

Safe Transfer of Theatre Patients

Department / Service:	SCSD Theatres, Ambulatory Care, Critical Care, Outpatients & Surgery.
Originator:	Theatre Matrons
Accountable Director:	Clinical Director SCSD
Approved by:	Theatres Directorate Governance Meeting
Date of approval:	21 st May 2025
Review Date:	21 st May 2028
This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust.
Target Departments	Theatres, Admissions units, Wards, A&E, ITU and Radiology.
Target staff categories	All clinical staff transferring theatre patients.

Policy Preamble:

The purpose of this procedure is to ensure that every patient undergoes a safe, planned, and coordinated transfer. It outlines the standards for the safe transfer of both adult and paediatric patients between admission units, wards, theatres, and treatment areas. This document is intended to guide staff in determining appropriate escort requirements during patient transfers. It supports best practice but does not replace the clinical judgement or ultimate decision-making responsibility of the registered practitioner.

Key amendments to this Document:

Date	Amendment	By:
May 2019	Document extended for 3 months whilst review completed and taken to governance	Mat Trotman
July 2019	Document approved for 3 years at governance meeting	SCSD governance Meeting
May 2022	Document approved for 3 years at governance meeting	Theatres Directorate Governance Meeting
April 2025	Document reviewed and updated.	Rebecca Price and Holly Foxall.
May 2025	Note about patients attending theatre with mobile phones added	James Hutchinson

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1. Introduction

A safe and effective patient transfer is a key aspect of delivering high-quality care. Transfers between departments—such as admission units, wards, theatres, and treatment rooms—must be carefully planned and executed to minimise risk and ensure continuity of care.

This procedure provides clear guidance for healthcare staff involved in the transfer of both adult and paediatric patients.

While this document offers structured guidance, it is not a substitute for professional clinical judgement. The registered practitioner remains ultimately responsible for assessing each situation and making decisions in the best interest of the patient.

This procedure should be used in conjunction with relevant local and national policies, safeguarding procedures, and any specific departmental protocol.

2. Roles and Responsibilities

2.1 Theatre Managers/Matrons

- To ensure staff involved in patient transfers are appropriately trained and competent.
- To monitor compliance with the policy and address any issues related to unsafe transfers or staffing concerns.
- To facilitate communication between departments to support safe and efficient patient flow.

2.2 Registered Practitioners

- Hold overall responsibility for assessing the patient's condition and determining the appropriate escort and transfer requirements, both to and from theatre. This will include the performance of a risk assessment considering the patient's medical conditions, suitability for transfer, and any comorbidities or clinical factors that may affect transfer safety.
- Will ensure all relevant documentation (e.g., pre-operative checklists, consent forms) are completed and communicated appropriately prior to transfer.
- Will provide clinical oversight during the transfer process, ensuring that patient safety is maintained, especially for high-risk or deteriorating patients.
- To ensure the safe handover of care using a structured approach (e.g., SBAR) and confirm all necessary information is communicated to the receiving team.
- Will oversee the completion of patient identification and safety checks as part of the transfer to and from theatre.
- Must ensure a current full set of clinical observations are recorded.

2.3 Support Staff / All Staff Involved in Patient Transfer

- Must check the identity of the patient as per Trust Policy, to identify all patients (WAHT-CG-019).

- Must ensure that patients are safe, comfortable, and their dignity is maintained during the transfer.
- To report any changes in the patient's condition or concerns to the registered practitioner, where appropriate.
- Will follow safety protocols and escalate any issues affecting patient safety.
- To maintain confidentiality and professionalism throughout the process.
- To ensure the patient has been communicated with regarding any interdepartmental transfers, and the rationale.
- Must ensure that the receiving department are prepared to receive the patient and to continue their ongoing care, including the communication of the patient's infection control status.

3. Escalation of Concerns

- If a patient is clinically unstable or there are concerns about their suitability for transfer, staff must escalate immediately to a senior clinician or the practitioner in charge.
- Escalation is also required if there are issues such as inadequate staffing, lack of necessary equipment, or infection control concerns that could compromise patient safety (NICE, 2019).
- Any delays to transfer, near misses, adverse events, or non-compliance with this policy must be reported as incidents in line with the Trust's Patient Safety Incident Reporting Policy (WAHT-CG-008).
- The decision to delay or cancel a transfer must be made by a registered practitioner following appropriate escalation and risk assessment.
- All escalation actions, decisions, and incidents must be clearly documented in the patient's clinical records and reported through the appropriate incident reporting system.

4. Documentation

The necessary documentation required for patient transfer (this could be in electronic format):

- A completed pre-operative checklist including WHO Surgical Safety Checklist on the reverse side.
- A negative pregnancy test for individuals of child-bearing age.
- Consent form (if not in electronic format).
- Patient wrist band with NHS number, full name, date of birth, hospital number (WAHT-CG-019).
- Current clinical observations and risk assessments e.g. NEWS/PEWS.
- Other relevant patient documentation including porter's slip, prescription chart, PVD form, VTE form, fluid balance chart and pain assessment chart.
- Post-operative documentation, including operation notes, theatre/anaesthetic care plans and recovery records.

5. Patient Belongings

- Patients should only bring essential items when going to theatre or treatment areas. Other belongings should be safely stored on the ward.
- Patients may bring mobile phones and headphones to facilitate distraction during arthroplasty surgery.
- Important items like glasses, hearing aids, or dentures should stay with the patient if needed but be clearly labelled and documented.
- Staff are responsible for keeping belongings safe and making sure they are returned with the patient after their procedure.
- Any concerns about belongings should be reported to the appropriate team.

6. Training and Awareness

- All staff involved in patient transfers must receive appropriate training to ensure they understand the procedures, responsibilities, and best practices associated with safe patient transfer.
- Training should be provided as part of the induction process for new staff and periodically updated to ensure skills and knowledge remain current.

Training will cover the following areas according to role:

- **Clinical observations:** Accurate recording of vital signs and risk assessment.
- **Infection control procedures:** Understanding and implementing infection prevention and control measures.
- **Escalation protocols:** Knowing when and how to escalate concerns related to patient safety or transfer issues.
- **Handling of patient belongings:** Safeguarding personal items and valuables during transfer.
- **Transfer methods:** Safe handling techniques for different modes of transfer (e.g., trolley, wheelchair, bed) as per the Trust's Manual Handling Policy (WAHT-CG-026), and the associated policy for Moving & Handling the Bariatric Patient (WAHT-CG-536).
- **Handover communication:** Effective communication during clinical handovers to ensure patient information is accurately passed between teams

References

- National Institute for Health and Care Excellence (NICE). (2019). *Emergency and acute medical care*. NICE guideline [NG94]. Available at: <https://www.nice.org.uk/guidance/ng94> [Accessed 15 April 2025].

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;

Procedure



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		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Rebecca Price
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Rebecca Price	Countywide Theatres Quality & Governance Team Leader	rebecca.price9@nhs.net
Date assessment completed	18/6/2025		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Safe Transfer of Theatre Patients.
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Procedure

What is the aim, purpose and/or intended outcomes of this Activity?	To provide clear guidance for healthcare staff involved in the transfer of both adult and paediatric patients.			
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 checked="" 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.)	This policy is based on relevant local and national policies, and safeguarding procedures.			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	The theatre leadership team countywide.			
Summary of relevant findings	Nothing to report.			

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		X		
Disability		X		
Gender Reassignment		X		

Procedure

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health 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)		X		

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	.		

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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)	Whenever this policy requires review or update.			

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.

Signature of person completing EIA	R.Price
Date signed	R.Price
Comments:	
Signature of person the Leader Person for this activity	R.Price
Date signed	18/06/2025
Comments:	

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

Procedure

	Title of document:	Yes/No
	Other comments:	

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