ESCORT POLICY
INCLUDING
INTERNAL TRANSFER AND CLINICAL HANDOVER OF CARE

<table>
<thead>
<tr>
<th>Document Author</th>
<th>Authorised</th>
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<tr>
<td><strong>Written By:</strong> Lead Nurse Stroke Services</td>
<td><strong>Authorised By:</strong> Chief Executive</td>
</tr>
<tr>
<td><strong>Date:</strong> June 2016</td>
<td><strong>Date:</strong> 9th May 2017</td>
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<tr>
<td><strong>Lead Director:</strong></td>
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<tr>
<td>Executive Director of</td>
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<td>Nursing and Quality</td>
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<td>8th May 2020</td>
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<td><strong>Approval at:</strong></td>
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<td>Risk Sub-Committee</td>
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<td><strong>Date Approved:</strong></td>
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### DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

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<th>Date of Issue</th>
<th>Version No.</th>
<th>Date Approved</th>
<th>Director Responsible for Change</th>
<th>Nature of Change</th>
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<td>Executive Director of Nursing</td>
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<td>Executive Director of Nursing</td>
<td>For ratification</td>
<td>Clinical Standards Group</td>
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<td>09/05/2017</td>
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<td>Executive Director of Nursing and Quality</td>
<td>For Approval</td>
<td>Corporate Governance &amp; Risk Sub-Committee</td>
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</table>

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust
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D Financial and Resourcing Impact Assessment on Policy Implementation 20
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1 Executive Summary

This policy sets out the requirements for internal transfers of patients within the Isle of Wight NHS Trust. It sets out the expectations of clinical staff and provides boundaries for staff to work within to promote patient safety during transfer. It lays out some specific departmental requirements and provides a checklist for transfers and a risk assessment to identify those patients who pose a risk at the time of or after transfer to a new area.

2 Introduction

This policy is in place to ensure the safe transfer of patients and refers to ALL internal transfers of patients who are in the care of the Isle of Wight NHS Trust, at St. Mary's Hospital site Newport. For the purpose of this document the term “ward” relates to all clinical areas including Accident and Emergency, Medical Assessment and Admissions Unit, Endoscopy, Main Theatres, Day Surgery and Diagnostic Imaging.

3 Definitions

3.1 Escort: For the purposes of this document, an” escort” is defined as a nominated and appropriate healthcare worker accompanying a patient when transferring them across the site of St Marys Hospital, Isle of Wight from one department to another.

4 Scope

4.1 The term ‘escort’ for the purpose of this document includes healthcare assistants, allied health professionals, student nurses (see Section 7) operating department assistants, registered nurses, midwives, medical staff and operating department practitioners.

4.2 This policy is also applicable to all inpatients referred to the Diagnostic Imaging Department. It applies to all trained nurses and doctors caring for the patient referred to the Diagnostic Imaging Department. This policy is appropriate for acute, stable, children mental health and bariatric patients for internal transfer and transfer to helicopter pad.

5 Purpose

5.1 This policy is to be used for the internal transfer and escort of the following categories of patients, adult medical, adult surgical including adult gynae and orthopaedic, children and mental health patients. This will also include transfers to high dependency areas for example Intensive Care Unit and Coronary Care Unit. This policy also relates to all internal transfers between wards as well as between wards and other clinical areas including ED, MAU, Diagnostic Imaging, Operating Theatres, Endoscopy and DSU.
5.2 The main purpose of the policy is to ensure that all patients including Mental Health patients and Children are correctly identified and transferred in a safe and timely manner, and if an escort is required that they are appropriate for the patients’ clinical, physical and emotional condition.

5.3 Compliance with the policy will also help to ensure the safety of Trust staff during the process of transfer/escort of patients.

6 Roles and Responsibilities

6.1 The responsibility in assessing the need for an escort rests with the Nurse/Midwife in charge of the patient’s care. If an escort is not required then documentation of this assessment must be documented in the patient’s notes. The registered nurse may discuss with the patient’s medical team if he/she is unsure as to the designation of escort required.

6.2 It is the responsibility of the Nurse/Midwife in charge of the patients care to ensure the named escort is competent to escort each individual patient.

6.3 All Trust staff involved in the internal transfer and escort of patients are responsible for;
- The safety of the patient and themselves during the transfer.

6.4 A risk assessment must be undertaken by the nurse/midwife in charge. If following this risk assessment sending an escort with the patient would put the remaining patients at risk then the nurse/midwife may make the decision to send the patient unescorted.

6.5 When a patient is going for an outpatient appointment the nurse/midwife in charge of their care should ensure that their personal needs have been met before transfer.

7 Policy detail/Course of Action

7.1 In-hours transfers
For transfers “in hours” (see Appendix A), if the staffing level is compromised by the need for escorting patients, then the sending area may request that the receiving area send an escort to collect the patient. Help from neighbouring wards should then be considered. If no staff are available to assist in maintaining a safe ward environment and providing appropriate escort requirements, then ascending line manager support must be sought. Use of the risk assessment process will assist in prioritising escort needs.

7.2 Out of hours transfers
Out of hours transfers should be an exception based on clinical need, non clinical transfers out of hours should be managed in line with the Trust's Patient Non Clinical Transfer Standard Operating Procedure.
Out of hours transfers should replicate in hours transfers. For transfers “out of hours” (see Appendix A), if no escort is available following the above process then the Bed
Manager/Site Coordinator must be informed. If following discussion with the Bed Manager/Site Coordinator an escort is not available and the transfer/escort is unable to be carried out, then an incident form is to be completed and reasons documented in patients notes. The patient’s consultant team must be notified of a failure to transfer and/or undertake procedures or investigations.

7.3 By assessment of the patient’s clinical needs, any supporting equipment must be identified and provided by the transferring area. It is seen as good practice to ensure that the receiving area has been fully informed of the patient’s clinical condition and the specifications of supportive equipment needed for the patients ongoing care needs. Exchange of equipment must only be undertaken when it is clinically safe to do so.

Patients should be assessed using the Patient Transfer Risk and Acuity/Dependency Assessment score this criteria will establish if a registered nurse escort is required

See Appendix (B)

7.4 Transfer requirements are specific individual patient groups

All patients for transfer must be correctly identified by the registered nurse/midwife in charge of their care; the escort and the receiving registered nurse/midwife.

Patients being transferred between wards and departments will ALL require assessment of their escort needs; this will be undertaken by the registered nurse who is responsible for the patient upon transfer. If the patient has any special transfer needs e.g. Isolation needs, bariatric patients, the porters and the receiving area must be notified, so that adequate resources are available to move and receive the patient.

The nurse/midwife in charge of the clinical area will be informed prior to the transfer occurring and confirm with the responsible nurse the method and level of escort if required for the individual patient.

The escort is to remain focused on the continuing care and safety of the patient throughout the process of transfer. The process of transfer can be confusing to patients; excellent communication regarding the method and mode of transfer, changes of position and use of appropriate manual handling equipment will lessen the patient’s anxiety and concerns.

7.5 Where there is a total handover of care to another ward/unit, it is the responsibility of the assessing nurse/midwife to ensure a full, comprehensive handover is made. This must be carried out either by the registered nurse/midwife escort, to the receiving registered nurse/midwife or if the patient is not escorted by a registered nurse/midwife, then the handover may be undertaken by the registered nurse/midwife by phone, to the registered nurse/midwife who will be responsible for the patients continuing care.

It is the responsibility of the transferring area to inform ALL appropriate parties as to the transfer of the patient, importantly their next of kin or preferred contact, who may require a high level of communication to ensure they are fully informed at all times. The use of a checklist is advised to ensure compliance (see Appendix B).
If unable to contact relatives, the transferring nurse needs to document this and inform the receiving ward that assume the responsibility.

7.6 Documentation

The process must ensure that all relevant documentation is updated prior to transfer, so that the receiving area has documented evidence of the patient's clinical condition and nursing care needs.

All documentation and patient medication must accompany the patient upon transfer, with due regard to patient confidentiality.

The risk assessment pro-forma must be updated and accompany the patient.

7.7 Student Nurses

Pre-registration nursing students may undertake internal escort duties whilst under the mentoring of a qualified nurse/midwife, who has assessed that the student is competent to undertake the level of escort required and the student is in agreement.

7.8 Volunteers

At the current time, due to volunteers not being covered as an employee of the Trust for health and safety issues, volunteers are not permitted to act as a patient escort for internal transfers.

7.9 Specific Diagnostic Imaging Requirements

Depending on Green/Yellow/Orange/Red status of the patient, the Nurse in Charge of the Ward will define who will escort the patient.

7.10 Specific Theatres, Endoscopy And DSU Requirements

When sending for a patient the registered practitioner in charge of each operating suite is responsible for sending for patients, but may delegate these duties to reception/recovery staff. Once the list has started, this must be carried out in consultation with the Anaesthetist, Surgeon and the Anaesthetic Practitioner.

Theatre staff, including appropriately trained support workers collecting the patient from the ward must take a written request containing the patients identification data; name, age, date of birth, hospital number, checked by the nurse in charge of recovery/reception against the operating list. This must also be checked with the registered nurse on the ward.

During transfer the patient should be warned of impending changes in position. Ensure that the head, body and all limbs are completely supported. Transfer the patient slowly using the appropriate manual-handling device.
On arrival at reception or anaesthetic room a designated member of staff must carry out preliminary patient checks with the ward notes, using an agreed checklist.

Patients must be accompanied at all times and if the patient is unstable or very disturbed, the escort must be a registered nurse/registered ODP. The escort should remain with the patient until the transfer procedure is completed.

The patient should retain hearing aids, glasses for use in the anaesthetic and recovery periods. The patient may come to theatre with dentures in if the patient wishes.

Movement assist devices and/or number of staff should be adequate to ensure patient safety during transfer activity.

Recovery will contact the receiving ward by telephone to inform them that the patient is returning to the ward post procedure. A suitably qualified support worker will escort the patient back to the ward and will obtain a signature from the registered ward nurse upon handover.

7.11 Mental Health And Learning Disability Requirements

Patients requiring transfer from our acute hospital setting to Sevenacres will require assessment as in all transfers. Dependent on the patient’s clinical condition it may be in the patient’s best interest to be escorted by a member of Mental Health staff. This should be determined by nursing assessment including the Emergency Department team, Mental Health team and should also have Medical involvement.

Patients who require transfer to the acute hospital due to physical clinical need will be assessed and appropriate escort staff should be requested if the clinical condition requires.

Specialist equipment individual to the patient must accompany the patient on transfer.

Support, communication and risk assessments between both areas will ensure the continuing physical and mental health of the patient.

Carers/relatives are to be encouraged at all times, to be part of the transfer/escort process to relieve patient anxiety and to be able to communicate on behalf of their client if required.

7.12 Internal Transfers Requiring Vehicle Transfer

The Ambulance Service will respond to any 999 call to incidents within the grounds of the complex and to any non-clinical areas i.e. South Block, Estates Buildings etc. Staff in these areas should use the 999 system, as internal extension calls will not achieve the necessary response and may, dependent on workload go unanswered.

Persons reporting incidents that occur inside clinical areas i.e. anywhere within the main hospital building, outside care and treatment areas for example the Diabetes Centre, Sevenacres, Laidlaw and other clinical areas should use the 2222 system to
summon help. The rationale being that the closest ambulance response may be further away than medical response in house.

Patient movements should be carried out by the Portering Service and internal transport with suitable escorts dependent on patient requirements, in line with recommendations elsewhere in this policy.

The medical transfer pack is stored in the Emergency Department Resuscitation Room and can be accessed if required.

8 Consultation

This policy has been sent for consultation to the following before being sent through the Trust ratification process:

- DNT
- Hotel Services Manager

9 Training

This policy is available to clinical staff throughout the Trust via the Intranet and a copy will be held on each ward. This Policy for the escort of patient during internal transfers’ policy does not have a mandatory training requirement but the following non mandatory training is recommended: Training will be made available to each team as required via the Development and Training Team.

10 Monitoring Compliance and Effectiveness

Monitoring will be undertaken by assessing 30 sets of notes annually 10 sets of notes from each clinical business unit – to ensure patients transfer check list is in the notes and complete. The Ward Sisters will be responsible for auditing their own areas.

If the audits show non compliance the Ward Sister supported by the Matron will put an action plan in place and discuss locally at their ward meeting and hand-over. Audit results will be shared at the Matrons Action Group, Clinical Improvement Forum and individual Clinical Business Unit board meetings.

This Escort Policy including Internal Transfer and Clinical Handover of Care does not have a mandatory training requirement but the following non mandatory training is recommended:-

The training recommended is at local level and for the Ward Sister/Line Manager to ensure all staff involved with transferring patients within the Trust are aware of the policy and ward transfer checklist within this policy.

Departmental managers must maintain auditable logs/registers as evidence of staff awareness/training on each Policy. Such records will help support the organisation’s policy management systems and help demonstrate their effective implementation. Policy leads may be required to request copies of implementation evidence to demonstrate levels of compliance and effectiveness and/or to identify problem areas or weaknesses.
11 Links to other Organisational Documents
This document should be considered in the context of the documents listed below:

- NMC code of Professional Conduct
- Mainland Transfer Policy
- Maternity Mainland Transfer Policy
- Transfer of Home Births to Hospital Protocol
- Transfer of Children to and from Theatre Guideline
- Transfer of patients under the care of Adult Psychiatry Services to Older Peoples Mental Health Protocol
- Initial Management and Transfer of Acute Abdominal Aneurysm on Isle of Wight Guideline
- Manual Handling Policy
- Last Offices Policy
- Electromagnetic interference (EMI) to medical devices from mobile communication devices (MCD)
- Death of a Child Protocol

12 References: None

13 Appendices

A Flowchart 11
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FLOW CHART FOR PATIENT ESCORT

ALL patients requiring transfer are to be correctly identified and assessed by the registered nurse/midwife in charge of their care

Does this patient need an escort?

Liaise with Nurse in Charge of clinical area. Is an appropriate escort available from own clinical area?

Transfer is carried out as per policy

Can the receiving area supply appropriate escort?

Can the neighbouring clinical area supply an appropriate escort?

“IN HOURS”
Contact General Manager for support/action
Modern Matron may be able to assist

“OUT OF HOURS”
Follow the Patient Non Clinical Transfer Standard Operating Procedure. Contact the site co-ordinator for support/action
Can we have hyperlink??

IF NO ESCORT AVAILABLE
Complete incident form if transfer is unable to take place due to no available escort. Document in patients notes and inform patient’s medical team
PATIENT TRANSFER RISK AND ACUITY/DEPENDENCY ASSESSMENT SCORE

AND WARD TRANSFER LIST

All patients undergoing internal transfer should be assessed using the assessment scoring system and have a Ward Transfer Checklist completed (2 sided document).

The risk score should be recorded on Page 2 of the Ward Transfer Checklist.
1. **PATIENT TRANSFER RISK AND ACUITY/DEPENDENCY ASSESSMENT SCORE**

<table>
<thead>
<tr>
<th>Score</th>
<th>Descriptor</th>
<th>Levels of care and impact to individual</th>
<th>Inclusion Criteria</th>
<th>Care required and clinical risks/Duties</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Insignificant</td>
<td>Patient requires hospitalisation Needs met through normal ward care No potential risk to cause injury</td>
<td>Elective medical or surgical admission Stable, will have underlying medical condition requiring on-going treatment Patient awaiting Discharge</td>
<td>Oral/IV bolus medication Obs 4 hourly or less Minimal nursing assistance required, wash with one Walk with one Requires help with getting up from bed/chair Requires no help with eating and drinking Care of catheter Patient, understands condition/treatment plan and is in agreement/compliant with planned care Or relatives/carers aware and accept planned actions No mental health problems</td>
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<td>2</td>
<td>Minor (Increased Acuity)</td>
<td>Patients in stable condition, but with increased acuity or potential to deteriorate. Managed on the wards with appropriate staffing levels, skill mix and equipment Potential to cause, minor injury or minor illness</td>
<td>Emergency admission Routine post diagnostic / surgical procedure care Exacerbation of Existing Medical Condition Potential for Deterioration Fluctuating Vital Signs or LOC Hourly urine measurements Established PEGS (&lt; 2 weeks)</td>
<td>Routine post-op/post procedure care (inc. ½ hourly obs until stable) Observations 2-4 hourly Oxygen therapy 24-40% Physiotherapy 2-6 hourly Tracheostomy Care May require interventions: Cardiac monitoring Fluid management/central lines Chest drains Assistance with hygiene requiring 2 staff Requires help with nutritional needs (eating and drinking) Requires re-catheterisation Patient understands condition/treatment plan and is in agreement with planned care though not compliant with all aspects e.g. choosing to smoke, or refused medication. Relatives/carers need occasional reassurance in some aspects of treatment plan May have mental health issues, but not impacting on current health status</td>
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<tr>
<td>Level</td>
<td>Category</td>
<td>Description</td>
<td>Observation &amp; Therapeutic Intervention</td>
<td>Instability requiring continual observation/invasive monitoring</td>
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<td>-------</td>
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<td>----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
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</table>
| 3     | Moderate                 | Patients who require intensive therapy or increased nursing input. Requires more than baseline resources allow. Potential to cause temporary incapacity or short-term monitoring or additional treatment. | Observation & Therapeutic Intervention  
"Step-down" from Level 2 care  
Complex Wound / Infection / Sepsis  
Counselling and Psychological Care  
Continual Supervision  
Mobility Difficulties  
PEGS > 2 weeks  
Patient Last Days of Life  
Detox patients | Support of Outreach Team, but NOT higher level of care  
15-30 minute observations TRP/BP, or to ensure patient safety  
Full Isolation Measures, Antibiotic regimes  
Disease prognosis support/preparation  
Sliding scale insulin  
Mobility fully dependent on nursing assistance/equipment  
Completely dependent for all nursing needs  
Cardiac monitoring  
Procedure off ward requiring escort  
Patient understands condition/treatment plan and is in agreement with planned care though not compliant with all aspects  
Or relatives/carers need regular very anxious requiring regular reassurance in some or all aspects of treatment plan  
Diagnosed mental health illness that is impacting on current health |
| 4     | Major                    | These patients are unstable and at risk of deteriorating and should NOT be cared for in areas currently nursing skill mixed as general wards. They may be managed within clearly identified, designated and resourced "observation" beds within Clinical Business Units, where the required expertise, skills and resources can be provided or require transfer to a dedicated facility/unit. | Deteriorating/Compromised Single Organ System  
Renal Failure  
CCF  
Detox patients – unstable  
"Step-down" from Level 3 Care  
Uncorrected Major Physiological Abnormalities | Greater than 50% oxygen  
Patients requiring non-invasive ventilation/resp support  
Facial CPAP/BiPAP  
Continuous ECG and invasive pressure monitoring  
Vasoactive drug infusions (amiodarone, potassium, inotropes, GTN, magnesium)  
Haemodynamic instability  
CNS depression of airway and protective reflexes  
Neuro. Monitoring  
Confused/wandering/agitated, potential for self-harm  
Pain Management – IV analgesic infusions  
Patient not aware of condition/treatment plan – communication problems e.g. deafness, confusion  
Evidence of recent alcohol or illegal substance intake  
Diagnosed mental health illness that is significantly affecting treatment plan or at risk of suicide. |
| 5     | Catastrophic             | Patients needing advanced respiratory support or monitoring and therapeutic intervention of two or more organ systems. Potential to cause death | Monitoring and Supportive Therapy for Compromise or Collapse of two or more Organ Systems. | Respiratory or CNS depression/compromise requires Mechanical/Invasive ventilation  
Invasive monitoring, vasoactive drugs, treatment of hypovolaemia/haemorrhage/sepsis or neuro protection. |
2. **RISK EVALUATION**

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<th>GREEN</th>
<th>Will require review by staff on receiving ward to ensure level of risk remains stable.</th>
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<td>YELLOW</td>
<td>As green AND ensure communication with Bed Manager and receiving ward to highlight action to reduce risks.</td>
</tr>
<tr>
<td>ORANGE</td>
<td>As green AND ensure detailed information on risks and actions to reduce risks are highlighted to Bed Manager to support appropriate ward allocation and receiving ward to ensure appropriate bed allocation within ward.</td>
</tr>
<tr>
<td>RED</td>
<td>As green AND ensure detailed information on risks and actions to reduce risks are highlighted to Bed Manager to support appropriate ward allocation and receiving ward to ensure appropriate bed allocation within ward.</td>
</tr>
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3. **ACTIONS**

When a patient is identified for transfer – the transferring ward will

1. Complete Ward Transfer Checklist
2. Indicate level of patient risk at time of transfer
3. Advise Bed Manager of level of risk and specific requirements when requesting bed in another area
4. When bed identified arrange transfer with receiving ward

The receiving ward nurse will

1. Ensure they receive a verbal and written handover of the patient
2. Review the level of risk and determine suitable placement within the ward
3. Reassess the patient’s level of risk on arrival to ensure safe placement
4. Document actions in patient records
# Patient Transfer Form

To be completed by receiving ward and filed in patients notes

<table>
<thead>
<tr>
<th>Name of patient</th>
<th>Name of Bed Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>IW</td>
<td>DOB:</td>
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<table>
<thead>
<tr>
<th>No. of transfers.</th>
<th>Clinical Transfer □</th>
<th>Non Clinical Transfer - Bed manager confirms that patient does not contravene exclusion criteria □ Datix completed by receiving ward</th>
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</table>

<table>
<thead>
<tr>
<th>From Department</th>
<th>To Department</th>
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</thead>
</table>

If transferring a medical patient to GRU (i.e. not an active rehab-patient) - Requires weekly clinical ward round review only. Y □

Transferring Area hands over full patient details by telephone to receiving ward

<table>
<thead>
<tr>
<th>Nurse giving handover</th>
<th>Nurse receiving handover</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Handover Date _________ and Time _______</th>
<th>Bed No allocated _________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Transferring consultant</th>
<th>Receiving consultant</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Has a member of the clinical team been informed?</th>
<th>Has a member of the clinical team been informed?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Next of Kin (Name &amp; Number)</th>
<th>Name of Person Informed / aware of transfer</th>
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<tbody>
<tr>
<td></td>
<td>Yes / No</td>
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Appendix 2 cont. Verbal handover sheet for internal transfers

- One handover sheet per patient transfer
- To be completed by nurse receiving verbal handover
- File in patients nursing notes on arrival to ward/department

<table>
<thead>
<tr>
<th>BACKGROUND</th>
<th>ASSESSMENT</th>
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</table>
| Diagnosis and treatment inc PMH and care needs to include any safety & family issues. | **Alert Status**  
MEWS score:  
Pain score:  
GCS  
DNACPR Yes/No |
| **Infection Control**  
Any Diarrhoea and vomiting in past 48 hours Yes/No  
Any other infection control alerts or issues eg known MRSA, GDH+toxin negative, C-difficile, ESBL ?  
Has Carbapenamase producing enterobacteriaceae screening been completed? |  
**Invasive devices:**  
IV Cannula Yes/No  
Urinary Catheter Yes/No  
Other please state: |
| **Patient Safety**  
Waterlow Score:  
Skin integrity (if has pressure ulcer location and grade )  
TV Mattress Yes/No  
MUST score  
Nutritional Status  
Falls Risk? Yes/No  
Mobility issues?  |
| Confused Yes/No  
1 : 1 req yes/No  
Allergies |
Diagnostic Imaging Departmental Protocol

Course of action

- CT, MRI and Ultrasound will contact the ward with the patient appointment; ask if the patient escort assessment has been carried out for the assessing nurse’s name, which will be recorded on the Radiology CRIS system. The patient’s allocated registered nurse will be responsible/accountable for the assessment of patient escort requirements.

- All patients attending North X-ray will require an escort. This Nurse/Midwife in charge will ascertain what competencies are required.

- Patients attending Main X-rays – patients to be assessed by registered nurse on the ward regarding escort requirements prior to the Porters collecting the patient.

- The escort attending must be aware of the patients’ needs e.g. handling, allergies, patient diagnosis/condition.

- Patient notes, drug chart, X-rays (if had copies) and manual handling assessment, to be sent with ALL in-patients attending the Diagnostic Imaging Department (in event of patient collapse).

Between 09.00 – 17.00

Does the patient require an escort? Please check below

The patient with the following will require escort to the Diagnostic Imaging Department, if in doubt please contact tel. 4671 for advice.

Trained Nurse
Intravenous Infusions with additives
Opiates
Oxygen
Patient condition dictates the need for a trained nurse escort e.g.: recent collapse, pain (assessment of the patients’ needs by trained nurse/doctor).

Invasive procedures – A trained nurse will be required to escort the patient back to the ward.
In the event of Radiology nurse absence (ward will be informed), a trained nurse will be required to remain with the patient during an invasive procedure for patient monitoring and care e.g. urgent nephrostomy, biopsies etc.

Healthcare Assistant
Drains
Communication difficulties
Decreased Mobility/special handling needs
Confusion
Anxiety/emotional support

No escort available: Follow flow chart (Appendix A)
If still no escort available:

- Could the patient attend later, or within the next working day, if so rearrange with the Diagnostic Imaging Department.

Requests for Portable X-rays should be for CLINICAL EMERGENCIES only (i.e. the patient is too medically unstable for transfer to the main X-ray Department).

**Out of Hours Weekdays 17.00-9.00am and Weekends 9.00am-17.00 all in-patients will require an escort**

All in-patients attending the Diagnostic Imaging Department will require an escort out of hours.

**No escort available:** Follow flow chart (Appendix A)

If still no escort available:

- Could the patient attend the next working day? Please inform the Diagnostic Imaging Department.

Requests for Portable X-rays should be for CLINICAL EMERGENCIES only (i.e. the patient is too unstable for transfer to the main X-ray Department).
Appendix D

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

<table>
<thead>
<tr>
<th>Document title</th>
<th>Escort Policy including Internal Transfers and Clinical Handover of Care</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Totals</th>
<th>WTE</th>
<th>Recurring £</th>
<th>Non Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manpower Costs</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Training Staff</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Equipment &amp; Provision of resources</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Summary of Impact: Training for hospital teams in the being aware of this policy and their respective roles and responsibilities.

Risk Management Issues: Nil

Benefits / Savings to the organisation: Adherence to this policy will lead to quicker and safer transfer from one department to another.

Equality Impact Assessment
- Has this been appropriately carried out? YES
- Are there any reported equality issues? NO

If “YES” please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.
<table>
<thead>
<tr>
<th>Manpower</th>
<th>WTE</th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.1 Operational running costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff Training Impact</th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals:</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment and Provision of Resources</th>
<th>Recurring £ *</th>
<th>Non-Recurring £ *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation / facilities needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building alterations (extensions/new)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT Hardware / software / licences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stationery / publicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities e.g. telephones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rolling replacement of equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing – booklets/posters/handouts, etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:

Signature & date of financial accountant:

Funding / costs have been agreed and are in place:

Signature of appropriate Executive or Associate Director:
Appendix E
Isle of Wight NHS Trust

Equality Impact Assessment (EIA) Screening Tool

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Escort Policy including Internal Transfers and Clinical Handover of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of document</td>
<td>To ensure the safety of all patients transferring between departments on the St Marys site</td>
</tr>
<tr>
<td>Target Audience</td>
<td>All NHS Staff who work across the St Marys sites</td>
</tr>
<tr>
<td>Person or Committee undertaken the Equality Impact Assessment</td>
<td>Jeannine Johnson, Lead Nurse-Stroke Services</td>
</tr>
</tbody>
</table>

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

   If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

   If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>Y</td>
<td>N</td>
<td>Improved safety of Patient</td>
</tr>
<tr>
<td>Women</td>
<td>Y</td>
<td>N</td>
<td>Improved safety of Patient</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian or Asian British People</td>
<td>Y</td>
<td>N</td>
<td>Improved safety and Health of Patient</td>
</tr>
<tr>
<td>Black or Black British People</td>
<td>Y</td>
<td>N</td>
<td>Improved safety of Patient</td>
</tr>
<tr>
<td>Chinese people</td>
<td>Y</td>
<td>N</td>
<td>Improved safety of Patient</td>
</tr>
<tr>
<td>People of Mixed Race</td>
<td>Y</td>
<td>N</td>
<td>Improved safety of Patient</td>
</tr>
<tr>
<td>White people (including Irish people)</td>
<td>Y</td>
<td>N</td>
<td>Improved safety of Patient</td>
</tr>
<tr>
<td>People with Physical Disabilities, Learning Disabilities or Mental Health Issues</td>
<td>Y</td>
<td>N</td>
<td>Improved safety of Patient</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Transgender</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Lesbian, Gay men and bisexual</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Age</td>
<td>Children</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Older People (60+)</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Younger People (17 to 25 yrs)</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Faith Group</td>
<td>Y</td>
<td>N</td>
<td>Improved Safety of Patient</td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td>Y</td>
<td>N</td>
<td>Improved Safety of Patient</td>
</tr>
<tr>
<td>Equal Opportunities and/or improved relations</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal (it is not discriminatory under anti-discriminatory law)</td>
<td>N/A</td>
</tr>
<tr>
<td>Intended</td>
<td>N/A</td>
</tr>
</tbody>
</table>

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:

N/A

3.2 Could you improve the strategy, function or policy positive impact? Explain how below:
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?

<table>
<thead>
<tr>
<th>Scheduled for Full Impact Assessment</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of persons/group completing the full assessment</td>
<td>N/A</td>
</tr>
<tr>
<td>Date Initial Screening completed</td>
<td></td>
</tr>
</tbody>
</table>