



Policy for the repatriation of patients from Sheffield Teaching Hospitals NHS Foundation Trust

Reference Number	Version	Status	Executive Lead(s) Name and Job Title	Author(s) Name and Job Title
199	3.0	Current	Kirsten Major Director of Strategy and Operations	Chris Hayden Deputy General Manager
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Associated Documentation:

Trust Controlled Documents

Trust Access Policy

External Documentation

None

Legal Framework

None

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Version History

Version	Date Issued	Brief Summary of amendments	Owner's Name:
1.0	October 2007	Original Document	K. Clifford
2.0	October 2008	Routine revision – with minor amendments for clarification.	K. Clifford
3.0	January 2014	Routine revision – Major amendments	C. Hayden

(Please note that if there is insufficient space on this page to show all versions, it is only necessary to show the previous 2 versions)

Document Imprint

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Executive Summary

Policy for the repatriation of patients from Sheffield Teaching Hospitals NHS Foundation Trust

Document Objectives: This policy is to establish Sheffield Teaching Hospitals expectation of referring hospitals regarding accepting back emergency tertiary referrals, for example in Neurosurgery or Cardiology.

Group/Persons Consulted: TEG, Clinical Directors and Nurse Directors

Monitoring Arrangements and Indicators: None

Training Implications: Internal and external communication of policy

Equality Impact Assessment: Completed – see Appendix 1

Resource implications: None

Intended Recipients: External Stakeholders - DGH's which refer emergency patients to STH, where the patient needs to return to that DGH after specialised treatment.

Internal Stakeholders – Consultants and other involved in the agreeing arranging and managing repatriation of such patients to other Trusts.

Who should:-

- **be aware** of the document and where to access it All ward staff. Including Medical and Therapy Teams.
- **understand** the document All ward staff. Including Medical and Therapy Teams. The Patient Flow Team.
- **have a good working knowledge** of the document The Patient Flow Team. The Transfer of Care Team. Directorate Management Teams.

1. Introduction & Policy Statement

- 1.1 The Trust requires clear guidelines for ensuring patients are repatriated to a hospital in their own area, or received as a returning patient, in a timely manner. This will ensure best use of the bed stock in the Trust and our ability to deliver specialist services.
- 1.2 Repatriation refers to a patient returning to the Trust from which they were referred for specialist/tertiary treatment or those who have completed their specialty care and are returning to that DGHS care to complete their in-patient stay. This policy is activated once the Consultant at the receiving Trust has accepted the patient for transfer. This policy will also be applied to patients transferred directly from other Hospitals A&E Services or in certain cases (e.g.Primary PCI) when patients are diverted to STH to receive timely treatment.
- 1.3 Patients who are admitted to any of the Hospitals within Sheffield Teaching Hospitals NHS Foundation Trust who are residents of other districts should be transferred back to a local hospital as soon as their “specialist” care is completed and their clinical condition allows.
- 1.4 All patients, once assessed as clinically fit for transfer, will be repatriated within 24 hours of the decision being made. In some cases the patient may be admitted as day cases and return to the referring hospital the same day, in these cases we would expect the bed to be kept available on the referring hospital. In addition, in the case of Primary PCI, the transfer will be expected to occur once the patient has had their intervention, are stable and can be safely repatriated to the Trust to which they would previously have been admitted.
- 1.5 Nearly all repatriation issues relate to Specialist Services, notably Cardiothoracic, Neurosciences, and Trauma. Directorate Teams in these areas have primary responsibility for resolving repatriation issues within their networks.
- 1.6 It is recognised that as a Tertiary Centre the Trust has National Specialities for which there are no defined local networks, Primary Pulmonary Hypertension (PPH) for example. Although the policy stands for these specialities, it is recognised that they may require additional assistance from the Clinical Operations Team to repatriate patients who have completed their specialist care.

2. Roles and Responsibilities

2.1 The Consultant at the receiving Trust

In all cases the relevant consultant at the receiving Trust must authorise the patient’s repatriation, agreeing that on-going in-patient care can be provided nearer to the patient’s residence.

2.2 STHFT Ward Teams

Once a patient requiring repatriation has been agreed with a local clinician, it is the responsibility of the ward to:-

- i) Notify the receiving hospital of proposed transfer via that hospital’s Bed Management arrangements.
- ii) Book appropriate transport
- iii) Agree a date and time for transfer

- iv) Complete necessary transfer documentation.
- v) Ensure that the family and particularly carers are advised of repatriation details

2.3 The Directorate Management Team

If the receiving hospital are unable/unwilling to accept the transfer within the defined 24 hours (or immediately in the case of PPCI), the details of the patient and the reason for non-compliance will be passed on via the Patient Flow Sister (The Service Manager for RHH Specialities) to a senior member of the Directorate Management Team, who will undertake the necessary negotiation with the receiving hospital.

2.4 The Clinical Operations Team

If the Directorate management team cannot resolve the issue then the matter will be passed on to a senior member of the Clinical Operations Team who, if necessary, will escalate to the Executive Director on-call for the receiving hospital. Outside of normal working hours this will be escalated via the management on-call arrangements.

Repatriation issues will be dealt with by the Deputy General Manager (Clinical Operations) (ext 69727), in his / her absence issues should be passed on to the Trust's Chief Operating Officer. (ext 15445).

3. Monitoring Of Policy

- 3.1 Where the timescale detailed in the policy is not met, details of the receiving hospital and specialty, the reason for the length of delay will be held within the Directorate Management Team. Where recurrent problems are encountered the referring Trust will be provided with this information and asked to implement appropriate action to prevent further delays. In some cases this information will be forwarded to specialist network teams for comment.
- 3.2 Where frequent delays occur with local Trusts the Clinical Operations Team and the Chief Operating Officer will address this with their senior management and clinical teams. If necessary, recurrent problems will be escalated to the Chief Executive's Office.

Contact details for local Trusts

The first point of call for all Trusts will be the Bed Management Teams via the Trust switchboard. Escalation would then be the General Management Team for the relevant Directorate and finally the Chief Operating Officer.

Barnsley Hospital NHS Foundation Trust	01226 73 00 00
Chesterfield Royal Hospital	01246 277 271
Doncaster Royal Infirmary	01302 366666
Rotherham NHS Foundation Trust	01709 820000
King's Mill Hospital	01623 622515

Appendix 1

Equality Impact Analysis

	<p>- Is there a potential or actual negative impact associated with this policy on people or individuals who share a 'protected characteristic'? i.e. does this policy directly or indirectly discriminate?</p> <p>- Can this policy be used to promote equality between people who share a protected characteristic and people who do not</p>	<p>NOTES changes/additions/ further information or advice needed</p>
RACE	No	
SEX (I.E. MALE / FEMALE)	No	
GENDER REASSIGNMENT	No	
DISABILITY(including consideration of the impact on carers of a disabled person)	No	
RELIGION OR BELIEF	No	
SEXUAL ORIENTATION	No	

AGE	No	
PREGNANCY or MATERNITY	No	
	Does this Written Policy or Guidance impact on the following areas?	NOTES changes/additions/ further information or advice needed
HUMAN RIGHTS i.e. Fairness Respect Equality Dignity Autonomy	Possibly	Changes made to take account of responsibilities for advising relatives and or carers of arrangements once they are in place.
SOCIAL DEPRIVATION / TACKLING HEALTH INEQUALITY	No	

ACTION

Have you identified any action that is required in addition to any changes made to the policy during policy development? Please note in brief below for reference

ACTION	LEAD	DEADLINE