

## TRANSPORT GUIDELINE FROM THE MINOR INJURY UNIT AT KIDDERMINSTER HOSPITAL

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### INTRODUCTION

This guideline is for all patients attending the MIU who are deemed to need a medical opinion, following a full assessment by the Emergency Nurse Practitioner (ENP)

All staff should be aware and follow the Ambulance Service Guidelines for booking Transport/transfer.

The patient's mode of transport should be decided on clinical need (i.e., 'if the patient requires transport for urgent medical treatment or diagnosis and is medically unfit to travel by any other means')

### THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS:

The guideline is to be used by ENP's working within the MIU, all qualified nurses should be aware of their Code of Professional Conduct (NMC 2008), which clearly requires nurses to act in a manner which safeguards the interests and well being of patients, ensuring no act or omission if detrimental to their safety.

The ENP's will have undertaken an appropriate course and are competent to work autonomously following the Clinical Presentation Guidelines devised for the MIU at Kidderminster Hospital.

### Lead Clinician(s)

Marc Tarrant

Matron

Approved by Accountable Directorate on:

31<sup>st</sup> January 2024

This is the most current document and is to be used until a revised version is available:

Review Date

31<sup>st</sup> January 2027

**Key amendments to this guideline**

<b>Date</b>	<b>Amendment</b>	<b>Approved by:</b>
March 2016	Minor updates made to document	
November 2016	Documents extended for 12 months as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
December 2016	Update Consultant names	J Powell
December 2017	Change wording of 'expiry date' on front page to the sentence added in at the request of the Coroner	
January 2018	Document reviewed by Divisional Governance with no changes	
May 2020	Amended guideline area. Slight amendment to public transport area	Sally Bloomer
31st January 2024	Document approved for renewal	Divisional Governance Meeting

## TRANSPORT GUIDELINE FROM THE MINOR INJURY UNIT AT KIDDERMINSTER HOSPITAL

### INTRODUCTION

Following the reorganisation of the Emergency Services in Worcestershire in 2000, there was a need to develop a guideline for the Emergency Nurse Practitioners (ENP) to follow when they have the need to transfer a patient to another hospital for emergency or specialist treatment.

The aim of the guideline is to assist the ENP's within Kidderminster Minor Injury Unit (MIU) with decision making and is intended for patients who require transfer by ambulance between facilities due to an increase in either their medical or nursing need.

All patients who need to be transferred to another hospital for further assessment or urgent medical care / treatment must be assessed by an ENP prior to transfer. The ENP must ensure that the receiving hospital / unit is aware of pending transfer. Ideally this should be done before the patient leaves the MIU.

**ALL** patients with life or limb threatening presentations will be transferred via 999 cat 1 ambulance. Any patients presenting with medical emergencies will be transferred via 999 cat 2 ambulance. All patients who require transfer for further medical, orthopaedic, surgical, ENT or paediatric treatment will either be cat 3 or EZEC ambulance transfer.

The Association of Ambulance has developed a framework to support Inter facility transfers (2021) supporting the decision making and referral process of all patients who self-present to the Minor Injury Unit.

### Lead Clinician(s)

Mr A. Jalil	Clinical lead
Sally Bloomer	MIU Ward Manager
Guideline reviewed and approved by Accountable Directorate:	31 <sup>st</sup> January 2024
Review Date:	31 <sup>st</sup> January 2027
Review Date.	November 2023

This is the most current document and is to be used until a revised document is available.

### Key amendments to this Document:

<b>Transport guideline from the Minor Injury Unit at Kidderminster Hospital</b>		
WAHT-MIU-001	Page 3 of 11	Version 5

<b>Date</b>	<b>Amendment</b>	<b>By</b>
November 2023	All areas reviewed and amended	Sally Bloomer

## **GUIDELINE**

- The ENP will carry out a full examination of all self referring patients regardless of age, illness, or injury.
- All patients will have an initial assessment with in 15 minutes of arrival and prioritised dependant on clinical need.
- For patients who require emergency treatment, 999 will be called for emergency transfer but should not delay any emergency lifesaving treatment.
- For patients who require ambulance transfer other than 999 – the ENP should contact West Midlands Ambulance Service or EZEC, outlining patient’s condition, receiving speciality (if not ED), site and the type of transfer required (paramedic or non-paramedic crew) including any clinical treatments required for transfer.
- If the patient does not fulfil the criteria for ambulance transport, then every assistance will be given to make alternative arrangements.
- The ENP must ensure that the patient is referred and transferred in a timely manner dependant on clinical need.
- If a patient is deemed safe to transfer in a car, then a family/friend should be encouraged to take them to the receiving site dependant on speciality.

## **Public Transport**

There are local bus and train services within Kidderminster but no direct access to either of the Acute Hospital sites from the Kidderminster Hospital site.

## **REFERENCES**

**National Framework for Inter-Facility Transfers (2021) NHS England**

**WAHT-MIU-001**

It is the responsibility of every individual to check that this is the latest version/copy of this document.

**MONITORING TOOL**

**STANDARDS:**

Item	%	Exceptions
The ENP will ensure the correct coding has been inputted on Patient First in a timely manner, this will include:	100	
1) Patients' accurate demographics	100	
2) Provisional diagnosis	100	
3) Referral speciality	100	
4) Mode and time of transport for transfer	100	
5) ENP's signature	100	

How will monitoring be carried out?	By use of Patient First
When will monitoring be carried out?	Bi-yearly
Who will monitor compliance with the guideline?	Sally Bloomer

## CONTRIBUTION LIST

### Key individuals involved in developing the document

Name	Designation
Sally Bloomer	MIU Ward Manager

### Circulated to the following individuals for comments

Name	Designation
Mr. Jalil	A&E Consultant The Alex
Mr M Tarrant	Matron

### Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
Mr Dave Raven	Divisional Director of Urgent Care
Mrs Clare Bush	DDN

## Supporting Document 1 - Equality Impact Assessment Tool



### Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

#### Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

<b>Name of Lead for Activity</b>	
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<b>Details of individuals completing this assessment</b>	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 30%;">Job title</th> <th style="width: 30%;">e-mail contact</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Name	Job title	e-mail contact									
	Name	Job title	e-mail contact												
<b>Date assessment completed</b>															

#### Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b>		
What is the aim, purpose and/or intended outcomes of this Activity?			
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____	

Is this:	<input type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

**Section 3**

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				
Disability				
Gender Reassignment				
Marriage & Civil Partnerships				
Pregnancy & Maternity				
Race including Traveling Communities				
Religion & Belief				
Sex				
Sexual Orientation				
Other				



<b>Equality Group</b>	<b>Potential positive impact</b>	<b>Potential neutral impact</b>	<b>Potential negative impact</b>	<b>Please explain your reasons for any potential positive, neutral or negative impact identified</b>
<b>Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

**Section 4**

<b>What actions will you take to mitigate any potential negative impacts?</b>	<b>Risk identified</b>	<b>Actions required to reduce / eliminate negative impact</b>	<b>Who will lead on the action?</b>	<b>Timeframe</b>
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

**Section 5 - Please read and agree to the following Equality Statement**

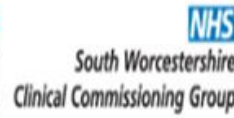
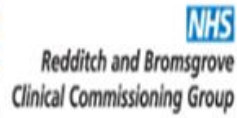
**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	
<b>Date signed</b>	
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	
<b>Date signed</b>	
<b>Comments:</b>	



**Supporting Document 2 – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.