

## GUIDELINE FOR THE EMERGENCY TRANSFER OF PATIENTS FROM THE ENDOSCOPY UNIT AT KIDDERMINSTER TREATMENT CENTRE/EVESHAM COMMUNITY HOSPITAL TO THE WORCESTERSHIRE ROYAL 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.

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

All clinical staff involved in transfer of patients from the Endoscopy Unit at Kidderminster Hospital. And Evesham Community Hospital

#### Lead Clinician(s)

Mr Richard Lovegrove Clinical Director Endoscopy

Approved by Directorate Team Meeting on: 1st September 2021

Review Date: 1<sup>st</sup> September 2024

This is the most current document and should be used until a revised version is in place

#### Key amendments to this guideline

| Date           | Amendment             | By:                |
|----------------|-----------------------|--------------------|
|                |                       | Trust Directorate  |
|                |                       | Meeting/ Endoscopy |
| September 2021 | New document approved | Governance         |



## GUIDELINE FOR THE TRANSFER OF PATIENTS FROM THE ENDOSCOPY UNIT AT KIDDERMINSTER TREATMENT CENTRE TO THE WORCESTERSHIRE ROYAL HOSPITAL

#### Introduction

There will be times when patients undergoing an endoscopic procedure may need to be transferred from the Endoscopy Unit at Kidderminster Hospital and Evesham Community Hospital to the Worcester Royal Hospital.

Reasons for transfer will fall into 3 categories:-

- Cardiac / Respiratory Arrest
- Deterioration in condition requiring urgent medical opinion or intervention
- Post procedure complication which cannot be managed within the Unit

The **following** guideline describes the process which should be followed and the staff skills required for a safe patient transfer in each of the above eventualities.

This guideline will be reviewed as necessary when there are any changes in the activity at Kidderminster Treatment Centre (KTC) Hospital & Evesham Community Hospital.

#### **DETAILS OF GUIDELINE**

#### Competencies required for assessment and recognition of need to transfer

All registered nursing staff will be trained and competent to recognise symptoms requiring transfer of a patient. Skills will be gained through training.

#### Skills required:

- Management of the deteriorating patient
- Mandatory ILS training (Senior nursing staff)
- Principles and Management of Haemostasis
- Specialty / procedure specific care
- NEWS 2 (National Early Warning Score)
- Management of a perforation.

Competency will be described and assessed via a competency framework and workbooks which will form part of the individual nurse's evidence of Continuing Professional Development and Competency.

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Patients requiring transfer will be identified as follows:-

- Cardiac / Respiratory Arrest
- Deteriorating Symptoms, e.g.

Unstable Angina

Arrhythmias / Tachycardia

Chest Pain

Reduced Consciousness

**Excessive Bleeding** 

Patient presenting on the day very unwell

#### Patients covered

Any adult patient having an endoscopic procedure in the Endoscopy Units at KTC Hospital & Evesham Community Hospital.

#### **Transfer Process**

The Endoscopist under taking the procedure will recognise and document the need to transfer a patient and determine the urgency of transport.

In the case of an emergency a member of staff will dial 999 requesting an Emergency Ambulance, giving location/department and stating "Kidderminster Treatment Centre Hospital/Evesham Community Hospital" The ambulance service will request patient's name, age and condition and will confirm location. The member of staff should also dial 2222, advise switchboard of the emergency and request assistance from the onsite team until the ambulance crew arrives. The ambulance will be requested to take the patient to the Worcestershire Royal hospital.

The registered member of staff will monitor the condition of the patient or continue resuscitation with the resuscitation team until the paramedic crew arrive. On arrival of the crew a handover will be given to the crew along with the patient notes containing up to date documentation. A transfer form will be completed by the nurse and should accompany the patient. No nurse escort will be required.

Relatives / Carers should be informed of the reason for transfer, location and contact number as soon as possible once the decision to transfer the patient has been made.

The nurse in charge must ring the receiving ward / unit when the ambulance leaves the Endoscopy Unit. The Emergency Duty Team at the Worcestershire Royal Hospital will be informed of the patients transfer.

Emergency equipment trolley is stocked and maintained by the Endoscopy Unit.

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#### **MONITORING AND EVALUATION OF PROCESS**

All emergency transfers will be recorded onto the Trust's Risks Management System, Datix. Learning from incidents will be discussed and disseminated at the Divisional Quality Governance Committee.

#### **REFERENCES**

Resuscitation Policy WAHT-TP-108

#### **CONTRIBUTION LIST**

#### Key individuals involved in developing the document

| Name                 | Designation                 |
|----------------------|-----------------------------|
| Mr Richard Lovegrove | Clinical Director Endoscopy |
| Lynne Mazzocchi      | Directorate Manager         |
|                      |                             |

Circulated to the following individuals for comments

| Name             | Designation           |
|------------------|-----------------------|
| Karen Macpherson | JAG/Governance Sister |
| Debbie Hathaway  | Sister Endoscopy      |

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

| Name          | Directorate / Department |
|---------------|--------------------------|
| Lydia Watkins | Endoscopy Matron         |

#### Circulated to the chair of the following committee's / Groups for comments

| Name | Committee / group |
|------|-------------------|
|      |                   |

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#### **Supporting Document 1 - Equality Impact Assessment Tool**

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

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Other (please state)





Worcestershire Health and Care

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

Wye Valley NHS Trust

| Section 1 Name of Organisation (please tick) |           |                       |  |                     |  |
|--|-----------|-----------------------|--|---------------------|--|
| Herefordshire & Worcestershire               |           | Herefordshire Council |  | Herefordshire CCG   |  |
| STP  |           |                       |  |                     |  |
| Worcestershire Acute Hospitals               | $\sqrt{}$ | Worcestershire County |  | Worcestershire CCGs |  |
| NHS Trust                                    |           | Council               |  |                     |  |

| Name of Lead for | Activity        |           |                        |
|------------------|-----------------|-----------|------------------------|
| Datalla of       | I               |           |                        |
| Details of       |                 |           |                        |
| individuals      | Name            | Job title | e-mail contact         |
| completing this  | Lynne Mazzocchi | D/Manager | lynnemazzocchi@nhs.net |
| assessment       |                 | _         |                        |
|                  |                 |           |                        |

# Date assessment 9/9/21 completed

#### Section 2

**NHS Trust** 

| Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.) | Title: Policy for the emergency transfer of patients from the Endoscopy Units at Evesham Community /Kidderminster Treatment Centre to Worcestershire Royal Hospital |   |       |  |
|--|---|---|-------|--|
| What is the aim, purpose and/or intended outcomes of this Activity?                                | trans   | fer of patients from t                        | he en | f the process for the emergency<br>doscopy units at both Evesham<br>erminster Treatment Centre |
| Who will be affected by the development & implementation of this activity?                         |   | Service User<br>Patient<br>Carers<br>Visitors |       | Staff Communities Other  |

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|---------------------------------|---------------------------------|------------------------------|
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| NHS                               |
|-----------------------------------|
| Worcestershire<br>Acute Hospitals |
| Acute Hospitals                   |

|   | INDO II  | П |
|---|--|---|
| Is this:  | <ul> <li>√□ Review of an existing activity</li> <li>□ New activity</li> <li>□ Planning to withdraw or reduce a service, activity or presence?</li> </ul> |   |
| 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)   | 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 positive impact | Potential neutral impact | Potential negative impact | Please explain your reasons for any potential positive, neutral or negative impact identified  |
|--|---------------------------|--------------------------|---------------------------|--|
| Age  | V                         |                          |                           | This policy will ensure all staff are aware of the correct process for the emergency transfer of patients from the Endoscopy units at Evesham Community Hospital & Kidderminster Treatment Centre to Worcestershire Royal Hospital |
| Disability                                 | V                         |                          |                           |  |
| Gender<br>Reassignment                     | V                         |                          |                           |  |
| Marriage & Civil<br>Partnerships           | √                         |                          |                           |  |
| Pregnancy & Maternity                      | √                         |                          |                           |  |
| Race including<br>Traveling<br>Communities | V                         |                          |                           |  |
| Religion & Belief                          | V                         |                          |                           |  |
| Sex  | V                         |                          |                           |  |

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| Equality Group   | Potential positive impact | Potential neutral impact | Potential negative impact | Please explain your reasons for any potential positive, neutral or negative impact |
|--|---------------------------|--------------------------|---------------------------|--|
|  | Impact                    | ппрасс                   | ппрасс                    | identified   |
| Sexual   | V                         |                          |                           |  |
| Orientation  |                           |                          |                           |  |
|  |                           |                          |                           |  |
| Other  | <b>√</b>                  |                          |                           |  |
| Vulnerable and   |                           |                          |                           |  |
| Disadvantaged  |                           |                          |                           |  |
| Groups (e.g. carers;                                   |                           |                          |                           |  |
| care leavers; homeless;                                |                           |                          |                           |  |
| Social/Economic  |                           |                          |                           |  |
| deprivation, travelling communities etc.)              |                           |                          |                           |  |
| Health   | V                         |                          |                           |  |
| Inequalities (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

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

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

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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.

| _ |
|---|

























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#### **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.

|    | Title of document:   | Yes/No |
|----|--|--------|
| 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