Protocol for the use of Electronic Monitoring

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| Name of originator/author: | Gqwetha Malinga & Mohammad Ramjany |
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**1. Purpose**

To provide clear operational instructions for decisions regarding the use of Electronic Monitoring devices in the management of patient leave from forensic services at the John Howard Centre.

**2. Introduction**

An electronic monitoring system (EM) has been introduced to the John Howard Centre (JHC) site from February 2016 for the purposes of assisting in the safe management of patient leave from the unit.

**3. Principles and Safeguards**

**3.1** EM is intended as an additional safeguard which will enhance and support robust clinical practice. The use of EM should not substantially alter thresholds for granting escorted or unescorted leave. EM will not be used as a ‘blanket’ approach to leave management.

**3.2** The SPJ guidance will direct teams to individual patients who **will b**e asked to consent to the use of EM for therapeutic leave as part of their care and treatment plan. The MDT will exercise clinical judgement in recommending EM use in individual cases.

**3.3** EM should never be used as a substitute for an appropriate staffing ratio. EM is to be viewed as a helpful adjunct to appropriate leave arrangements.

**3.4** It in no way replaces the function of a member of staff providing a supportive escort to the patient.

**3.5** Use of EM will be reported regularly to the local Safety and Security Committee **(reporting to the Directorate Management Team)** Incidents relating to the use of EM will also be monitored in this way through Datix Reporting.

**N.B The use of EM is considered an incident if;**



* **No valid consent was obtained**
* **Consent was withdrawn during a period when the EM was in situ**
* **Equipment failure or malfunction (e.g. false alarm, failure to alarm, damage) Loss of leave episode associated with EM**
* **Substantial delay (1 hour or more) in being able to leave the unit or return to**

**the unit due to EM equipment malfunction**



* **Any harm or other detriment to the patient as a result of EM use.**
* **EM is used to transfer patient to prison without a JHC escort, leading to EM being cut by admitting residence**

**4. Decision**

**4.1** The Clinical team will complete a Structured Professional Leave Management Tool **(SPJ Appendix 1).** The Checklist based on risk items in SPJ will assist the Clinical team in making decisions regarding security level required for new admissions.

**4.2** Decision to Use EM should not apply to patients on the list of discharges within next 6 months and/or have responsibly used unescorted leave for 6 months or over. The RC should discuss any other exceptions with the Head of Service.

**4.3** The Clinical team may make prior arrangements with patients about exceptional leave

(Hospital appointment or Court Appearance)

**4.4** The completed SPJ form will be uploaded on Rio and also sent to the following email:

[\_elft.forensicsrestrictionswards@nhs.net](mailto:_elft.forensicsrestrictionswards@nhs.net)

**4.5** Use of EM will then be reviewed & approved by Head of Service, Head of Nursing and

Associate Clinical Directors.

**4.6** Ward staff (Band 6 above) will add the patient on the Eagle Software and enter the zones and

Reception/Security staff will Measure the patient for the right Strap size.

**5. Consent**

**5.1** The clinical team must make an assessment on whether a patient has the capacity to give consent. For those without capacity the clinical team will do capacity assessments and reach the decisions of best interest whilst involving independent advocacy (if needs be). Patient’s clinical notes must then be updated and the form uploaded onto RIO **(Appendix 3)**

**5.2** The Clinical Team will also seek the patient’s consent to share minimum information necessary with external company (BUDDI LTD). Completed forms would then need to be forwarded to ([\_elft.forensicsrestrictionswards@nhs.net](mailto:_elft.forensicsrestrictionswards@nhs.net)).

5.3 Patient consent to EM use will be reviewed at regular intervals at ward round/CPA and documented on patient clinical files.

**6. Fitting**

**6.2** Ward staff will then contact reception/Security staff and provide details of the patient including time for leave and Strap size

**6.1** Ward staff will enter the times for leave on the Eagle Software

**6.3** Reception/Security will Assign the EM device on the system and fit the strap on one side of the EM device

**6.4** Ward staff will escort the patient to reception and collect the EM device with the strap attached on one side and proceed to the EM device fitting room

Ward staff will inform reception/security once the EM device has been fitted/secured on the patient.

**6.5** Reception/Security staff will check the eagle software and ensure there is a green tick on the side of Battery, Communication, Strap Alert and Failure to return to evidence transmission.

**7. Removal**

**7.1** Ward/Escorting staff will bring the patient into the search room in reception or secure place when coming back via use of secure van.

**7.2** Staff escorting to Hospital, transfers to prisons and other hospitals will ensure a place of privacy and safety prior to removal when needs arises/are required.

**7.3** Reception/Security staff will deactivate/remove the device on the system once patient is secure in search room or place of privacy & safety in case of escorts. W ard or escorting staff will then remove the EM device using the remover.

**7.4** W ard staff will pass the EM device with the strap attached to it on one side to reception/security staff.

**7.5** In case of transfers (prison/other hospitals) EM will be fit back following procedure and contact with Reception/Security staff to activate EM device. Reception/Security staff will remove the strap and ensure that the EM device is placed back on charge.

**7.6** For patients in general hospital for a long time, ward staff will collect a newly charged

EM device prior to the other one’s battery going flat

**8. Review**

**8.1** Clinical team will review the use of the EM as determined by the patient’s progress and current risk assessment at every ward round. EM use will also be reviewed at CPA meetings held at 6 monthly intervals. The Use of EM’s can also be reviewed at any time at the discretion of the clinical team.

**8.2** EM use will also be audited by the ward on a 3 monthly basis for patients on the device plan. **(Appendix 2)**

**9. Discontinuation**

**9.1** The Clinical team will review the SPJ Tool to reflect current risks and If the Clinical team concludes that EM use is no longer required, the decision to withdraw will be notified to;

**Head of Service**



**Head of Nursing & Associate Director of Security or**

**Associate Clinical Directors**

**Via email:** - [\_elft.forensicsrestrictionswards@nhs.net](mailto:_elft.forensicsrestrictionswards@nhs.net)

9.2 This decision will also be documented on patient clinical notes

**10. Absconsion**

**10.1** Staff escorting patient should contact the police then the ward as soon as possible. Ward staff will inform DSN and staff on site will liaise with the Police and EM Company (**08009788800)**

**10.2** If safe to do so escorting staff may follow the patient at a discrete distance. If this is not possible the escorting staff should return to the Unit**.**

**Appendix 1**

**Risk check list for**

**Electronic Monitoring**

**Checklist to determine whether EM should be us**

*NB: This does not apply if the patient is within 6 months of discharge to the community and has been making responsible use of community leave for 6 months or more***.**

**If any of the following criteria (1-12) are met (Y) electronic monitoring should be actively considered due to inherent risk. Other cases may be included at the discretion of the clinical team. Should the clinical team wish to w aive EM when the checklist indicates that it should be used, the RC will discuss w ith the Head of Service and obtain agreement for an exemption.**

1. Is the patient within 12 weeks of admission? Y/N

2. Does the care pathway of the patient involve a planned return to prison? Y/N

3. Is the patient on trial leave from high security? Y/N

4. Does the patient have a history of sexual or violent offences against children (or are they at risk of such behaviour)? Y/N

5. Does the patient have a history of violent or sexual offences against vulnerable adults (or are they at risk of such behaviour)? Y /N

6. Is the patient considered at risk of absconding, or on remand for a serious charge or they are serving a long sentence? Y/N

7. If unexpectedly at large would there be an appreciable risk to the patient? Y/N

8. If the patient were to be unexpectedly at large there would be an appreciable risk to others? Y/N

9. If unexpectedly at large would there be predictable potential victims? Y/N

10. Are there current or long term victim sensitivities or publicity associated with the case? Y/N.

11. Is the patient involved with a gang or an organised criminal network? Y/N

12. Is the patient at risk of reprisal? Y/N

W hat is the patients view on electronic monitoring?

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Do they have capacity to consent? Y/N

If ‘yes’ do they consent? Y/N

If no, has a Best Interests Assessment endorsed this decision? Y/N Further comments (if any) from team discussion:

**Appendix 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Electronic Monitoring Audit**  **Tool** |  | | |
|  | **Number** | **Number** | **Comments** |
| **Criteria** | **Yes** | **No** |  |
| Has patient given consent to electronic  Monitoring |  |  |  |
| Has the SPJ been fully completed with rationale for EM to be used? Does this capture the risk as articulated by the team |  |  |  |
| Has the Electronic Monitoring been approved by the Associate Clinical Director/ Head of service in line with policy? |  |  |  |
| Has the use of the Electronic Monitor been reviewed by the team in the last two  weeks |  |  |  |
| Has the SPJ been uploaded on Rio |  |  |  |
| Has the consent by patient been uploaded on Rio |  |  |  |
| Has the patient used EM over 6 months without incident |  |  |  |
| Has the IMHA been consulted to support patient in decision to wear EM |  |  |  |
| Does the patient have a care plan to go with the use of Electronic Monitoring use  1. Is it specific  2. Does it include views of patients  3. Are there milestones that a patient needs to achieve in order to be taken off EM |  |  |  |
| **Is of Type of leave specified(Escorted or**  **Unescorted Therapeutic leave,MoJ Approved Leave, General Hospital Leave or any other Physical Health Type leave i.e Dentist, Court**  **Leave,Compassionate Leave)** |  |  |  |

**PATIENT CONSENT FORM PATIENT ELECTRONIC MONITORING**

Name:…………………………………………. D.O.B.:…………………………

Ward:………………………………………….. Consultant:……………………

Date:……………………………

Delete as appropriate:

I understand that my clinical team have carried out an assessment and consider that currently the risks associated with my leave plan mean that I am recommended to wear a tracking device when I go outside the hospital.

I understand that the device will be applied by a member of staff prior to going on leave and removed upon return.

I understand that the tracking device will record where I go and will alert the hospital if it is damaged or forcibly removed.

I understand that I if I do not comply with recommended leave arrangements; this will lead to a reconsideration of my care plan.

Delete as appropriate:

I understand the above and give **CONSENT** to wear a tracking device outside of the unit and to the sharing of personal data with the tracking company [Glasgow Community and Safety Services (GCSS)/Buddi Ltd]

OR

I understand the above but **DO NOT CONSENT** to wear a tracking device outside of the hospital

Patient Signature……………………………. Date:…………………………… Witnessed: Name………………………….... Designation…………………… Approved by Director/Associate Clinical Director

Name……………………………………………………….Signature…………………………………………

Date……………………………………

**ELECTRONIC MONITORING OF LEAVE PATIENT WITHOUT CAPACITY TO CONSENT**

Patient Name: D.O.B.

Ward:

Responsible Clinician:

I certify that the above named patient who is under my care represents a potential risk of attempting to abscond should they require escorted leave outside of the secure perimeter.

I also certify that he/she lacks the capacity to make an informed decision on whether to consent to wearing a tracking device should escorting outside of the perimeter be necessary.

I confirm that the Multi-Disciplinary Team has discussed this issue and concur that, in the event of a necessary escort outside of the secure perimeter, the patient should have a tracking device fitted.

Date of MDT discussion:

It is understood that the application of the device requires the sharing of some patient identifiable data with Glasgow Community and Safety Services (GCSS)/Buddi Ltd.

Responsible Clinician Signature: Date:

Countersigned by:

IMHA signature……………………………….. Date:………………………….

OR

Other…………. Designation

Signature:……………………………………. Date:……………………………

Approved

Approved by Director/Associate Director (Name……………………………) Signature:………………………………. Date:………………………

**USE OF ELECTRONIC MONITORING DEVICE FLOW CHART**

**DECISION**



Clinical team will complete Structured Professional Leave Management

Tool(SPJ) App.1

 Checklist based on risk items in SPJ will assist Clinical team in making decisions regarding security level required for new admissions.

 Decision to Use EM should not apply to patients on the List of discharges within next 6 months and have responsibly used Unescorted Leave for

6months or over

 RC should discuss any other exceptions with the Head of Service.

 Clinical team may make prior arrangement with patient about exceptional leave(Hospital appointment or Court Appearance)



The completed SPJ form will be uploaded on Rio The completed SPJ form will be sent to <mailto:_elft.forensicsrestrictionswards@nhs.net>

 Use of EM will then be reviewed & approved by Head of Service, Head of and Associate Clinical Directors



Ward staff will add the patient on the Eagle Software and enter the zones

Reception/Security staff will Measure the patient for the right Strap size

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**CONSENT**

* For patients with Capacity the clinical team will seek the patients consent to use the EM
*  For patients without capacity the clinical team will do Capacity Assessment and reach best Interest decisions involving independent advocacy if needs be.

 Assessment of capacity and best interest will be recorded in the patient’s clinical notes.

 Clinical team will also seek the patient’s consent to share patient’s minimum necessary information with suppliers.

 Completed consent form will be sent with SPJ tool to <mailto:_elft.forensicsrestrictionswards@nhs.net>

 The consent form will uploaded on R

**FITTING**



Ward staff will complete ICS and send to reception/Security staff and provide details of the patient including time for leave/duration and Strap size

Reception staff will enter the times for leave on the Eagle Software

 Reception/Security will Assign the EM device on the system and fit the strap on one side of the EM device

 Ward staff will escort the patient to reception and collect the EM device with the strap attached on one side and proceed to the EM device fitting room

 Ward staff will inform reception/security once the EM device has been fit on the patient

 Reception/Security staff will check the eagle software and ensure there is a green tick on the side of Battery, Communication, Strap Alert and Failure to return to evidence transmission.

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**REMOVAL**

* Ward/Escorting staff will bring the patient into the search room in reception
*  Staff escorting to Hospital, transfers to prisons and other hospitals will ensure a place of privacy and safety prior to removal when needs arises/ are required.

 Reception/Security staff will deactivate/remove the device on the system once patient is secure in search room or place of privacy & safety in case of escorts

 Ward or escorting staff will remove the EM device using the remover

 Ward staff will pass the EM device with the strap attached to it on one side to reception/security staff

 In case of transfers (prison/other hospitals) EM will be fit back following procedure and contact with Reception/Security staff to activate EM device

 Reception/Security staff will remove the strap and ensure that the EM device is placed back on charge.

For patients in general hospital for a long time, ward staff will collect a newly charged EM device prior to the other one’s battery going flat

**REVIEW**

 Clinical team will review the use of the EM as determined by the patient’s progress and current risk assessment.

EM will be reviewed at every ward round



EM use will also be reviewed with the patient at CPA meetings held (as minimum) at 6 month intervals.

 EM use will be reviewed anytime at the discretion of the clinical team.

 EM use will also be audited on a 3 monthly basis by wards with patients on

EM device plans.

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**DISCONTINUATION**



Clinical team will review the SPJ Tool to reflect current Risk

If Clinical team concludes that EM is no longer required, the decision to withdraw use will be notified to Head of Service, Head of Nursing & Associate Director of Security or Associate Clinical Directors via below email

 [mailto: elft.forensicsrestrictionswards@nhs.net](mailto:%20elft.forensicsrestrictionswards@nhs.net)

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**ABSCONSION**

 Staff escorting patient should contact the police then the ward as soon as possible

 Ward staff will inform DSN and staff on site will liaise with the

Police and EM company 08009788800

 If safe to do so escorting staff may follow the patient at a discrete distance

 If this is not possible the escorting staff should return to the

Unit**.**

***End of flowchart***

***Appendix 6* Contingency plan for EM**



**“Patient good to go checks”**

ELFT will need to call Buddi Customer Support on 0800 978

8800 to complete “**good to go checks**” prior to releasing the wearer. All the below steps must be completed prior to letting the wearers go:

ELFT ward staff will need to advise Buddi customer support on any required zones that need to be setup for the wearer prior to them going on leave.

They need to be clear in the boundaries of the zone that are required or if they are aware which specific zones from the zone library needs to be activated and for how long. ELFT ward staff will need to advise buddi customer support on the leave times required for the failure to return alert activation if the wearer does not return within approved leave times.



**“GOOD TO GO”**

Once the wearer has been fitted to their designated tracker UBIN, confirm they have checked the fit is secure and done a tug-test then call BUDDI CST on

08009788800 to confirm the wearer is good to go.

Buddi customer support will then check that;

i. If the battery is below 80%, the tag should be swapped for one that is fully charged

ii. If the strap is removed, the ward need to ensure that it is correctly fitted, if so possible replace the strap or tracker for wearer if strap removal to continuous ON is not confirmed

iii. If there is no communication or No GPS, request the tag is taken outdoors to obtain signal.

**NB: ELFT STAFF MUST NOT LET THE WEARER GO UNTIL CST CONFIRM THE “GOOD TO GO**

**“Patient Return Checks”**



The reception staff must call Buddi customer support on 0800978

8800 when the wearer returns, before they remove the tracker from the wearers ankle.

CST confirms the tracker has been un-assigned from the wearer profile and is fit to remove- ELFT staff can proceed with removing the tracker from the wearer’s ankle.

ELFT must also confirm whether any active zones for those days leave needs to be turned off with CST

ELFT need to place tracker (EM device) back on charge.

***End of contingency flow***