Escorting Patients Policy

This policy describes the process when escorting patient's/service user leaving who require an internal or external transfer, visit to another ward, department, or healthcare facility.
This policy is applicable to inpatients staff working in DMH & FYPC/LDA.

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Which relevant CQC Fundamental Standards?	Safety, Care, Good Governance, Person-centred	

Contents

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.0	**Jan. 20212**	First draft taken from guidelines for Diana Children's Community Service
2.0	**Jun. 2012**	Second Version incorporating comments received
3.0	**Jul. 2012**	Third Version after requesting from all divisions
4.0	**Feb. 2016**	Reviewed by PSG. No changes to content
5.0	**Dec. 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	**Jan. 2023**	Full review including addition of standard operating procedures covering all directorates
8.0	**Jun. 2024**	Full review and amalgamation of DMH & FYPC/LDA directorate Escorting Patient SOPs
8.1	**August 24**	Amendments as errors noticed

All LPT Policies can be provided in large print or Braille formats and other 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.

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Equality Statement

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

sexual orientation.

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

Due Regard

The 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.

Dissemination and Implementation

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

Abbreviations & Definitions that apply to this Policy.

ANP	Advanced Nurse Practitioner
AWOL	Absent without Leave (detained patients)
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.
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
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
SOP	Standard Operating Procedure

1.0 Purpose/Aim of the Policy

1.1 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) Provide clear guidance to escorting staff on the roles, responsibilities, and procedures for patients' escort, including children and young people.

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

c) Ensure that escorts are undertaken by suitably trained staff.

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

2.0 Summary

2.1 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.

2.2 This policy 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 Introduction

3.1 This policy is to ensure the safety and well-being of both staff and patients whilst being transported in accordance with 2.2 above and there is an identified need for an escort to be provided.

3.2 Any decision to transport a patient requires the completion of the patients' risk assessment which should always be completed and recorded within the patients' electronic records on SystmOne. Unless the decision is an emergency, the risk assessment should always be approved by the patients' Consultant or

Responsible Clinician in the case of a patient subject to the provisions of the Mental Health Act 1983 – see point 5 below.

4.0 Duties within the Organisation

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

4.2 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.

4.3 **Divisional Directors and Heads of Service** are responsible for ensuring that their staff understand and adhere to the policy.

4.4 **Sisters / Charge Nurses / Matrons /Team Managers** will be responsible for ensuring this policy is implemented in their area of responsibility. They are also responsible for ensuring that any incidents relating to escorting patients are reported as per the trust reporting process.

4.5 **The Consultant (or Responsible Clinician in the case of a patient subject to the MHA) and / or the nurse in charge** of the patients' care will ensure the named escort is competent to escort each individual patient.

4.6 **All staff** have a responsibility to adhere to this policy when escorting patients and to report identified escort-related incidents. Staff should:

4.6.1 Only accept the role of the escort if they feel able and competent to do so.

4.6.2 Comply with the procedures as detailed in this policy and relevant SOP's for the safe escort of patients.

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

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

- Only undertake patient escort in order to enhance their learning experience.

- Not routinely be used to escort patients due to staffing shortages or high levels in clinical activity.

- Only act as escorts on explicit instructions from the registered practitioner who has assessed their competency to do so and recorded as such.

4.9 When a patient is escorted, the nurse-in-charge of their care should ensure that their personal needs have been met before transporting.

5.0 Overarching principles for the safe escort of patients

5.1 Overarching principles:

The process for identifying the need for a patient to be escorted in accordance with this policy is set out in Appendices 2 – 4 of this documents and the Directorate Standard Operating Procedures.

5.2 A patients' risk assessment must be undertaken prior to the transportation taking place and the appropriate level of escort agreed. The patients' risks assessment must be recorded on SystmOne within the patients' clinical record.

5.2.1 The 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.

Mental Health Patients only

5.2.2 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.

5.2.3 During every escort, the base ward must document the name(s) of the escort(s) in the patient's electronic record.

5.2.4 Where the patient being escorted is from a mental health inpatient ward, the risk assessment should specifically include any identified risks associated with mental health needs, particularly in relation to the risk presented to self or others.

5.2.3 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

5.2.4 Where a patient needs to attend the ED, there is an expectation that they will be escorted to do so from the base ward. 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. The patient will attend with a covering medical letter from the base ward and the base should contact the ED to provide a handover ahead of the patient's arrival.

5.2.5 There is an expectation that patients attending the ED must do so with a covering medical letter from the base ward. The escorts 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
- 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.

5.2.4 The escort is responsible for ensuring they are fully aware of and in possession of the following information before undertaking the transportation:

- The patient's condition/diagnosis
- 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.

5.2.5. 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.

5.2.6. The escort is responsible for ensuring that they receive a comprehensive handover of the patient.

5.2.7. All relevant LPT Infection Control Policies and Guidance must be always adhered to during the escort of the patient (Infection Prevention Policies available on the Trust's StaffNet), including bare-below-the-elbow.

5.2.8. 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 possible, relatives / carers should also be informed of the level of escort and observations. If escorts are being increased or reduced, it is best practice to communicate with the carer / relative before doing so.

5.2.9. Where possible, prior to any patient movement, the patient and carer / relative etc. should be informed of the planned move and rationale behind the decision.

5.2.10. 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 some instances, temporary workforce (bank / agency) will be required to support with escort duties, and it is expected they are given a handover of the rationale for the escort and the patients' risks and mitigation plans, communication needs, physical health and safeguarding, etc.

5.2.11. Patients are entitled to request an escort of the same sex and where possible, effort should be made to meet the patients/service users request.

5.2.12. The escort should be confident in their knowledge of local procedures and how to escalate concerns to LPT both in and out of hours. The escort should also have access to a mobile phone and details of LPT contact numbers.

5.2.13. To support the escort, there is an expectation that the escort will telephone the home ward with an update at 4-hourly intervals, a cumulative of which will provide the NiC at the base ward with adequate information to complete the daily shift records of the patients' care and wellbeing in their patient records in SystmOne.

5.2.14. The nurse-in-charge as a minimum should ensure that communication is received once per shift from the escort and the details of this should be documented in the patients' SystmOne records. This should include but is not limited to; the patients current mental state, any concerns about their physical health, any concerns about the escort requirements.

5.2.15. In the event of transfer to a new or subsequent escort location, the

escort should provide a verbal or written handover (where applicable) of the patient's medical and psychiatric history to the receiving team / acute provider.

5.2.16. The escort should have appropriate access to basic amenities including mobile phones and sustenance.

5.2.17. All staff providing the escort will have transport arrangements made for them by the Trust. In some instances, 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 have been incurred, the escorting staff should be supported to claim back the parking expenses by the base ward's management.

5.2.18. The escort should ensure equipment, medication, and items to meet patients' individual needs accompany the patients and are in working order and any prescription / emergency procedures are authorised by the appropriate clinician.

5.2.19. 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 when undertaking moving and handling activities.

5.2.20. A mobile phone is an essential piece of communication to be used during escort to support staff with effective communication. In particular, a charged mobile phone with the ward / unit's contact details must be carried by staff when escorting patients. This can be provided by the ward / unit, or the staff member can use their own charged personal phones for ease of access. However, the escort must refrain from the personal use of personal mobile devices during the escort.

5.2.21. An appropriate means of transport must form part of the clinical risk assessment to ensure safe transport of the patient in relation to the reason

they are being transported i.e., a medical ambulance or secure transport ambulance (please see Transport Policy for more information).

5.2.22. Before the patient leaves the ward / unit, the registered professional responsible for the patients' care must check that the patient has a correct patient ID bracelet or photograph to ensure that the name and hospital number corresponds with the details on the patients' medical records. 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, etc.

5.2.23. During escort, patient property must be managed as per the patient property policy.

5.2.24. Escorting staff must be aware of any risk factors that indicate the potential use of physical restraint e.g., Safety Interventions (SI) and must be competent and trained to undertake such interventions. However, escorting staff have no legal rights to restrain or safely hold a patient who is under the care of an acute medical hospital. Any unmanageable behaviour should be escalated to the clinical team at the acute hospital who should advise on extra support from their security team.

5.3. **Escort Duty Coordination**

5.3.1. Sometimes, there will be more than one escort duty required from different wards within a single area / base and who will be travelling to the same escort destination (e.g., an acute hospital). In this instance, the Clinical Duty Manager (CDM) will 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.

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

5.3.3. 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).

5.4 Escorting Staff

5.4.1. 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.

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

- Therapeutic engagement (including 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.
- Support with access to restroom / washing facilities.
- Support with treatment compliance (e.g., medications intake) in the best interest of the patient.
- Escalation to clinical team (if on escort to acute hospitals) of any marked deterioration and / or change in the patient's presentation, stating details of all appropriate information.

5.4.3. Prior 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. The level of observations should be communicated to the escort prior leaving the ward and recorded on the risks assessment.

5.4.4. If a patient is on an existing Level 3 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 therapeutic observations on the base ward, a 1-person escort is recommended with a provision for rotation at an agreed time between escorts.

5.4.5. Where the patient requires escort to the ED, it is recommended that 2x escorts will initially accompany the patient to the ED and remain with the patient till a clinical decision has been made and put in place for onward treatment and / or discharge.

5.4.6. It is recommended as good practice for 2x escort during applicable escort duties highlighted in previous sections above. However, 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 available.

5.4.7. Sometimes, the patient might start displaying increasing and significant levels of agitation and aggression towards staff and members of the public in the ED.

5.4.8. Any escalating negative behaviours should be managed by the duly trained escorting team with the support of the security team of the acute hospital (please refer to Section 5.5. below for further information on the management of aggression during escort duties).

5.4.9. If the patient is admitted to a ward within the acute hospital and following review, one escort will remain with a plan to rotate staff at a time agreed by the escorts and the base ward.

5.4.10. However, the clinical team at the acute hospital will be expected to provide short comfort breaks where required, during which the patient must not be left unsupervised at any point in time.

5.4.11. 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.

5.4.12. If escorted by a lone escort staff to an acute hospital, the escort must communicate and with the clinical team with of the potential requirement an understanding for suitable alternative continuous observation arrangements for a short comfort break.

5.4.13. During escort to an acute hospital, 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.

5.4.14. 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 if leaving from the ward.

5.4.15. The escort must comply with Trust IPC policies and behaviours such as bare-below-the-elbows, minimal jewelleries, Trust-approved uniforms.

5.4.16. The patient remains under the care of the Trust; therefore, the escort should ensure that the patient is supervised at all times.

5.4.17. The escorting staff member should have an understanding of the rationale of the level of observations and how to support patients in accordance with the Therapeutic Observations Policy.

5.4.18. If there are concerns / sudden deterioration in the patients' health and well-being (mental and physical) during the escort, it is the duty of the escorting staff to immediately escalate this to the clinical staff within the location of the escort duty. Staff at the origin ward / unit of the patient should also be immediately notified, to possibly seek further advice and support.

5.4.19. The escorting staff are not responsible for the administration of medications to the patient (even if registered practitioners). This is the responsibility of the clinical team at the escort location. The escorting staff can however support with treatment compliance in the patients' best interests.

5.4.20. If patients go AWOL or missing, staff should notify the nurse-in-charge on

the base ward immediately and the Absence Without Leave / Missing Policy should be followed.

5.4.21. The escort should ensure their own staff health and wellbeing is supported. For staff working 12-hour shifts, the base ward must 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. The timing of the rotation should be agreed with the escort prior to them leaving the ward and appropriate transport arranged.

5.4.22. The escort should be always clearly identifiable by means of appropriate and visible uniform and ID badge.

5.4.23. The escort should be provided with the Trust's Therapeutic Observations Forms.

5.4.24. Any contingency documentation / records produced outside of SystmOne must be scanned and uploaded onto SystmOne at the earliest opportunity.

5.5 Additional Considerations for Patients subject to the Mental Health Act 1983

5.5.1 This policy applies to patients subject to the Mental Health Act 1983, however there remains additional considerations in terms of its provisions.

5.5.2 Patients subject to the Act remain under the care of Leicestershire Partnership Trust unless formally transferred under Section 19 of the Act. 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.

5.5.3 Authorisation for section 17 Leave of Absence can only be granted by the patient's Responsible Clinician in accordance with the Trust Section 17 Leave Policy, prior to the leave commencing. The only exception to this is where the leave is being granted in an emergency for medical treatment in which case the authorisation may be completed retrospectively.

5.5.4 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 MAPPA, who will also require notification of any movement.

5.5.5. 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 Code of Practice which states that '*…staff involved in physical restraint must receive appropriate training which involves recognised techniques*'.

5.5.6. It must be noted that clinical staff working at acute hospitals are not trained to undertake physical restraints as a form of intervention. However, the Security Officers based at local acute hospitals have received restraint training and can provide support to LPT escorting staff (where indicated and upon request only). But any restraint-related activity must be coordinated by the LPT escort team.

5.5.7. 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.

5.5.8. Sometimes, patients on detention under the mental health act are admitted to an acute hospital for extended periods treatment unescorted and the base ward's MDT will take a clinical decision to discharge them from their mental health section due to marked and significant physical health deterioration.

5.5.9. 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.

5.5.10. It would also be prudent to consider a referral to Mental Health Liaison if not already done so, to ensure ongoing psychiatric input.

5.6 Missing Persons

5.6.1. If an LPT patient absconds from a receiving organisation, the Missing Person's Policy for the receiving organisation should be initiated.

5.6.2. 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.

5.6.3. 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.

5.6.4. If required and dependant on risks / presentation, the Police should be duly contacted and notified.

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

5.7. Communications

5.7.1. Prior departure on an escort, the Nurse-in-charge of the base ward must ascertain the escort has access to a mobile phone, charger, and the ward's contact details.

5.7.2. 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.

5.7.3. Where the requirement of an escort is not indicated, the base ward must still contact the acute provider for daily check-in and update information. These calls should be ideally agreed as 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.

5.7.4. If there are concerns and / or significant deterioration in the patient's well-being whilst on escort, this should be immediately reported back to the patient's clinical team at the base ward by the escort (after updating the clinical team at the acute hospital, where appropriate).

5.7.5. If the escort duty is taking place in a community setting, the escort should consider ringing the emergency services (999) for medical support.

5.7.6. Sometimes, patients on detention under the mental health act are admitted to an acute hospital for extended periods treatment unescorted and the base ward's MDT will make a clinical decision to discharge them from their mental health section due to marked and significant physical health deterioration. 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.

5.7.7. The daily check-in on the patient via the escort are mandatory and it is the responsibility of the Nurse-in-charge to ensure these calls are completed and documented in the patients' electronic records on SystmOne.

5.7.8. Details of these daily reports / handovers should be duly documented in the patient's electronic records on SystmOne. Concerns / escalations should be discussed with the patient's care team in MDT and relevant feedback provided to the escorting staff where appropriate.

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

5.7.10. In the instances of protracted admissions to acute hospitals, the base ward must 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.

5.7.11. Where patients under voluntary psychiatric statuses are admitted to an acute hospital for extended periods treatment unescorted, it is the duty of the patient's base ward 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.

5.8 Responsibilities post return to home ward

5.8.1. The principles above in terms of escorting must be followed for the return journey and SystmOne updated.

5.8.2. Any incidents should be reported through the Trust's eIRF system on Ulysses.

5.9 Justification for Document

This policy is to ensure the safety and well-being of patients during escort activities that support access to mainstream healthcare organisations, transfer to new providers, attendance at outpatient appointments, and / or other internal Leicestershire Partnership (NHS) Trust services, whilst promoting social integration through therapeutic activities in the community (where indicated).

5.10 Stakeholders and Consultation

Refer to Appendix - 7.

6.0 Monitoring Compliance and Effectiveness

The directorates will review incidents and complaints including SI's relating to escorts and lessons learnt will be shared across the organisation and recommendation for policy change made as required.

7.0 Links to Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR

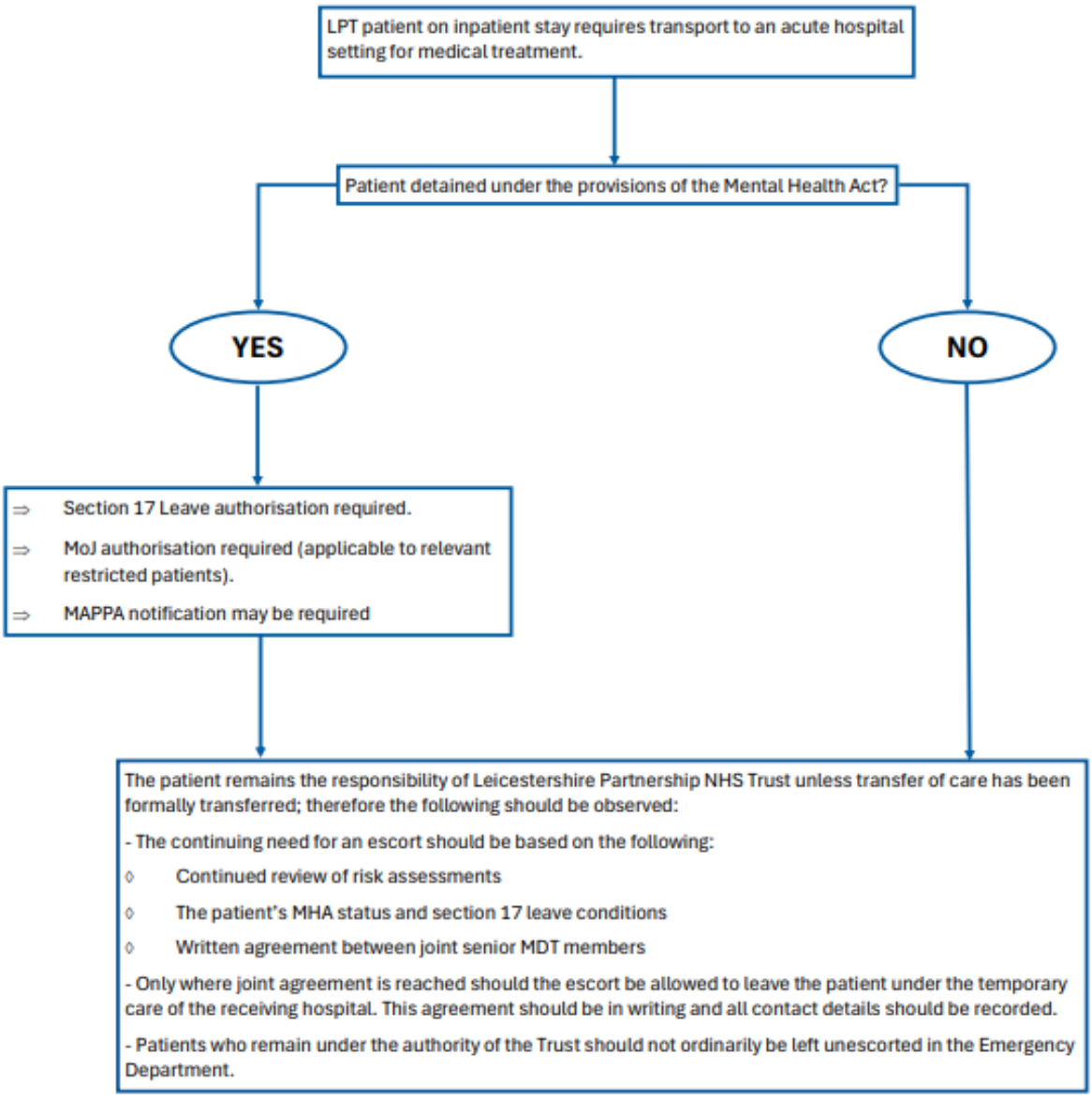
Care Quality Commission	Outcome 4 – care and welfare of people who use services. Outcome 12 – safe care and treatment

8.0 References and Links to other documents

- LPT Clinical Risk Assessment and Management Policy 2020
- Leicestershire Partnership Trust Patient Property Policy 2021
- Leicestershire Partnership Trust Absent Without Leave and Missing Patient Policy March 2021
- Leicestershire Partnership Trust Health and Safety Policy 2020
- Leicestershire Partnership Trust Management of Violence & Aggression, Warning Letters and Withholding treatment 2021
- Leicestershire Partnership Trust Infection Prevention and Control Overarching Policy 2020
- Leicestershire Partnership Trust Mental Capacity Act 2021
- Leicestershire Partnership Trust Mental Health Act Procedural Document 2024

Appendix – 1:

Requirements for escorting patients for transfer / stay at an acute healthcare organisations.

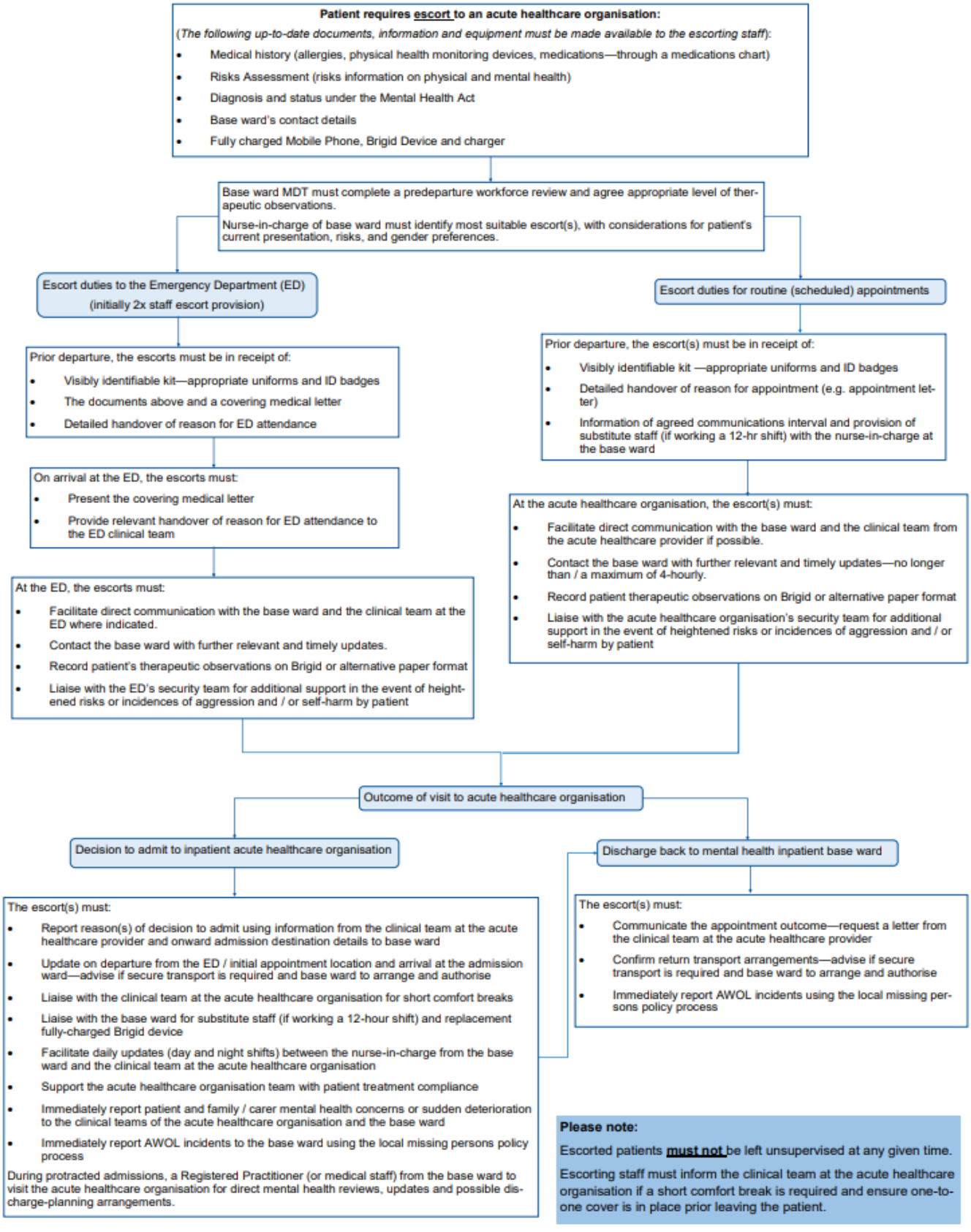


Please note:

- The patient remains the responsibility of Leicestershire Partnership NHS Trust unless care is formally transferred to the receiving hospital / organisation.
- Daily contact **MUST** be made between senior clinical staff to ascertain the patient's presentation—refer to the flow charts in Appendices 2 & 3 below for detailed information.

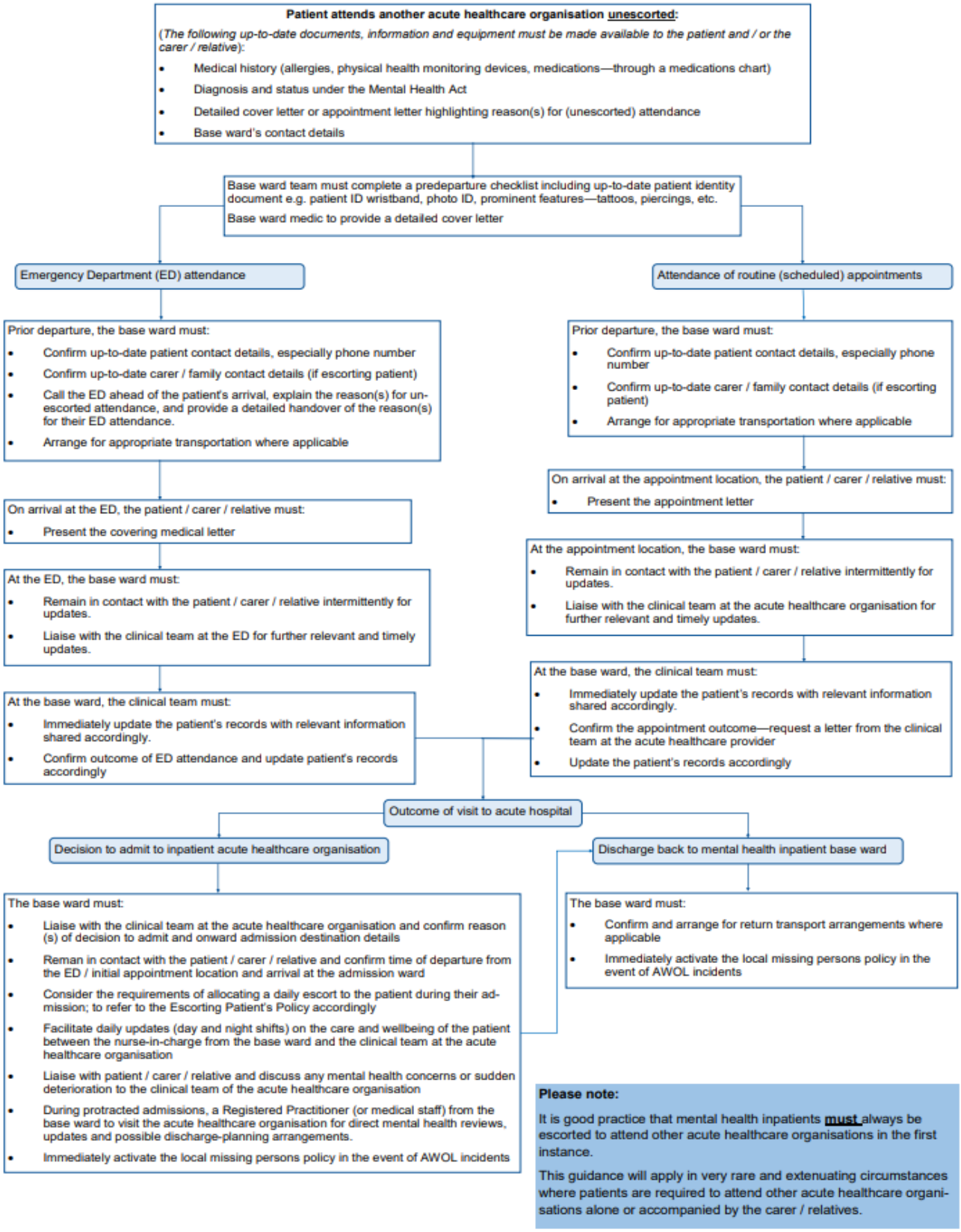
Appendix – 2

Guidance for escorted mental health inpatients attending acute healthcare organisations.



Appendix – 3:

Guidance for unescorted mental health inpatients attending acute healthcare organisations.



Appendix – 4

Due Regard Screening Template

Section 1	
Name of activity/proposal	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)	Saskya Falope
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	
Disability	
Gender reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	
Religion and Belief	
Sex	
Sexual Orientation	
Other equality groups?	

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 <u>tick</u> appropriate box below.			
Yes		No✓	
High risk: Complete a full EIA starting click <u>here</u> 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	Saskya Falope	**Date**	July 2024
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		**Date**	

Appendix – 5:

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	☐✓
Respond to different needs of different sectors of the population	☐✓
Work continuously to improve quality services and to minimise errors	☐✓
Support and value its staff	☐✓
Work together with others to ensure a seamless service for patients	☐✓
Help keep people healthy and work to reduce health inequalities	☐✓
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐✓

Appendix – 6:
Stakeholder and Consultation

Key individuals involved in developing the document:

Name	Designation
Saskya Falope	Head of Nursing & Quality DMH
Sarah Latham	Head of Nursing CHS
Olajumoke Fatuga	Project Support Manager UEC Pathway
Alison Wheelton	Senior MHA Administrator

Circulated to the following individuals for comments and consultation:

Name	**Designation**
Chris Moyo	LPT Bank Workforce Supervision Lead
Zayad Saumtally	Head of Nursing FYPC/LDA
Jon-Paul Vivers	Deputy Head of Nursing Inpatients
Christian Knotts	Health & Safety LPT
Trust Policy Experts	

SOP TRAINING ATTESTATION

Signatures for relevant staff to sign
I confirm that I have read and consider myself to be sufficiently trained in the above Standard Operating Procedure with regards to my individual roles and responsibilities Signature of Trainee …… Date ……
I confirm training in the above SOP was delivered as recorded above and that the trainee may be considered sufficiently trained in their roles and responsibilities Signature of Trainer …… Date …… .
Additional Notes & Signatures
Signature of Trainer (where appropriate) I confirm training in the above SOP was delivered as recorded above and that the trainee may be considered sufficiently trained in their roles and responsibilities Signature of Trainer …… Date …….