Sheffield Health and Social Care NHS

NHS Foundation Trust

Policy:
In-patient / Service User Escort
(Second Extension to Review Date agreed on 31/03/2020)

Executive or Associate Director lead	Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
Policy author/ lead	Giz Sangha, Deputy Chief Nurse / Interim Clinical Director Acute & Inpatient Care
Feedback on implementation to	Giz Sangha, Deputy Chief Nurse / Interim Clinical Director Acute & Inpatient Care

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Ratified by	Executive Directors Group
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Date for review	**31/05/2020** [*Second extension from 31/03/2020 agreed on 31/03/2020*] [*Extended from 31 October 2019 by EDG on 09/01/2020*]

Target audience	All hospital in-patient staff within SHSC

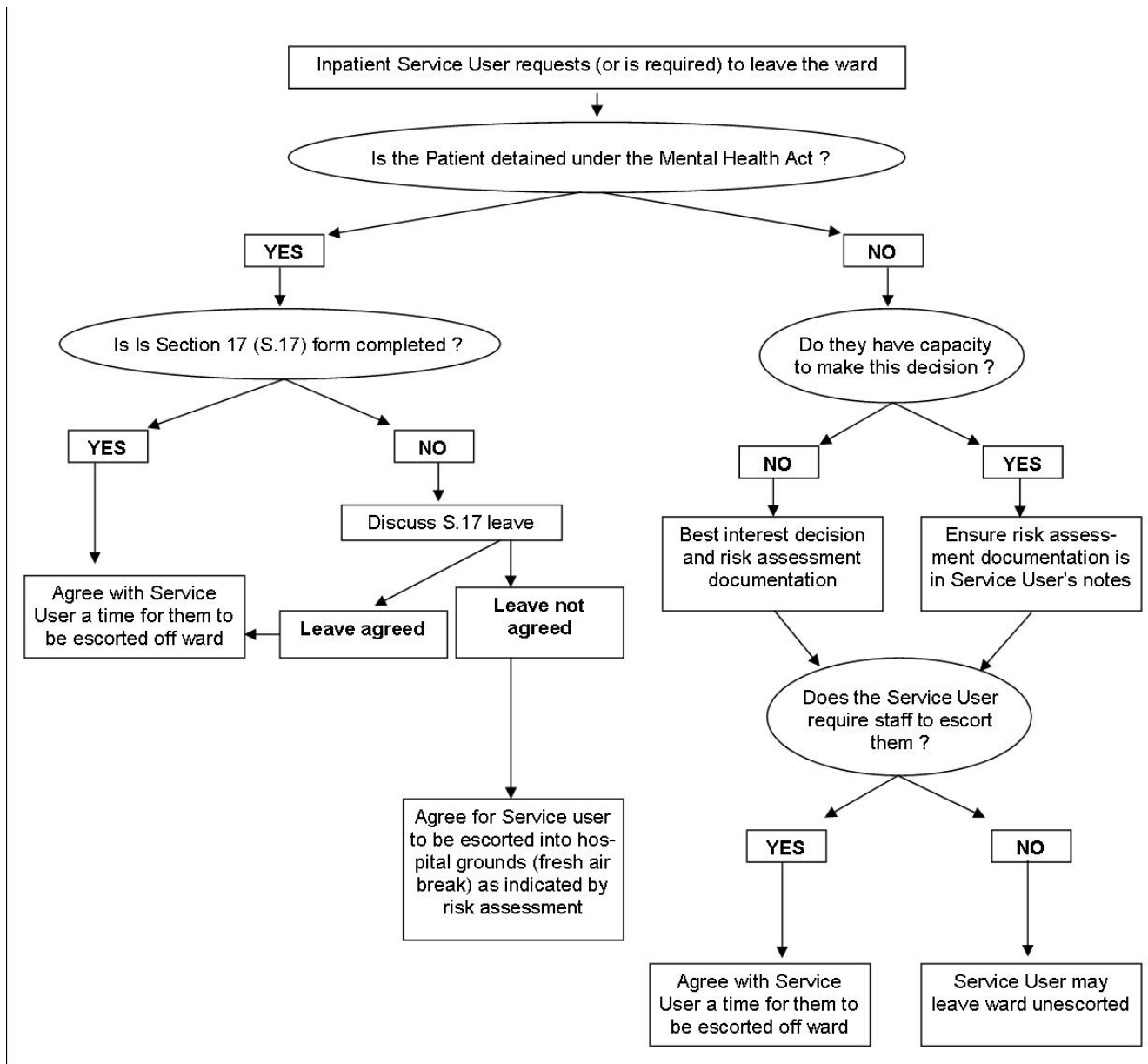|	
Keywords	Escort, Inpatient

Policy Version and advice on document history, availability and storage
Second extension to review date agreed on 31/03/2020.

This is version 3 of this policy and replaces the previous version 2 (issued March 2009). This version was reviewed and updated as part of an on-going policy document review process.

This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Word and pdf copies of the current and the previous version of this policy are available via the Director of Corporate Governance.

Any printed copies of the previous version (V2) should be destroyed and if a hard copy is required, it should be replaced with this version.

Contents

Flowchart

This flowchart summary shows the key points for staff to consider when establishing whether an inpatient service user requires an escort to leave the ward and is provided as an aid which must be read in conjunction with the full policy.

```
                    Inpatient Service User requests (or is required) to leave the ward
                                              |
                              Is the Patient detained under the Mental Health Act ?
                         YES                                              NO
                          |                                               |
           Is Is Section 17 (S.17) form completed ?          Do they have capacity
                                                              to make this decision ?
            YES                    NO                        NO                    YES
             |                      |                         |                     |
             |               Discuss S.17 leave      Best interest decision   Ensure risk assess-
             |                    /       \          and risk assessment      ment documentation is
             |              Leave      Leave not     documentation            in Service User's notes
    Agree with Service      agreed     agreed               \                     /
    User a time for them                                  Does the Service User
    to be escorted off      Leave agreed                  require staff to escort
    ward                                                          them ?
                                                          YES                    NO
                          Agree for Service user           |                      |
                          to be escorted into hos-  Agree with Service    Service User may
                          pital grounds (fresh air  User a time for them  leave ward unescorted
                          break) as indicated by    to be escorted off
                          risk assessment           ward
```

Notes: Identifying the need for escorting to take place

- All decision/s to escort service users must be an identified need within their care plan and be agreed by the multi-disciplinary team, service user and /or their carers.
- For service users detained under the Mental Health Act Section 17 must be authorized (Section 17 Authorisation of Leave Form - Appendix G).
- Where a decision for escorting has been agreed a name professional must be identified as a coordinator.

  Prior to any escorted therapeutic activity, staff should consider whether the risks have changed from the current risk assessment (DRAM) and care plan before escorting the service user off the ward.

Where a member of staff has been identified as the coordinator, any decision they make to curtail or abandon the activity must be respected.

The risk assessment and resultant care plan should detail any specific requirements for escorts e.g. a registered nurse

The location and type of activity must be identified, (e.g. a trip to the local park) and any known environmental hazards (e.g. main roads and bridges) will be identified in advance where practicable.

1. Introduction

Service users within an in-patient setting may require to be escorted during their treatment at some stage to allow, and ensure a comprehensive assessment of their health needs (mental, physical / psychological, substance misuse, learning disability) is undertaken to give priority to their wellbeing. This policy is therefore intended to offer safeguards and guidance to ensure staff and service user safety throughout the escort process.

It is the responsibility of the clinician in charge of the service user to assess their needs and make an informed decision regarding their escort needs prior to authorising their departure from the clinical area. The healthcare professional is responsible for undertaking a risk assessment, using the Detailed Risk Assessment Model (DRAM) before a service user leaves a clinical area, this is to determine if a registered nurse / unregistered staff member escort is required, and to take appropriate steps to obtain one.

2. Scope

This Policy applies to all "health care professionals" and is a Trust –wide policy covering all inpatient services under Sheffield Health & Social Care NHS Foundation Trust. It is written to give instruction on the steps to be taken and who needs to be informed in the event of a service user requiring escort within or out of Sheffield provision areas.

All staff using this policy should ensure that the basic principles of respect, explanation, privacy and dignity apply to all service users and apply this policy in conjunction with a range of existing good practice guidance from professional bodies and existing Trust policy with particular reference to:

- Transfer Policy
- In-patient Discharge Policy
- Safeguarding Adults Policy
- Infection Prevention & Control Policy

3. Definitions

Escort – defined as "to accompany a person for protection with regards to safety and psychological wellbeing during transfer from one area to another." (Oxford Illustrated Dictionary.)

4. Purpose

This policy aims to provide guidance for staff and an explanation for service users of the need for escorting service users and the need for detailed risk assessment and care planning and record keeping agreements prior to escorts being agreed via the health professional in charge of their care.

5. Duties

The **Trust** is committed to providing an environment which supports service users to maintain links within the community whilst using in-patient facilities.

The **clinician who is responsible for the service user care** will discuss all periods of

leave that require staff escort with the Ward Manager/Nurse in Charge, to ensure that leave can be facilitated and so therefore not raise unrealistic expectations for the service user.

The **Ward Manager/Nurse in Charge** (see also 6.1) will agree the person to perform the escort role, commensurate with the risk assessment, care plan and ensure that any escort requirements are indicated in the care plan following Multi-disciplinary discussions / agreed by the responsible consultant (RC). For detained service users under the Mental Health Act, the nurse in charge will follow the specific Act requirements relating to escorting the service user.

Staff on escort duty will ensure they have in place appropriate arrangements to summon assistance should this be required.

The role of **staff on a detaining escort** will be to ensure that they maintain close proximity to the service user to prevent absconding should the service user attempt to break away. This may include using RESPECT techniques. Extra vigilance must be taken at high risk times e.g. getting in or out of transport, point of entering building.

The role of **staff on a therapeutic escort** will not include an expectation to detain service users should they not wish to return to the ward following the leave. The service user should be encouraged to return to the ward.

6.   Process

6.1   Determine the need to provide an escort for any service user and associated actions

- Agree the person to perform the escort role, commensurate with the risk assessment, care plan and ensure that any escort requirements are indicated in the care plan following Multi-disciplinary discussions / agreed by the responsible consultant (RC).

- For detained service users under the Mental Health Act, the nurse in charge will follow the specific Act requirements relating to escorting the service user.

- Ensure that there is due consideration for physical health needs to be met including issues of infection control.

- Ensure that section 17 leave paperwork is complete and checked for detained service users.

- If the service user is being transferred or discharged to another unit/department, then specific information can be found in the Transfer Policy and Discharge Policy.

- Determine whether the service user will be asked to refrain from leaving the ward alone.

- Negotiate with the service user his/her agreement to any restrictions on his/her freedom of movement. (Most service users accept the need to be accompanied during the early part of their admission).

- Ensure that the nature of any restrictions is clearly recorded and are easily accessible in the service users care plan.

- Check that any required paperwork has been completed for detained service users on Section 17 leave.

- If or when a service user requests to go out, check whether there is any restriction on his/her freedom of movement.

- Encourage the service user to make plans in advance of going out.

- Ensure service users are aware of Trust policy on escorting service users

- If the risk assessment and care plan indicate that the escort should be a particular grade or level of health care professional and this is practical to implement the service user should be informed immediately and plans should be put in place to effect the leave as soon as is practicable.

- Ensure that any required care records and required medication are available for the service user to take whilst being escorted.

6.2   Risk Assessment

- Prior to any escorted therapeutic activity, staff should consider whether the risks have changed from the current risk assessment (DRAM) and care plan before escorting the service user off the ward.

- Where a member of staff has been identified as the lead decision maker, any decision they make to curtail or abandon the activity must be respected.

- The risk assessment and resultant care plan should detail any specific requirements for escorts e.g. a registered nurse

- The location and type of activity must be identified, (e.g. a trip to the local park) and any known environmental hazards (e.g. main roads and bridges) will be identified in advance where practicable.

- Activities that pose an inherent danger in the activity must not be undertaken without appropriate authority of the Senior Manager.

6.3   Staff proximity to patients

When on escort, it is essential that the staff member recognises this task as an important therapeutic activity and equally recognises the responsibility to maintain a duty of care to the service user.

In most cases where the escort is on a one to one basis, it is required that the staff member remains in close proximity to the service user i.e. within arms' length.

It is unacceptable for escorts to either walk off in front or to allow a service user to lag behind as in such circumstances; the staff member is in no position to neither interact in a therapeutic way with the service user nor provide any immediate assistance should this be required.

6.4   Group Activities

It is sometimes appropriate, following a risk assessment for one member of staff to escort more than one service user, e.g. a group walk round the hospital grounds, a group visit to the local shops.

The Nurse in Charge or Ward Manager must approve the size of the group and ratio of staff

to service users, using their risk assessments (DRAM) / care plans to inform decision-making. The following is a guideline only:

- One member of staff ordinarily for two service users, maximum three.
- Two members of staff ordinarily for four service users.

The principles of ensuring that the group remains together and there are no persons either wandering off in front or lagging behind should be maintained, methods of communication between staff / service users should be part of the decision-making.

Prior to departure from the venue the group leader will ensure all persons are "present and correct" before returning to base.

6.5 Transport

Consideration must always be given to the type of the transport that is required for escorts. Where vehicles are being used the Transport Policy will be read in conjunction with these guidelines.

6.6 Absconding service users

If a service user attempts to abscond from an escort in the community, staff should take reasonable steps to prevent this by using persuasion and encouragement to affect their return to the ward.

Where the service user is a detained patient, under the Mental Health Act, this gives authority for that service user to be returned to hospital using if appropriate support from colleagues / police.

Where a detained patient absconds, immediate contact with the hospital and/or Police should be undertaken and immediate steps put in place to retake the service user to a place of safety / custody and return them to the hospital and the Absent Without Leave and Missing Persons Policy implemented.

Where patients who are not detained engage in activities that endanger their lives or others (interfering with road traffic) the common law will allow intervention, using reasonable force to prevent harm for as long as the risk lasts (e.g. immediate restraint to prevent a service user walking in the road).

7. Dissemination, storage and archiving (Control)

7.1 This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. Notification of the policies issue will be provided via the weekly Communications Digest. The previous version will be removed from the Intranet and Trust website and archived. Word and pdf copies of the current and the previous version of this policy are available via the Director of Corporate Governance.

8. Training and other resource implications

Additional training will not be required, existing training and knowledge of risk assessment (using DRAM) will enable staff to include the need for risk assessment and care planning before therapeutic or detaining escorts.

9. Audit, monitoring and review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
A) Collaborative care plans reflecting leave requirements	Audit care plans	Ward Managers	Monthly	Senior management teams, who report into Quality Assurance Committee	Senior management teams	Service Director
B) Monitor absconding	Review incident data	Ward Managers	Monthly	Senior management teams, who report into Quality Assurance Committee	Senior management teams	Service Director

Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. The policy review date is October 2019.

10. Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
New policy to be uploaded onto the Intranet and Trust website and remove / archive old version.	Director of Corporate Governance	Within 5 working days of ratification	
A communication will be issued to all staff via the Communication Digest immediately following publication.	Director of Corporate Governance	Within 5 working days of issue	
A communication will be sent to Education, Training and Development to review training provision.	Director of Corporate Governance	Within 5 working days of issue	

11. Links to other policies, standards and legislation (associated documents)

- Transfer Policy
- In-patient Discharge Policy
- Incident Management Policy & Procedure
- Safeguarding Adults Policy
- Infection Prevention & Control Policy

12. Contact details

Title	Name	Phone	Email
Deputy Chief Nurse	Giz Sangha	0114 271 6705	Giz.Sangha@shsc.nhs.uk
Assistant Clinical Director	Lorena Cain / Lisa Johnson	0114 271 8331	Lorena.Cain@shsc.nhs.uk
Deputy Service Director	Lisa Johnson	0114 271 8331	Lisa.Johnson@shsc.nhs.uk

13. References

Mental Health Act 1983 (amended 2007)

Mental Health Act 1983 Code of practice (2015)

Appendix A – Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
3.0	Review / ratification / issue	November 2016	Review completed.

Appendix B – Dissemination Record

Version	Date on website (intranet and internet)	Date of "all SHSC staff" email	Any other promotion/ dissemination (include dates)
3.0	Nov 2016	Nov 2016 via Communications Digest	

Appendix C – Stage One Equality Impact Assessment Form

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES –** proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

Stage 3 – **Policy Screening** - Public authorities are legally required to have 'due regard' to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link https://nww.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No	No	No
DISABILITY	No	No	No
GENDER REASSIGNMENT	No	No	No
PREGNANCY AND MATERNITY	No	No	No
RACE	No	No	No
RELIGION OR BELIEF	No	No	No
SEX	No	No	No
SEXUAL ORIENTATION	No	No	No

Stage 4 – **Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)
Please delete as appropriate: Policy Amended
Impact Assessment Completed by (insert name and date)

Giz Sangha   10th November 2016

Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

 If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached.   To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site
http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf
(Relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1.   Is your policy based on and in line with the current law (including case law) or policy?

X   **Yes. No further action needed.**

2.   On completion of flow diagram – is further action needed?
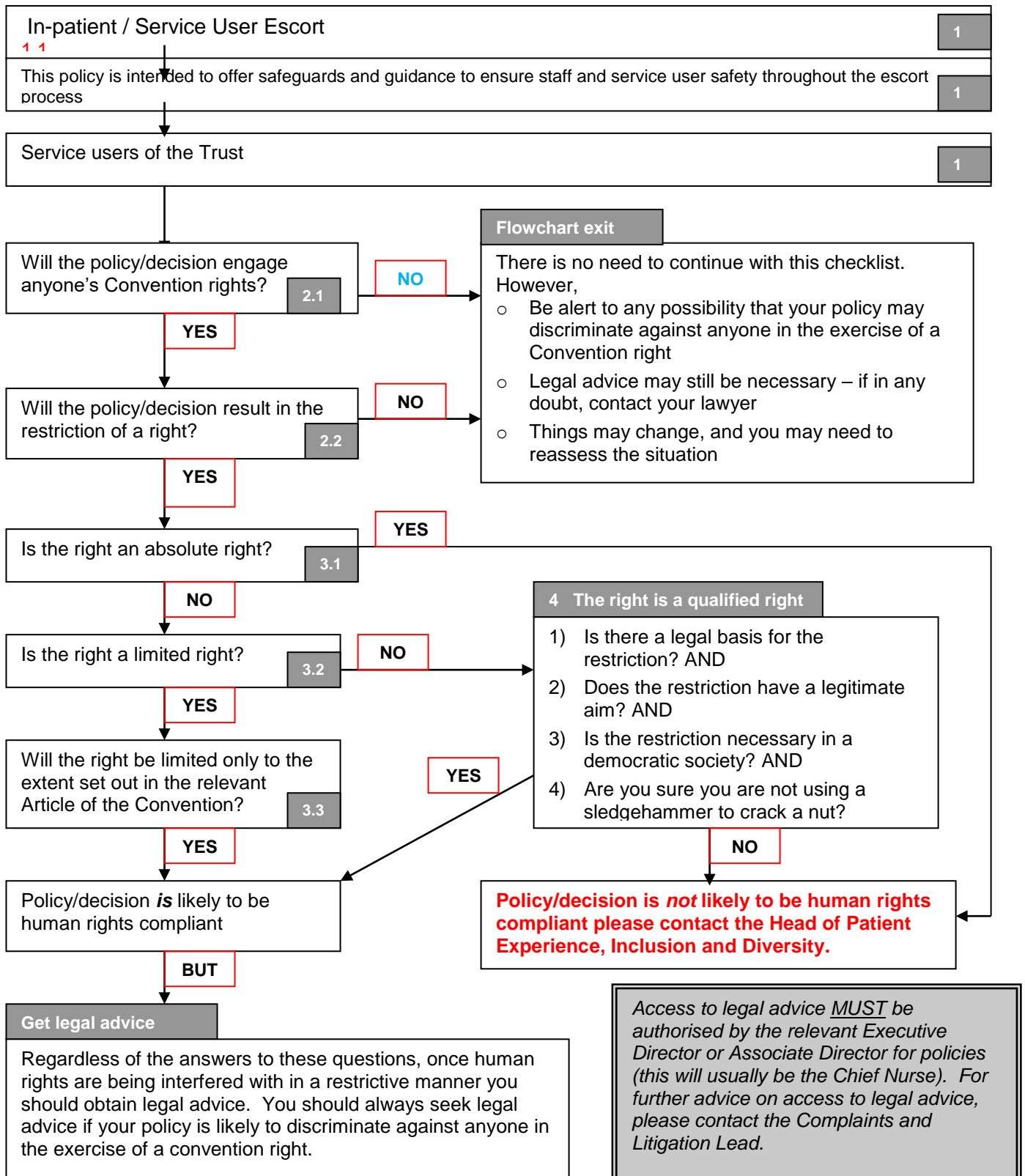
☐   **No, no further action needed.**

3.   Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.

In-patient / Service User Escort — **1**

1 1

This policy is intended to offer safeguards and guidance to ensure staff and service user safety throughout the escort process — **1**

Service users of the Trust — **1**

Will the policy/decision engage anyone's Convention rights? **2.1** — **NO** →

Flowchart exit

There is no need to continue with this checklist. However,
- Be alert to any possibility that your policy may discriminate against anyone in the exercise of a Convention right
- Legal advice may still be necessary – if in any doubt, contact your lawyer
- Things may change, and you may need to reassess the situation

YES

Will the policy/decision result in the restriction of a right? **2.2** — **NO** →

YES

Is the right an absolute right? **3.1** — **YES** →

NO

Is the right a limited right? **3.2** — **NO** →

4   The right is a qualified right

1) Is there a legal basis for the restriction? AND
2) Does the restriction have a legitimate aim? AND
3) Is the restriction necessary in a democratic society? AND
4) Are you sure you are not using a sledgehammer to crack a nut?

YES

YES

Will the right be limited only to the extent set out in the relevant Article of the Convention? **3.3**

NO

YES

Policy/decision *is* likely to be human rights compliant

Policy/decision is *not* likely to be human rights compliant please contact the Head of Patient Experience, Inclusion and Diversity.

BUT

Get legal advice

Regardless of the answers to these questions, once human rights are being interfered with in a restrictive manner you should obtain legal advice. You should always seek legal advice if your policy is likely to discriminate against anyone in the exercise of a convention right.

Access to legal advice MUST be authorised by the relevant Executive Director or Associate Director for policies (this will usually be the Chief Nurse). For further advice on access to legal advice, please contact the Complaints and Litigation Lead.

Appendix E – Development, Consultation and Verification

Version 3 – replaces the former version 2 of this policy. This policy has been reviewed and updated as part of the on-going policy development and review process.

The policy was verified by the Deputy Chair of the Service Users Safety Group on 14 November 2016.

Appendix F – Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy Document Template which can be downloaded on the intranet.

1. Cover sheet ✓

All policies must have a cover sheet which includes:

- The Trust name and logo ✓
- The title of the policy (in large font size as detailed in the template) ✓
- Executive or Associate Director lead for the policy ✓
- The policy author and lead ✓
- The implementation lead (to receive feedback on the implementation) ✓
- Date of initial draft policy ✓
- Date of consultation ✓
- Date of verification ✓
- Date of ratification ✓
- Date of issue ✓
- Ratifying body ✓
- Date for review ✓
- Target audience ✓
- Document type ✓
- Document status ✓
- Keywords ✓
- Policy version and advice on availability and storage ✓

2. Contents page ✓

3. Flowchart N/A

4. Introduction ✓

5. Scope ✓

6. Definitions ✓

7. Purpose ✓

8. Duties ✓

9. Process ✓

10. Dissemination, storage and archiving (control) ✓

11. Training and other resource implications ✓

12. Audit, monitoring and review ✓

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/ committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

13. **Implementation plan** ✓

14. **Links to other policies (associated documents)** ✓

15. **Contact details** ✓

16. **References** ✓

17. **Version control and amendment log (Appendix A)** ✓

18. **Dissemination Record (Appendix B)** ✓

19. **Equality Impact Assessment Form (Appendix C)** ✓

20. **Human Rights Act Assessment Checklist (Appendix D)** ✓

21. **Policy development and consultation process (Appendix E)** ✓

22. **Policy Checklist (Appendix F)** ✓

Appendix G - Authorisation of Leave under Section 17, MHA 1983 Form

I, the undersigned RC hereby grant leave of absence for the patient named below, under section 17 Mental Health Act 1983.

Patient's Name ………..……………Insight No……….……… D.O.B …………..………

MHA Section ………RC: …………………….………Hospital.…………..Ward:……………

<u>Type of Leave</u>

<u>Short Term Local Leave</u>
- (i) Purpose/destination ………………………………………………………………
- (ii) For a period of …………………… Hours   Repeatable Yes/No - If Yes state timeframe ……………………..

<u>Day Leave</u>
- (i) Purpose/destination ………………………………………………………………
- (ii) Between the hours of ………………..am/pm and ………………..am/pm
- (iii) For the period of ……………………… Hours ……………………..Days Repeatable Yes/No - If Yes state timeframe ……………………..

<u>Overnight Leave</u>
- (i) Purpose/destination ………………………………………………………………
- (ii) From: Date …………………………. Time: …………………………….
- (iii) To: Date ……………………………….. Time:
- (iv) Total Number of nights ………………...   Repeatable Yes/No- If Yes state timeframe ……………………..

<u>Extended Leave</u>
- (i) From: ……………………………….. To: …………………………….
(If the leave is for more than 7 days document in the notes whether a Community Treatment Order has been considered)

Address of Leave
………………………………………………………………………………………….
…………………………………………………………………………………………..

Conditions of leave, if any are, as follows:
Is an escort required yes / no. If so please indicate:
Family / friend / carer escort (Please record name or relationship to the patient)
……………………………………………………………………………………………..
Formal staff escort (please indicate role of staff i.e. RMN or Support Worker)
....

Other conditions of leave e.g. is the leave restricted to a specific area or are there areas the patient may or may not reside / go ………………………………….
....
....
....
....…

Risk assessment: The following leave is granted on the basis of a recorded risk assessment. An assessment of risk should also be carried out immediately prior to leave by the allocated nurse and a record made of this.

Signed by: **Date and Time**

Copies to: Patient   yes / no   GP   yes / no   Carer / relative   yes / no
Other professionals – please specify yes / no