



Community Hospital Services (CHS) Inpatient Wards Escorting Patients Policy

This policy sets out the process of escorting patients/service users who require an internal or external transfer, visit to another ward, department, or healthcare facility.

Key words: Escorting, escort, community visits, hospitals, transfers.

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Approved by: Patient Safety Improvement Group

Ratified By: Quality Forum

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Policy On A Page

SUMMARY & AIM

What is this policy for?

To:

- a) Provide clear guidance to staff in the roles, responsibilities, and procedures for the escorting / transferring of patients/service users.
- b) To ensure that patients/service users are identified correctly, transferred appropriately, safely, and that their dignity and care are maintained through the transfer.
- c) To describe that transfers and escorts are undertaken by suitably trained staff, the patient/service user is transferred on the correct mode of transport and to the required destination.

KEY REQUIREMENTS

My role and responsibilities whilst escorting patients/service users to ensure:

- They are correctly identified prior to transfer and have a patient ID label in place.
- Privacy and dignity, including correct dressing for warmth and comfort.
- Patient/service user is transferred with safely stored correct records/documents related to appointment/other healthcare professional contact.
- Patient/service user is transferred with any medications that they may require during their appointment.
- Ability to operate any equipment used for transportation i.e., wheelchair & actions to take due to failure/alarming of equipment.
- Procedure to undertake if patient condition alters/deteriorates.
- Expectation of documentation of the transfer/return to the ward in patient record.

TARGET AUDIENCE:

Who is involved with this policy?

All staff employed within the CHS inpatient wards, including those staff working including temporary workers e.g., bank/agency and includes staff on an honorary contract including pre-registration healthcare students on placement in the trust under a learning agreement.

TRAINING

What training is there for this policy?

Local identification by Ward Sisters/Therapy Leads are responsible for identifying and meeting any training needs in relation to the safe escort of patients during local induction.

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1.0 Quick look summary

The aim of this policy is to ensure safe and efficient patient/service user transfer and or escort to other wards and departments and transfer between hospitals by:

- Providing clear guidance to staff in the roles, responsibilities, and procedures for the escorting / transferring of patients.
- Ensuring that patients are identified correctly for transfer, are transferred safely appropriately and that their clothing is adequate, and their dignity and care are maintained through the transfer.
- Ensuring that transfers and escorts are undertaken by suitably trained staff, the patient is transferred on the correct mode of transport and to the required destination.
- Appropriate records accompany the patient/service user and recording of transfer/return recorded in patient/service users records.

This policy applies to all staff employed within the CHS inpatient wards, including those staff working including temporary workers e.g., bank/ agency and includes staff on an honorary contract including pre-registration healthcare students on placement in the trust under a learning agreement.

This policy applies to all situations where a patient/service user requires either internal or external transfer to another ward, department or healthcare facility, this transfer could be temporary with the intention that the patient/service user returns to their base ward / place of origin.

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
1	01/08 – 10/09/2024	Development of a new policy

For Further Information Contact:

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1.2 Key individuals involved in developing and consulting on the document

Key individuals involved in developing the document

Name	Designation
Patsy Huband	CHS Inpatient Practice Development Nurse
Sarah Latham	CHS Head of Nursing

Circulated to the following individuals for comment

Name	Designation
Louise Moran	Deputy Head of Nursing
Lynn MacDiarmid	Nurse Consultant
Sue Arnold	Lead Nurse Corporate Patient Safety Team
Maria Warden	Operational Matron CHS Community Hospitals
Ester Hyde	Clinical Capacity and Flow Lead
Sarah Staunton	Matron CHS Community Hospitals
Lija Bushby	Matron CHS Community Hospitals
Sandra Maxwell	Ward Sister, East Ward
Aimee Smith	Ward Sister, Clarendon Ward
Trust Policy Experts	

1.3 Governance

Level 3 approving delivery group – Patient Safety Improvement Group

Level 2 Committee to ratify policy – Quality Forum

1.4 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 (Amendment) Regulations 2023 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

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

Please refer to due regard assessment (Appendix 5) of this policy

1.6 Definitions that apply to this policy.

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision.
- have received sufficient information to take it and not be acting under duress.

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.

Internal Transfer	These are defined as patients moved within LPT and does include the movement across the different LPT Sites
External Transfer	These are identified as patients attending outpatients appointments, day case appointments, moved to another healthcare setting or another hospital Trust.
ANP	Advanced Nurse Practitioner
LPT	Leicestershire Partnership NHS Trust
SystemOne	Electronic patient record that is used in CHS
CQC	Care Quality Commission

2.0 Purpose and Introduction/ Why we need this policy

This policy sets out the procedure to support all CHS inpatient Staff for the safe and efficient transfer and escort of patients/service users.

The transportation of inpatients within the Trust and to other healthcare settings outside the Trust is a critical component of the patient care process. Patients are moved within the hospital because of the need for critical care, have fixed facilities investigations or therapeutic procedures not performed at the bedside.

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An escort may be necessary for certain patient groups who require investigations or treatment within UHL or another healthcare setting. The escort may involve accompanying the patient to and/or from the receiving Trust or healthcare setting.

Overarching principles for the safe escort of patients

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

The risk assessment should take into consideration the following clinical needs as a minimum:

- patient/ service user dependency
- manual-handling needs
- infection status
- any specific equipment needs (e.g., infusion devices) for safe continuing care to prevent delays in treatment.

Where a patient is being escorted in an emergency, i.e., to the Emergency Department (ED), the risk assessment may be completed under emergency conditions, that is the escort must be able to articulate the assessment verbally on arrival at the receiving site. There is an expectation that patients attending the ED with a covering medical letter. The escort should be in receipt of this letter before leaving the ward / unit.

The escort is responsible for ensuring they are fully aware of the following before undertaking the transportation:

the patient's/ service user's condition/diagnosis
relevant past medical history
specific care needs e.g., level of observation.
the risk assessment
ReSPECT status

All relevant LPT Infection Control Policies and Guidance must be always adhered to during the escort of the patient/ service user (Infection Prevention Policies available on the Trust's StaffNet).

Wherever possible, prior to any patient/ service user movement the patient and carer/relative etc. should be informed of the planned move and rationale behind the decision. Carers/relatives are to be always encouraged, to be part of the escort process to relieve patient/ service user anxiety and to be able to communicate on behalf of the patient if required.

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

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

To support the escort there is an expectation that the escort will telephone the home ward with an update at 4-hourly intervals to provide an update. 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 SystemOne.

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

Staff providing the escort will have transport arrangements made for them by the Trust. In some circumstances, staff may choose to make their own transport arrangements. In these instances, this should be communicated with the nurse-in-charge.

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

Under the Health & Safety at Work etc 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, for example the wearing of seatbelts in the ambulance/vehicle, disposing of sharps safely, or using appropriate equipment, following Trust training when undertaking moving and handling activities.

An appropriate means of transport must form part of the clinical risk assessment to include safe transport of the patient in relation to the reason they are being transported i.e., ambulance.

Before the patient/ service user leaves the ward/department, the Registered Professional responsible for the patient's care must check that the patient has a correct patient ID bracelet on, ensuring that the name and hospital number corresponds with the details on the patients' medical records and that it is the correct patient.

Patient/ service user property must be managed as per the patient property policy.

Escorting Staff

The escort is responsible for ensuring that they have a comprehensive handover of the patient/ service user. Any contingency documentation/records produced outside of the electronic record on SystemOne must be scanned and uploaded onto SystemOne as soon as practicable.

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A charged mobile phone with the wards/ units contact details must be carried by staff when escorting patients. This can be provided by the ward/ unit or use their own charged personal phone for ease of use.

The patient/ service user remains under the care of the Trust; therefore, the escort should ensure that the patient/ service user is supervised at all times. If during the transfer the patient goes missing, staff should notify the nurse-in-charge on the base ward immediately and the Absence Without Leave / Missing Policy should be followed.

The escort should ensure their own health and wellbeing is supported, consideration for of staff if a longer escort period is needed, and rest breaks are taken appropriately, in the event of a missed break water, snacks are provided.

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

The escort should be provided with either a handheld device, or paper recording sheets, to record therapeutic observations. If using a handheld device to record these observations on Brigid, this should be returned to the originating ward or handed over to the staff escorting the patient for the next period. Paper records must be uploaded to SystemOne at the earliest opportunity.

The escort will ensure that the Outpatient Appointment report form (appendix 5) is completed at the end of the consultation and return it to the Registered Professional on their return to the transferring ward.

3.0 Policy Requirements

No	Overarching principles for the safe transfer/escort of all patients
1	<p>Proper assessment and planning must precede any patients transfer as inadequate preparation can leave the patient/service user and escort in a vulnerable position.</p> <ul style="list-style-type: none"> • Has an altered mental state • Requires Oxygen therapy for a known long-term condition.
2	<p>The transferring ward must ensure that the receiving department are informed in advance (via telephone) of any patient specific details, i . e . patient dependency, manual-handling needs, infection status and any specific equipment needs (e.g., infusion devices) for safe continuing care to prevent delays in treatment.</p>
3	<p>The escort is responsible for ensuring they are fully informed of the patient's condition, relevant past medical history, and specific care needs before leaving the ward/department and can provide an appropriate handover.</p>

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4	All associated LPT Infection Control Policies and Guidance must be always adhered to during the escort/transfer of the patient. (Infection Prevention Policies available on StaffNet.
5	Wherever possible, prior to the patient moving to another ward or department, the patient/ next of kin (where appropriate) will receive an explanation as to why the transfer is necessary, and time should be allowed for questions to be asked.
6	Before the patient leaves the ward/department, the Registered Professional responsible for the patient's care must check that the patient has a correct patient ID band on, ensuring that the name and hospital number corresponds with the details on the patients' medical records and that is the correct patient
7	Prior to leaving the transferring ward/department assessment must be made on the medication that may be needed to maintain patient comfort whilst off the ward/department.
8	Prior to leaving the escorting staff member must check that they have the correct patient, that the ID bracelet and all documentation and medication corresponds to the correct patient
9	All necessary documentation, must be printed and secured safely such as relevant patients notes, drug chart, request forms (where applicable) etc. must accompany the patient to ensure ongoing safety and continuity of care
10	All equipment required for escort/transfer must be safety checked prior to use and electrical leads must go with the equipment in case of battery failure (e.g., infusion device). Individuals must not interfere with the equipment if they are not trained in its use.
11	The escort is clear of how to escalate concerns to LPT both in and out of hours and has access to a mobile phone and has details of LPT contact numbers to take with them on the escort
12	Before the patient leaves the transferring ward / department, the Registered Professional must ensure that the patient's physical comfort, privacy and dignity will be maintained during the escort/transfer (e.g., appropriate covering, catheters not exposed).
13	When a patient is transferred to another in-patient ward, hospital or health care setting and will not return the registered professional has a responsibility to ensure that the patients' medical team and family / carers are informed, SystemOne Coho is updated and copies of the patients notes (where applicable) are sent with the patient.
14	Patient property must be managed as per the LPT Patient Property Policy
15	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 record of personal safety as working in the usual place of employment, for example making use of seatbelts in the ambulance, disposing of sharps safely, or using appropriate equipment when moving a patient to prevent a back injury. Staff wellbeing requirements around breaks, sustenance, water snacks etc that is referenced in the policy. A mobile phone is essential piece of equipment to be used on escort.
16	The ward/department receiving the patient must have appropriately qualified staff to enable a safe handover to take place, if not the escort must remain with the patient.
17	The staff member providing the escort must telephone the home ward with an update at 4 hourly intervals during the escort and provide the nurse in charge with a patient update and to confirm any requirements for their own health and wellbeing.

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18	The registered professional from the transferring ward/department who is caring for the patient must inform the receiving ward in advance (via a referral form or telephone) of any patient specific details, such as patient dependency, manual-handling needs, infection, ReSPECT status and any specific equipment needs (e.g., infusion devices), for safe continuing care to prevent delays in treatment.
19	All patients requiring an escort must be assessed by a registered professional to determine the level and grade of staff required. Patients with Learning disabilities, cognitive and complex needs should, where possible have a known carer to accompany them to support additional specific needs and provide familiar reassurance.
20	The patient remains in the care of LPT until care is formally handed over from the Trust staff to the receiving Trust staff. At the conclusion of this handover, the receiving healthcare provider assumes full responsibility for all the patients' care needs. Upon completion of the treatment, it is the responsibility of the receiving provider, to ensure the patient is reassessed and restabilised if the patient needs to handover back to LPT.

Procedures for the Transfer / Escort of Specific Patient Groups	
Patient Group	Transfer requirements
Patients with intravenous cannula(s) / drains / catheters / oxygen therapy	The nurse in charge will determine the appropriate escort. Patients with intravenous cannula(s)/drains/catheters, the registered professional must ensure that all attachments are safe and secure for transfer.
Patients receiving oxygen	Patients receiving oxygen therapy- a Registered Nurse/Nurse Associate caring for the patient is responsible for setting the flow rate of the oxygen and ensuring adequate supply for the expected for an outpatient escort and
Patients who show signs of confusion/delirium	The registered professional in charge must ensure that appropriate and safe escort arrangements are made. The preferred practice is that a staff member who is known to the patient will accompany the patient.
Patients being treated for infection	Prior to transferring a patient with a known/suspected infection the transferring area must inform the receiving area. Movement of patients must be kept to a minimum to reduce the risk of transmission of infections across different departments.
Patients who are classed as 'Bariatric' (approx 130 kg+)	A risk assessment must be made with support from the manual handling team/ward sister/matron prior to any escort.
Prisoners under detention of His Majesty's Prisons (HMP)	If prisoners are treated at the hospital, they will always be escorted by a prison officer plus if required the appropriate personnel for the condition of the patient.

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Type of Transport Available
<p>Taxi The Trust has approved taxi companies which provide wheelchair Taxis</p>
<p>Non-emergency transfers (EMED) EMED ambulance crews are available for patients who are medically stable. If a patient requires oxygen but is otherwise stable, it is common practice for the ambulance crew to transfer the patient without an escort</p>
<p>Urgent Ambulance arranged through 999 With either Technicians or Qualified Paramedic crew provided by East Midlands Ambulance Service</p>

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4.0 Duties within the Organisation

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

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

Directorate Directors and Heads of Service are responsible for:

Ensuring that their staff have access to, understand and adhere to the policy.

Sister/Charge Nurse/Team Leader are responsible for:

Ensuring that all clinical staff have access to this policy.

Are made aware and are compliant with the policy.

Each ward will be responsible for the delivery of training during local induction.

Advanced Nurse Practitioner (ANP)/Medical staff in charge of the patient's care are responsible for:

Making a referral for the transfer/outpatient appointment attendance of a patient, ensuring that it is necessary and appropriate and liaise with Nursing staff regarding any escort requirements.

Assessing and recording whether the patient is medically stable for the transfer/outpatient appointment.

The Registered Professional in charge of the ward is responsible for:

The patients care and to liaise with the MDT in relation to confirm the need for an escort, involving medical/ANP staff as necessary, and documenting within the SystemOne progress notes.

In the first instance the registered nurse will liaise with the next of kin/career to support any external outpatient appointment.

Assessing the patient's physical and mental health to determine if an escort is needed, level of escort and who can safely undertake the role, and whether

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an ANP/Medical Practitioner is also required. Patients who are medically stable may be transferred by a non-registered member of staff on the advice of the registered professional.

Ensuring that, the patient escort is fully briefed; Escorts can include: Families Member's/NOK/Carer/Significant Other if the risk assessment allows them to.

- Health Care Assistant/Meaningful Activity Co-ordinator
- Pre-registration Health Care Students on placement or trainee Nurse Associates will seek advice from Ward Sister / Charge Nurse, Matron, or on call Manager if there are problems in providing an appropriate escort, due to staffing levels or skill mix, the patient must not leave the ward / department until the matter has been resolved.

The Registered nurse caring for the patient ensures that the patient progress notes are updated accordingly.

For Registered and Non-Registered Professional who are providing the escort is responsible for:

- Are accountable for the patient's safety and welfare whilst they are away from the ward/department.
- Ensure that any medications that the patient will require are administered.
- Ensuring that any incidents relating to patient transfer or escort are recorded using the Ulysses incident reporting system.
- When relatives are providing the escort support ensure the ward has phone number/refreshments are provided.
- Only accepting the role of the escort if they feel able and competent to do so.
- Complying with the procedures as detailed in this SOP for the safe transfer/escort of patients.
- Ensuring they receive full instructions on responsibilities to the patients and any expectations of patient care whilst away from the clinical area.
- Identifying any training needs they may have relating to the escort of patients to their line manager and addressing these needs through their appraisal.
- The staff member providing the escort must telephone the home ward with an update at 4 hourly intervals during the escort and provide the nurse in charge with a patient update and to confirm any requirements for their own health and wellbeing.

The role of Pre-registration healthcare students or trainees (e.g., student nursing associates or assistant practitioners)

Students and Student Nursing Associates cannot escort patients independently. Students or trainees should only undertake patient escort/transfer to enhance their learning experience in a supernumerary capacity. Students must not be used

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to escort/transfer patients due to staffing shortages or high levels in clinical activity.

5.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision.
- Remember that information.
- Use the information to make the decision.
- Communicate the decision.

6.0 Monitoring Compliance and Effectiveness

Page/ Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
	Staff adhere to the requirements of the Data Protection Law and understand their obligations in relation to Caldicott and Confidentiality	Confidentiality audits Data Security Awareness Training compliance		As required. Bi-monthly

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Page/ Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
	Information Asset Owners undertake annual risk assessments of the assets under their responsibility	An annual review of the Information Asset Register		Annually
	Privacy Impact Assessments are undertaken where services redesigned/changes in processing/introduction of new technologies	DPIA's approved by Data Protection Officer and published		As required

7.0 References and Bibliography

Escorting Patients Policy 2024

MISSING INPATIENT'S & ABSENT WITHOUT LEAVE (AWOL- acronym used for patients detained under Mental Health Section) Policy (2022)

Violence Prevention and Reduction Policy (2024)

Infection Prevention and Control Assurance Framework Policy (2023)

Patient Property Policy (2022)

Positive Patient Identification Policy (2023)

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8.0 Fraud, Bribery and Corruption consideration

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 Trusts Local Counter Fraud Specialist (LCFS) for assistance.

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Appendix 1 Training Needs Analysis

Training topic:	Delete answers that are not applicable *	
Type of training: (see study leave policy)	Not Required^	
Directorate to which the training is applicable:	Adult Mental Health*	
Staff groups who require the training:	N/A	
Regularity of Update requirement:	N/A	
Who is responsible for delivery of this training?	N/A	
Have resources been identified?	N/A	
Has a training plan been agreed?	N/A	
Where will completion of this training be recorded?	Ward leads to share the policy with their teams	
How is this training going to be monitored?	To locally hold a register of those staff who have read and understood it.	
Signed by Learning and Development Approval name and date		Date:

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Appendix 2 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

Work continuously to improve quality services and to minimise errors yes

Support and value its staff yes

Work together with others to ensure a seamless service for patients yes

Help keep people healthy and work to reduce health inequalities yes

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance yes

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Appendix 3 Due Regard Screening Template

Section 1			
Name of activity/proposal	CHS Community Inpatient Wards Escorting Patients Policy		
Date Screening commenced	20/09/2024		
Directorate / Service carrying out the assessment	Community Health Services (CHS)		
Name and role of person undertaking this Due Regard (Equality Analysis)	Patsy Huband		
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 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:			
Signed by reviewer/assessor	Patsy Huband	Date	20/09/2024
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Sarah Latham	Date	20/09/2024

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Appendix 4 Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) are 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.</p> <p>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.</p>		
Name of Document:	CHS Community Inpatient wards Escorting Patients Policy	
Completed by:	Patsy Huband	
Job title	Practice Development Nurse	Date: 20/09/2024
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	NO	

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examples, health records, criminal records or other information that people would consider to be particularly private.		
8. Will the process require you to contact individuals in ways which they may find intrusive?	NO	
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:	N/A	
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

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Date:

Dear Doctor / Nurse

Re:

The above patient is currently an inpatient on Ward in (Hospital / Unit) part of Leicestershire Partnership NHS Trust. We would be grateful if you could complete this form as a record of their attendance and any actions/ outcomes that can help with the continuation of the patients care while they remain an inpatient with us.

Thank you for your co-operation.

Name:

Doctor/ Advanced Nurse Practitioner/ Ward nurse

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OUTPATIENT APPOINTMENT REPORT FORM

	Outpatient Clinic Attended	
	Date Clinic Attended	
	Consultant	
	Speciality	
Overview/ Outcome of Appointment		
Special Instructions/ Actions		
Follow Up:		
Signed		Print Name:
Date:	Time:	Role:

After the appointment and upon return to the ward please hand this form to the Nurse in Charge

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