

# Escorting Patients Policy

This policy describes the process when escorting patients during visits out of the home or care environment.

Key Words:	Escorting, community visits	
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Adopted by:	Quality Assurance Committee	
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Name of Author (owner of Policy):	Avril Archibald (Diana Service Team Leader), Jane Martin (Agnes Unit Team Manager)	
Name of responsible committee:	Patient Safety Group	
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Target audience:	All staff of LPT	
Type of Policy	Clinical ✓	Non Clinical
Which relevant CQC Fundamental Standards?	Safe care	

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## Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	January 2012	First draft taken from guidelines for Diana Children's Community Service
2	June 2012	Second Version incorporating comments received.
3	July 2012	Third Version after requesting from all divisions
4 4.1 Ext Agreed at Dec Quality Forum	February 2016	Reviewed by PSG. No changes to content

**All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.**

Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

### **For further information contact:**

Agnes Unit Team Manager  
Diana Service Team Leader

## **Equality Statement**

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

## **Due Regard**

The Trusts commitment to equality means that this policy has been screened in relation to paying due regard to the general duty of the Equality Act 2010 to eliminate unlawful discrimination, harassment, and victimisation; advance equality of opportunity and foster good relations.

Measures in place throughout this policy ensure the respect the dignity of patients, carers and service users is maintained during the application of this policy. Please refer to the Trust Equality, Diversity and Human Rights Policy available on the intranet. To mitigate any adverse impact on relevant protected characteristics, the following examples can be provided:

- Interpretation and translation services are available to ensure all service users receive up to date relevant accessible reference to accessible format, alternative languages etc.
- Religion and belief are recognised in the policy as an essential criteria to ensure dignity, respect and cultural competency is assured. Please refer to the NHS Staff resource
- Training and development of staff applying this policy will ensure equality diversity and human rights is mainstreamed as an essential learning and development requirement
- In addition to the examples highlighted above, equality monitoring of all relevant protected characteristics to whom the policy applies will be undertaken. Robust actions to reduce, mitigate and where possible remove any adverse impact will be agreed and effectively monitored.
- This policy will be continually reviewed to ensure any inequality of opportunity for service users, patients, carers and staff is eliminated wherever possible.

## **Dissemination and Implementation**

This policy will be disseminated into all inpatient areas, it will be posted on the Internet and LPT Intranet (in accordance with the Freedom of Information Act) and communication of their existence will be via management structures and the Lead Nurses / Senior Matrons.

### Definitions that apply to this Policy

<b>LPT</b>	Leicestershire Partnership Trust
<b>eIRF</b>	Electronic Incident Reporting Form
<b>MDT</b>	Multi-disciplinary Team
<b>FYPC</b>	Families Young People and Children Service
<b>CQC</b>	Care Quality Commission
<b>AWOL</b>	Absent without Leave
<b>CPA</b>	Care Programme Approach
<b>Due Regard</b>	<p>Having due regard for advancing equality involves:</p> <ul style="list-style-type: none"> <li>• Removing or minimising disadvantages suffered by people due to their protected characteristics.</li> <li>• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.</li> <li>• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.</li> </ul>

## **1.0 Purpose**

The document applies to all staff employed by Leicestershire Partnership Trust who escort service users outside of the home care/ hospital environment.

To ensure the safety of:

- Service Users in receipt of a service
- Staff teams involved in escorting Service Users
- Public

Ensuring that there is:

- Risk assessment completed to cover the proposed activity
- Parent/guardian consent gained for Families, Young People and Children Services
- Health and Safety issues have been taken into consideration
- Any risk identified has been reduced to an acceptable minimum
- Escorting leave have agreed by the responsible Medic in discussion with the MDT

## **2.0 Summary**

The aim of this policy is to provide a framework to ensure the safety of service users whilst in the care of Leicestershire Partnership Trust employees during visits out of the home, care environment or patient environment.

## **3.0 Introduction**

This policy is to ensure the safety and well-being of both staff and service users during activities that promote social integration, therapeutic activities access to mainstream, healthcare, transfer to new providers or within Leicestershire Partnership Trust. Those entire patients accessing the community who are subjected to Mental Health Act going on outings/ leave involves some degree of risk to the service users and staff escorting them. Therefore, the decision to attend any social events, community visits or leave must be balanced and based on an assessment of the potential benefits of the event against the potential risks. Visits must be for social inclusion, community engagement, play therapy and stimulation, skilled development opportunities and to allow the people their rights under the Mental Health Act and must be appropriate to the needs of the service user. This should be documented in the plan of care.

## **4.0 Duties within the Organisation**

4.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

It is the responsibility of the trust board to provide the appropriate level of support, guidance and or training to meet the need of this policy and the statutory legislative

requirements.

**4.2 Divisional Directors and Heads of Service are responsible for:**

Ensuring that their staff are appropriately trained in mandatory training in line with the requirements of this policy. Also, ensure there are appropriate resources provided within their service area to implement and adhere to the policy.

**4.3 Managers and Team leaders will be responsible for:**

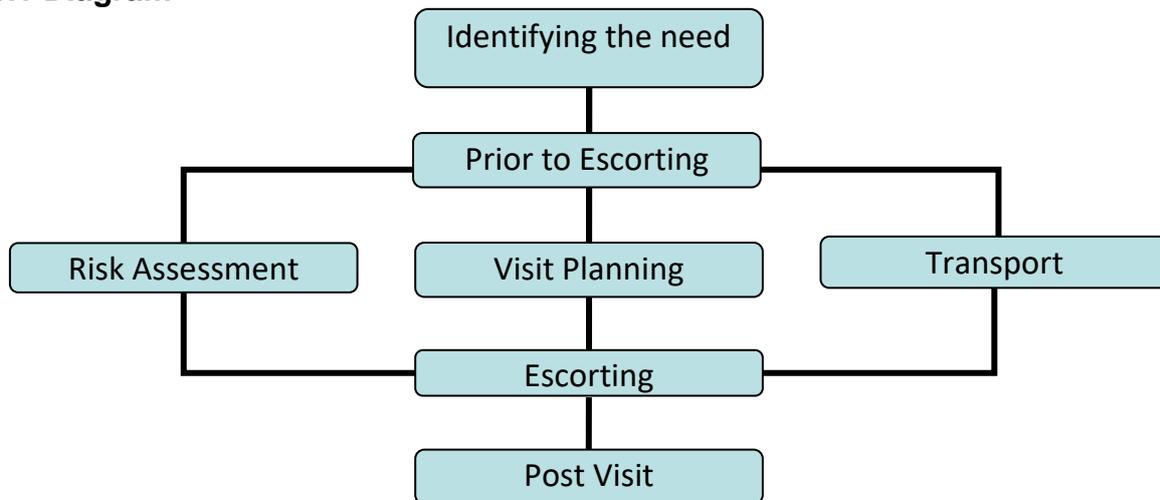
Ensuring this policy is implemented in their area of responsibility. They are responsible for ensuring that investigations and root cause analysis is carried out in response to relevant incidents and supporting the implementation of actions arising from the same. Line managers must ensure that staffs are compliant with mandatory training associated with this policy and follow up non-attenders.

**4.4 Responsibility of Staff**

Have a responsibility to adhere to this policy when escorting service users and reporting incident, concerns and non-compliance to managers.

**5.0 Flowchart to describe the Process**

**5.1 Diagram**



**a) Identifying the need for escorting to take place:**

- All decision to escort service users must be an identified need within their care plan and be agreed by the multi-disciplinary team, service user or their carers.
- For service users detained under Mental Health Act Section 17 must be authorized.
- Where decision for escorting have been agreed a name professional is identified as a coordinator
- Where the service user is under 18 consent must be obtained from the parent/ guardian. The correct documentation must be completed (Appendix 2)

**b) Risk assessment Prior to escorting:**

- An appropriate Risk Assessment for your division must be completed and valid in line with the trust policy and Health and Safety at work act 1974.
- Risk assessments should identify the number, gender, banding and skills of staff required to escort service users and the time and duration of the visit/ activity.
- If parents, carers or other providers are participating in the escorting activity their role and responsibility must be clearly documented in the risk assessment
- Risk assessment should identify appropriate seating and safety equipment is available for the service user – for children, seats should either be a seat with harness or a booster seat, which is compatible with the seat belting system. For adult services, the need for adaptation such as harness/ seat belt clip must be risk assessed prior to use.
- Risk assessments will need to consider the security of the vehicle
- Specific risk associated with the environment where the escorting is due to take place should be considered and where appropriate existing risk assessment accessed. For example – Leicester Space Centre has an existing risk assessment for visiting organisations.
- Risk assessments must take into account risk to and from the public for service users
- Appropriate contingency plans are identified for all service users being escorted and communicated to all escorting staff.
- An individualized care plan must be completed informed by the risk assessment.

### **c) Visit planning:**

The identified coordinator must ensure:

- The staff teams have had mandatory training and are competent in the care tasks required by the service user. (Including taking any medication/ belongings required by the service user to enable that their needs to be met.)
- Escorting staff have adequate facilities to contact the emergency services and the team leader/named professional/parent or carer. Any use of mobile phones must be in accordance with local policy.
- Ensure equipment and medication to accompany the service user is in working order and prescription / emergency procedures are signed by appropriate clinicians.

### **d) Transport:**

- That the vehicle to be used for escorting has a valid ministry of transport test certificate and is insured for this purpose.
- All vehicles must be appropriate for carrying the named client/ disabled service users i.e. seats can be fitted securely. It is safe and secure
- All staff involved in the activity must have complete checks annually to ensure that they have a valid driving license and insurance.
- If available have the exemption certificate for easy/accessible parking.
- Ensure any trust vehicle used to escort service users is in working order and has the necessary safety checks and documentation with the appropriate seating.
- Ensure that seating system and belts are in working order and that these have been fitted correctly.
- Ensure equipment is safely and securely stored whilst in the vehicle.

### **e) Escorting Staff:**

- Ensure that they are aware of the service users risk assessments care plan and contingency plans
- Ensure service users money and belonging are recorded as per Leicestershire Partnership Trust Policy
- Check and have ready all equipment & medication necessary for the service user during the visit.
- Ensure equipment is safely stored and accessible during the journey if required.
- Have a mobile phone at all times, charged and in working order.
- Ensure that staffs are fit for work and able to travel as a back seat passenger.
- Ensure that the service user is supervised at all times.
- Provide medication and dietary requirements as prescribed.
- Have the appropriate skills to support the service user in an emergency e.g. giving of emergency medication such as diazepam or carry out tasks to aid life threatening situations or conditions, physical interventions.
- Ensure then have relevant MHA paperwork
- If service users go absent without leave the staff should refer to AWOL / Missing Patients Policy MHA-PROCEDURE-07 Joint Procedure for Dealing with Missing Patients who are in receipt of care from Leicestershire Partnership NHS Trust
- If a patient who is restricted to the ward due to observation levels has occasion to leave the ward under escort, any change in the member of staff undertaking observations must involve clear communication regarding any risks and handover of relevant documentation, e.g.: observation recording form. There must be documentation of the accountability for the professional with responsibility for observing and escorting the patient

**f) Post Visit:**

- Complete and document the events of the day in accordance with Trust record keeping standards and must be communicated/ handed over to the relevant person. In FYPC this require the completion of respite checklist at initial handover from parent/carer (see Appendix 3)
- Report any incidents on EIRF
- Re secure and store any equipment and medication
- De-brief service users and staff if appropriate
- Review and evaluate the risk assessment, care plan and escorting arrangement to the MDT.

**5.2 Justification for Document**

To provide a framework to ensure the safety of service users whilst in the care of Leicestershire Partnership Trust employees during visits out of the home care environment.

**5.3 Stakeholders and Consultation**

Refer to Appendix - 7.

**6.0 Training Requirements**

Refer to Appendix- 4.

## 7.0 Monitoring Compliance and Effectiveness

Monitoring compliance along with the effectiveness of the policy will be managed at a local level by the team/ service managers as follows:

*Families, Young People and Children Services:*

- Diana Service will review the checklist and consent for escorting children/ young people on a six monthly basis.(Appendix 2 & 3)

*Learning Disabilities / Community Health Services / Adult Mental Health*

- Escorting patients/service users arrangement are reviewed at clinical review, Care Programme Approach review (CPA) and Multidisciplinary Team meetings (MDT)

The policy will be reviewed on a yearly basis. The author's responsibility is to ensure that the policy is reviewed.

Refer to Appendix – 5.

## 8.0 Links to Standards/Performance Indicators

A description of how the procedural document links to Care Quality Commission (CQC) Outcomes (E.g. Outcome/Regulation number and domain) or other standards/performance indicators should be included (e.g. Essence of Care, National Patient Safety Advisor Agency notices, NICE guidance).

8.1 Standards/Key Performance Indicators – need to include standards/KPTs in order to match the effectiveness of policy.

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Care Quality Commission	Outcome 4 – care and welfare of people who use services

## 9.0 References and Links to other documents

- Clinical Risk Assessment policy
- Leicestershire Partnership Trust Patient Property Policy
- Leicestershire Partnership Trust AWOL/Missing persons policy
- Leicestershire Partnership Trust Health and Safety
- Leicestershire Partnership Trust use of physical interventions
- Lone Working
- Leicestershire Partnership Trust mobile phone policy
- Exemption to use a seatbelt

- Use of mechanical Restraint
- MCA/DoL's/MHA
- D.O.H ( 2002) The use of restrictive physical interventions
- D Allen (BILD) ethical approaches to physical interventions
- <http://www.leicspart.nhs.uk/Library/HS05PatientHandlingRiskAssessmentScreeningform.pdf>
- <http://www.leicspart.nhs.uk/Library/TemplateRiskAssessment1LoneWorkingJanuary2011.doc>
- [http://www.leicspart.nhs.uk/Library/ClinicalRiskAssessmentPolicy\\_Final\\_March2013.pdf](http://www.leicspart.nhs.uk/Library/ClinicalRiskAssessmentPolicy_Final_March2013.pdf)

Section 1	
<b>Name of activity/proposal</b>	Escorting Patients Policy
<b>Date Screening commenced</b>	February 2016
<b>Directorate / Service carrying out the assessment</b>	Patient Safety Group
<b>Name and role of person undertaking this Due Regard (Equality Analysis)</b>	Victoria McDonnell
<b>Give an overview of the aims, objectives and purpose of the proposal:</b>	
<b>AIMS:</b> The aim of this policy is to provide a framework to ensure the safety of service users whilst in the care of Leicestershire Partnership Trust employees during visits out of the home, care environment or patient environment.	
<b>OBJECTIVES:</b> Patients are safely escorted	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	
Disability	
Gender reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	
Religion and Belief	
Sex	
Sexual Orientation	
Other equality groups?	
Section 3	
<b>Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.</b>	
Yes	No ✓
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B	Low risk: Go to Section 4.
Section 4	
<b>If this proposal is low risk please give evidence or justification for how you reached this decision:</b>	
Discussion at Patient Safety Group Meeting	
<b>Signed by reviewer/assessor</b>	V J McDonnell
<b>Date</b>	18.02.16
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>	

<b>Head of Service Signed</b>		<b>Date</b>	
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**Appendix - 2**

**Consent for Outing**

I \_\_\_\_\_ am the parent/Legal Guardian of \_\_\_\_\_

I agree to my child being taken on outings by the health care professionals during the short break visits.

Agreed Outings

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Escort required if walking      Yes     No       Tick as appropriate

Escort required if driving      Yes     No       Tick as appropriate

To maintain your child's safety and comfort we will need to apply sun cream in the hot weather. I agree to provide sun cream / protective clothing and for it to be applied when outside if not supplied children will not be taken out.

Consent form discussed with parent/Legal Guardian

Parent/Guardian

Named Nurse

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**Appendix - 3**

**Children's Continuing Care Team: Checklist to be completed at the beginning of all visits**

NAME \_\_\_\_\_

D.O.B \_\_\_\_\_

NHS: \_\_\_\_\_

Date & Time														
Medication														
Dietician Plan														
Equipment:														

House keys:														
Contact numbers left:														
Emergency exits checked:														
Plan for visit:														
Initials:														

Equipments (please specify all pieces of equipment that are required to be present during visits):

	Date & Time:		Date & Time:	
	Handover	Evaluation	Handover	Evaluation
Health Status:				
Respiratory:				
Routine Medication:				
Emergency Medication:				

Seizure Activity:				
Feed:				
Additional Cares:				
Play & Development: Social & Emotional:				

Initials:				
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### **Guidance notes for completing the 'Checklist' at the beginning of visits:**

1. All staff working within the CCT must complete these forms at the beginning of every care visit.
2. They must be completed with parents before they leave the home address.
3. If there are any concerns noted at this point the carer must report this to the Named Nurse / Coordinator / On call immediately before parents leave.
4. The decision to allow the visit to go ahead will be at the discretion of the Named Nurse / Coordinator / On call.
5. The named Nurse must complete the section regarding equipment, to detail all equipment both routine and emergency that must be present and checked at each visit.

### **What to check:**

#### Routine medication:

- Check with the prescription chart that all routine medication is available, labelled correctly and is within the expiry date.

#### Emergency medication:

- Check with the prescription chart that all emergency medication is available, labelled correctly and is within the expiry date.

#### Feeds:

- Check that any feed that is required is present and is within the expiry date. If this is formula milk made up by parents, check when it was made up and that it has been stored correctly. This also applies to opened prepared feeds, check they have been stored in the fridge and when the carton was opened.

#### House keys:

- Do you have access to the house keys, to lock your self in / secure the house if you go out?

#### Health status:

- Have there been any changes in health status of the child since your last visit that you need to know about. Has this resulted in a medication / routine change. If medication has changed has this been prescribed correctly for you to give and / do you need to book a medication assessment.

#### Additional Cares:

- Have the parents asked you to deliver additional care that day, bathing for example? Is this within your role and have you got the correct equipment and training to enable you to do this. If not you may need to contact the Named Nurse / Coordinator / On call.

#### Equipment:

- It is the responsibility of the Named nurse to document in the rows in this section what equipment should be present and checked.
- It is the carers responsibility to check all equipment noted that it is present and usable.

Contact numbers left:

- Do the parents wish you to contact them if there are any problems, and have they left a number for you.

Emergency exit checked:

- There will be a risk assessment completed in the event of an emergency, you need to ensure that the exit routes discussed and planned on this are still available to you and that these are clear for your exit.

Plan for visit:

- Have the parents specified care / activities that they would like you to do? If yes these should be further detailed on the evaluation form / be incorporated into the plan of care / play programme.

## Appendix - 4

### Training Needs Analysis

Training Required	YES	NO ✓
<b>Training topic:</b>		
<b>Type of training:</b> (see study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role specific <input type="checkbox"/> Personal development	
<b>Division(s) to which the training is applicable:</b>	<input type="checkbox"/> Adult Mental Health & Learning Disability Services <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Families Young People Children <input type="checkbox"/> Hosted Services	
<b>Staff groups who require the training:</b>	<i>Please specify...</i>	
<b>Regularity of Update requirement:</b>		
<b>Who is responsible for delivery of this training?</b>		
<b>Have resources been identified?</b>		
<b>Has a training plan been agreed?</b>		
<b>Where will completion of this training be recorded?</b>	<input type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify)	
<b>How is this training going to be monitored?</b>		

## Appendix- 5

### Monitoring compliance

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
Pg. 10	Review the checklist and consent for escorting children/ young people on a six monthly basis.(Appendix 2 & 3)	PSG made aware of any changes	Diana Service will review checklist	Diana service	6 monthly
Pg. 10	Learning Disabilities / Community Health Services / Adult Mental Health  Escorting patients/service users arrangements are reviewed at clinical review, Care Programme Approach review (CPA) and Multidisciplinary Team meetings (MDT)		CPA reviews	MDT	As required

## Appendix- 6

### The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

<b>Shape its services around the needs and preferences of individual patients, their families and their carers</b>	<input type="checkbox"/> ✓
<b>Respond to different needs of different sectors of the population</b>	<input type="checkbox"/> ✓
<b>Work continuously to improve quality services and to minimise errors</b>	<input type="checkbox"/> ✓
<b>Support and value its staff</b>	<input type="checkbox"/> ✓
<b>Work together with others to ensure a seamless service for patients</b>	<input type="checkbox"/> ✓
<b>Help keep people healthy and work to reduce health inequalities</b>	<input type="checkbox"/> ✓
<b>Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance</b>	<input type="checkbox"/> ✓

## Appendix- 7

### Stakeholder and Consultation

#### Key individuals involved in developing the document

Name	Designation
Avril Archibald	Diana Service Team Leader
Jane Martin	Agnes Unit Team Manager
Rachel Parker	Occupational Therapist
James Rennie	Staff Nurse, Fosse Ward

#### Circulated to the following individuals for comments

Name	Designation
Claire Armitage	Lead Nurse for Adult Mental Health
Katie Willets	Senior Nurse, Specialist Nursing
Jenny White	Ward Matron
Michelle Churchard	Lead Nurse, LD
Neil Hemstock	Lead Nurse, FYPC
Eleanor Turner	Senior Nurse
Steve Walls	Local Security Management Specialist
Lynne Moore	Practice Development Nurse