T Technology
H Healthy Communities
R Responsive
I Including everyone
V Valuing our people
E Efficient and effective

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Escorting Patients Policy

(for DMH and FYPC/LDA inpatients services)

This policy describes the process of escorting patient's/service user leaving who require an internal or external transfer, visit to another ward, department, or healthcare facility, including those external to Leicestershire Partnership (NHS) Trust (LPT).

This policy is applicable to inpatients staff working in Leicestershire Partnership (NHS) Trust (LPT)'s Directorate of Mental Health (DMH) & the Families, Young Persons & Children / Learning Disabilities & Autism (FYPC/LDA) services.

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Contents

Policy On A Page

Aim and purpose

The Escorting Patient Policy standardises the process for escorting inpatients within the **Directorate of Mental Health (DMH)** and **Families, Young Persons & Children / Learning Disabilities & Autism (FYPC/LDA)** services. It applies to all inpatient escorts to other wards, departments, or external healthcare facilities while the patient remains under LPT care.

Key Systems & Processes

The policy outlines expectations for:

- **Patient & Escort Identification**: Ensuring correct patient ID and using familiar, preferably substantive staff as escorts, considering patient gender preferences.
- **Family / Carer Involvement**: Communicating and engagement as appropriate.
- **Risk Management**: Updating risk assessments and obtaining Section 17 Leave (for detained patients).
- **Documentation**: Providing medical letters, escort support plans, and observation sheets.
- **Roles & Responsibilities**:
    - **LPT Base Ward Team**: Approving escort needs, arranging transport, and ensuring robust intra-team and inter-team / organisation handovers.
    - **Escorting Staff**: Managing patient care during the escort, including management of agitation and aggression per Trust policies.
- **Communication**: Maintaining regular updates between escorting staff, base ward, and receiving organisation, as well as collaborative and MDT decision-making.
- **AWOL Protocols**: Following local and Trust procedures if a patient goes missing during escort.

Expected Outcomes

The policy aims to ensure **safe, timely, collaborative, and person-centred care** during patient escorts, safeguarding both patients and staff while maintaining continuity of care.

1.0 Introduction and Purpose

Leicestershire Partnership (NHS) Trust (LPT)'s Escorting Patients policy has been developed to ensure the safety and well-being of patients and staff within the Directorate of Mental Health (DMH) & the Families, Young Persons & Children / Learning Disabilities & Autism (FYPC/LDA) services during escort activities that support access to mainstream healthcare organisations, transfer to new providers, attendance at outpatient appointments, and / or other internal LPT services. This Policy will ensure the safety and well-being of both staff and patients whilst being escorted and transported and where there is an identified need for an escort to be provided.

2.0. Aim of the Policy

The aim of this policy is to provide guidance around the safe, efficient, and therapeutic escort of patients to other wards, departments, and / or acute hospitals.

The Policy aims to:

a) Ensure that patients are escorted appropriately and that their dignity and care are maintained through the movement.

b) Ensure that patients consent is sought prior to transfer and / or relevant powers to transfer are consulted / discussed in a multi-disciplinary team and applied in the patients' best interests where patients are receiving care under a Mental Health Act detention order.

c) Ensure that the patient is escorted safely using the correct mode of transport

d) Provide clear guidance of the roles and responsibilities of the base ward's care team in relation to the escort duty, as well as (in the event of an escort / extended stay to an acute medical ward) the expectations of the receiving organisation

e) Ensure that escorts are undertaken by suitably trained staff and clearly highlights the escorting staff on the roles, responsibilities, and procedures for patients' escort, including children and young people.

f) Ensure robust, continuous, and timely communications and handovers between all stakeholders (including those external to LPT) involved in the care of the patient during the escort duty.

g) Ensure robust and timely documentation within the patients' electronic patient record

system.

h) Ensure that the escort duty will further promote recovery and social integration through therapeutic activities in the community (where indicated).

This policy applies to all staff employed within the Leicestershire Partnership NHS Trust (the Trust), including temporary workers e.g., bank/agency. It also includes staff on an honorary contract, including pre-registered healthcare students on placements in the Trust under a learning agreement.

This policy also applies to all situations where patients who are currently an inpatient under the care of the Trust require an escort to access another (external) ward, department, or healthcare facility whilst remaining under the care of the Trust.

3.0. Policy Requirements and Objectives

3.1. Overarching principles for the safe escort of patients

The overarching principle of the policy is to ensure that patients need for transfer is assessed and risks considered including mode of transport and escort requirements to maintain the safety of both staff, patients and other members of the public.

The policy also aims to set out the roles and responsibilities where the patient is under the care of two organisations and how teams will work together.

There is therefore an expectation of the consideration and adherence to the following minimum overarching principles and standards to safely facilitate, and complete escort duties as set out in Appendices 2-4 of this document, as well as associated / relevant directorate Standard Operating Procedures (SOPs):

- **Patient Risk Assessment**: Any decision to escort and transport a patient requires the updated patients' risk assessment which should always be completed and recorded within the patients' electronic records on SystmOne. Where the patient is a patient subject to the provisions of the Mental Health Act (1983) – see point 5 below and unless the decision to escort / transfer / transport is an emergency, the risk assessment should always be approved by the patients' Consultant or Responsible Clinician (RC) prior to departure. Further guidance should be sought from the LPT *Transporting Patients' Policy*.

- **Escort duty coordination**: such as patient identification, number of escort(s), mode of transportation

- **Escort duty communication, documentation, and handovers**: including the escort's access to appropriate communications devices, documents, agreed frequency of communication / handovers / registered professional reviews throughout the duration of the escort, as well as expected standards of documentation required and when escalation is required.

- **Family / carer involvement** – Where possible, with the patients' consent and prior to any patient movement, the patient's family / carer / relative etc. should be notified of the planned move and rationale behind the decision in the escort duty (considerations should be given to family / carer involvement in the event of an emergency and where the patient might be incapacitated and unable to provide consent). In addition, up to date / accurate next-of-kin contact information should be ascertained ahead of the transfer.

- **Escalation of concerns**: e.g., escalation and reporting of (patient safety) incidents in relation to the escort duty

- Absence Without Leave (AWOL) / Missing Persons protocols

For patients detained under the Mental Health Act (1983), additional considerations prior departure (unless in an emergency) must include:

- **Section 17 Leave documentation** – completion of Section 17 Leave of Absence forms in patents' electronic records.

- **Approved patients' Risk Assessment by their RC / MDT care team** – MDT review and updates of patients' Risk Assessment

- **Use of restraint to manage agitation and / challenging behaviours** – mitigations in place to support staff and patients to manage potential agitation and challenging behaviours

3.2. 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.

3.3. Due Regard

The Trust's 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 criterion 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.

3.4. Policy Dissemination

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 Heads of Nursing/Operational Leads / Matrons.

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.

3.5. For further information, contact:

- **Jon-Paul Vivers**, Deputy Head of Nursing, Inpatients Acute, Forensic, Psychiatric Intensive Care & Rehab Inpatients Services, DMH
- **Simon Guild,** Deputy Head of Nursing, Mental Health Services for Older Persons (Inpatients & Community), DMH
- **Rebecca Fowler and Melissa Parry**, Deputy Head of Nursing, Families, Young Persons, Children / Learning Disabilities & Autism

3.6. Abbreviations and meanings that apply to this Policy

ABBREVIATION	MEANING
ANP	Advanced Nurse Practitioner
AWOL	Absent without Leave (patient detained under the MHA – 1983)
CDM	Clinical Duty Manager
CQC	Care Quality Commission
Due Regard	Having due regard for advancing equality involves: • *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.*
ED	Emergency Department

EIRF	Electronic Incident Reporting Form
EPR	Electronic Patient Record
External Transfer	Refers to patients attending outpatients appointments, day case appointments, transfer to other healthcare settings / organisation and / or hospital / Trust
Internal Transfer	Refers to patients moved within LPT and does include the movement across the across the different LPT sites
KPI	Key Performance Indicators
LPT	Leicestershire Partnership NHS Trust
MAPPA	Multi-Agency Public Protection Arrangements – this definition does not appear in the body of the policy but should with regards to patients to whom it applies
MDT	Multi-Disciplinary Team
MHA	Mental Health Act (1983)
NHS	National Health Service
RC	Responsible Clinician
SOP	Standard Operating Procedure

4.0. Roles and Responsibilities

The following roles and responsibilities (including duties of relevant individuals and groups within LPT in relation to the implementation / adoption of the Policy's requirements) have been identified for the following:

4.1. Executive Management Board

- The Trust Board has a legal responsibility for Trust policies and for ensuring that they are implemented effectively.
- It is the responsibility of the Trust Board to ensure appropriate level of support, guidance, and / or training is in place to meet the need(s) of this policy and the statutory legislative requirements

4.2. Lead Executive Director

- Ensure services within the directorate are supported to implement the policy within local areas.

4.3. Divisional Directors and Heads of Service

- Ensure that staff working within their services all understand and adhere to the Policy and associated local SOPs and guidance documents

- Agreeing and approving associated local SOPs and guidance documents that support adoption and implementation of the Policy

- Reviewing relevant Key Performance Indicators (KPIs) in relation to patient safety incidents involving escort duties and ensure compliance with national and local directives.

4.4. Policy Team

- Define clear and expected standards of the Policy that promote LPT's values

- Provide advice and guidance on complex and / or sensitive topics in relation to the Policy

- Support LPT to meet its legal and regulatory obligations and requirements and which ensure the provision of safe care for patients and staff safety, as well as reduce risks by promoting safe working practices

4.5. Policy Authors

- Consultation with all relevant stakeholders (including those external to LPT) to ensure inclusion of pertinent considerations and factors

- Timely and regular revisions to the Policy in line with expected organisational documentation standards, goals, and stated overall strategic objectives

- Ensuring the circulation of the revised Policy to all relevant stakeholders and services

4.6. Operational leads (including Service Managers and Team Managers)

- Timely dissemination of the Policy (as well as relevant documents / guidelines) to team leads of individual services / teams.

- Escalate any concerns / incidents in relation to the escort duty to Divisional Directors and Heads of Service

4.7. The Consultant (or Responsible Clinician in the case of a patient subject to the MHA)

- Approve of patient's Risk Assessment

- Timely completion of Section 17 Leave forms within the patients' electronic records
- Lead the multi-disciplinary team (MDT)'s discussions and decisions in relation to the patients' care and escort duty requirements, including that feedback from the escort is (where appropriate) discussed and considered as part of any MDT plan.

4.8. All Staff

4.8.1. Ward Sisters / Charge Nurses, Clinical Matrons, and Team Leads

- Circulation of the Policy to staff groups / individual staff
- Ensure the Policy is read, understood and implemented in their areas of responsibility.
- Ensure that any incidents relating to escorting patients are immediately escalated and reported as per the Trust's reporting process(es).
- Monitor adherence / compliance within their services via relevant clinical audits and compliance processes

4.8.2. The nurse in charge

The nurse-in-charge of the patients' care on the day of each escort duty will ensure that:

- The named escort is competent to escort each individual patient marked by evidence of having completed the Supportive & Therapeutic Observations competencies assessments.
- Ensure the escorting staff are well-informed and equipped to complete the escort duty
- Timely communication and updates of the patients' SystmOne records in relation to the escort, as well as prompt handovers to all staff and stakeholders involved in the care of the patients accordingly.

4.8.3. All staff

- Comply with the principles, processes, and procedures as detailed in this policy and relevant local SOPs and guidance documents for the safe escort of patients.
- Immediately escalate / report identified escort-related incidents.

- Only accept the role of the escort if they have completed the Supportive & Therapeutic Observations competencies assessments.

- Identify any training needs they may have relating to the escort of patients to their line manager and addressing these needs through their appraisal

4.8.4. Students / trainees as escorts

The following applies to the use of students/trainees as escorts:

- Only undertake patient escort in order to enhance their learning experience.
- Only act as escorts on explicit instructions from the registered practitioner who has assessed their competency to do so and recorded as such

Students / trainees should never be used to complete escort duties with patients on their own and / or to mitigate staffing shortages or high levels in clinical activity.

5. Escorting Staff

5.1. The overall responsibility of the escorting staff is to provide emotional / mental health support and wellbeing only, whilst advocating for the patients' physical needs in their best interests.

5.2. The escort's responsibilities during an escort include (and are not limited to):

- Handing over information (covering medical letter/verbal updates) to the ED staff / other healthcare professionals and highlighting any current risks / changes in presentation.

- Therapeutic engagement (including de-escalation and distraction techniques).

- Timely and regular documentation of patients' therapeutic observations on the relevant Trust's Therapeutic Observations Forms which must remain with the patients until they return to the base ward.

- Communication with the patient for continuous mental state evaluation / assessment, as well as alleviation of any anxieties.

- Support with food and fluids intake; however, if formal recording of food and fluid intake is required e.g. fluid restriction, then the acute hospital would need to provide the forms and support the completion of this

- Support with access to restroom / washing facilities.

- Support with treatment compliance (e.g., medications intake) in the best interest of the patient.

- Immediate escalation to clinical team of the destination ward (if on escort to acute hospitals) of any marked deterioration and / or change in the patient's presentation, stating details of all appropriate information.

- Completing all relevant forms within the Escort Duty Folder (as appropriate).

- Providing a detailed end-of-shift handover to the incoming escort as well as to the nurse-in-charge of the base ward, and this information should also be clearly documented and signed in the *Escort Duty End-of-Shift Handover forms* within the Escort Duty Folder. In turn, the nurse-in-charge of the base ward should ensure the immediate documentation of the handover received in the handover templates of the patients' SystmOne records.

5.3. The escort should have completed the Supportive & Therapeutic Observations training and competencies assessment to support with an understanding of the rationale of the level of observations and how to support patients in accordance with the Therapeutic Observations Policy.

5.4. The escort should be confident in their knowledge of local procedures and safety procedures / arrangements e.g., fire evacuation route, welfare facilities and follow local procedures as instructed. The escort must be aware of how to escalate concerns to LPT both in and out of hours.

5.5. The escort should also have access to a charged mobile phone (personal or ward-owned) and details of key LPT contact numbers, including the base ward, the base ward's Charge Nurse, the Clinical Duty Manager (CDM), the Bradgate Unit's Reception, and the LPT Switchboard numbers.

5.6. The escort should be always clearly identifiable by means of appropriate and visible uniform and a Trust-provided / official ID badge.

6.0. Processes

6.1. Escort Duty Coordination

6.1. Where the patient requires escort to the ED, it is recommended that 2x escorts will initially accompany the patient to the ED (one of whom must be a substantive staff

member from the base ward) and remain with the patient till a clinical decision has been made and put in place for onward treatment and / or discharge. As good practice, and where possible, a registered nurse should undertake the initial escort duty and / or form part of the escorting team.

6.1.1. Sometimes, there will be more than one escort duty required from different wards within a single area / unit / site (e.g., multiple wards from within the Bradgate Unit or Evington Centre sites) and who will be travelling to the same escort destination (e.g., to an acute hospital). In this instance, the Clinical Duty Manager (CDM) should arrange for a single transport to convey all escorts and / or any expected return journey. The CDM will inform all wards requiring escort transport of the pick-up location and time of departure as part of the planning process.

6.1.2. It is the duty of the nurse-in-charge of each ward / area requiring escort duties to identify and notify nominated escorting staff preferably ahead of the proposed escort duties to prevent unnecessary delays to departure journeys, especially where joint escort journeys are being undertaken.

6.1.3. The nurse-in-charge must immediately notify the CDM of any anticipated and / or actual delays (or decision to self-transport) to the arrival of their nominated escort(s), whilst arranging for suitable alternative(s) as appropriate.

A. Before leaving the LPT (mental health) ward

6.2. Completing / updating risk assessments

6.2.1. A patients' risk assessment must be undertaken prior to the transportation taking place and the appropriate level of escort agreed – LPT's Transporting Patient Policy should be consulted for further guidance to facilitate robust decision-making during this process. The patients' risks assessment must be recorded on SystmOne within the patients' clinical record.

6.2.2. The patient's Risk Assessment should take into consideration the following clinical needs as a minimum:

- Patient dependency
- Manual-handling needs
- Infection status
- Any specific equipment needs (e.g., infusion devices) for safe continuing care to prevent delays in treatment

- The urgency of the transfer for physical health in relation to the risk from the patient's mental health
- Any identified risks associated with mental health needs, particularly in relation to the risk presented to self or others, as well as other risk behaviours known

6.2.3. Where a patient is being escorted in an emergency, i.e., to the Emergency Department, the risk assessment may be completed under emergency conditions, and the escorts must be able to articulate the assessment verbally on arrival at the receiving site and document at the earliest opportunity. A paper copy of the patient's Risk Assessment should also be included in the Escort Duty Folder for ease of access to the clinical team of the acute hospital. An eIRF must also be completed at the earliest opportunity to report any emergency transfers to the ED, etc., using the SBAR format to report.

6.3. Pre-escort duty documentation

6.3.1. Where an escort required for a patient going to an acute hospital and / or any other organisation, the rationale for the requirement of an escort must be documented in the patient's notes, as well as the number of escorts required for the trip.

6.3.2. There is an expectation that patients attending the ED must do so with a covering medical letter from the base ward. **The patient will be expected to attend with a covering medical letter from the base ward and the base ward should contact the ED to provide a handover ahead of the patient's arrival.** The escort staff should be in receipt of this letter before leaving the ward / unit. The details of the accompanying letter must include the patient's:

- Full and preferred names and gender identification
- Mental Health Act status
- Reason for ED attendance
- Current and historical physical and psychiatric diagnosis
- Current and historical physical information (including allergies and disabilities)
- Current and historical mental / psychiatric information
- Current physical and psychiatric medications and last doses taken (via patient's MAR chart)
- Current and historical risks
- Next-of-kin information and preferred contact methods
- Contact details of patient's base ward (telephone number(s), ward sister / Responsible Clinician's email addresses.
- Patient's Do Not Attempt Resuscitation (DNAR) status

6.3.3. In the event of extended escort to an acute medical healthcare provider, the escorting staff should ensure that the **Escort Duty Folder** is taken along and duly completed and signed as required. In addition, on day 7 of every week, the completed forms should be taken to the base ward to be added by the nurse-in-charge of the day for discussion during senior clinical review at the next working-day's daily ward review. The completed forms should be immediately uploaded to the patient's electronic records on SystmOne and the ward's data storage systems (see Section 8. for further details).

6.4. Patient Identification

6.4.1. Before the patient leaves the ward / unit, the registered professional (i.e. the nurse-in-charge) responsible for the patients' care must check that the patient has a patient correct patient ID bracelet. If patients will not consent to wear an ID band, a photograph should be considered as the next suitable alternative and the ward should ensure that the patient's name and NHS number on the photograph corresponds with the details on the patients' medical records and ideally confirmed by a family member. If there isn't any photo ID available, (e.g., patients still refusing to have their photos taken, etc.), all practical steps should be taken to identify the patient before leaving the ward e.g., prominent piercing, tattoos, obvious and distinguishing physical health features, etc.

6.5. Escorting Staff Identification

6.5.1. Where a patient needs to attend the ED, there is an expectation that they will be escorted to do so preferably by substantive workforce from the base ward or a staff member who knows the patient well. This is to ensure adequate handover to the ED staff and timely communication with the base ward. If in exceptional circumstances the patient is not required to go with an escort, this should be clearly documented in the patients' records.

6.5.2. Prior to departure on escort duties, a pre-departure workforce review should be undertaken by the MDT / nurse-in-charge to determine the appropriate level of therapeutic observations required by the patient during the escort, this should have MDT involvement where possible. The level of observations should be communicated to the escort prior leaving the ward and recorded within the patients' electronic records in SystmOne.

6.5.3. However, whilst it is recommended as good practice for 2x escort during applicable

escort duties highlighted in previous sections above, if there is workforce acuity at the time of escort, and this is impracticable, a 1x person escort should initially commence the escort duty (following risks assessments), with an arrangement / agreement to send the second escort as soon as workforce availability is resolved. In this instance, the escorting staff should ideally be identified from the substantive workforce of the base ward.

6.5.4. It is good practice to ensure staff with good therapeutic relationship with the escorted patients undertake the escort duties to ease anxieties on patients and staff during the escort, in particular, members of the substantive workforce of the base ward. However, in some instances, temporary workforce (bank / agency) will be required to support with escort duties, and it is expected they are given a thorough handover of the rationale for the escort and the patients' risks and mitigation plans, communication needs, physical health and safeguarding, etc.

6.5.5. If a patient is on an existing **Level 4** (i.e., within arms-length) or **Level 3** (i.e. within eyesight) therapeutic observations on the base ward, it is recommended that 2x escorts complete the escort duties (subject to further review). If the patient is on an existing **Level 2** (i.e., regular intermittent) therapeutic observations on the base ward, a 1-person escort is recommended with a provision for rotation at an agreed time between escorts.

6.5.6. Patients are entitled to request an escort of the same sex and where possible (and sometimes due to Safeguarding requirements), effort should be made to meet the patients' request. Where the ward has exhausted all avenues to respect the patients' wishes in this instance, a risk assessment should be completed for the consideration of using the most suitable individual with evidence of communication and documentation in the patients' SystmOne records of the rationale for the decision. In some circumstances, the patients' Section 17 leave form will stipulate an escort of a certain gender, and this must always be adhered to.

6.6. Pre-escort duty communication & handover

6.6.1. It is the responsibility of the nurse-in-charge of the base ward to ensure that the escort fully aware of and in possession of the following information before undertaking the escort duty, duly recorded in an '**LPT Patient Escort Support Plan Form**' (see Appendix 4) and which will be included in the documents within the Escort Duty Folder (see Section 5.8 below) and handed over to the escort prior departure:

- The patient's condition / diagnosis and DNAR status
- Relevant past and current medical history, including allergies, physical health monitoring devices (e.g., implants, pacemakers, and diabetes monitors), and medications via a medications chart.
- Specific care needs e.g., level of therapeutic observations.
- Most up-to-date risk assessments
- Mental Health Act status – see point 5.4 below.
- Family / carer contact information

6.6.2. It is the responsibility of the nurse-in-charge to ensure that the escort receives a comprehensive handover of the patient, including all information recorded in the LPT Patient Escort Support Plan Form. Where in doubt of any required (medical) information, the escort must contact the clinical team at the patient's base ward for confirmation at the earliest convenience. The nurse-in-charge should confirm with the escort the agreed communication details for check-in calls regarding the patient's well-being.

6.6.3. If going on escort to an acute hospital, the nurse-in-charge should confirm with the escort the agreed communication details for check-in calls regarding the patient's well-being.

6.6.4. If the patient is admitted to a ward within an acute hospital and following review, one escort (again, preferably from within the substantive team of the base ward) will remain with a plan to rotate staff at a time agreed by the escorts and the base ward.

6.7. Escort duty equipment

6.7.1. The nurse in charge should ensure equipment, medication, and items to meet patients' individual needs accompany the patients and that all are in working order and any prescription(s) / emergency procedures are authorised by the appropriate clinician prior to departure.

6.7.2. Access to a mobile phone by the escorting staff is an essential to the escort duty to facilitate effective and timely communication during the escort between the escorting staff and the base ward, and prior departure on an escort, the nurse-in-charge of the base ward must ascertain that the escorting staff have access to a mobile phone, charger, and the ward's contact details.

6.7.3. Where available, a (fully) charged ward-owned mobile phone with the ward / unit's

contact details must be carried by staff when escorting patients. Where this is not available, the escorting staff member can use their own charged personal phones for ease of access. However, the escort must refrain from the personal use of their personal mobile devices for personal and / or non-work-related reasons when undertaking any escort duties, except in the event of a personal emergency, and the escort should alert the staff of the receiving ward and request to be briefly excused. The nurse-in-charge of the base ward must inform the escort not to their personal mobile phones for personal reasons, except when they are on their allocated breaks prior departure.

6.8. Transport arrangements

6.8.1. An appropriate means of transport must form part of the clinical risk assessment to ensure safe transport of the patient and the escorting staff in relation to the reason they are being transported e.g., a medical ambulance or secure transport ambulance (please see LPT's *Transporting Patients Policy* on the Trust's Staffnet for more information).

6.8.2. All staff providing the escort duties will have transport arrangements made for them by the Trust. In some instances, where patients are already at a receiving hospital, staff may choose to make their own transport arrangements, and this should be communicated with the nurse-in-charge. In this instance, where parking charges are incurred, the escorting staff should be supported to claim back the parking expenses by the base ward's management team.

6.9. Family / carer involvement

6.9.1. Where possible and with patients' consent, prior to any patient movement, the patient and carer / relative etc. should be informed of the planned move and rationale behind the decision, giving considerations to emergency transfers and where the patient might be incapacitated and unable to provide consent.

B. During the escort duty

6.10. Patient care and treatment

6.10.1. The escorting staff are not responsible for the administration of medications to the patient, even if they are registered practitioners; this is the responsibility of the clinical team on the escort location. The escorting staff can however support with treatment

compliance in the patients' best interests.

6.11. Supportive & therapeutic observations

6.11.1. During escort to an acute hospital, the patient remains under the care of the Trust; therefore, the escort should ensure that the patient is supervised as per MDT agreed therapeutic observations levels for the escort duty. However, it must be noted that irrespective of the patient's mental health act status and level of observations, the patient must never be left unattended in the ED.

6.12. Communication, documentation, and handover

6.12.1. During every escort duty to an acute hospital, the base ward must document the full names name(s) and job titles of the escort(s) in the patient's electronic record on SystmOne.

6.12.2. The daily check-in on the patient via the escort is mandatory and it is the responsibility of the nurse-in-charge of the LPT base ward to ensure that these calls are completed. All details of these daily reports / handovers should be duly documented in the patient's electronic records on SystmOne and handed over to subsequent shifts (where indicated).

6.12.3. During escort, it is expected that therapeutic observations notes are to be completed on the Trust's Therapeutic Observations Forms which the escorting staff are required to source from the patient's base ward and are part of the contents of the Escort Duty Folder. It is the responsibility of the escorts on each shift to ensure they must not leave for the escort duties without replacement Therapeutic Observations Forms (and all other relevant forms in the Escort Duty Folder) before leaving from the base ward.

6.12.4. If on escort to an acute hospital, it is the duty and responsibility of the nurse-in-charge from the patient's LPT base ward to liaise directly with the clinical team of the acute hospital for exhaustive updates about the care and well-being of the patient.

6.12.5. In the instances of protracted admissions to acute hospitals, the base ward must periodically arrange for a registered practitioner (and where appropriate, medical staff) to visit the patient for direct updates from the clinical team of the escort location. The registered practitioner must provide feedback to the care team (MDT) of the patient's base ward, as well as update the patient's electronic records on SystmOne accordingly.

6.12.6. Where the requirement of an escort is not indicated, the base ward must still contact the acute medical provider for daily check-in and update information. These calls should be ideally agreed to occur a minimum of once during the day shift and once during the night shift at the acute hospital to ensure the progress and care of the well-being of the patient is reported back in a timely manner.

6.12.7. Where patients under voluntary psychiatric statuses are admitted to an acute hospital for extended periods of treatment unescorted, it is the duty of the patient's base ward to liaise with the receiving acute medical ward's clinical team and agree on frequency and method(s) of communication of daily updates, including discharge planning / notifications / arrangements.

6.12.8. It is the duty of the nurse-in-charge to ensure that communication is received once per shift (as a minimum) from the escort and the details of this should be documented in the Escort Duty End-of-shift Handover Form (by the escort) – see Appendix 5, as well as within the handover templates of the patients' electronic records in SystmOne records (by the nurse-in-charge at the base ward). This should include but is not limited to the patient's current mental state, any concerns about their physical health, family / carer queries, (new / additional) information following medical reviews and intervention's and any concerns about the escort requirements, amongst other information deemed pertinent to the escorting duties, and cumulative of which will provide the nurse-in-charge at the base ward with adequate information to complete the daily shift records of the patients' care and wellbeing in the handover templates of their electronic patient records in SystmOne.

6.12.9. All contingency documentation / records in relation to the care of the patient which are produced outside of SystmOne (including patient specific documents within the Escort Duty Handover Forms) must be scanned and uploaded onto the patient's SystmOne at the earliest opportunity.

6.12.10. In the event of transfer to a new or subsequent escort location, the escort should provide a verbal handover of the patient's medical and psychiatric history to the receiving team / acute provider immediately and the nurse-in-charge (as a minimum, a registered member of staff) from the base ward must contact the new receiving ward / team to provide detailed information accordingly and all details of this engagement with the names and job roles of all staff involved should be recorded in the patients' SystmOne records at the earliest opportunity.

6.12.11. Escorting staff should ensure they are provided a copy of the patient's discharge letter to share with the LPT base ward upon return. Where the patient's discharge letter is not readily provided or made available, the escorting staff should request this from the receiving ward's clinical team prior departure.

6.13. The use of restraint during an escort duty

6.13.1. If the patient displaying significant levels of agitation to point of risks of harm to self and / or others has not been detained under the mental health act, a clinical decision by the MDT from the patient's base ward must be urgently agreed and communicated to advise on the best management routes viz. through the criminal justice systems or the activation of emergency holding powers under the Mental Health Act in the patient's best interests.

6.13.2. Sometimes, the patient might start displaying increasing and significant levels of agitation and aggression towards staff and members of the public in the ED / other acute hospital ward / service. Any escalating and / or negative behaviours should be managed by the duly trained escorting team with the support of the security team of the acute hospital.

6.13.3. According to LPT's *Consent to Treatment Policy and Restrictive Practices Policy and Mental Health Act* (1983) policy**,** when escorting a patient off Trust premises (including to an acute hospital for treatment) staff must remain aware of their ongoing **duty of care** and the **legal frameworks** that apply to any use of restraint.

6.13.4. If it has been ascertained that a patient lacks capacity and it is anticipated that restraint may be required during the escort or while in the acute setting, a **Deprivation of Liberty Safeguards (DoLS)** authorisation should be considered in advance, under the **Mental Capacity Act (MCA)** and the expectation of the minimum number of staff trained in restraint is available before undertaking any restraint.

6.13.5. If restraint becomes necessary in an **unplanned or emergency situation** to prevent harm, and the patient lacks capacity, staff may act under **Section 5 of the MCA**, as long as the intervention is in the patient's best interests and proportionate. If such restraint becomes **ongoing or repeated**, **a DoLS** must be applied for without delay.

6.13.6. When restraint is needed to **enable medical treatment** (such as holding a patient's arm to take bloods), the escorting staff must communicate this to the base at the earliest opportunity with a request that this is reported as an **incident on Ulysses**

using the Situation, Background, Assessment, & Recommendation (SBAR) format of reporting. Where this is required regularly, a **care plan** must be put in place to guide staff on safe and lawful practice. If treatment involves a **significant degree of force**, or the decision is complex or disputed, an application should be made to the **Court of Protection** for authorisation.

6.13.7. If a patient detained under the mental health act is displaying significant levels of agitation and irritable behaviours which might require management by physical intervention like safe holds whilst on escort, this should always be undertaken only in the patient's best interests using SI principles. Physical intervention / restraint must only carried out by a minimum of 2x staff with valid and in date SI training in line with the MHA 1983: Code of Practice (p.102) which states that *'…the amount or type of restraint used and the amount of time it lasts is a proportionate response to the likelihood and seriousness of that harm'. Any incidents of safe holds being used must be reported back to the NIC of the base ward who must ensure an IRF is completed.*

6.13.8. For patients detained under the **Mental Health Act** (e.g. Section 2 or 3) and on **Section 17 leave**, Trust staff remain authorised to use restraint if needed to provide **treatment for mental disorder**, including while in the acute hospital. This includes treatments related to the disorder, such as blood monitoring for lithium or clozapine, or management of a mental health-related overdose. These treatments may be given without consent if clinically indicated. Security support from the acute Trust is available for unplanned or unexpected incidents requiring restraint. However, once a potential risk is identified, the situation should be reviewed, and staffing levels and skill mix should be adjusted accordingly to ensure safe and appropriate management and in discussion with the RC. For further guidance, refer to the Trust's *Consent to Treatment Policy and Restrictive Practices Policy and Mental Health Act* (1983) policy**.**

6.13.9. If a patient detained under the mental health act is displaying significant levels of **irritable behaviours, agitation, and / or aggression** which might require management by physical intervention like safe holds whilst on escort, this should always be undertaken only in the patient's best interests using SI principles. Physical intervention / restraint must only carried out by a minimum of 2x staff with valid and in date SI training in line with the MHA 1983: Code of Practice (p.102) which states that *'…the amount or type of restraint used and the amount of time it lasts is a proportionate response to the likelihood and seriousness of that harm'. Any incidents of safe holds being used must be reported back to the NIC of the base ward who must ensure an IRF is completed.*

6.14. Missing Persons

6.14.1. If an LPT patient absconds from a receiving service / organisation, the Missing Person's Policy for both LPT and the receiving service / organisation should be initiated.

6.14.2. If the patient had an escort provided by LPT at the time of going missing, the LPT escort must also contact the patient's base ward to inform them and gain any relevant contact details / information that may be useful in locating the patient.

6.14.3. It is pertinent that carers / relatives should be informed of the missing patient in a timely manner and staff should attempt to gain any relevant information from them to support with locating the patient.

6.14.4. The Police should be duly contacted and notified of the patients' risks / presentation.

6.14.5. LPT staff must complete an eIRF detailing the circumstances of the absconsion at the earliest opportunity.

6.15. Concerns and escalation

6.15.1. Concerns / escalations should be discussed with the patient's care team in the LPT base ward's MDT setting and relevant feedback / updates provided to the escorting staff and / or receiving ward / service (where appropriate).

6.15.2. If there are concerns / sudden deterioration in the patients' physical health and well-being (both mental and physical health alike) during the escort at the acute hospital, it is the duty of the escorting staff to immediately escalate this to the clinical staff within the location of the escort duty. The escort must also immediately notify the nursing staff at the base ward / unit of the patient and to possibly seek further advice and support. If the escort duty is taking place in a community setting, the escort should consider ringing the emergency services (999) for medical support.

6.16. Family / carer involvement during escort

6.16.1. With the patients' consent and where ongoing Safeguarding concerns have not been identified, carers / relatives are to be always encouraged to be part of the escort process to relieve patient-anxiety and to be able to communicate on behalf of the patient if required. Where appropriate, relatives / carers should also be informed of the level of escort and observations. In addition, if the number of escorts are being

increased or reduced, it is best practice to communicate with the carer / relative before doing so.

6.16.2. In the event of extended admission / stay at an acute ward, patients (and their families) should be supported to undertake the laundry of the patient's clothing for the duration of this period, and if families choose, they can take the patient's laundry home to complete this. Where patients have limited or no family / carer support, they should be supported to have their laundry completed by taking these items back to the base ward to facilitate this. In these circumstances, the base ward should be especially mindful to ensure clean laundry are returned to the patients at the acute medical organisation in a timely manner. Throughout the escort, patients' property must be managed as per the Patient Property Policy (please see LPT *Patient Property Policy* on the Trust's Staffnet for more information)

6.17. Staff health & wellbeing

The escort should ensure their own staff health and wellbeing is supported via the following:

6.17.1. Infection Prevention & Control and Health & Safety

6.17.1.1. Under the Health & Safety at work Act 1974, each member of staff must ensure their own personal safety during the escorted journey. This equates to ensuring the same level of personal safety as working in the usual place of employment, e.g., the wearing of seatbelts in the ambulance / vehicle, safe disposal of sharps, and / or using appropriate equipment in line with Trust training where the undertaking of moving and handling activities is indicated.

6.17.1.2. All relevant LPT Infection Control processes, guidelines, and behaviours must be always adhered to during the escort of the patient (see LPT *Infection Prevention & Control Assurance Framework Policy* available on the Trust's StaffNet), including such as bare-below-the-elbows, minimal jewelleries, and wearing of only Trust-approved uniforms in all clinical areas / settings.

6.17.2. Breaks, hydration & sustenance

6.17.2.1. For staff working 12-hour shifts, the base ward should arrange for the staff to be 'rotated' with another escort to ensure breaks can be taken, thereby ensuring the wellbeing of staff on enhanced therapeutic observations. The timing of the rotation should be agreed with the escort prior to them leaving the ward and appropriate

transport arranged.

6.17.2.2. If escorted by a lone escort staff to an acute hospital, the clinical team at the acute hospital will be expected to provide short comfort breaks and the escort must communicate with the clinical team of the acute medical ward in advance i.e., (as good practice and to support shift-planning) with of the potential requirement an understanding for suitable alternative continuous observation arrangements for a short comfort break, as well as to ensure adequate supervision for the patient is in place prior to leaving for their breaks

6.17.2.3. The escort is entitled to ensure hydration and sustenance and should have appropriate access to basic amenities including convenience facilities and make provisions for their own hydration and sustenance during the escort duty. Where the escort is experiencing challenges with maintaining their hydration and sustenance, this must be escalated to the nurse-in-charge of the receiving ward, as well as the LPT base-ward for support.

6.17.2.4. Where a personal emergency requires the escort to leave work immediately / suddenly, the escort should immediately contact the base ward's nurse-in-charge to inform them of this and remain with the patient until the replacement staff arrives, unless the personal emergency requires the escort's immediate attention; in this instance, the base ward's nurse-in-charge should speak to the registered nurse of the medical ward to consider the arrangements for temporary escorting duties pending the arrival of the LPT replacement escort staff.

C. Post-escort / upon return to LPT base ward

6.18. The principles above in terms of escorting must be followed for the return journey and the patient's electronic records on SystmOne duly updated.

6.19. The escort should share the patient's discharge letter to the nurse-in-charge and / or registered nursing staff upon return, with any further relevant information provided as part of the patient's discharge / follow-up plans.

6.20. Upon return to the base ward, where applicable, all outstanding paper records from the Escort Duty Folder must be immediately uploaded to the patient's electronic records on SystmOne by the ward's admin support and the Escort Duty Folder restocked with generic forms ahead of the next escort duty.

6.21. Any incidents should be reported through the Trust's Electronic Incident Reporting Forms (eIRF), via the Ulysses system.

D. Escort Duty Documentation

6.22. In the event of extended escort duties (spanning over 12 hours) to an acute medical healthcare provider, there is a requirement that the escort will undertake the escort duties with Escort Duty Folder to ensure timely and appropriate documentation of the ongoing mental health support provided to the patient for the duration of the escort.

6.23. The Escort Duty Folder is a pre-packed folder which includes the relevant information and forms in relation to the care and support provided to the patient during the escort, and will include the following documents:

- Patient Escort Support Plan
- Patient Photo ID (where available)
- Patient's completed and authorised Section 17 Leave forms (if applicable)
- Patient's MAR chart (downloaded from Wellsky
- Patient's up-to-date Risk Assessment forms
- All relevant Mental Health Therapeutic Observations forms
- Escort Duty End-of-Shift Handover forms
- DNAR / ReSPECT forms

6.24. All information must be clear and visible; in addition, individuals completing the forms must write their names in full and include their signatures where indicated.

6.25. The Escort Duty Folder will remain with the patient for the duration of the escort and will be completed by the escorting staff during each shift.

6.26. During one-weekly intervals, the completed forms in the Escort Duty Folder will be taken back to the base ward and should be immediately uploaded to the patient's electronic records on SystmOne by the base ward's admin support.

6.27. The Escort Duty Folder must never be left unattended during the escort, and considerations should be given to the patient's confidentiality and data privacy requirements in relation to access of patient (healthcare) information by unauthorised person(s).

E. Additional Considerations for Patients subject to the Mental Health Act (1983)

6.28. This policy predominantly applies to patients subject to the Mental Health Act 1983; however, there remains additional considerations in terms of its provisions and patients subject to the Act remain under the care of Leicestershire Partnership Trust (LPT i.e., the 'Trust'), unless formally transferred under Section 19 of the Act.

6.29. In the main, patients subject to this policy will remain under the authority of the Trust and therefore will always require authorisation for the transport (and escort) under Section 17 Leave of Absence.

6.30. Authorisation for Section 17 Leave of Absence can only be granted by the patient's Responsible Clinician in accordance with the Trust's *Mental Health Act Section 17 Procedural Document* (see LPT Staffnet), prior to the leave commencing. The only exception to this is where the leave is being granted in an emergency for medical treatment, and in this instance, the authorisation may be completed retrospectively.

6.31. Patients subject to Ministry of Justice (MoJ) restriction orders will require authorisation from the MoJ prior to any transportations taking place. Patients may also be subject to Multi-Agency Public Protection Arrangements (MAPPA) and will require the provision of notification of any planned movement(s) to the relevant agency.

6.32. Sometimes, patients on detention under the Mental Health Act are admitted to an acute hospital for extended periods of treatment without the indication / requirement for an escort and the base ward's MDT will make a clinical decision to discharge them from their mental health section as detention under the MHA is no longer felt to be warranted. It is the duty of the patient's base ward to continue to liaise with the receiving acute ward's clinical team and agree on frequency and method(s) of communication of daily updates, including discharge planning / notifications / arrangements and record by the base ward's registered nursing ream in the daily updates in the patients' SystmOne electronic records.

6.33. It is the duty of the patient's base ward to continue to liaise with the receiving acute medical ward's clinical team and agree on frequency and method(s) of communication of daily updates, including discharge planning / notifications / arrangements.

6.34. Where appropriate and following discussions with the patient, it would also be prudent

for base wards to consider a referral to Mental Health Liaison Service based on UHL sites (if not already done so), to ensure ongoing psychiatric input whilst the patient remains on extended stay at the acute hospital.

6.35. In addition, a weekly face-to-face registered nursing review with the patient at the acute medical organisation should be completed by the Base Ward's Charge Nurse or (as minimum) the nominated Deputy Charge Nurse to review the care of the patient and the requirement for ongoing escort provision. The details, outcomes, and agreed plans of this review should be documented in the patient's SystmOne records and communicated / handed over to the relevant professionals in a timely manner. Following this review, relevant updates to the patients care plan should be made as indicated.

7.0. Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this Policy is delivered and clearly documented within the patients' SystmOne records accordingly.

In the event of an emergency and / or where the patient is incapacitated and / or unable to provide consent, relevant policies and procedures around capacity should be consulted and reverted to in an MDT, to ensure that the patient is provided with the most appropriate care and treatment in a timely manner, and this should clearly documented in the patient's electronic records on SystmOne.

8.0. Fraud, Bribery and Corruption Considerations

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trust's Local Counter-Fraud Specialist (LCFS) for assistance.

Appendix One References

References and associated documents
• LPT Absent Without Leave and Missing Patient Policy • LPT Clinical Risk Assessment and Management Policy • LPT Consent to Treatment Policy and Restrictive Practices Policy • LPT Health and Safety Policy • LPT Infection Prevention & Control Assurance Framework Policy • LPT Management of Violence & Aggression, Warning Letters and Withholding treatment • LPT Mental Capacity Act • LPT Mental Health Act Section 17 Procedural Document • LPT Patient Property Policy • LPT Supportive Observation & engagement of Mental Health Learning Disability and Autism Inpatients Policy. • LPT Transporting Patient Policy • Mental Health Act 1983: Code of Practice

Appendix Two Training Needs Analysis

Training required to meet the policy requirements must be approved prior to policy approval. Learning and Development manage the approval of training.

All mandatory all role-essential trainings for staff who work in inpatients services within Leicestershire Partnership (NHS) Trust (LPT)'s Directorate of Mental Health (DMH) & the Families, Young Persons & Children / Learning Disabilities & Autism (FYPC/LDA) services.

Training topic/title:	Supportive Observation and Engagement		
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	☐ Not required ☐ Mandatory (must be on mandatory training register) ☒ Role Essential (must be on the role essential training register) ☐ Desirable or Developmental		
Directorate to which the training is applicable:	☒ Directorate of Mental Health ☒ Families, Young People, Children, Learning Disability and Autism		
Staff groups who require the training:	All staff who work in inpatients services within Leicestershire Partnership (NHS) Trust (LPT)'s Directorate of Mental Health (DMH) & the Families, Young Persons & Children / Learning Disabilities & Autism (FYPC/LDA) services.		
Governance group who has approved this training:	TED	Date approved:	
Named lead or team who is responsible for this training:	Annie Palmer		
Delivery mode of training: eLearning/virtual/classroom/ informal/ad hoc	Virtual,		
Has a training plan been agreed?	Yes		
Where will completion of this training be recorded?	☒ uLearn ☐ Other (please specify)		
How is this training going to be quality assured and completions monitored?	Divisional Workforce Groups or nominated sub-group.		
Signed by Learning and Development Approval name and date	Alison O Donnell	Date: 13th September 2025	

Appendix Three 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.

Shape its services around the needs and preferences of individual patients, their families and their carers Answer yes/no to all

Respond to different needs of different sectors of the population yes/no

Work continuously to improve quality services and to minimise errors yes/no

Support and value its staff yes/no

Work together with others to ensure a seamless service for patients yes/no

Help keep people healthy and work to reduce health inequalities yes/no

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance yes/no

Appendix Four Due Regard Screening Template

Section 1	
Name of activity/proposal	LPT Escorting Patients Policy
Date Screening commenced	
Directorate / Service carrying out the Assessment	Patient Safety Improvement Group
Name and role of person undertaking this Due Regard (Equality Analysis)	
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: The aim of this policy is to provide a framework to ensure the safety of staff and patients service users whilst in the inpatient care of Leicestershire Partnership Trust during transfers / stays out of inpatient ward / care environment / patient environment.	
OBJECTIVES: Inpatients under the care of Leicestershire Partnership (NHS) Trust are safely escorted and supervised during transfer / stay at acute healthcare organisations	

Section 2	
Protected Characteristic	**If the proposal/s have a positive or negative impact please give brief details**
Age	None
Disability	None
Gender reassignment	None
Marriage & Civil Partnership	None
Pregnancy & Maternity	None
Race	None
Religion and Belief	None
Sex	None
Sexual Orientation	None
Other equality groups?	None

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:			
Discussion at Patient Safety Group Meeting			
Signed by reviewer/assessor	N/A	**Date**	
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	N/A	**Date**	

Appendix Five Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) is a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**LPT Escorting Patients Policy**	
Completed by:	**Saskya Falope**	
Job title	**Head of Nursing, AHP's & Quality**	**Date: 27th July 2025**

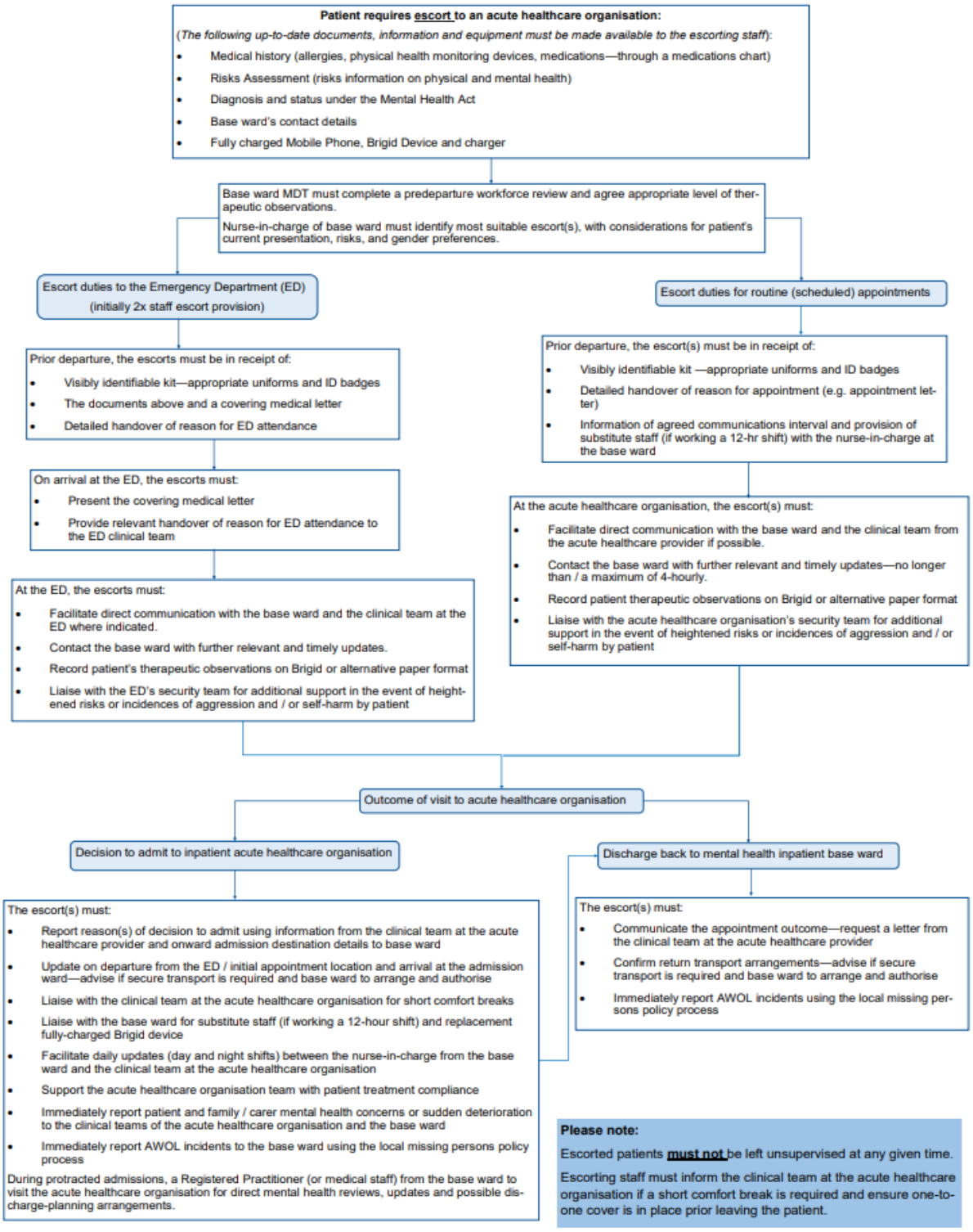
Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt.dataprivacy@nhs.net
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

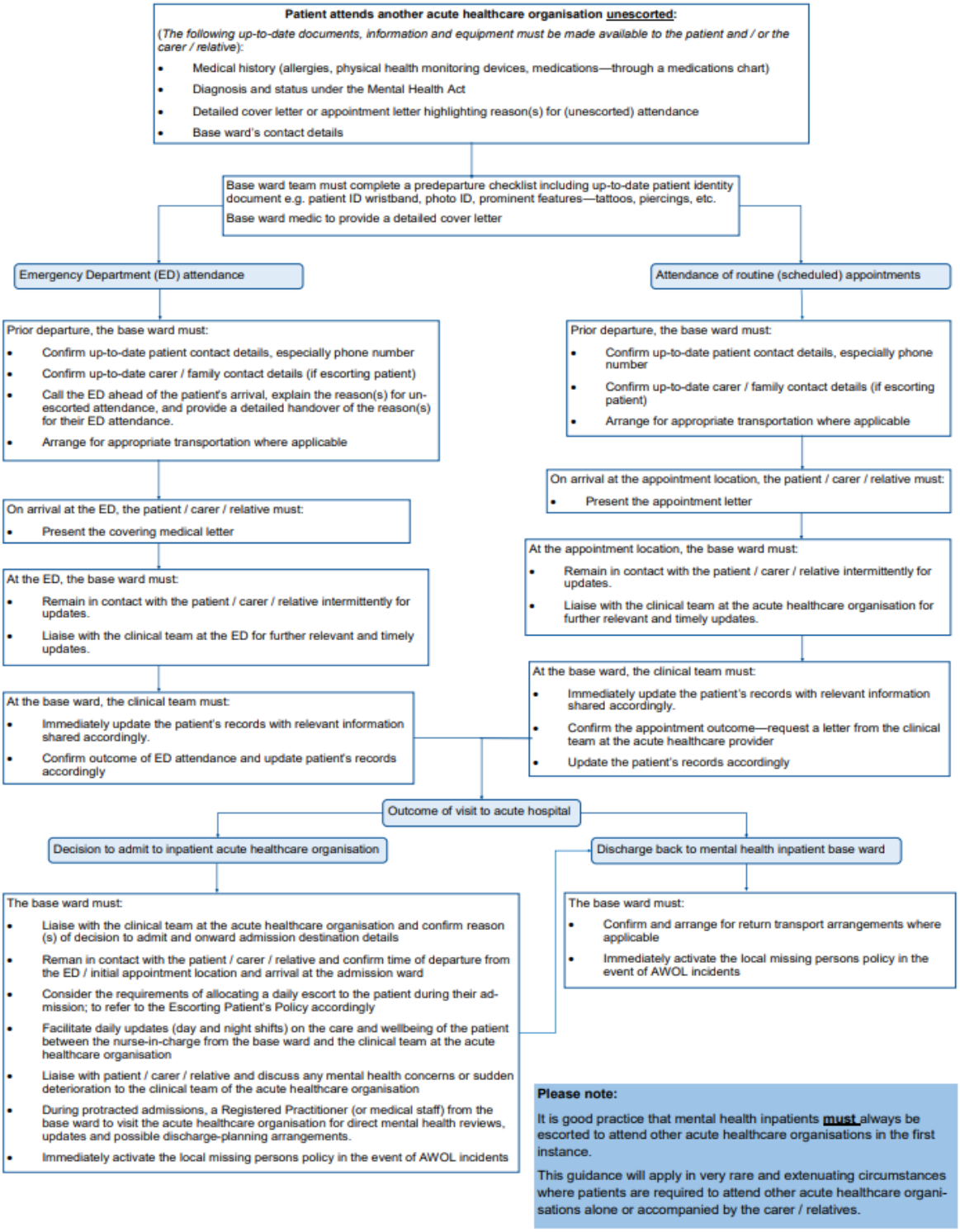
Data Privacy approval name:	**Hannah Plowright**
Date of approval:	**01/08/2025**

Appendix Six Escort Duty Flowcharts

i. Guidance for escorted mental health inpatients attending acute healthcare organisations



ii. Guidance for unescorted mental health inpatients attending acute healthcare organisations



Appendix Seven Patient Escort Support Plan

Affix Patient Label here

LEICESTERSHIRE PARTNERSHIP TRUST
Patient Escort Support Plan

This document MUST be completed PRIOR to the escort leaving the ward and in an emergency.

This support plan has been developed as a guide to support LPT staff on escort duties with LPT patients who are admitted to an acute medical ward and ensure escorting staff understand their roles / responsibilities whilst at the acute medical organisation.

****Please ensure the patient's most up-to-date Core & Risk Mental Health Assessment forms (from SystmOne), Medication Administration Record (MAR) chart (from Wellsky), and Supportive & Therapeutic Observations Forms are sent with this document.*

Legal Status	
Observation Levels	
Diagnosis	
Admission Circumstance	
Risk Summary *(attach risk assessment)*	
Physical health *(including allergies and distinguishing features)*	
Reason for Transfer to UHL	
Patient Likes / Dislikes to support patient (including when distressed)	
Family / carer contact information *(identify nature of relationship)*	
Area of Need *E.G.: food / fluids specification, personal care / hygiene)*	**Support required from Escort**

Please note:

All documentation must be retained within the Escort Duty Folder and returned to the LPT base ward to be uploaded to the patient's SystmOne records on a minimum of weekly basis by the administrative support staff.

LPT Ward: …… **LPT Ward Telephone number**:……

Appendix Eight Escort Duty end-of-shift handover

Affix Patient Label here

LEICESTERSHIRE PARTNERSHIP TRUST
Escort duty end-of-shift handover form

This document MUST be completed at the end of EVERY SHIFT.

At the end of every shift, there is a requirement for a handover to take place between the outbound and inbound escorting LPT staff and this form MUST be completed by all staff involved in the handover PRIOR leaving and commencing their shifts.

Name of escort(s) (*Print in full*)		**Date of escort duty** *(DD/MM/YYYY)*	
Job title(s) (*Print in full*)		**Time of escort duty** (*Use 24-hour clock format*)	
Patient MHA Status		**Patient Therapeutic observations level**	
Presentation	*(Include information about the patient's mental state, physical health, interventions & medications compliance, Section 17 Leave, sleep hygiene, personal care, food/fluids care plan, etc.)*		
Escalations and outstanding actions	*(Include information about the allocated action owners.)*		
Family / carer contact information	*(identify nature of relationship and reason for contact)*		
Handover provided to base ward	**Name of escorting staff providing handover** (print in full):	**Name of REGISTERED staff receiving handover** (print in full)**:**	
	Job title (*Print in full*)	**Job title** (*Print in full*)	

Name of escorting staff providing handover *(print in full):*	**Name of escorting staff receiving handover** *(print in full):*	**Date and time of handover:**
Signature	**Signature**	

Please note:

All documentation must be retained within the Escort Duty Folder and returned to the LPT base ward to be scanned and stored by the ward's administrative support staff in line with LPT's data storage processes.

LPT Ward: ……. **LPT Ward Telephone number**:……

Appendix Nine Governance

Version control and summary of changes

Version number	Date	Description of key change
1.0	January 2012	Policy draft created from guidelines for Diana Children's Community Service
2.0	June 2012	Second Version incorporating comments received
3.0	July 2012	Third Version after requesting from all divisions
4.0	February 2016	Reviewed by PSG. No changes to content
5.0	December 2021	Review 5th version full review including addition of standard operating procedures covering all directorates
6.0	May 2022	Full review including addition of standard operating procedures covering all directorates
7.0	January 2023	Full review including addition of standard operating procedures covering all directorates
8.0	June 2024	Full review and amalgamation of DMH & FYPC/LDA directorate Escorting Patient SOPs
8.1	August 2024	Amendments due to minor errors
9.0	June 2025	Scheduled full review and updates
9.1	August 2025	Transfer of full review and updates to new LPT Policy Template

Responsibilities

Responsibility	Title
Executive Lead	**Executive Director**, *Directorate of Mental Health (DMH)* **Executive Director**, *Families, Young Persons & Children / Learning Disabilities & Autism (FYPC/LDA) services.*
Policy Authors	**Head of Nursing, AHPs & Quality**, *Directorate of Mental Health (DMH)* **Patient Safety Incidents Response Lead,** *Directorate of Mental Health (DMH)*
Advisors	LPT Corporate Patient Safety Lead
Policy Expert Group	Patient Safety & Improvement Group

Assurance

Governance Level	Name
Level 1 Assurance Oversight	Local Directorate Management Teams
Level 2 Delivery Group for policy approval and compliance monitoring	Patient Safety Improvement Group and onwards to Safety Forum

Compliance Measures

Standards and performance indicators (linked to the relevant Care Quality Commission's target / standards):

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Care Quality Commission	Outcome 4 – care and welfare of people who use services. Outcome 12 – safe care and treatment

Monitoring Compliance and Effectiveness

The directorates will regularly review incidents and / or complaints as well as staff feedback both LPT and UHL staff as well as Patient Safety Incidents relating to escorts. These incidents will be discussed at local incident review meetings and escalated to the trust wide incident learning review meeting for further review if required

Lessons learnt will be shared across the directorate and wider organisation, with recommendation(s) for any relevant policy change(s) proposed and implemented as required.

There will be an annual review as part of directorate reporting to PSIG.

Appendix Ten Policy Stakeholder and Consultation

Key individuals involved in developing the document:

Name	Designation
Saskya Falope	Head of Nursing, Allied Health Professionals & Quality DMH, LPT
Olajumoke Fatuga	DMH Patient Safety Incidents Response Lead, LPT
Alison Wheelton	Senior MHA Administrator, LPT

Circulated to the following individuals for comments and consultation of this version:

Name	Designation
Alison Wheelton	Senior Mental Health Act Administrator
Chris Moyo	LPT Bank Workforce Supervision Lead
Christian Knotts	Health & Safety LPT
Deanna Rylance	Matron, Male Pathway, AFPICU inpatient services
Hazel Panton	Matron, Mixed Pathway, AFPICU inpatient services
Jayne Hill	Matron, Female Pathway, AFPICU inpatient services
Jon-Paul Vivers	Deputy Head of Nursing (DMH AFPICU Inpatients Services)
Michael Clayton	Head Safeguarding, University Hospitals Leicester (UHL)
Rachael Shaw	Matron, MHSOP inpatients services
Rebecca Fowler	Deputy Head of Nursing (FYPC / LDA services)
Rebecca Reynolds	Clinical Duty Manager, Bradgate Mental Health Unit
Melissa Parry	Deputy Head of Nursing (FYPC / LDA services)
Michelle Churchard	Deputy Director of Nursing & Quality, LPT
Sam Marandi	Matron, (Stewart House & Community Enhance Rehabilitation Team, services
Sara Le Butt	Matron, (The Willows) Rehab Pathway inpatient services
Saskya Falope	Head of Nursing, Quality & AHPs, DMH
Saquib Muhammad	Consultant Psychiatrist / Associate Medical Director, Medical Governance (LPT)
Saul Duri	Clinical Duty Manager, Bradgate Mental Health Unit
Simon Guild	Deputy Head of Nursing (MHSOP services)
Steve Walls	Clinical Duty Manager, Bradgate Mental Health Unit
Tom Price	Clinical Duty Manager, Bradgate Mental Health Unit
Tracey Adair	Clinical Duty Manager, Bradgate Mental Health Unit
Tracy Ward	Head of Patient Safety, LPT
Yolande Evans	Clinical Duty Manager, Bradgate Mental Health Unit
Zahra Makhany	Deputy Head of Nursing (Urgent & Emergency Care Pathway)
Zayad Saumtally	Head of Nursing FYPC/LDA