all efforts must be used to persuade the patient that to stay is in their best interest and there should be a discussion that explains the reasons for, and the benefits of, the patient remaining in hospital. The patient should be given all relevant information to assist them in making an informed decision. With the patient's consent, carers, family and friends may also be involved. This discussion should be escalated as appropriate.

When a patient wishes to self-discharge it should be ascertained why the patient wishes to leave and this reason recorded in the patient healthcare record.

A statement should be recorded in the patient's healthcare record to the effect that the patient is taking self-discharge against clinical advice and a record of the discussion should also be recorded. This should be signed by the person recording the self-discharge (ideally the patient's doctor) and one other witness. The patient should also sign. Should the patient refuse to sign to acknowledge their self-discharge, this fact must also be recorded.

It is important that the patient discharge, with regard to discharge instructions, medications, transport and property etc be carried out as described above.

4.7.13. Patients who are homeless or threatened with homelessness

The definition of homelessness is not having a home, and people are homeless if they are sleeping rough, don't have rights to stay where they are or live in unsuitable housing. Homeless people may besleeping rough, staying with friends or family, staying in a hostel, night shelter, or in bed and breakfast accommodation, living in poor conditions that affect their health, or living apart from family because

they don’t have a place to live together. A person is threatened with homelessness if they are likely to become homeless in 56 days.

The condition and care and support needs of a patient who is homeless or threatened with homelessness must be taken into account upon admission and prior to discharge. There may be an increased risk of self-discharge despite significant and urgent health needs, due to anxiety about losing temporary accommodation, unmanaged mental health problems or drug and alcohol dependence.

On admission all patients must be asked where they live, if there are any housing related issues and if they can return to their current address. If they are homeless or threatened with homelessness, enquiries must be made to understand the patients vulnerability and put a plan in place, if necessary, to prevent early self-discharge. Community services, such as homeless/housing or mental health services, may be providing advice and support to the individual and may be able to offer support during admission and following discharge. The identification of a patient’s housing status, the involvement of any community services (including health and social care, and voluntary sector organisations) and care and support needs of the individual should take place on admission or as soon as possible following admission, and is necessary to facilitate safe, planned and timely discharge.

The Homelessness Reduction Act 2017 places a duty on hospital trusts, emergency departments and urgent treatment centres to refer people who are homeless, or at risk of becoming homeless within 56 days, to their local authority. This came into effect in October 2018 and requires as a minimum that the individual’s contact details are passed to an agreed local housing authority, subject to the individual’s consent. Referrals should be made for all patients at risk of or experiencing homelessness, even where the individual may have no recourse to public funds or may not be eligible or in priority need for housing assistance. In such cases, local authorities have a role in providing information and advice about homelessness prevention and alternative support options.

The Trust has a duty to **notify the council of any patient who is homeless or at risk of homelessness.** They must seek the person's consent beforehand. If consent is given, the individual must be referred to the local housing team. Staff should complete the Duty to Refer checklist (see Appendix 8) and email the completed Housing Referral Form to the Local Authority.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/775203/Local_Authority_Duty_to_Refer_emails.pdf

Contact details for every Local Authority

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/775203/Local_Authority_Duty_to_Refer_emails.pdf

Moorfields Safeguarding Adults Team are available to advise and support staff.

If a patient is sleeping rough and refuses to accept help to reduce significant risk to them, for example by accessing medical attention or being removed from immediate danger, and if there are any safeguarding concerns, Moorfields safeguarding adults team should be contacted for advice and support, and a safeguarding referral to Adult Social Care should be considered. Where an adult who is sleeping rough on the street is at risk, assessing and determining the individual's capacity to make decisions to live on the street must be carried out in accordance with the requirements of the Mental Capacity Act (2005). Refer to the Trusts Mental Capacity and Deprivation of Liberty Policy.

Further expert housing advice can be sought from Shelter, the housing charity who provide advice to anyone on their free 24hr help line - 080 8800 4444. They also provide advice on line or in person at one of their advice centres. For further information - https://england.shelter.org.uk/get_help

4.7.14. Refugees and illegal immigrants

Patients with refugee status are entitled to support. https://www.gov.uk/help-refugees

Advice can be sought from the local authority or by contacting Refugee Action on 0808 8000 630 or visiting http://www.refugee-action.org.uk/about.

If the patient is an illegal immigrant, advice should be sought from the UK Border Agency or the police.

4.7.15. Delayed Transfer of Care (DTOC)

A 'delayed transfer of care' occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.

NHS England, the body responsible for monitoring delayed transfers of care nationally, defines a patient as being ready for transfer when:

- a clinical decision has been made that the patient is ready for transfer, and
- a multidisciplinary team has decided that the patient is ready for transfer, and
- the patient is safe to discharge/transfer.

As soon as a patient meets these three conditions and remains in a bed, the 'clock' starts and they are classified as 'a delayed transfer'. The definition of delayed transfers of care used by NHS England is very specific. For example, data on delayed transfers does not include delays in transferring a patient between different wards in the same hospital, or between different hospitals, if the patient still requires acute hospital treatment. (Kings Fund 2018)

A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is

still occupying a bed. Delayed transfers of care can occur for a range of reasons. (NHSE 2017)

These reasons are reportable to NHS England monthly

Reportable Reasons for delayed discharges

A) Completion of assessment

B) Public Funding

C) Further non acute NHS care (including intermediate care, rehabilitation, MH, etc)

D) Care Home placement 1) Residential Home 2) Nursing Home

E) Care package in own home

F) Community Equipment/adaptions

G) Patient or family choice

H) Disputes

I) Housing - patients not covered by NHS and Community Care Act

4.7.16 Discharge of COVID-19 positive patients to a single occupancy room in care facility including nursing homes and residential homes

All patients who are admitted as an inpatient who will be discharged to a care facility must have an antigen COVID-19 test completed 48 hours prior to discharge and the results relayed to the receiving organisation prior to discharge.

If a patient is discharged who has been tested positive for Covid-19 the discharged patient should follow the care home guidance for Admission and care of residents in a care home during COVID-19. A 14 day period of isolation from their first positive test is recommended and, after completion of the 14 day period if still febrile, until their fever has resolved for 48 hours consecutively without medication to reduce their fever (unless otherwise instructed by a different acute care provider – for example, another reason for persistent fever exists).

A cough or a loss of, or change in, normal sense of smell or taste (anosmia) may persist in some individuals, and is not an indication of ongoing infection when other symptoms have resolved.

This is in line with the Public Health England 'Guidance for stepdown of infection control precautions and discharging COVID-19 patients updated 31st July 2020'. As part of the discharge process, it is important that the transport staff are informed of the patients infectious status.

5. Explanation of Terms Used

Admission in this context relates to a patient who is admitted for day care treatment, as an overnight admission, but does not include those admitted for outpatient treatment or procedures only.

Transfer in this context means the movement, for the purposes of continuing care, of a patient from one health care team to another e.g. transferred from Moorfields to another healthcare facility or within Moorfields from department to department.

Discharge in this instance refers to patients discharged physically from the Trust premises following treatment, including to the City Road Hostel. It does not refer to the discharge of patients from the ongoing care of the Trust.

Next of Kin this can be a spouse, partner or blood relative.

Emergency contact for the purpose of this policy this could be spouse, partner or blood relative or a nominated person with whom the patient has a association.

6. Duties

6.7. Introduction

The Chief Executive and the Trust Board have a responsibility for ensuring that the admission, transfer and discharge of patients is undertaken appropriately at all times within the Trust. This responsibility is delegated to clinical and administrative staff engaged in the process. Line managers are responsible for regular monitoring of their areas to ensure the policy is adhered to at all times.

All Trust employees involved with the admission, transfer and discharge of patients have a duty to ensure that the admission, transfer and discharge procedure of all patients is carried out according to this policy.

6.8. Service Directors / General Managers / Heads of Departments

The primary role of Clinical Directors, General Managers and Heads of Departments is to provide support to colleagues implementing this policy.

6.9. Medical Director

The Medical Director will ensure that the clinical directors implement and monitor the guidance in the policy in relation to admission, transfer and discharge.

6.10. The Risk and Safety Team

The Risk and Safety Team should review all reported incidents or complaints related to admission, transfer and discharge resulting in significant harm.

6.11 Clinical Governance Committee

The Admission, Transfer and Discharge policy will be monitored through the Clinical Governance Committee.

7. Training

Ongoing local induction training will be provided as per this policy and as appropriate to the area on admission, transfer and discharge assessments. Other staff will be assessed and trained as appropriate to their role and responsibilities under the auspices of the Chief Operating Officer, Director of Medical Education and Lead Nurse for Clinical Education. Training regarding the admission, transfer and discharge process will be included as part of local induction and staff development as appropriate.

8. Stakeholder Engagement and Communication

This policy was circulated to the Trust Medical Director, Director of Quality and Safety, Director of Nursing and Allied Health Professions, Nurse Managers, Matrons, Ward Managers, the Risk and Safety Team, Clinical Directors, Chief Pharmacist, and Safeguarding Adult Lead.

9. Approval and Ratification

This policy will be sent to the Director of Nursing and Allied Health Professions for submission to the Policy and Procedure Review Group for approval and then to Management Executive to be ratified.

10. Dissemination and Implementation

This policy will be circulated to all relevant staff. Awareness of any new content/change in process will be through the staff bulletin, in the first instance. Where a substantive revision is made (e.g. a process changes) then a separate plan for communicating and implementing this change will be devised by the Policy Owner, and will be tailored specifically to reflect the change that has been made. As a minimum, email notification will be sent to all directorate management teams, clinical service directors and directors along with specific instruction regarding dissemination.

All managers will be required to cascade this information to the staff that they manage, and to ensure that they understand its application to their practice. The policy will be publicised and made available via the Policies, Procedures and Guidelines section of the Trust intranet site.

Notification of a substantive revision or minor amendment to this policy will, in the first instance, be communicated via the staff e-bulletin, which is published by the Quality and Compliance team on a weekly basis. Following ratification by the Management Executive or approval of a minor amendment by clinical Governance Committee the policy owner will email the appropriate staff to advise that a change has been made, along with a request that the information be cascaded.

11. Review and Revision Arrangements

The policy owner is required to undertake a review of the document, at least once every three years. This may happen at intervals of shorter than three years if an incident occurs that prompts a review, a gap in existing policy/procedure is identified, or if further national guidance is released that needs to be incorporated.

12. Document Control and Archiving

The current and approved version of this document can be found on the Trust's intranet site. Should this not be the case, please contact the Quality and Compliance team.

Previously approved versions of this document will be removed from the intranet by the Quality and Compliance team and archived in the policy repository. Any requests for retrieval of archived documents must be directed to the Quality and Compliance team.

13. Monitoring Compliance with this Policy

The Trust will use a variety of methods to monitor compliance with the processes in this document, including some or all of the following methods:

- Compliance with regard to the patient Admission, Transfer and Discharge elements contained within this document will be audited on an annual basis for each day care or overnight admission ward.
- The monitoring process will be carried out through a sample audit of patient healthcare records where admission, transfer and discharge has taken place. Heads of Nursing should submit audit plans for their areas and this should make reference to the presence and correct completion of admission, transfer and discharge documentation as outlined above.
- The audit will be presented, in the first instance to the Senior Nurses meeting. The Director of Nursing and the Medical Director will be responsible for addressing any gaps in adherence to the policy or other issues raised by the audit. It will also be forwarded to the Clinical Audit and Effectiveness Committee.
- General Managers and Heads of Nursing will be responsible for addressing any actions pertaining to admission, transfer and discharge of patients that are raised by the audit results and actions reported to the Senior Nurses meeting.
- Monitoring at any point may trigger a policy review if there is evidence that the policy is unable to meet its stated objectives.

Measurable Policy Objective	Monitoring/ Audit method	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/ committees, inc responsibility for reviewing action plans
Policy Review	Adults Admission, Transfer and Discharge Policy Review		Director of Nursing and Allied Health Professions	Clinical Governance
Annual admission transfer and discharge audit	Compliance of health care record documentation against policy criteria. Sample of healthcare records.	Annual	Directorate Matrons /Unit Manager	Senior Nurse meetings. Clinical audit and effectiveness committee
Incidents and Alerts	Review of Admission / discharge Incidents / Alerts	Annual	Matrons covering overnight admission and day care units	Senior Nurse meetings. Clinical Audit and effectiveness committee
Audit of health	Spot check	Impromptu	Quality	Clinical audit and

records to check if next of kin/emergency contacts are documented	observational/retrospective review		Partners	effectiveness committee

In addition to the monitoring arrangements described above the Trust may undertake additional monitoring of this policy as a response to the identification of any gaps, or as a result of the identification of risks arising from the policy prompted by incident review, external reviews or other sources of information and advice.

This monitoring may include commissioned audits and reviews, detailed data analysis or another focussed study, for example. Results of this monitoring will be reported to the committee and/or individual responsible for the review of the process and/or the risks identified.

14. Supporting References / Evidence Base

- Discharge from Hospital: Pathway, Process and Practice. London: DoH Department of Health (2003)
- Achieving timely 'simple' discharge from hospital, A toolkit for the multi-disciplinary team DoH http://www.bipsolutions.com/docstore/pdf/8092.pdf (2004)
- RCN Day Surgery Information Fact sheet four (2004)
- Hospital Admission and Discharge: People who are homeless or living in temporary or insecure accommodation. Department of Health (2006)
- NMC Standards for Medicines Management (2007)
- British Association of Day Surgery: Guidelines about the discharge process and the assessment of fitness for discharge. http://www.daysurgeryuk.org/bads/Joomla/index.php/bads-handbooks (accessed 2009)
- Hospital to Home* Resource Pack (2012) http://www.housinglin.org.uk/hospital2homepack/
- Ready to go? Planning the discharge and the transfer of patients from hospital and intermediate care DoH (2010) http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/EastMidlands/PandEI/Ready_to_Go_-_Hospital_Discharge_Planning.pdf
- Care Act. DoH (2014)
- Lord Chancellors Dept (1997) *Who decides? Making decisions on behalf of mentally incapacitated adults.* CM3803. Stationary Office

http://www.homelesslondon.org/portalhl/AssistantAction.do?method=showPage&a=388&page=387&h=1438872863175&i=2

- Friends and Family Test https://www.england.nhs.uk/fft/

- Delayed Transfer of Care NHSE v 1.09 (2015) https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2015/10/mnth-Sitreps-def-dtoc-v1.09.pdf

15. Supporting Documents

Supporting Documents/References	Owner
Early Warning Score policy	Lead Resuscitation Officer
Learning Disability policy	Adult Safeguarding Lead
Caring for Patients with Dementia policy	Adult Safeguarding Lead
Patient Access policy	RTT general manager
Paediatric Admission policy	Paediatric Anaesthetic Lead
Paediatric Discharge policy	Paediatric Anaesthetic Lead
Paediatric Transfer policy	Paediatric Anaesthetic Lead
Privacy and Dignity policy	Matron, Outpatients and Diagnostics
Incident, Serious Incident (SI) and Never Event (NE) Reporting Policy and Procedures	Head of Risk and Safety
Standard Operating Procedure for the Observation Ward	Matron, Surgical Services
Protocol for Out of Hours Handover of Patients	Director of Education
Standard Operating Procedure Ophthalmic high risk patients	Interim Divisional Manager MEH South
Standard Operating Procedure patients who become unwell at the ST Anthony's Hospital	Consultant Ophthalmologist and Clinical Director, MEH South

Policy Applicability to Trust Sites

This document applies to all premises occupied by Trust staff/activities, unless explicitly stated otherwise.

List all excluded sites:

Ebenezer street
Homerton hospital
Upper Wimpole Street

Where the list indicates that the policy does not apply, this implies that the Trust will adhere to the policy of the host. Where a query exists then this must be referred, in the first instance, to either the:

- Divisional manager/head of nursing
- Policy owner
- Accountable director
- Service director

Moorfields Dubai will adhere to their own local policies and procedures and Trust-wide documents will not apply, unless explicitly stated otherwise.

Equality Impact Assessment

The equality impact assessment is used to ensure we do not inadvertently discriminate as a service provider or as an employer.
To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Comments / Evidence
1	Which groups is the policy/guidance intended for? Who will benefit from the policy/guidance? (refer to appropriate data)	This policy applies to all relevant staff and patients equally.
	• Race	
	• Gender (or sex)	
	• Gender Reassignment	
	• Pregnancy and maternity	
	• Marriage and civil partnership	
	• Religion or belief	
	• Sexual orientation including lesbian, gay and bisexual people	
	• Age	
	• Disability (e.g., physical, sensory or learning)	
2	What issues need to be considered to ensure these groups are not disadvantaged by your proposal/guidance?	None
3	What evidence exists already that suggests that some groups are affected differently? (identify the evidence you refer to)	None
4	How will you avoid or mitigate against the difference or disadvantage.	N/A
5	What is your justification for the difference or disadvantage if you cannot avoid or mitigate against it, and you cannot stop the proposal or guidance?	N/A

If you have identified a potential discriminatory impact of this procedural document, please refer it to the director of Quality and Safety, or the human resources department, together with any suggestions as to the action required to avoid/reduce this impact.
For advice in respect of answering the above questions, please contact the director of Quality and Safety (ext. 6564).
Please ensure that the completed EIA is appended to the final version of the document, so that it is available for consultation when the document is being approved and ratified, and subsequently published.

Appendix 3

Checklist for the Review and Approval of Documents

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

Title of the document: Admission Transfer and Discharge

Policy (document) Author: Carmel Brookes

Policy (document) Owner: Tracy Luckett

		Yes/No/ Unsure/ NA	Comments
1.	**Title**		
	Is the title clear and unambiguous?	yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	yes	
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?	yes	
	Is the purpose of the document clear?	yes	
	Are the intended outcomes described?	yes	
	Are the statements clear and unambiguous?	yes	
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?	yes	
	Who was engaged in a review of the document (list committees/ individuals)?	yes	Clinical Governance Committee Heads of Nursing, General Managers Matrons, ward/unit managers, Associate Chief Pharmacist- Clinical Services, Medication Safety and Governance
	Has the policy template been followed (i.e. is the format correct)?	yes	
4.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	yes	
	Are local/organisational supporting documents referenced?	yes	
5.	**Approval**		

		Yes/No/ Unsure/ NA	Comments
	Does the document identify which committee/group will approve/ratify it?	yes	
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	NA	
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	yes	
	Does the plan include the necessary training/support to ensure compliance?	yes	
7.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	yes	
8.	**Review Date**		
	Is the review date identified and is this acceptable?	yes	
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	yes	
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?	yes	

Approval by Policy and Procedure Review Group			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair	Ian Tombleson	Date	12 February 2021
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: 15 March 2016			

Appendix 4

Patient Name:

MEH No:

DoB:

This form is on the intranet in useful formats

Medical Inter-Hospital Transfer Form

Personnel involved in decision to transfer

MEH Ophthalmology Consultant / Registrar notified? Yes / No / N/A

MEH Anaesthetic Consultant notified? Yes / No / N/A

Receiving Hospital / Facility_____

Admitting hospital registrar(s) / consultant(s) accepting transfer:

Name:

Speciality: Contact Number:

Accepting ophthalmologist in receiving hospital:

Name: Contact Number:

Indication for Transfer CVS / RS / CNS / Renal / Endocrine / Other_____

Problem necessitating transfer and actions taken by MEH:

Allergies

Past Medical History:

Ophthalmic Care

Anticoagulation / Antiplatelet Yes / No from _____ hrs post-surgery

Care instructions:

Wound care:

Positioning:

Pupil Dilation – time:

Visual Acuity:

Observations:

Specific ophthalmic medications:

Anaesthetic considerations:

Other current medications

Plan for discharge

☐ Discharge home without discussion with Moorfields

☐ Discharge home after discussion with Moorfields

☐ Discharge with GP follow-up (+/- Moorfields out-patient appointment)

Appendix 4

Completed by (Name): Speciality & Grade: Date:

Referring Medical Staff contact telephone number: _____

Patient transfer Information

☐ Infection requiring isolation No / MRSA / C-Diff / Other _____

☐ IV access in situ: No / Yes Gauge _____ Site: Rt /Lt Hand / Arm

☐ Hardcopy investigations transferred Blood results / X-rays /MRI /CD / Other _____

Copy of notes taken with patient ☐ Yes ☐ No

Has Patient discussion been held with patient regarding transfer ☐ Yes

Next of kin informed of transfer ☐ Yes ☐ No

If No, what reason?

Name of Next of Kin:

Next of kin telephone number:

All patient property including valuables taken with patient ☐ Yes

Escort required: Carer / Paramedic / MEH Nurse / MEH Doctor / MEH Anaesthetist

Type of Transport: Hospital Transport / LAS Ambulance / Taxi

Completed by (Name): Designation: Date:

Referring Nursing Staff contact telephone number: _____

A copy of this form must be retained in the MEH healthcare record

City Road
London
EC1V 2PD

Moorfields Eye Hospital NHS
NHS Foundation Trust

Assessment Notification

(given under Section 2 Community Care Act 2003)

Please fax to the relevant Social Service Office:

PLEASE PRINT CLEARLY

PATIENT DETAILS

Patient name | Female ☐ Male ☐

Date of birth | Hospital No.

Address | GP name

Ethnic group

Postcode | Borough

NEXT OF KIN

Name | ☎

Address | Relationship

Postcode

PATIENT/CARER CONSULTATION

Has the patient and carer been consulted about this notice ? ☐ *(Please tick to confirm consultation)*

Has the patient and carer objected to the giving of the notice ? ☐ Yes ☐ No ☐ Unable to consult

HOSPITAL DETAILS

Ward/Dept | Planned admission date

Consultant | Actual admission date

Diagnosis | Likely discharge date

Has the patient been referred to : OT ☐ Yes ☐ No Physiotherapy ☐ Yes ☐ No

REASON FOR NOTICE (REFERRAL)

☐ Residential/Nursing Home Care ☐ Domestic Care/Shopping ☐ Personal Care

☐ Meals on Wheels/Meal Preparation ☐ Other *please describe*

Has the patient been considered for NHS rehabilitation or continuing care ? ☐ Yes *(must be considered)*

Outcome of consideration ☐ Not required ☐ To be assessed ☐ Other

REFERRER INFORMATION

Referrer | Date/Time faxed

Designation | Signature

Telephone 0207 288 | Fax 0207 288

REASON FOR WITHDRAWAL OF REFERRAL (Fax back to Social Work Dept again)

Withdrawal date

☐ Patient improvement ☐ Arrange own care ☐ Patient self discharges

☐ Death ☐ Other *please describe*

SOCIAL WORK AND DISCHARGE ADMINISTRATOR USE ONLY

Received and logged by | Signature

Date and time received | SWIFT No.

Confirmation of borough | Social Worker

City Road
London
EC1V 2PD

Moorfields Eye Hospital NHS
NHS Foundation Trust

Discharge Notification

(given under Section 5 (3) Community Care Act 2003)

Please fax to the relevant Social Service Office:

Patient name | Hospital No.

Proposed discharge date | Patient (and carer) informed of proposed discharge date ☐ *(Please tick)*

NHS SERVICES PROVIDED ON DISCHARGE *(Please tick)*

- ☐ Not required
- ☐ District nurse
- ☐ Intermediate care
- ☐ Palliative / Macmillan care
- ☐ Community psychiatric nurse
- ☐ NHS continuing care

Other

WARD/DEPT REFERRAL INFORMATION

Ward/Dept | Date/Time

Telephone 020 | Fax 020

Referrer | Signature

Designation

WITHDRAWAL OF NOTICE (Fax back to Social Work Dept each time)

Withdrawal of notice date | Proposed new discharge date

Withdrawal of notice date | Proposed new discharge date

Withdrawal of notice date | Proposed new discharge date

SOCIAL WORK AND DISCHARGE ADMINISTRATOR USE ONLY

Received and logged by | Signature

Date and time received

Confirmation of community services available on discharge ☐ Yes ☐ No

If delayed, reason for delay *(please tick)*

- ☐ Awaiting funding
- ☐ Awaiting completion of assessment
- ☐ Awaiting (non acute) NHS Care
- ☐ Awaiting residential/nursing home place
- ☐ Awaiting domiciliary package
- ☐ Patient or family choice
- ☐ Other

Fax confirmation to ward & copy to discharge administrator | Date/time sent

Social Worker name | Signature

Referrals to St George's Hospital

Appendix 6

Referring Surgical consultant _____

Operation _____

Mode of anaesthesia _____

Original date booked _____

PATIENT LABEL

TO BE FILLED OUT BY ANAESTHETIST

Reason for unsuitability for City Road:

Investigations requested via GP:

Investigations/Info attached:

NAME: DATE:

TO BE FILLED OUT BY SURGEON

Service referred to (please ring):

Adnexal Cornea VR MR Glaucoma Neuro / Strabs

Consultant/s (leave blank if no specific consultant):

Past Ophthalmic Surgery:

Past Ophthalmic history:

Urgency of operation:

<1week (also contact surgeon) <6/52 Elective

Comments:

NAME: DATE:

PLEASE ATTACH THIS FORM TO THE PATIENTS NOTES AND SEND TO NAEELA BUTT ADMISSIONS COORDINATOR ST GEORGES.

Please email to advise form being sent to:

Naeela.butt@moorfields.nhs.uk

Dominique.Maskey@moorfields.nhs.uk

Naeela to complete: RTT:

Healthy London Partnership

Safe and effective discharge of homeless hospital patients

January 2019

CHECKLIST FOR STAFF

A simple checklist for hospital staff on the practical steps they can currently take to support effective discharge of homeless patients is provided below, which can be adapted and aligned to local admission and discharge arrangements.

Has this person been identified as homeless on admission or within 24 hours? *This should be done by asking 'do you have somewhere safe to stay when you leave hospital?'*	☐
If they answer 'no' seek consent to make a referral to the local housing authority. This is a legal duty on the hospital and guidance can be found here: https://www.gov.uk/government/publications/homelessness-duty-to-refer-for-nhs-staff If consent is given, the individual's contact details and the reason for the referral (that they are homeless or threatened with homelessness) should be shared with the local housing authority. Details for every local authority can be found here : https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/762487/Local_Authority_Duty_to_Refer_emails_06122018.pdf	☐
If consent to refer to the local authority is not given, discuss and identify the support they need to maintain their stay in hospital and to avoid early self-discharge. *For example, are they concerned about losing accommodation as a result of being in hospital or do they have a drug or alcohol need to be met?*	☐
Are there any safeguarding concerns, for example lacking mental capacity? If so, consider a referral to your local safeguarding lead. Assessing mental capacity is vital in the context of homelessness and requires clear, detailed documentation. Guidance can be found here: https://www.pathway.org.uk/services/mental-health-guidance-advice/	☐
Have you explored relevant partners to involve in coordinating safe and effective discharge arrangements? In discussion with the patient, identify any case workers or other people who may have been involved with them and can support them and help with discharge coordination.	☐

Involve the patient and where relevant their ongoing discharge destination and support staff in making decisions about their discharge arrangements.	
For people sleeping rough – have links been made with the local outreach team? Have you checked the CHAIN database to contact a lead worker? This will help to understand the background and support offers that may be available in making discharge arrangements.	☐
Have you assessed whether ongoing care, support and assessment can be carried out safely at the discharge destination?	☐
Have you notified both the patient and, where relevant, their ongoing destination in advance of the planned discharge, so that the necessary arrangements can be put in place? Discharge arrangements such as timing, transportation and support should be agreed with the individual and the ongoing destination.	☐
The local champion / link person / team for homeless patients to contact for support are **[to be completed locally]**	☐
Local homelessness services and partners to consider involving in discharge coordination are **[to be completed locally]**	☐

Duty to Refer Checklist **Appendix 8**

This is not a definitive list

Health services already support and refer individuals who are homeless or at risk of homelessness, as part of their safeguarding responsibilities and normal daily work. The duty to refer seeks to extend the good practice that already exists in many local areas across England and aims to ensure services are working together.

The Ministry of Housing, Communities and Local Government have asked every local authority to create an email address using the format **dutytorefer@localauthorityname.gov.uk** to facilitate referrals from public service professionals who may not know contact details for services.

Every Local Authority will have their own protocol for making housing referrals. Therefore, please check with your Head of Unit or the chosen Local Authority.		
1	**Before completing the referral form, please check if the patient or hospital have been in contact with a Local Housing Authority previously about the patient's homeless status?**	
2	Patient Ward Location?	
3	Has the patient provided written/verbal consent for the referral?	
4	Has the patient provided contact details?	
5	Has the patient confirmed why they need to be referred, for instance: • They are living in over-crowded accommodation • They are suffering domestic abuse • They are in rent/mortgage arrears • They have been threatened with eviction • Currently sofa-surfing (staying with friends) • They have been asked to leave their current accommodation	
6	Has the Local Housing Authority been informed of the Patient's discharge date? • **The earlier the Local Housing Authority are informed the more likely a successful referral**	
7	Does the patient have links to the local area?	
8	Has the patient confirmed what type of accommodation they are currently living in?	
9	Does the patient have dependent children?	
10	Is the patient content to provide medical details? • **The more information the local authority has, the more effective the referral.**	
Please ensure a copy of the referral form is filed with the hospital notes with receipt of confirmation from the Local Housing Authority.		