

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

Issue Date: 8 March 2017

STATUS: ACTION / INFORMATION

CATEGORY: POLICY

Title: NHS Wales Policy for the Repatriation of Patients

Date of Expiry / Review

As required

For Action by:

Health Boards and Trusts

Action required by:

Immediate

Sender:

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Enclosure(s): The NHS Wales Policy for the Repatriation of Patients

Summary

1. The purpose of this Welsh Health Circular is to highlight the publication of the NHS Wales Policy for the Repatriation of Patients.
2. This version of the policy replaces all previous versions issued by the Welsh Government.

Action

3. The policy refocuses on the need for repatriations to be achieved within 24 hours of the patient being declared fit for transfer to improve patient flow, and for escalation procedures to be instigated after 48 hours. All health boards are expected to have arrangements in place to meet the requirements of this policy.
4. Each health board must ensure they use the NHS Wales Repatriation Database that has been developed by the NHS Wales Informatics Service (NWIS). All records must be kept to up-to-date to ensure that data feeding into the Unscheduled Care Dashboard is reflecting a true position.
5. It is expected that each health board manage the repatriations with their relevant partner organisation and refrain from discussing on the daily 11am Executive Conference Call as this should be a forum for strategic and **not** operational discussion.

Background

6. The NHS Wales Policy for the Repatriation of Patients was developed in 2012 by a Task and Finish Group consisting of key stakeholders from NHS Wales. The policy was reviewed and re-issued in June 2014, and reviewed again in November 2016.
7. For further information or advice please contact Heather Giles, Senior Urgent Care Manager, Delivery and Performance on 03000 256485 or email: HSS.Performance@gov.wales

Distribution to:

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National Programme for Unscheduled Care Board



NHS Wales Policy for the Repatriation of Patients



All Wales repatriation of individual patients

Summary:

Purpose

This policy reinforces the timescale of **24 hours**, after the patient has been declared fit for transfer, to repatriate individual patients within Wales to the Health Board of their usual place of residence.

Scope

It relates to the repatriation of patients between Health Boards where the patient is in need of ongoing care (which is not included in an existing Long Term Agreement LTA) and the patient is fit for transfer. The scope does not include transfers within Health Boards, nor does it cover the management of social, nursing or residential care provision.

Relevance

This policy should be read by the Executive Board, operational management (this includes primary and community care / hospitals) and those responsible for bed management. Health Boards will need to work in partnership with their local Social Services departments to ensure that they are aware of any implications for social care arising from this policy.

Impact

Timely repatriation means that the patient will be in the right place receiving the most appropriate service. This means a better patient experience. Effective repatriation of patients is essential to making the best use of beds. When repatriation happens in a timely manner it will maximise accessibility to tertiary services and maintain patient flow.

Action

All Health Boards across Wales must have plans in place to receive their patients within 24 hours of being declared fit to transfer.

Policy Revisions

Policy issued: 8 March 2017. This supersedes repatriation policies produced in 2012 and 2014.

Definitions:

Repatriation – Individual patients that need to transfer back to the Health Board of their usual place of residence, whether they are in receipt of tertiary, emergency, urgent or critical care.

Transferring Hospital - Hospitals that admit patients for tertiary, emergency, urgent or critical care services who do not live in LHB locality.

Receiving Health Board – The hospitals and health care facilities provided by the Health Board where the patient lives.

Repatriation Database – The database developed by NHS Wales as a management tool to track appropriate flow of patients between Health Boards. It will also provide data for analysis of lost bed days. Any information held within this database must comply with Caldicott and Information Governance standards.

Policy Development:

This policy was developed by the Repatriation Task and Finish Group in December 2012, was reviewed in June 2014 and again in November 2016. This version of the policy replaces all previous versions.

➤ **Revision June 2014 - Amendments:**

- Principles, additional bullets 6 and 9
- Roles and responsibilities, inclusion of Chief Operating Officer

➤ **Revision February 2017 – Amendments:**

- Amendments to page 2, re-ordered and amendment to paragraphs 6 and 7
- Rationale, re-wording of paragraph 1, addition of paragraph 2
- Principles, amendment of bullet point 8
- Escalation, amendment of paragraph 1, addition of paragraph 4
- Infection Control, amendment of paragraph 1
- Repatriation Database, addition of this section
- Annex 3, Repatriation Database Guidance has been added

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1. Introduction

Where it is clinically safe and appropriate, patients should be discharged to home whenever possible. Where this is not possible and repatriation/direct admission is necessary, Health Boards must work in partnership in the best interest of patients.

Timely repatriation is better for patient experience, but it is not currently happening in a timely manner. The effective repatriation of patients is essential to maximising bed availability, and maximises accessibility to all services including tertiary services.

This policy outlines the responsibilities placed on Health Boards within Wales for the repatriation of patients within a **maximum of 24 hours** after the patient has been declared fit for transfer. This includes patients who have been admitted to a hospital outside the Health Board of their usual place of residence, whether they are in receipt of tertiary, emergency, urgent or critical care.

The policy also defines the agreed mechanisms for:

- Repatriation of patients;
- Timeframes; and
- Escalation processes to achieve the prompt transfer of patients back to their local Health Board or suitable NHS facility when it is clinically appropriate.

2. Rationale

When repatriation of patients does not happen in a timely manner, this has a negative impact on patient experience, the delivery of services for that patient, and other patients waiting for treatments. Patients who are admitted to hospitals outside of their area of residence for tertiary, emergency, urgent or critical care, should be repatriated to their local Health Board when all the following applies:-

- The receiving Health Board can provide the level of clinical care which they require;
- Their condition is stable and they are clinically fit to travel;
- Their treatment in respect of the specialism which required their admission to a tertiary centre is complete; and
- There is a clear ongoing management plan developed by the transferring hospital.

Medically fit for transfer to own Health Board

- The patient's consultant is aware of the discharge and is in agreement with this decision. This decision can be made on behalf of the consultant by the registrar in his / her absence;
- The patient does not require any further acute tertiary or specialist care;
- The patient has been stable for the last 24 hours; and
- The patient does not have a leaking wound or any indications of a wound infection (for neurosurgical patients).

Patients do not need to stay in an acute tertiary bed for the following reasons:

- Re-warfarinisation – this can be carried out by the patients destination hospital;
- A chest or urine infection or ongoing medical treatment;
- Discharge planning from a multi-disciplinary team;
- Patients with a tracheostomy; and
- Specialist rehabilitation.

3. Principles underpinning the Policy

All Health Boards must ensure that their own policies and procedures reflect these principles. The receiving Health Board is ultimately responsible for the care of its own patients when it is clinically safe and appropriate for them to return.

- All patients should receive an anticipated/expected date of discharge (ADD/EDD) when they are admitted.
- All hospitals must identify relevant patients for repatriation. All identified patients must be prepared for repatriation in advance of the planned move.
- Where it is clinically safe and appropriate patients must be discharged to home from the transferring hospital and not repatriated.
- The transferring Health Board must pre-alert the receiving Health Board at the earliest opportunity that an out of area patient has been admitted and communicate the anticipated date of repatriation.
- This must include anticipated date of repatriation being identified on the repatriation documentation.
- This policy is inclusive of all patients who are fit for transfer back to the receiving Health Board, this also includes those patients who require rehabilitation or have complex discharge needs.
- Waiting for a rehabilitation bed must not delay repatriation. The receiving Health Board must accept the patient and then make the rehabilitation arrangements.
- Ensure that early discussions take place between the referring and receiving health board about any patients with complex needs who will require repatriation. This will allow for any specialist training etc. to take place before the patient is medically fit for transfer.

- Repatriations should be prioritised over routine elective admissions.
- Hospitals must ensure that any constraints imposed by MRSA screening do not prevent them from meeting their obligations under this protocol (see section 6).
- The timeframes for repatriation outlined in the policy must be followed at weekends as well as week days.
- Repatriation must occur at a reasonable time of day, taking into account the interests of the patient as well as those of the Health Boards.
- Where a bed is available in the receiving Health Board but the transferring Health Board cannot transfer the patient this must be documented in the repatriation database. This means the patient will not lose their place in the repatriation list.
- All escalation and constraint reasons must be documented on the repatriation database.
- Health Boards must have effective processes in place to notify WAST as early as possible if an ambulance for repatriation needs to be cancelled or re-arranged. Failure to cancel an ambulance may result in a situation where another patient is unable to be transferred.

4. Welsh Ambulance Services NHS Trust (WAST) principles regarding transfer of repatriations

The Welsh Ambulance Services NHS Trust (WAST) understand the need for repatriation to take place in a timely manner and will prioritise repatriation of patients as far as operationally possible. It is not acceptable to request an emergency ambulance to undertake a repatriation journey. Emergency ambulances are required for 999 calls.

- WAST will accept bookings from Health Boards for repatriation patients up until 1600 hrs (4pm) on the day prior to the date of the journey;
- There is a limited non emergency ambulance service commissioned by Health Boards at weekends so where a repatriation is likely to be undertaken at the weekend or on a public holiday, early liaison with WAST is required for the journey to be accommodated.
- WAST actively encourages Health Boards to book an ambulance for repatriation at the earliest stage in the discharge planning process. If the planned repatriation of a patient is cancelled, WAST must be notified immediately and will re-arrange the patients journey as required.

5. Escalation

If the patient, who has been declared fit for transfer, is still waiting to be repatriated for over **48 hours**, this should be reported to the relevant Operational Manager who will be required to negotiate the repatriation with their counterpart at the receiving hospital.

If the situation continues to be unresolved after **72 hours** after notification that the patient is fit for repatriation, the situation must be escalated to an Executive Director for further action.

A database of all repatriations will be maintained by each organisation. This will enable Health Boards to determine the lost bed days per month due to untimely repatriation. This information should be collated and discussed internally and provided to Welsh Government when requested.

Please note: The Daily 11am Executive Conference Call should be a forum for strategic and **not** operational discussion.

6. Infection Control / Isolation

It is the responsibility of the transferring Health Board to inform the receiving Health Board if the patient has any known infection or requirement for isolation.

It is the responsibility of the transferring Health Board to notify WAST, and the receiving Health Board, of any other healthcare associated infections or infectious diseases which may be transmitted to patients in the receiving Health Board if appropriate infection prevention and control precautions are not taken.

7. Repatriation Database

A Repatriation Database has been developed by the NHS Wales Informatics Service (NWIS). All health boards must use this and keep records up-to-date.

Annex 1 sets out the required fields within the Repatriation Database.

Annex 2 sets out the roles and responsibilities of key staff in adopting the repatriation policy.

Annex 3 sets out the guidance for using the Repatriation Database.

8. Special Arrangements

Special Group – Local Residents Being Transferred From Abroad

- If the receiving Health Board has the facilities needed, the patient should be accepted for transfer.
- If admission to a specialist centre is needed, the local hospital should accept the referral and make the tertiary referral, although the patients may go directly to the specialist centre.

Annex 1 - All Wales Repatriation Form

Request Date:	
Escalation Date:	
Name:	
D.O.B	
Address:	
Hospital Number:	
Infection Control Issues:	
Diagnosis:	
Predicted Date of Discharge	
Transfer from:	
Transferring Health Board	
Consultant Name:	
Ward:	
Transfer to:	
Accepting Health Board	
Consultant Name:	
Ward:	
Equipment Required	
Additional Information: POVA etc	
Can the Patient Transfer at the Weekend?	
Transfer Details Given by: (name and contact number)	
Receiving Hospital Accepted by: (name and contact number)	

Annex 2 - Roles and Responsibilities of key staff

Roles & Responsibilities

1 Chief Operating Officers

- Accountable for the effective repatriation of patients from and to their Health Board

2 Admitting/Discharging Nurse

- On admission the admitting nurse will identify the hospital to which the patient will be repatriated and document in the patient's nursing notes.
- When the patient has been deemed fit to be repatriated, a discussion regarding discharge plans will take place with the patient, carer and family documented in nursing notes.
- Complete repatriation documentation (Annex 1) to ensure robust clinical details to ensure continuity of care.
- Send repatriation documentation to the Bed Management Team.
- On confirmation of available bed from the Bed Management Team contact receiving ward providing an update of patient's condition and care needs.
- Book appropriate transport.
- Confirm the discharge arrangements with the patient, carer and family.
- Ensure all appropriate documentation is sent with the patient.

3 Consultant or Nominated Deputy

- Authorise the patient's repatriation.
- Outline the on-going inpatient care required and confirm that this can be provided locally to the patient's residence.
- Confirm accepting Consultant and Hospital.
- Confirm and document in the patient's medical notes that the patient is fit for transfer.

4 Bed Management Team

- Liaise daily with the respective Bed Management Team in the receiving hospital regarding bed availability.
- Provide relevant clinical and social information to facilitate timely repatriation and ensure continuity of patient care on repatriation.
- Provide a daily status report on the repatriation form and repatriation database
- Escalate any delays in repatriation as defined in this policy.

Annex 3 – Guidance on Repatriation Database

In order to support the operational management of repatriations in NHS Wales, a new module within the current Delayed Transfers of Care (DTC) system has been created. This new module facilitates the capture of the data items to allow information sharing and the required reports to support the management of repatriations. The definition of repatriation in the NHS Wales repatriation policy is as follows:

Repatriation – Individual patients that need to transfer back to the Health Board of their usual place of residence, whether they are in receipt of tertiary, emergency, urgent or critical care.

It is the responsibility of the Transferring Hospital -who request the repatriation of a patient to their resident Health Board- to enter data items 1 – 12

It is the responsibility of the Accepting Hospital – who accepts the repatriation a resident into their Health Board to enter data items 13 – 18. (Data items 15 and 16 can be also entered by transferring hospital)

The free text field (data item 18) can be used by both the Transferring and Accepting hospitals.

Data Item Number	Data Item	Format	Comments
1	Transferring Hospital Name*	5 character alpha numeric	The current hospital where the patient is being treated. Wales Organisation Codes to provide the drop down list. Both the hospital code and name will appear in the drop down.
2	Ward Name	Free text	Current ward which patient is being treated.
3	Ward Type	Text	Ward type which patient is being treated. Drop down as follows: Acute, Community Mental Health, Rehab, Other
4	Repatriation Referral Date*	Date format – dd/mm/yyyy	The date patient is identified as being medically fit and ready for repatriation to their resident Health Board. In line with the NHS Wales repatriation policy, all Health Boards across Wales must have plans in place to take back their patients within 24 hours of being declared fit to transfer. <i>When entering this date in the system it must be equal to today's date.</i>
5	Time request for Repatriation Referral made*	HHMM	Drop down list of Hours and Minutes. This data item combined with the Repatriation Referral Date will be used to report on repatriations open for >24, >48 and >72 hours to support the escalation process as defined in the NHS Wales repatriation policy.
6	Accepting Hospital Name *	5 character alpha numeric	The hospital which the patient will be repatriated to. Wales Organisation Codes to be the look up file. Both the hospital code and name will appear in the drop down. <i>Acceptance Date should be greater than or equal to the Repatriation Referral Date.</i>
7	NHS Number*	10 digit	As per NHS Wales Data Dictionary. Enter "Not Known" if NHS number is not available.
8	Forename*	Text field – 50 characters	
9	Surname*	Text field – 40 characters	
10	Date of Birth*	Date format – dd/mm/yyyy	As per NHS Wales Data Dictionary.
11	Address *	Text field – 255 characters	
12	Postcode*	8 alpha numeric	
13	Accepting Specialty	3 digit numeric	Specialty to be Repatriated to. As per NHS Wales Data Dictionary Specialty Treatment Function Code. Both the specialty code and name will appear in the drop down
14	Delay Reason	2 digit numeric 01 – Requires further information 02 – No beds available 03 – Now not medically fit 04- Patient died	To be completed if repatriation is not accepted by receiving hospital within 24 hours of the repatriation referral date. <i>If patient has died the date of death should be entered in the transfer date field.</i>
15	Referral Acceptance Date	Date format – dd/mm/yyyy	Date repatriation referral accepted by receiving hospital. (Can also be inserted by Transferring hospital) <i>When Referral Acceptance Date is entered the Acceptance Speciality and Acceptance Clinician fields are mandatory.</i>
16	Accepting Clinician	Free text field – 100 characters	Name of accepting clinician in receiving hospital. (Can also be inserted by Transferring Hospital)
17	Transfer Date	Date format – dd/mm/yyyy	Date patient is transferred to receiving hospital. Once completed the

Data Item Number	Data Item	Format	Comments
			repatriation is no longer reported on. <i>Transfer Date should be greater than or equal to the Repatriation Referral Date.</i>
18	Notes	Free text field	

Transferring a repatriation to a Health Board

To enter repatriation record the transferring hospital will select - Repatriation – Active/Pending Transfers Out. Click on insert a repatriation record and enter the data items 1 -12 as shown in the table on page one, using the following screen. When a record is Active or Pending the Transferring Hospital Details & Patient Details are visible to the Transferring out Health Board.



Development



Delayed Transfers of Care System

[Emergency Pressures](#) | [Welsh Assembly Government](#) | [HOWIS](#) | [Log Off](#)

[Main Menu](#) > [Repatriation Maintenance - Active Transfers Out](#) > Repatriation

Record

Transferring Hospital Details

Hospital Name *	7A6BG - Aberbargoed & District Hospital		
Ward Name			
Ward Type	Please select from the list below		
Repatriation Referral Date *		Repatriation Referral Time *	Hours: 00 Mins: 00
Accepting Hospital Name	7A3FV - Casw ell Clinic, South Wales Forensic & Psychiatric		

Patient Details

NHS Number *	
Forename(s) *	
Surname *	
Date of Birth *	[dd/mm/yyyy]
Address	
Post Code *	

Notes

Add Note

(Total Notes Max 15000 Characters)

Ready for Transfer?

Save Details

* Basic Mandatory Fields

Review Closed Transfers

All details are only visible to both Health Boards involved in the repatriation of the patient, at the same time, once the Repatriation record has been closed (i.e. Transfer Date completed). To view the details select Repatriation - Closed Transfers Out. Click on the patient record and the following screen will appear:

[Main Menu](#) > [Repatriation Maintenance - Closed Transfers Out](#) > Repatriation Record

Transferring Hospital Details

Hospital Name *	7A697 - Bronllys Hospital (Mental Health) ▼		
Ward Name	<input type="text"/>		
Ward Type	Please select from the list below ▼		
Repatriation Referral Date *	30/04/2015 [dd/mm/yyyy]	Repatriation Referral Time * Hours:	14 ▼
		Mins:	10 ▼
Accepting Hospital Name	RLQ01 - Hereford County Hospital ▼		

Patient Details

NHS Number *	333445
Forename(s) *	iiiiii
Surname *	ooooo
Date of Birth *	01/04/1998 [dd/mm/yyyy]
Address	Test address <input type="text"/>
Post Code *	SA17 5B

Accepting Hospital Details

Accepting Speciality	101 Urology ▼
Delay Reason	Requires further information ▼
Referral Acceptance Date	30/04/2015 [dd/mm/yyyy]
Accepting Clinician	Dr Drrrrr
Transfer Date	30/04/2015 [dd/mm/yyyy]

Notes

* Basic Mandatory Fields

Accepting a repatriation into a Health Board

Select Repatriation - Pending/Closed Transfers In

The following screen will then appear. The accepting Health Board enters the data items 13 – 17 as per the table in page 1 which appears under the heading Accepting Hospital Details. (The transferring hospital can also enter data items 15 – 16) When a record is pending then the Transferring Hospital Details, Patient Details, and Accepting Hospital details are visible to the Accepting in Health Board.

Development



Delayed Transfers of Care System

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[Main Menu](#) > [Repatriation Maintenance - Pending Transfers In](#) > Repatriation Record

Accepting Hospital Details

Accepting Speciality

Delay Reason

Referral Acceptance Date
[dd/mm/yyyy]

Accepting Clinician

Transfer Date
[dd/mm/yyyy]

Notes

Add Note

(Total Notes Max 15000 Characters)

Reporting

Review a report on repatriations transferring out of a Health Board

Select Health Board Repatriation – Transfers Out and the following screen will appear. The column on the left will display an icon to assist with the escalation process as outlined in the NHS Wales repatriation policy. To easily identify these records the following coloured icons are used to mark the records.

- 24 amber icon
- 48 red icon
- 72 black icon

[Main Menu](#) > Repatriation Reports > Health Board Repatriation - Transfers Out

Health Board Repatriation - Transfers Out

Active

	Patient Name	NHS No	Transferring Hospital	Repatriation Date/Time	Accepting Hospital	Specialty to be referred to	Reason for Delay	Date Repatriation Referral Accepted	Accepting Clinician
	John Johns	678678967867	Chepstow Community Hospital (7A6BJ)	29/04/2015 19:15	Royal Alexandra Hospital (7A1A5)	Clinical Pharmacology		29/04/2015 00:00	Dr Jones
	testfname3 testlname3	43543543	Ysbyty Tri Chwm (7A6FR)	28/04/2015 17:05	University Hospital Llandough (7A4C1)	Cardiac Surgery		29/04/2015 00:00	accept clinician 3
	Edna Ednason	13453124516	Llandrindod Wells Hospital (Mental Health) (7A699)	30/04/2015 00:10	University Hospital of Wales (7A4BV)	Gastroenterology	No beds available	30/04/2015 00:00	Dr Foster

Pending

	Patient Name	NHS No	Transferring Hospital	Repatriation Date/Time	Accepting Hospital	Specialty to be referred to	Reason for Delay	Date Repatriation Referral Accepted	Accepting Clinician
	AAAtest 777 BBB777	543534777	Mitchell Close (7A6GV)	26/04/2015 06:15	Ely Houses (7A3GT)	Cardiac Surgery	No beds available	30/04/2015 00:00	Dr Clinician777

Health Board Repatriation - Closed Transfers Out

Select Health Board Repatriation – Closed Transfers Out and the following screen will appear

[Main Menu](#) > Repatriation Reports > Health Board Repatriation - Closed Transfers Out

Health Board Repatriation - Closed Transfers Out

<u>Patient Name</u>	<u>NHS No</u>	<u>Transferring Hospital</u>	<u>Repatriation Date/Time</u>	<u>Accepting Hospital</u>	<u>Specialty to be referred to</u>	<u>Reason for Delay</u>	<u>Date Repatriation Referral Accepted</u>	<u>Accepting Clinician</u>	<u>Transfer Date/Time</u>
testfname1 testsname1		Blaenavon Health Care Unit (7A6E8)	26/04/20 15 00:00	Abergele Hospital (7A1A2)		Requires further information		accept clinician 1	28/04/20 15 00:00
testfname2 testsname2	t6ertre	Aberbargoed & District Hospital (7A6BG)	29/04/20 15 00:00	Abergele Hospital (7A1A2)	Urology		30/04/20 15 00:00	dsfdfsdfsdf	30/04/20 15 00:00
Jimzzz Jimminy	88888888 8877	St Woolos Hospital (7A6AT)	29/04/20 15 15:45	Abergele Hospital (7A1A2)	Ophthalmology	Requires further information	01/05/20 15 00:00	ytrytr	15/05/20 15 00:00
777 888	45654654 6	Breconshire War Memorial Hospital (Mental Health) (7A698)	14/05/20 15 03:00	Bro Hafren Resource Centre (Mental Health) (7A194)	Burns Surgery		14/05/20 15 00:00	dr no	14/05/20 15 00:00
ytyt ytyt	5445554	Bronllys Hospital (Mental Health) (7A697)	14/05/20 15 01:00	Caswell Clinic, South Wales Forensic & Psychiatric (7A3FV)	ENT	Requires further information	14/05/20 15 00:00	trtrtrtr	14/05/20 15 00:00
Jim jimany	666	Aberbargoed & District Hospital (7A6BG)	01/05/20 15 10:15	Caswell Clinic, South Wales Forensic & Psychiatric (7A3FV)	ENT		14/05/20 15 00:00	tim timany	15/05/20 15 00:00

Health Board Repatriation - Transfers In

Select from the menu transfers in and the following report will appear

[Main Menu](#) > Repatriation Reports > Health Board Repatriation - Transfers In
Health Board Repatriation - Transfers In

Pending

Patient Name	NHS No	Transferring Hospital	Repatriation Date/Time	Accepting Hospital	Specialty to be referred to	Reason for Delay	Date Repatriation Referral Accepted	Accepting Clinician
Loiup Mikjn	00000001	Deeside Community Hospital (7A1CC)	13/05/2015 05:30	Ystrad Mynach Hospital (7A6EE)	Pain Management		13/05/2015 00:00	Dr 1234

Closed

Patient Name	NHS No	Transferring Hospital	Repatriation Date/Time	Accepting Hospital	Specialty to be referred to	Reason for Delay	Date Repatriation Referral Accepted	Accepting Clinician	Transfer Date/Time
Paul Paulina	22233	Princess of Wales Hospital (7A3B7)	30/04/2015 08:15	Hazels Mental Health Resource Centre (Mental Health) (7A696)	Ophthalmology	Requires further information	30/04/2015 00:00	Dr Johnson	09/05/2015 00:00
Dave Davies	121314	Brynseiont Hospital (7A1E9)	30/04/2015 11:15	Bronllys Hospital (Mental Health) (7A697)	Ophthalmology	Patient Died	13/05/2015 00:00	dr 234655767	13/05/2015 00:00
Qwerty Perty	5658565685	Bro Hafren Resource Centre (Mental Health) (7A194)	30/04/2015 10:40	Rhymney Integrated Health and Social Care Centre (7A6TG)	Endocrinology	Now not medically fit	13/05/2015 00:00	test	13/05/2015 00:00
Percy Percival	1234561	Bryn Beryl Hospital (7A1AX)	14/05/2015 14:15	St Woolos Hospital (7A6AT)	ENT	Now not medically fit	14/05/2015 00:00	Dr Kildare	14/05/2015 00:00