

Transporting Patients Policy

POLICY PURPOSE:

The purpose of this policy is to ensure the effective transportation of patients/service-users in the manner which is most likely to preserve their dignity and privacy and consistent with managing any risk to their health and safety or to other people.

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Name of Author(s):	Saskya Falope Zahra Makhany Jon-Paul Vivers Olajumoke Fatuga
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ii. Version Control and Summary of Changes

Version No	Date	Comments
1.	TBC	Newly combined and developed Policy

iii. Further information contact:

- Head of Nursing / Trust MH Directorate
- Least Restrictive Practice Lead

iv. 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 considers the provisions of the Equality Act 2010 and promotes 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, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity.

v. Due Regard

Leicestershire Partnership NHS Trust (LPT) will ensure that Due Regard for equality is taken, and such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2021.

This process will ensure that:

- Strategies, policies, and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due Regard is given to equality in decision-making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to the Due Regard Screening Template (Appendix Five of this Policy).

vi. Glossary

Term	Definition
LPT	Leicestershire Partnership (NHS) Trust)
CQC	Care Quality Commission
EMAS	East Midlands Ambulance Service
Secure Vehicle	A secure ambulance is a specialist vehicle, commissioned for and with suitable adjustments made, for the safe and secure transfer of service users and patients in line with any special needs for care, escorts, and or other considerations as identified in the risk assessment
AMHP	Approved Mental Health Practitioner
Mental Capacity Act	The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment.
MHA	Mental Health Act
Deprivation of Liberty Safeguards (DoLS)	The Deprivation of Liberty Safeguards (DoLS) is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm
AWOL	Absent Without Leave
CTO	Community Treatment Order
SI	Serious Investigation
eIRF	Electronic Incident Reporting Form
Due Regard	<p>Having due regard for advancing equality involves:</p> <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

1.0. Purpose of the Policy

- 1.1. This policy sets out the process and regulations to be followed in respect of the use of ambulances (EMAS and/or other private and secure ambulance services), for transporting service users/patients, staff, or other non-passenger items.
- 1.2. The Policy considers equality and diversity issues for all patients with particular emphasis on vulnerable equality groups especially from the black and minority ethnic (BME), lesbian, gay, bi-sexual and transgender (LGBT) and learning disability communities, staff, visiting carers, and fellow professionals.
- 1.3. It is important that the Human Rights of the Individual are upheld and that all patients should be treated with dignity and respect and that equality and diversity issues are maintained during transport.
- 1.4. Whenever possible the patients' multi-disciplinary and/or primary care teams will anticipate, identify, and record the potential specific transport requirements when care planning which will serve as a guide to staff.
- 1.5. Ultimately, Leicestershire Partnership NHS Trust (LPT) has a duty to ensure the delivery of a high quality, safe and sustainable service, whilst also ensuring the judicious economic and effective use of public funds.

2.0. Summary of the Policy

- 2.1. The objectives of the policy include:
 - Identifying the roles and responsibilities of staff before and during the transportation process
 - Ensuring patients receive the necessary care and support during the transportation process.
 - Ensuring the physical and emotional safety and wellbeing of patients during the transportation process.

3.0. Scope of the Policy

- 3.1. This policy applies to patients being treated under all LPT's mental health services and who require transportation services.
- 3.2. The aim of this policy is to ensure that patients/service-users will always be transported

in the manner which most likely preserve their dignity and privacy, and consistent with managing any risk(s) to their health and safety or to other people.

4.0. Introduction

4.1. Service users across LPT will be required to be supported with transportation to access inter and intra services, thus, the requirement to develop a policy that will ensure safe, dignified, and effective transportation process.

4.2. This policy serves as a guide to staff transporting service users (within both inpatients and community settings) and the process for managing incidents during patient transport.

4.3. Transport services within LPT may be required for the reasons:

- Transporting inpatients to and from routine outpatient appointments
- Transporting patients that have been detained (or are liable to be detained), under the Mental Health Act for assessment and/or treatment to hospital.
- Transporting patients that have been discharged from hospital to their place(s) of residence.
- Transferring patients between hospitals (wards) and/or seclusion areas
- Returning patients to hospital when they are Absent Without Leave (AWOL)
- Transporting patients on Community Treatment Order or patients who have been conditionally discharged to hospital on recall.
- Transporting people to a Place of Safety & Assessment Unit under Section 135 & 136

4.4. Every effort must be made to ensure that a patient's dignity, physical, emotional, cultural, and spiritual needs are met throughout any transportation process. There must be no unlawful discriminations.

5.0. Organisational Duties & Responsibilities

5.1. The Trust Board

5.2. The Trust Board has a legal responsibility for all Trust policies and for ensuring that they are implemented effectively and in a timely manner.

5.3. The Trust Policy Committee

5.4. The Trust Policy Committee is mandated on behalf of the Trust Board to adopt policies.

5.5. The Trust Board Sub-Committee

5.6. The Trust Board Sub-Committees have the responsibility for ratifying policies and protocols. The Strategic Workforce Committee have the responsibility for ratifying this policy.

5.7. Heads of Service

5.8. The Divisional Directors and Heads of Service are responsible for:

- Ensuring compliance with the policy and standard operating procedures
- Agreeing and signing off the agreed staffing resource for each service
- Reviewing Key Performance Indicators (KPIs) that affect the use of resources and ensure compliance with national and local directives.

5.9. Ward Sisters / Charge Nurses

5.10. The Ward Sisters/Charge Nurses are responsible for:

- Making their immediate staff aware of this policy
- Monitoring the implementation of the policy
- Being involved in the decision-making around high-risk escorts and / or situations where there is an identified need for a specialist transport and their services need to be engaged.
- Implementing effective systems of working, proportionate to the duties required and level of any risks for patients, staff, or others – including the use of Unit vehicles (or where approved, staff personal vehicles)

- Reporting and investigating any incidents which occur during transportation of patients.

5.11. Matrons

5.12. Matrons are responsible for ensuring compliance to the policy, and investigating any incidents which occur.

5.13. Responsible Clinicians

5.14. In the case of Inpatients detained under the Mental Health Act (1983), any period of leave away from the hospital grounds must be authorised under Section 17 of the Act, either by the Responsible Clinician, or in their absence, their nominated deputy.

5.15. When granting leave under Section 17, the Responsible Clinician is responsible for completing the Section 17 documentation and stipulating the conditions of leave. Where an escort is required, this will include stating the need for escort, type, and level of staff-escort required.

5.16. Possible recommendations include:

- Detaining escort – 3 members of staff, plus driver
- Deterrent escort – 2 members of staff
- Personal escort – any 1 member of staff
- Accompanying – any specified family member or carer

5.17. At all times, consideration must be given to the gender-mix of the staff escorts.

5.18. Multi-Disciplinary Teams (MDTs)

5.19. The Multi-Disciplinary Team has responsibility for the patients' care and treatment. This will include undertaking the necessary risks assessments and reviews and following systems of working proportionate to the level of any risks, including risks to self, other patients, staff, and others.

5.20. Inpatient Services: The Nurse-in-Charge

5.21. The Nurse-in-Charge of the shift has the overall responsibility for any patient transportation which occurs during their shift. It is thus the responsibility of the Nurse-

in-Charge to ensure the following:

- Consideration of any risks, as the outcome of the patient's risks assessments will inform the Nurse-in-Charge's decision-making around the type of transport required, number, skill-mix, and gender required to undertake the escort safely.
- Adhere to associated procedures for patients detained under the Mental Health Act (1983)
- Consider the patient's needs and preferences in respect of gender of the escort provided (but with due consideration to any identified risks) and provide adequate explanations to the patient if these needs cannot be accommodated.
- Ensure the appropriate staff to patient ratio is identified and the lead escort is nominated.
- Cancel the escort in the event of a deterioration in the mental state of the patient's well-being or heightened risks-levels.

5.22. Inpatient Services: The Lead Escort

5.23. The nominated lead escort will have the overall responsibility for the patient and their care and safety whilst on escorted leave from the ward. The lead escort must have access to a fully functional communication device i.e., a fully charged mobile phone with which to be able to maintain clear lines of communication with the ward whilst on the escort.

5.24. The lead escort will especially be responsible for the following responsibilities:

- Ensure they have the correct and up-to-date contact details of the ward and emergency services prior departure.
- Ensure patient (and colleagues where applicable) safety whilst on escort e.g., appropriate use of seatbelts, activation of Child-locks Systems, and the recommended seating positions (see Section 6.4.) where applicable.
- Liaise with the ward / Nurse-in-Charge during the escort on any changes to the original schedule e.g., delays, traffic, etc.

- Immediately contact the ward / Nurse-in-Charge about any changes in presentation during the escort in the patient's mental state and (where possible), make arrangements to safely return the patient to the ward. Otherwise, Police assistance maybe sought if the patient is detained under the Mental Health Act (1983)
- Immediately contact the ward / Nurse-in-Charge if the patient absconds from escorted leave and follow the Absconsion from Leave Policy (see **Appendix Nine**)
- Provide a thorough handover of the escort on return to the ward, including the patient's mental state, interactions, general well-being, and outcome of the escort to the Nurse-in-Charge.

5.25. Occupational Therapists and other Professionals

- 5.26.** In situations other than escort, where transportation is being used for therapeutic and/or discharge planning activities for Inpatients or Community Services, this will have been discussed by the relevant MDT members (see Section 4.9).
- 5.27.** The activity itself and the use of the vehicle for this must be in line with a related care-plan, risk assessment and risk management plan.
- 5.28.** For patients detained under the Mental Health Act (1983), any period of leave away from hospital grounds must be authorised under section 17 of the Act (see Section 5.8). Immediately prior to undertaking the activity (and before using transportation), any change in the patient's risks or other factors likely to affect safety must be reviewed.
- 5.29.** If the activity involving transportation is part of an OT assessment or OT plan, the registered OT will also work in line with their professional standards and code of conduct and implement safe systems of working proportionate to the patient's needs and levels of risks. This also applies in situations where support staff are involved in duties delegated to them by the registered OT.
- 5.30.** Any other registered professionals involved in transportation will also be expected to follow risks assessments and management procedures, implement safe working practices, and adhere to their own professional standards and codes of conduct.

5.31. Staff

5.32. All staff are responsible for maintaining their own safety, that of other patients (in Inpatients Services) and others (in the Community Settings).

5.33. Ensuring all their relevant Core Mandatory & Role Essential Trainings are in date.

5.34. Staff should report any concerns and / or changes in patients' mental well-being and heightened risks levels (either on or off the ward) to the Nurse-in-Charge or Team Leader immediately. This is because this information is vital in updating patients' risks assessment during the arrangement and planning of escorts.

6.0. Section A: Process Implementation- Inpatient Services

6.1. Escorting Patients

6.2. The requirements of each individual patient whilst being escorted will vary, but each escort should be (wherever possible) planned and undertaken following consideration of any risks and in line with the agreed risk management plan and where applicable, the requirements of the Mental Health Act (1983).

6.3. A few factors and procedures need to be considered and put in place when arranging and planning an escort by the patient's clinical & MDT team.

6.4. Identifying the need for escorting to take place:

6.5. 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 and/or their carer.

6.6. For service-users detained under the Mental Health Act (MHA), Section 17 Leave must be authorised prior leaving inpatient wards.

6.7. Where a decision for escorting has been agreed, a named professional is identified as a coordinator / lead escort.

6.8. Transport Vehicle requirements:

6.9. The vehicle to be used for escorting has a valid Ministry of Transport (MOT) test certificate and is insured for this purpose.

6.10. All vehicles must be appropriate for transporting the named client (including disabled service-users) i.e. seats can be fitted safely and securely.

- 6.11.** All staff involved in the transport activity must have complete checks annually to ensure that they have valid driving license and insurance. Where and if appropriate, they should also have Exemption Certificates for easy / accessible parking.
- 6.12.** Trust vehicles used in transporting patients must be in good working order and been subject to all necessary safety checks and documentation, with appropriate seating.
- 6.13.** The seating system and seat belts must be in good working order and have been fitted appropriately.
- 6.14.** Equipment / wheelchair must be safely and securely stored in the vehicle's storage compartment.
- 6.15.** Where transport is being undertaken by an external transportation company, it is the responsibility of the transportation company to ensure all safety checks are in place prior the commencement of any journey(s). However, if escorting staff are dissatisfied and / or unhappy with any aspect, component, or functionality of the vehicle and / or driver, concerns should be escalated to the Clinical Duty Manager and provisions made for the booking of another vehicle.
- 6.16. Risks Assessments**
- 6.17.** All patients will have a clinical assessment completed on admission which will be updated to reflect current risks. A Registered professional will undertake a dynamic risk assessment prior to any leave, and this will be documented in the patient's electronic record. Any changes to risks will need to be reflected in the patient's risks assessments.
- 6.18.** It is good practice to review this risk assessment prior to any escorts taking place, especially if they are going to a new or unfamiliar environment.
- 6.19.** This should take into consideration any additional and/or increased risks of the patient absconding whilst off the ward area.
- 6.20.** Consideration also needs to be given to the length of the journey and the arrangements for comfort breaks.
- 6.21.** The transport risks assessment should consider the following factors to aid their decision making:
- Method of transportation

- Number of staff escorts required
- Gender of escort
- Medication that maybe required during the journey
- Arrangements for comfort breaks (if required)
- Arrangements for staff to remain in contact and / or to be able to summon for assistance if required e.g., access to mobile phones, etc.

6.22. If parents, carers or other providers are participating in the escorting activity their role and responsibility must be clearly documented in the risk assessments.

6.23. Risks of absconding

6.24. The following factors need to be considered when assessing a patient's risk of absconding:

6.25. Factors that indicate a low risk of absconding:

- No recent history of attempts or threats to abscond.
- No immediate identified risk to self or others
- Current mental state
- Compliance with treatment

6.26. Factors that indicate a medium risk of absconding:

- Past attempts to abscond.
- An expression that they wish to leave the Inpatient ward.
- Impulsive behaviours that may pose a risk to themselves or others.
- Fluctuating mental state
- Fluctuating compliance with treatment

6.27. Factors that indicate a high risk of absconding:

- Recent attempts to abscond.
- Assessed as posing a significant and immediate threat to themselves and / or others.
- Exhibiting acute symptoms of mental illness
- Exhibiting challenging behaviours
- Non-compliance with treatment

6.14. Restraint

6.15. The Mental Health Units' 'use of force' bill (2018) makes provision about the oversight and management of the appropriate use of force in relation to people in Mental Health Units.

6.16. LPT focuses on the prevention of behaviours of concern and the ***Restrictive Practices Policy*** gives guidance on the prevention and use of restrictive practices, including the use of restraint.

6.17. Staff can often prevent an individual service-user who is distressed, agitated, and presenting with unsettled behaviours, from deteriorating further by the use of skilled interventions (Safety Interventions).

6.18. Any use of restraint should be a last resort intervention and restraint should be for the shortest amount of time possible.

6.19. Where restraint is required as a last resort intervention this should be proportionate and necessary

6.20. Potential Use of Restraint:

6.21. Where restraint is needed to be used to keep the patient safe, it is only carried out with either:

- The patient's consent.
- Under the Mental Health Act (1983)

- In the person's best interests under the Mental Capacity Act 2005 (where the patient lacks capacity)

6.22. Where restraint is used, the following conditions must be met:

- The person acting must reasonably believe that the restraint is necessary to prevent harm to the person who lacks capacity.
- The amount of type of restraint used and the length of time it lasts must be a proportionate response to the likelihood and seriousness of harm.
- An electronic incident report (eIRF) must be completed afterwards to reflect any holds or restraint used.

6.23. Additional considerations when transporting a patient in a vehicle.

6.24. When transporting a patient using a vehicle, staff member should always be positioned in the back of the vehicle with the patient.

6.25. The patient must not be seated behind the driver for safety reasons, and the vehicle's Child-lock systems must always be activated to prevent the patient from jumping out of the car whilst in motion.

6.26. Staff must exit the vehicle first before opening the door for the patient to reduce the risk of the patient absconding.

6.27. Medication

6.28. Where medication is required during the escort, wherever possible, this should be ordered in advance.

6.29. Staff should ensure there is sufficient supply for the journey, and it is to be carried either by of the staff undertaking the escort, in the car boot, or other secure part of the car e.g., in a locked glove compartment.

6.30. Transportation of Patients with Disabilities or Mobility Difficulties

6.31. As part of the assessment, there should be a discussion with the patient and clinical team regarding their limitations and requirements for safe and comfortable transportation.

6.32. Having a physical disability or mobility difficulty does not preclude the use of a car, but

in such cases, a Moving and Handling risks assessment will be completed, and consideration given to significant factors such as:

- The assistance the patient will need to embark and disembark.
- The amount of legroom required.
- The capacity for the transport and storage of wheelchair and / or other mobility equipment

6.33. Should safe transportation in a vehicle not be possible, an ambulance and / or secure ambulance should be booked instead (please refer to Section 6.6.).

6.34. Action if Specialist Transport Services are required.

6.35. There are a few factors which the clinical team / MDT are required to take into consideration prior making an informed decision on the most suitable transport service deemed most appropriate and effective to undertake a safe escort.

6.36. These include:

- The patient's physical health status
- The patient's mental state
- Outcome of the risks assessments
- Reason for the escort
- Destination

6.37. Ambulance

6.38. In the event on a medical emergency, where an ambulance is required, all Inpatient wards will call for an ambulance using **9-999**.

6.39. Upon arrival of the ambulance services, the ward staff **must** brief the ambulance staff on any identified risks and if necessary, allocate an escort to accompany the patient in the ambulance.

6.40. It is also important that the Nurse-in-Charge/Ward Doctor writes a letter the local Accident & Emergency Department to provide vital information such as the patient's

mental state, legal status, capacity to consent, treatment plan, any known physical health conditions, and identified risks and core assessments.

- 6.41. Other situations in which an ambulance may need to be arranged are if the patient has a disability or physical condition which makes it difficult and / or uncomfortable and not possible for them to travel in a car.
- 6.42. In these circumstances, a booking will be made through the ambulance call centre with a significant notice period of the time the transport is required.
- 6.43. When making the booking, staff should inform the ambulance of any risks and escort requirements (as this may influence the type of ambulance and pick up arrangements).
- 6.44. Staff also need to be aware that non-urgent transfer requests have a response time of up to 24 hours.
- 6.45. **Specialist Secure Transport**
- 6.46. There may be occasions when it is not safe for Trust staff or even the local / regional ambulance services to undertake a patient escort, due to the level of risks posed by the patient or for other reasons.
- 6.47. In these circumstances, it may be necessary to employ the services of a Secure Transport Company.
- 6.48. The decision to do this should be made by the clinical team, following discussions with the Ward Sister / Charge Nurse.
- 6.49. During normal working hours, the request to book a Specialist Secure Transport Vehicle will be discussed with the MDT and the Clinical Duty Manager (CDM), with funding authorised by the Bed Management Team Manager.
- 6.50. In their absence, the Clinical Duty Manager (CDM) will assume this responsibility. All invoices for the payment of Specialist Transport are to be made in the name of the Bed Management Team Manager and directed to them for authorisation and processing.
- 6.51. When making the booking, the following information must be provided:
 - Name, NHS Number and Date of birth of patient requiring escort.
 - Patient Diagnosis

- Section under the Mental Health Act (if applicable)
- Identified risks (current and historical)
- Physical health status (including allergies, disabilities, etc.)
- Gender-preference (if applicable)
- Departure and destination locations (including full post-codes)

6.52. This information is required so the company can make an informed decision on the type of vehicle, number, gender, and skill-mix of staff to undertake the escort safely.

6.53. Police Involvement

6.54. Once patients are under our care, the police have no authority under which to transport them, and staff should not be routinely contacting them for any transportation assistance.

6.55. The only exceptions to this are:

- The transfer of a patient detained on a Section 136 to the Place of Safety in exceptional circumstances which will need to be registered as an incident via eIRF.
- The return of a patient detained under the Mental Health Act (1983) who has absconded.
- A patient who has been arrested

6.56. Escorting a Patient to Court

6.57. If a patient is to be escorted to court, staff are to remain with them.

6.58. Absconson from Escorted Leave

6.59. Whilst all practical steps should be taken when escorting patients, staff must never be put either their own or others' safety at risk when taking measures to prevent patients from absconding.

6.60. If a patient absconds from an escorted leave, the lead escort / escorting staff should take the following actions:

- Follow the patient (if safe to do so) at a safe distance.
- Immediately contact the base ward and notify the Nurse-in-Charge of the absconsion who will implement the relevant actions from the “*Missing Inpatients’ & Absent Without Leave (AWOL - acronym used for patients detained under Mental Health Section) Policy (2022)*” Trust Policy for service-users who are Absent Without Leave (AWOL) (see **Appendix Nine**)
- Conduct a search of the local area (if practicable)
- If the patient is located but the staff have concerns about their ability to escort them back to the ward safely, Police assistance should be urgently sought.

6.61. Post Visit protocol:

6.62. Escorting staff must complete a documentation of events of the day in accordance with the Trust’s record keeping standards and must be handed over to the relevant individual(s).

6.63. Any incidents related to the transport must be reported through eIRF on the Ulysess System, and a debrief of staff and service-user(s) should be undertaken where applicable.

6.64. Equipment and / or medications returned from the trip must be resecured and stored appropriately.

6.65. An evaluation and review of service-user(s)’ risks assessments, care plan and escorting arrangement should be undertaken in MDT where applicable.

6.66. Reporting incidents which occur during patient transportation

6.67. If during any period of transportation, there is an incident occurs which means that it would not be safe or practical for the journey to continue then the nurse in charge of the ward should be contacted to support with any contingency planning.

6.68. If there is an immediate incident with compromises either staff or patient safety, then the police should be contacted for immediate assistance. In the event that patient / staff require any urgent intervention, emergency services will need to be contacted.

6.69. Any incidents which occur during an escort (including absconding) are to be reported at the earliest opportunity using the Trust’s electronic incident reporting Ulysees

systems, and the patient's care team duly notified.

7.0. Section B: Community Services & Activities (including Therapeutic Activities, and Discharge Planning from Inpatient Services)

7.1. Principles

7.2. Only a small number of employees who work within an agreed scope of duties and roles are supported to transport patients (and sometimes carers) in their own vehicles (or in an equivalent work-designated vehicle, such as each Unit's Taxi). For those that do, the Trust has a responsibility to acknowledge the risks associated with this and these must be assessed and effectively managed.

7.3. In all instances of transportation of patients (whether within Inpatient or Community services, the same and/or equivalent clinical responsibilities, MDT duties and patient care-planning, risks assessments and risks management principles and procedures apply (see Section 6.1.).

8.0. Documentation Required for Transfers

8.1. Where a patient is 'liable to be detained' in hospital, the conveyance arrangements are more thorough and specific.

8.2. Please see **Appendix Two's** "*Conveyance of Patients who Remain Subject to the Mental Health Act*" for exhaustive information for this section, including processes, paperwork, and legal guidelines

9.0. Managing Concerns/Complaints regarding Patients' Transportation

9.1. When a concern is raised around an incident that occurs during the course of a patient's transportation, this will be managed as per the Trust's usual complaints procedure. This can be found on the LPT staff intranet.

9.2. Any concerns around restraint should be escalated to the appropriate manager.

9.3. Following this, the Manager would log the incident on the Ulysees dashboard (i.e., eIRF) and follow the appropriate action(s), such as possibly make the Safeguarding Team and RRP teams aware as appropriate.

10. Training Requirements

- 10.1.** There are no specific staff training needs identified in relation to this policy which are not already covered in Core Mandatory or Role Essential Trainings for all Clinical Staff.
- 10.2.** All staff are required to be in date with their trainings and be familiar with the training requirements of different departments / teams (*please refer to Appendix Five*). All staff need to be aware of the Trust's different levels of Safety Interventions (previously known as MAPA) Training.
- 10.3.** Staff working in the relevant areas will be made aware of the policy and supported to follow it in the following ways:
- The issuing of the policy will be included in the Trust-wide Weekly Communications emails.
 - Discussion at Service and Ward meetings
 - Inclusion at local induction for relevant staff
 - Use of the policy during clinical supervision – with proactive use in situations where there have been any issues/concerns about patient escort or transportation events (which fall under this policy) or to support staff development needs around related performance or capability issues.

11.0. Stakeholders and Consultation

Please refer to **Appendix Four**

12.0. Links to Standards / Performance Indicators

This is 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).

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

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

13.0. References 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.
- MCA/DoL's/MHA
- D.O.H (2002), *The Use of Restrictive Physical Interventions*
- D Allen (BILD), *Ethical Approaches to Physical Interventions*

14.0 Monitoring

Area for Monitoring	How	By Whom	Reported to	Frequency
Compliance with the standards set out in this policy	<p>Investigation of any complaints/serious incidents which arise during the transportation of a patient</p> <p>Through the clinical supervision of staff</p> <p>Clinical records reviews/local or Trust-wide audits</p>	<p>Service Managers / Deputy Heads of Nursing</p> <p>Ward Sisters/Charge Nurses Matrons Team Leads</p> <p>Ward Sisters/Charge Nurses/Deputy Heads of Nursing/Matrons</p>	Directorate Management Team	<p>As and when complaints and SIs occur</p> <p>As required/Annual</p>
External transport provider(s)	<p>Investigations/complaints</p> <p>Serious incidents</p> <p>Safeguarding</p> <p>Information Governance</p>	Team Manager / Service Manager	Care Group Leadership & Quality Groups / Relevant Clinical	As and when complaints and SIs occur

15.0 Equality Impact Assessment Statement

The completed Equality Impact Assessment for this protocol has been published on this policy's web page on the Trust's website, highlighting Privacy, Dignity & Respect.

Statement	Indicate how this will be met
<p>The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi's review of the NHS, identifies the need to organise care around the individual, 'not just clinically but in terms of dignity and respect'.</p> <p>Consequently, the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity, and respect, (when appropriate)</p> <p>This should also include how same-sex accommodation is provided</p>	<p><i>All identified issues in respect of privacy and dignity have been addressed within this protocol.</i></p>

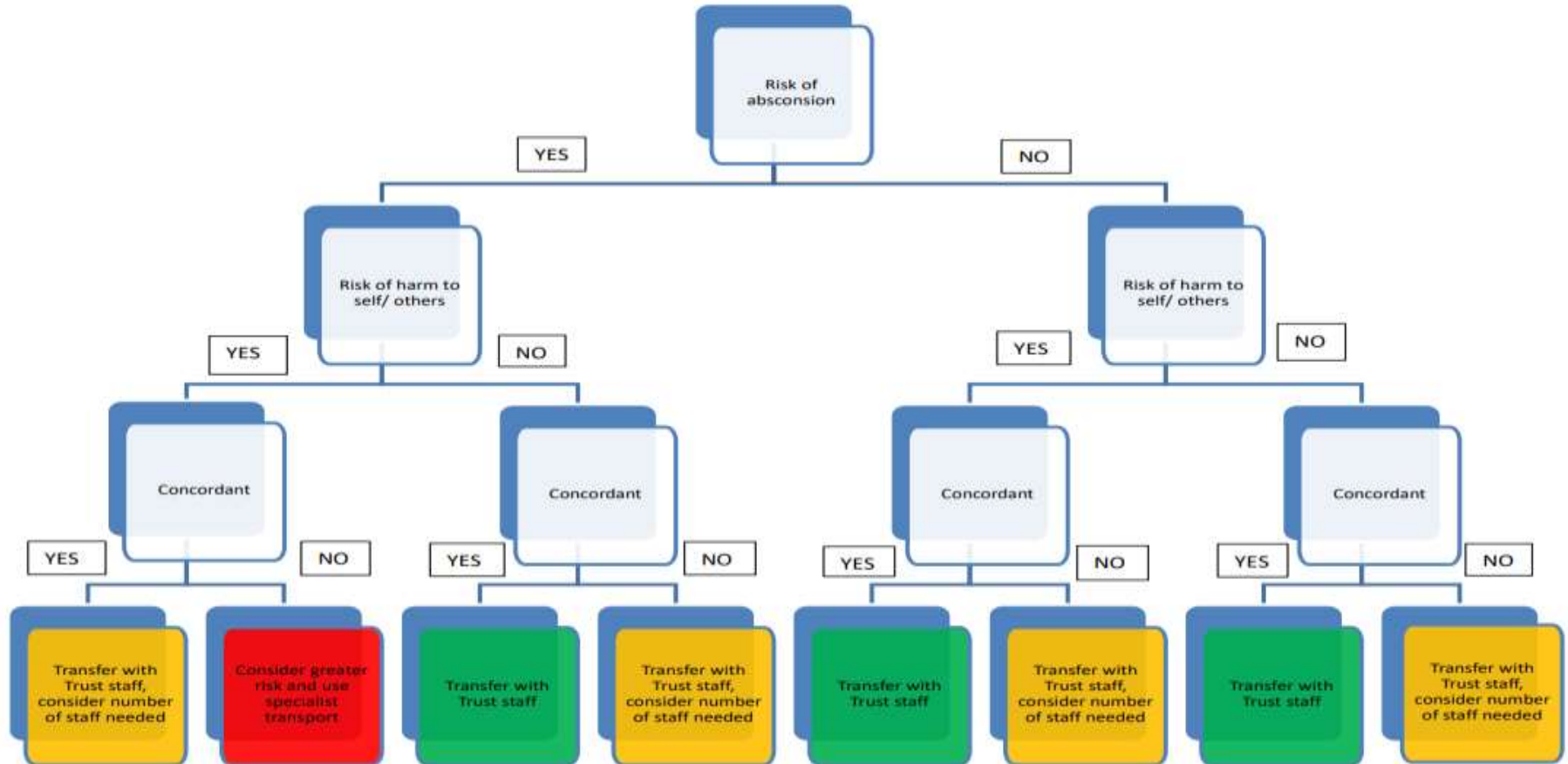
16.0 Mental Health Capacity Act (2005) Statement

Statement	Indicate how this will be met
<p>Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individual's capacity to participate in the decision-making process. Consequently, no intervention should be carried out without either the individuals' informed consent, or the powers included in a legal framework, or by order of the Court.</p> <p>Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason, all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible</p>	<p><i>All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section1)</i></p>

APPENDICES

Appendix One:

TRANSPORTING PATIENTS DECISION TREE



Appendix Two: Conveyance of Patients who Remain Subject to the Mental Health Act



Appdx A - Conveying
of patients who remai

Appendix Three: The NHS Constitution (for England)

The NHS will provide a universal service for all based on clinical need, not based on the ability to pay.

The NHS will provide a comprehensive range of services.

[The NHS Constitution for England - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

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

Appendix Four: Stakeholders & Consultation

Key individuals involved in developing the document:

Name	Designation
Saskya Falope	Head of Nursing, Allied Health Professionals & Quality (Directorate of Mental Health), LPT
Jon-Paul Vivers	Deputy Head of Nursing, AMH (Inpatient Services)
Zahra Makhany	Deputy Head of Nursing, (Urgent & Emergency Mental Health Services Pathway), LPT
Olajumoke Fatuga	Project Support Manger (Urgent & Emergency Mental Health Services Pathway), LPT

Document circulated to the following individuals for comment:

Name	Designation
Samantha Roost	Senior Health, Safety & Security Advisor
Morolayo Okubanjo	Matron (AMH Community Services), LPT
Rachael Shaw	Matron (MHSOP Inpatient Services), LPT
Alison Wheelton	Senior MHA Administrator, MHA Office, LPT
Andy Lee	Security Management Advisor, LPT

Appendix Five: Training Needs Analysis

Training Needs Analysis:

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

Appendix Six: Due Regard Screening Template

Section 1			
Name of activity/proposal	Transporting Patient Policy		
Date Screening commenced	08/08/2023		
Directorate / Service carrying out the assessment	Directorate of Mental Health		
Name and role of person undertaking this Due Regard (Equality Analysis)	Saskya Falope		
Give an overview of the aims, objectives and purpose of the proposal:			
<p>AIMS: This policy describes the procedures to ensure that patients/service-users will always be transported in the manner which most likely preserve their dignity and privacy, and consistent with managing any risk(s) to their health and safety or to other people.</p>			
<p>OBJECTIVES: The policy describes effective information, transportation, and reporting incidents related to the safe and dignified transportation of patients, whilst also minimising the risks associated with patient transportation.</p>			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age	Not applicable		
Disability	Not applicable		
Gender reassignment	Not applicable		
Marriage & Civil Partnership	Not applicable		
Pregnancy & Maternity	Not applicable		
Race	Not applicable		
Religion and Belief	Not applicable		
Sex	Not applicable		
Sexual Orientation	Not applicable		
Other equality groups?	Not applicable		
Section 3			
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 tick appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	√
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision: There are no major risks identified in terms of changes for any group or individual with protected characteristics and therefore a full equality analysis is not required.			
Equality monitoring has been incorporated in the overall policy compliance process which aims to provide assurance that any potential adverse impact on any protected group during the implementation of the policy and associated procedures are identified and removed at the earliest opportunity.			
Signed by reviewer/assessor	S.Falope	Date	11.12.23
Sign off that this proposal is low risk and does not require a full Equality Analysis			

Appendix Seven: *Equality Impact Assessment Screening Template*

Appendix Eight: *Health & Safety Policy*



Health-and-Safety-Po
licy 2022.pdf

Appendix Nine: *Missing Inpatients' & Absent Without Leave (AWOL - acronym used for patients detained under Mental Health Section) Policy (2022)*



Missing-Inpatients-an
d-Absent-Without-Lea

Appendix Ten: *Privacy & Dignity Policy*



Privacy-and-Dignity-P
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