Policy for Enhanced Observation for Patient Safety v 3.0

Policy Statement:

This policy is to provide staff with guidance and process for managing patients safely that require enhanced observation to maintain their safety whilst under care of HEFT.

Key Points:

- Descriptors of observations levels
- Applicable to ward based areas and emergency department
- To utilise RAID to support identification of patients at level 4 enhanced observation.

Key Changes:

We have developed a number of practice guides/tools and the following have been added to the front of the policy: -

- A practical guide for staff on what enhanced observation means in practice.
- A flow chart for the safe management of confused patients
- An acuity tool for the provision of enhanced observation
- Behavioural care plans

Paper Copies of This Document

- If you are reading a printed copy of this document you should check the Trust's Policy website (**http://sharepoint/policies**) to ensure that you are using the most current version.

Ratified Date: 8th October 2014 Reviewed 3rd February 2016
Ratified By: Nursing & Midwifery Board
Review Date: 30th September 2017
Accountable Directorate: Corporate Nursing
Corresponding Author: Lorraine Longstaff Associate Head Nurse Safeguarding Adults & Maria Mackenzie Corporate Nursing

Meta Data

Title	Enhanced Observation Policy v3.0
Status	Approved
Document Author:	Lorraine Longstaff Matron for Adult Safeguarding Maria Mackenzie Corporate Nursing
Source Directorate:	Corporate Nursing
Date Of Release:	30th October 2014
Approval Date:	3rd February 2016.
Approved by:	Nursing & Midwifery Board
Review Date:	30th September 2017
Related documents	• Trust Management of Violence & Aggression Policy • Trust Violent Warning Marker Policy • Consent to Examination and Treatment Policy (HEFT 2011) • Conscious sedation policy • Safeguarding Adults Policy • Clinical Holding (Restraint) Policy • Management of Patients who Self Harm • Integrated Falls policy • HEFT Missing Persons Procedure
Superseded documents	• Therapeutic Nursing Observation (Specialling) Policy v1.0
Relevant External Standards/ Legislation	• NICE Guidance Self Harm The short-term and psychological management and secondary prevention of self-harm in primary and secondary care 2004
Key Words	Enhanced Observation support specialling

Revision History

Version	Status	Date	Consultee	Comments	Action from Comment
0.1	Draft	18/02/11	Members of the Challenging Behaviour Group (Grainne Buggy, Kevin Bailey, Fiona Burton, Phil Chambers, Ann Edgar Angie Edwards, Vicky Kean, Fiona Lawrence, Bridget Leach, Katie Lees, Claire Pearsall, Donna Woodings, Yvette Appleby, Jon Edwards, Chris Smith, Dhruba Baggh, Mary Horner (Governance)	Change wording on trained & untrained to Registered nurses & Health care assistants. Include section on management of falls Spelling checks, review risk assessment/process. Monitoring	Completed. Completed. Completed. To be reviewed.

0.2	Draft	14/03/11	Head Nurses, Matrons, Sisters Equality & Diversity Team (Pam Chandler & Riaz Janjua)	Include section re: human rights training Include specialling under key words. Review Aims & Objectives.	Completed. Completed.
0.3	Draft	20/04/11	Maria Mackenzie Grainne Buggy	Add link to SAD score and, under Nurse in charge, add re pt. sectioned under the MHA	Completed.
0.4	Draft	June 11	Maria Mackenzie & Maria Kilcoyne	Review the scope regarding under 18's & include link to paediatric policy.	Completed.
1.0	Approved	July 11			
1.1	Draft	April 2014	Lead Nurse for Safeguarding Adults Matrons for Elderly Care Faculty of Education Corporate Nursing	Agree Policy Author and timescales Identify key users / policy writers	completed
1.2	Draft	July 2014	Deputy Chief Nurse, Head Nurses, Lead for Safeguarding Adults and Children Matrons for Elderly Care	Out for wider consultation Add in reference to Missing Persons Policy, Integrated Falls Policy. Review correct title for Registered Mental Health	Comments noted and actioned
1.3	Final	September 2014	Members of the Nursing Midwifery Board	Circulated for Approval at next Nursing Midwifery Board	
2.0	Draft	December 2015	AHN GHH site, Phil Hall Dementia Lead, AHN Sol site, AS team, AS steering group	Review of the policy, devised new practical guide for staff to aid application in practice.	New documents added to policy

Table of Contents

Quick Reference Guide 1 Levels of Enhanced Observations 6
Quick Reference Guide 2 Enhanced Observation Practical guide for staff 8
Quick Reference Guide 3 Acuity Tool for the Provision of Enhanced Observation "special" 11
Quick Reference Guide 4 – SBAR submission for wards requiring extended resources for enhanced observation (over 72 hours) to be completed by Matron/Senior Sister/Charge Nurse 12
Quick Reference Guide 5 – Safe Management of Confused Patients 13
Quick Reference Guide 6 – Behaviour Care plan & 1-1 delegation record 14
Quick Reference Guide 7 – Behavioural Chart 16

1 Circulation 18

2 Scope 18

3 Definitions 18

4 Reasons for Development 18

5 Aims & Objectives 18

6 Standard Key Principles for Enhanced Observation 19

6.1 Patients with Dementia/ Delirium (Acute/Chronic) 20

6.2 Patients with Learning Disabilities 20

6.3 Patients at Risk of Falls 20

6.4 Patients with Alcohol /Drug Withdrawal 20

6.5 Patients who Self Harm 20

6.6 Patients with Acute Mental Health/Psychotic Episode 20

6.7 Patients within Emergency Departments (E.D) 21

6.8 Paediatrics 21

7 Roles and Responsibilities 21

7.1 Chief Executive 21

7. 2 Executive Directors 21

7.3 Head Nurses 21

7.4 Matrons 21

7.5 Senior Sisters/ Charge Nurses 22

7.6 Clinical Site Practitioners/ Night Practitioners 22

7.7 Registered Nurses & Health Care Assistants **22**

7.8 Registered Mental Health Nurses & Mental Health Support Workers **22**

8 Training **23**

9. Monitoring &Compliance **23**

10. References and Supporting Policies and Procedures **24**

11. Appendices

Appendix 1 Making Decisions Regarding Deprivation of Liberty (Flowchart) **25**

12. Attachments

Attachment 1 Consultation and Ratification Checklist 27

Attachment 2 Equality and Diversity Policy Screening Checklist 28

Attachment 3 Launch & Implementation Plan 31

Quick Reference Guide 1

Levels of Enhanced Observations

Patients who may need enhanced observation	Level 2	Level 3	Level 4
	Support that can be managed locally from within current ward/department team	Additional support is necessary Bank or Agency staff booked to support the clinical area. Staff are a resource for the ward and not for one patient.	Specialist Support is required either RMN or HCA with mental health experience as recommended by RAID
Patients with confusion acute/ chronic **Patients with delirium** **Patients with known dementia**	Ward/Department staffing levels and patients conditions allows for staff to undertake the necessary enhanced observation from within existing team This may include offering flexible visiting to patients relatives. The use of suitable tools/activities for the patient to engage in.	Ward/ Department activity unable to manage patient safely due to complexity of patients needs or due to clinical area being below agreed staffing levels for the shift.	
Review	Daily	Daily ensure plans are in place to accommodate nights and weekends.	Review as necessary
Patients with Learning Disabilities	Likely to have support from Learning Disability Nurse family member or carer known to the patient		May need to request Learning Disability HCA to provide support if unable to manage from level 2
Review	Daily		Daily work with external agencies and the patients agreed date for discharge
Patients with risk of falls Level 2 Falls Bundle in place	Same sexed patients have been cohorted together where medical condition and level of observation are suitable for more than one patient and current staffing levels can provide resource	Ward/ Department activity unable to manage patient safely due to complexity of patients needs or due to clinical area being below agreed staffing levels for the shift.	
Review	Daily	Daily	
Patient with alcohol and drugs withdrawal	If the patients needs can be met within the current, ward staffing levels and the safety of other patients and staff are not compromised.	Ward/ Department activity unable to manage patient safely due to complexity of patients needs or due to clinical area being below agreed staffing levels for the shift.	Patients who have received a specialist review from RAID and a specialist practitioner is recommended to maintain safety of patient and others.
Review	Daily until condition improves	Per shift until staffing levels improve or patients, condition does not require additional resource to be in place.	Per shift until staffing levels improve or patients, condition does not require additional resource to be in place.
Patients admitted with self-harm	Level of support maybe from within current staffing levels	If support for the patient can be managed by providing an additional resource for the ward/department.	If review from RAID Team has recommended specialist intervention. Support to appropriate to patients

			needs
Review	Per shift	Per shift	Per shift, ensuring staffing is arranged for night shifts and weekends where necessary.
Patient with acute mental health illness that require care with an acute general care setting	SAD Score to be considered.		RAID to establish the most appropriate level of support (RMN or HCA). Clearly documented within the patients record
Review			Per shift must ensure weekend shifts and night shifts are covered, and level of support remains appropriate to patients need.

Consider DOLS Assessment

- Does the patient have capacity
- Does the patient require constant supervision
- Is the patient free to leave
- Is the patient being deprived of their liberty

Quick reference guide 2 Enhanced Observation – Practical Guide for Staff

Introduction

- Some patients require more than a general level of observation (Level 1), often with the primary aim of reducing risk and protecting the patient e.g. they have distressed behaviour or at risk of falling and sustaining injury. This activity is called Enhanced Observation (EO) although is often referred to as 'specialing'.

- Alongside delegation of a member of staff to be with the patient, it is also necessary to respond to unmet needs that may be contributing to discomfort or distress, such as feeling fearful or lonely, particularly for patients who may have dementia or delirium.

- The Enhanced Care approach has been designed to help the registered nurse to give clear direction to the member of staff providing cohorted or one to one care about risks and appropriate responses to the patient. The tools in this approach include the About Me document, the Behaviour and Dementia and Delirium Care Plans and the Enhanced Care Toolbox. These encourage staff to get to know the person, practise relational interactions and occupational activities that offer reassurance, respond appropriately to behaviour and ensure that the care provided is documented in a meaningful way.

Level of Support

At handover the nursing team identify which patients require Enhanced Observation to reduce risk and protect patients. The levels of observation are:

- **Usual ward observation**
- **Cohort (two or more patients) observed in a bay**
- **1:1 observation**
- **RMN or Mental Health HCA (e.g. suicide risk, psychosis, not patients with dementia or delirium unless advised by DaDOT or RAID)**

The Nurse in Charge **must** identify the level of resources needed to enable the provision of Enhanced Observations and it is their responsibility to complete the Acuity Tool for the Provision of Enhanced Observation **daily** (see page 11 of policy). To allow adequate time to organise staffing the nurse in charge should try to identify need for the following 24 hour period (i.e. that day, night and following day to night). For each patient who requires Enhanced Observation the following request for resources must be made on the Acuity Tool

Level 2 – Ward has sufficient resources to manage locally

Level 3 – Additional support is required (document whether cohort or 1:1 care)

Level 4 – Patient requires RMN or Mental Health HCA (seek advice from the RAID team)

Process

Sol site: The Senior Nurse Dementia or First On for the site will review the Acuity Tool for the Provision of Enhanced observation form and offer advice and guidance where possible. First On is responsible for

booking and allocating staff for Enhanced Observation, balancing the needs and mitigating risk for the site as a whole.

GHH site: First On for the site and or Site Duty Matron will review the Acuity Tool for the Provision of Enhanced observation form and offer advice and guidance where possible. First On (in consultation with, site team and others as necessary) will identify additional resources required for the site and request accordingly, balancing the needs and mitigating risk for the site as a whole

BHH site: First On, POD Leads or Site Duty Matron will review the Acuity Tool for the Provision of Enhanced observation form and offer advice and guidance where possible. First On (in consultation with, site team and others as necessary) will identify additional resources required for the site and request accordingly, balancing the needs and mitigating risk for the site as a whole

Who can provide Enhanced Observations?

- Enhanced Observation can be complex, particularly when behaviours that may be perceived as challenging are severe or occur regularly. Assignment of staff to provide Enhanced Observation must be based on the skills and experience of staff available to meet patient need. It is recommended that inexperienced staff are encouraged to shadow more experienced colleagues during Enhanced Observation without being delegated to be the primary staff member for the patient. This will enable positive role modelling leading to improved capabilities and experience of supporting patients through vulnerable times.

- The Enhanced Care Team (Sol site only) have received education in Dementia and Delirium and will be allocated to those with most complex need when available. Only patients with dementia and patients over the age of 65 with delirium can be supported by members of these two teams. When the Enhanced Care Team are unavailable regular staff will be expected to undertake Enhanced Observations where deemed to be required.

- For GHH & BHH site regular staff will be expected to undertake the Enhanced observations where deemed to be required and ideally be those staff that have received the dementia, delirium training.

- If extra staff are required, whether booked or bought from other wards, they should be booked to backfill and regular staff who know the patient best provide Enhanced Observations.

- Nursing Students in the second and third year may provide Enhanced Observation once they have been working on the ward for two weeks, first years may under direct supervision. Objectives and expected competencies must be agreed and discussed. Mentors must support students with limited experience, allowing them to shadow in the role to help familiarise with resources and build confidence, leading to positive role modelling for students about therapeutic interventions in the role.

- The Registered Nurse caring for the patient will delegate Enhanced Observation to a member of the ward team with appropriate skills and experience. The Registered Nurse must ensure that a handover takes place immediately with a verbal description of the key concerns for the patient, and a written copy of the Behaviour Care Plan and 1:1 Delegation Record is completed at the earliest opportunity.

Enhanced Care

Enhanced Care is a principle based approach. To ensure effective implementation the following must be adhered to:

- Enhanced Observation can be an emotionally demanding nursing activity, particularly when high levels of risk are identified. To ensure the quality of therapeutic observations and that relational interaction remain high, general good practice principles would indicate that periods of 1:1 observation do not exceed **2 hours.** Periods of concentration in excess of 2 hours may increase the possibility of inattention and losing focus on the patient's needs. Changes in the 1:1 may also be beneficial for the patient, although care must be taken to include some continuity. Where specialist staff are allocated short breaks should be provided every 2 hours as well as usual allocated breaks for that shift.

- The Nurse in Charge must regularly review the care of patient receiving Enhanced Observation during the shift.

- Figure 1 provides a summary of the care that Enhanced Observation should be providing.

Nursing Staff providing cohorted or 1:1 Enhanced Observation are expected to:

- Introduce themselves to the patient(s)
- Read the **Behaviour Care Plan**, the **CARED Bundle** and the **About Me** documents
- Update the **About Me** as required
- Utilise the **Enhanced Care Toolbox** in conjunction with the **About Me** to provide suitable engagement and activity
- Complete the **1:1 Delegation Record** when receiving or handing over a patient (not required for breaks) and **24 Hour Record. Behavioural Chart** to be completed when indicated in the patient's care plan
- Meet the needs of the patient utilising the **CARED Bundle**. It is possible to prevent and resolve delirium by providing good fundamental care focusing on good food and drink intake, pain, constipation maintaining mobility and activity and good personal hygiene.
- Provide reassurance if the patient is confused or frightened, orientating the patient to time and place if they are able to.

The Senior Nurse Dementia(Sol site only) or SWS/Matron for clinical area/Site duty Matron is responsible for working with ward teams to ensure that all patients requiring Enhanced observation have:

- A completed **Behaviour Care Plan**
- A **CARED Bundle** in the patients' notes ready for completion by the ward team
- A plan for observations required (**24 Hour Record** and **Behaviour Chart**) is in place and documentation available for ward staff
- An **Enhanced Care Toolbox** is available for each 1:1 or cohort

Quick Reference guide 3: **Acuity Tool for Extra Resources in the Provision of Enhanced Observation "Special"**

Ward……. **Site:**BHH/GHH/SOL **Date & Time:** **Signature: ……**

Name	Sex	PID	Bed/Room No	1-1 or Cohort	Identified Risk	Behavioural Care plan in place	DOLS in place Y/N	Level 2 - 4 Required	
								Day	night

Recommendations & Action:

- NIC/SWS to identify what additional support is required
- Inform Matron/Bleep holder/POD lead/DDOT as to what is required
- Ensure there is a clear plan in place for next 24 – 48 hrs. and that it is reviewed
- Escalate any shortfalls and/or concerns to NIC/SWS/Deputy
- Maintain accurate records, document in patient notes

This form must be completed **Daily** by the Nurse in Charge/Ward Co-ordinator

©Heart of England NHS Foundation Trust 2007

Quick reference guide 4 – SBAR submission for wards requiring extended resources for enhanced observation (over 72 hours) to be completed by Matron/Senior Sister/Charge Nurse

Situation **Ward..... Site BHH/GHH/SOL Date ...../...../.....**
Background
Assessment
Recommendations

Quick Reference Guide 5

The safe management of confused patients

Assess degree of risk

High Risk

- Significant degree of confusion and agitation
- Mobile and regularly wanders round ward
- Unaware of consequences of leaving the hospital
- Any patient who has indicated a potential to self harm

Action

- Nurse in high visibility area
- Identify any additional staff requirements to monitor patient
- Involve MDT
- Reassess condition during every shift or sooner if condition changes
- **Consider if DoLS* referral required**

Medium Risk

- Significant degree of confusion
- Mobile, but does not wander far from their bed space

Action

- Nurse in high visibility area
- Identify any additional staff requirements to monitor patient
- Monitor patient regularly
- Consider if DoLS* referral required

Low Risk

- Some degree of confusion (may be significant)

and

- Limited mobility- cannot leave bed space without assistance

or

- No mobility

or

- No attempt to wander

Action

- Monitor patient regularly
- Reassess if condition changes

Remember: assess, plan, document, communicate

*Deprivation of Liberty Safeguard

Quick reference guide 6: Behaviour Care Plan and 1:1 Delegation Record

Date:		**Completed by:**			
Patient's name:		**PID:**			
Circle as required Has the acuity tool for identification of additional Resources for Enhanced Observations been completed for the patient? **YES / NO** Level of observation required **normal ward** **cohort** **1:1**					
Relevant conditions					
Ward teams description of behaviour requiring enhanced observation:					
Plan to prevent the problem happening:					
Type of observation required (e.g. within arm's length, line of sight)					
Response to the problem if it occurs:					
If problem occurs and is resolved what action should be taken afterwards:					
Plan to improve patient's experience whilst in hospital:					
About Me completed		**24 hour chart**		**Complex Behaviour chart**	

The signature sheet below must be completed by both members of staff to record all information regarding the patient's individual needs. Any changes to the patient's condition must be documented and handed over.

Date	Time	Name, signature and designation of person handing over	Name, signature and designation of person receiving handover

Quick reference guide 7: Behavioral Chart

Description of target behaviour (circle which behaviour occurred):

Please record any episodes of the above behaviour, **one chart per episode**.

Aim – to record frequency and circumstances of incidents.

Date and Time	What was the person doing just before the incident **(A – antecedent)**
Where the incident occurred	
Which staff were involved (initials)	

What did you see happen? **(B –actual behaviour)**

What did the person say at the time of the incident?

How did the person appear at the time of the incident? (maybe more than one tick)

Angry -	Frustrated -
Anxious -	Happy -
Bored -	Irritable -
Content -	Physically unwell -
Depressed -	Restless -
Despairing -	Sad -
Frightened -	Worried -

How was the situation resolved? **(C-consequences)**

Description of target behaviour (circle which behaviour occurred):

Please record any episodes of the above behaviour **one chart per episode**..

Aim – to record frequency and circumstances of incidents.

Date and Time	What was the person doing just before the incident **(A – antecedent)**
Where the incident occurred	
Which staff were involved (initials)	

What did you see happen? **(B –actual behaviour)**

What did the person say at the time of the incident?

How did the person appear at the time of the incident? (maybe more than one tick)

Angry -	Frustrated -
Anxious -	Happy -
Bored -	Irritable -
Content -	Physically unwell -
Depressed -	Restless -
Despairing -	Sad -
Frightened -	Worried -

How was the situation resolved? **(C-consequences)**

1. Circulation

This Policy is applicable to all clinical practitioners whether employed on permanent, temporary or honorary contract at Heart of England NHS Foundation Trust (HEFT) who are involved in direct patient care.

2. Scope

Includes:

This policy is applicable to all adults and children who are receiving inpatient care or are being treated within the Emergency Departments at HEFT.

Excludes:

- Patient requiring higher levels of intervention due to acute/ critical illness
- Patients attending out-patients services e.g. Clinics/Day Surgery.
- Patients that are receiving care from Solihull Community Services

3. Definitions

Enhanced Observation	Where the level of observation is increased to maintain the safety and well-being of the patient. Patients may require enhanced levels of observations as defined in levels one to four.
Level One	Normal ward level of observation provided to the patient.
Level Two	Patients require additional observation but can be managed through current ward resources.
Level Three	Patient requires additional observations that cannot be supported through current ward resources so additional support is required from other areas, bank or agency.
Level Four	The level of observation required to ensure the patient safety is from a Registered Nurse Mental Health (RNMH) or Healthcare Assistant with skills and experience in mental health.
RAID	Rapid Assessment, Interface and Discharge a specialist mental health service based in acute hospitals for patients aged over 16 years.
RNMH	Registered Nurse Mental Health, Registered Nurses who appear on the NMC register with a registration in Mental Health Nursing.

4. Reason for Development

HEFT has a fundamental aim to provide a safe and caring environment for patients. Some patients due to either longstanding health conditions or acute episodes or to prevent them causing harm to themselves or others require additional levels of observations to be implemented.

5. Aims & Objectives

To recognise and implement the appropriate levels of enhanced observations for patients identified at risk.

- To provide patients with the appropriate level of observation needed to maintain their safety.
- To provide healthcare practitioners with clearly defined levels of observations

- To provide the organisation with a risk assessment matrix to determine the use of additional resources to ensure patients safety is maintained.

6. Standard Key Principles for enhanced observations

- All patients will receive an appropriate medical/nursing assessment to ascertain if enhanced observation is required.
- Patients who are considered to require enhanced observations include
  - Patients with confusion, acute/chronic or delirium.
  - Patients identified as risk of falls. (Level 2 Falls Bundle in place) http://sharepoint/policies/Office%20Documents/Integrated%20Falls%20Policy%20v3.0.pdf
  - Patients with learning disabilities http://sharepoint/policies/Office%20Documents/Learning%20Disabilities%20Policy%20Guidance%20v1.0.pdf
  - Patients with alcohol or drugs withdrawal.
  - Patients admitted following self harm http://sharepoint/policies/Office%20Documents/Self%20harm%20Policy%20%20v2.0%20.pdf
  - Patients with acute mental health illness requiring care within an acute care setting.

  http://sharepoint/safeguardingadults/default.aspx

  This list is not exhaustive
- Any breaches in patients privacy should only be considered if patient's safety is compromised e.g. patients that need to be accompanied to the bathroom/toilet.
- Any patient that is receiving enhanced observation, a capacity assessment of Deprivation of Liberty (DOLS) must be considered and an assessment completed where necessary.(**appendix 1**)
- Cohorting of patients in the same bay can be implemented for same sexed patients that require enhanced observations if the reasons are the same e.g. risk of falls. The patient's clinical condition must also be factored in.
- Patient information should only be shared with appropriate healthcare professional involved with the patient's care.
- All patients are assessed and referred to the appropriate Healthcare Practitioner to meet their care requirements.
- Patient's relatives are not to be utilised to provide enhanced observation for the patient. Whilst "open/ extended visiting" can be advantageous to provide familiarity and consistency for the patient, staff should still undertake the risk assessment for additional resources.
- Enhanced observations should be allocated to staff in no more than **two-hour slots** for patients at level two or three. Patients requiring level four with either RNMH or specialist support worker the ward staff must provide suitable comfort and meal breaks for the staff.
- First year pre-registration student nurses **cannot undertake** enhanced observations independently. They can participate under direct supervision to enhance their learning. All other pre-registration student nurses must have had a minimum of two weeks placement on the ward prior to participating in enhanced observations.
- Patients on level two or three enhanced observations, the Registered Practitioner is responsible for ensuring that the reason for enhanced observation is recorded in the patient's medical records and the electronic nursing record and there is an update in relation to the observation at least once per shift.
- All requests for additional resources to support enhanced observations must have the Acuity Tool for the provision of enhanced observation completed. (see quick reference guide 2) A Registered Nurse at Band 6 or above must complete this, or the senior nurse in charge/co-ordinator, advice or support can be sought from the 1st on bleep holder or site duty matron
- Patients who require level four enhanced observation with a specialist practitioner, the ward team must ensure the practitioner is provide with appropriate breaks during their shift.

- Ideally, the shift patterns for level 4 enhanced observations should utilise the three shift patterns and not the twelve hour shift patterns. **For example early 07:00 to 15:30 late 15:00 to 21:30 and night 21:00 to 07:15**
- Patients on level four enhanced observation the specialist practitioner must document within the patient's medical records at the start and the end of their shift. The Registered Nurse is responsible for the patient's care and must countersign all entries made by the non-registered practitioner.

6.1 Patients with Dementia/ Delirium (Acute & Chronic)

- Patients suffering with dementia can become distressed and disorientated when placed in unfamiliar surroundings.
- Where possible avoid moving/transferring patients with dementia as this can add to confusion.
- Establish what is the patient's normal pattern of behaviour and observe for triggers if the patient cannot articulate their needs e.g. to use the toilet/has pain/is hungry/thirsty.
- Provide appropriate stimulation and activities for the patient to participate in.
- Liaise with family/carers to establish patient's normal routine and where possible try to adhere to it within ward environment.
- If the family wish to have extended visiting and participate in the patient care, encourage them to do so. Relatives should not feel pressurised in to participating in care.

6.2 Patients with Learning Disabilities

- Patients with learning disabilities may have an appropriate carer in attendance with them throughout their stay in hospital.
- If the patient is from a care home, where possible liaise with care home to provide appropriate support, e.g. someone who knows the patient and who the patient knows will provide re-assurance for the patient.
- When support cannot be provided from the care home, liaise with the care home on the most appropriate/ level of resource that is required. E.g. enhanced observations required during the daytime only.

6.3 Patients at risk of falls (Level 2 Falls Bundle in Place)

- Patients deemed at risk of falls should have Falls Bundle Level 2 in place.
- All appropriate interventions are to be implemented.
- With patients of the same sex and at risk of falls, ward areas should consider cohorting patients together. Cohorted patients should have a member of staff present within the bay area at all times.

6.4 Patients with alcohol /drug withdrawal

- Patients who are withdrawing from alcohol or drug dependency may require enhanced observation during their initial phase of withdrawal.
- All additional resources used to undertake enhanced observation should be reviewed daily and adjusted accordingly.

6.5 Patients who Self-Harm

- Depending on the patient's level of self harm and current clinical condition will determine the level and support necessary to keep the patient safe.
- Patients should be cared for in line with guidance of the Trust Self Harm Policy.

6.6 Patients with Acute Mental Health/Psychotic Episodes

- Patients presenting with acute mental health/psychotic episode will receive a review from the RAID Team. The Raid Team will recommend the most appropriate plan of care for the patient, including if level four enhanced observation is required.

- The RAID Team should recommend the use of Registered Mental Health Nurse (RMN) or Support Worker however, there may be incidents at ward level were the decision to utilise an RMN or suitable Support Worker is undertaken by the Senior Nursing Team for the ward/Site.

6. 7 Patients within Emergency Departments (ED)

- Enhanced observation may be necessary for patients who present within the Emergency Department. Where additional resources are required to support patients care the Risk Assessment for additional resources needs to be completed (see quick reference guide 2)
- Patients who require enhanced observation within ED and a decision to admit is made the allocated ward must be informed of the level of observation the patient requires. If additional resources have been allocated on a one to one basis to support the enhanced observation of the patient, the additional staff resource must accompany the patient to the admitting ward.
- Patients requiring enhanced observations at level four within the Emergency Department are often very distressed and need to be cared for in a calm environment, appropriate strategies need to be implemented to ensure the patient can be cared for within a calm environment.

6.8 Paediatrics

- Children and young people requiring enhanced observation can be a very stressful time for both the individual and the parents. The resources required must be assessed according to the individual needs.
- When children or young people require level four enhanced observation the use of an appropriately qualified specialist practitioner must be sought irrespective of whether the parent remains present.
- When requesting additional resources the psychological needs of the child must be met and it may be necessary to request the specialist practitioner not only by their professional qualification but also by gender as well to prevent additional distress to the child.

7 Roles and Responsibilities

7.1. Chief Executive

- The Chief Executive retains overall responsibility for policies within the Trust operational responsibility for this policy it is delegated to the Chief Nurse.

7.2 Executive Directors

- The Chief Nurse has the Executive Lead on this policy is responsible for the development and review and monitoring of this policy. The Chief Nurse will delegate this operational responsibility to the Head Nurses per Site/ Division.

7. 3 Head Nurses

- The Head Nurses will oversee the implementation of this Policy and supporting Procedure.
- Head Nurses are responsible for conducting an annual nursing review within the high-risk areas of ward establishments, patient acuity and dependence.
- The Head Nurses will review weekly the number of patients requiring enhanced observations within their site/ division and the requests for additional resources made.

7. 4 Matrons

- Matrons are responsible for adhering to and implementing this policy.
- Matrons are to oversee the number of patients within their directorate requiring enhanced observations and provide weekly reports to the site Head Nurses.
- Matrons are to discuss daily with their Senior Sisters/ Senior Charge Nurses the uses of additional resources to support enhanced observation to ensure resources are being utilised effectively.

7.5 Senior Sister/Senior Charge Nurse

- Senior Sisters/Senior Charge Nurses are responsible for local dissemination and implementation of this policy.
- Senior Sisters/Senior Charge Nurses must ensure all patients requiring enhanced observation are managed appropriately and resources are used effectively.
- Senior Sister/Senior Charge Nurses and the Band 6 deputies in their absence must review and sign off the Acuity tool for the provision of enhanced observation
- Senior Sister/Senior Charge Nurses along with their Matrons must complete the SBAR assessment when additional resources are required for three consecutive days.
- Senior Sister/Senior Charge Nurses are responsible for ensuring all their staff are aware and can adhere to the process when a patient will require a DOLS Assessment as the enhanced observation is depriving them of their liberty.

7.6 Senior Nurse for Site (24 hours a day)

- The Senior Nursing Team with site responsibility for day or night are responsible for ensuring that all patients are placed in the most suitable environment for both safety and to meet their clinical needs.
- When patients are being placed in clinical areas that cannot accommodate their enhanced observations through the current staffing levels for that shift the Senior Nursing Team on duty need to complete the risk assessment and undertake a site/specialist review to establish if additional resources can be sourced from elsewhere.
- If additional resources cannot be found and alternative strategies cannot be implemented the Senior Nurses on site will need to make an informed clinical decision dependant on site and individual patient risk on what actions to take. It may be necessary for the site lead to base themselves within the identified ward area.

7.7 Registered Nurses & Health Care Assistants

- All Registered Nurses are accountable for maintaining patient safety; they retain responsibility for any activities they delegate to non-registered staff including undertaking enhanced observation.
- Registered Nurses must ensure any patients that require enhanced observations at any level has all their nursing care needs met and all staff involved in the process receive sufficient handover to deliver care.
- Registered Nurses must ensure any medication prescribed for the patient is administered in accordance with the Trust Medicine Policy.
- Health Care Assistants must escalate to the nurse in charge any deficit in their skills required to undertake enhanced observations, these deficits needed to be addressed through education or supervision.
- Registered Nurses must not allocate enhanced observation to any pre-registration student nurse who is in their 1st year of training. Subsequent levels of training, students may participate after completing a minimum of two weeks on placement on the allocated ward. The student should be participating as a learning opportunity only.

7.8 Registered Nurse Mental Health (RNMH) & Mental Health Support Workers.

- The Registered Nurse Mental Health (RNMH) and the Registered Nurses (RGN) must work together to provide care for the patient.
- The RNMH must provide a handover of care between shift changes to the Registered Nurses and to the RNMH taking over the care. The care provided must be recorded within the patient's medical record by the RNMH if the care provider is a support worker this must be counter-signed by the RGN.
- The RNMH/Support Worker will be expected as part of their care for the patient to participate and support the patient with personal care.
- The RNMH/Support Worker will not be expected to undertake any clinical care that the patient may need e.g. Recording Observations, Nursing Assessment.
- The RNMH/Support Worker must be aware of the patient's resuscitation status and be able to recognise and escalate any life threatening or critical event to the Ward/Department Team.

8 Training

- Although no bespoke training is in place for enhanced observation it is recognised that the ethos of delivering care that meets the individual patients needs and to prevent harm is fundamental principle within the Trust.
- All staff within the Trust do receive training on safeguarding and mental capacity.
- It is recognised that the Trust is not a Mental Health Trust and specific training to manage patients that require enhanced observation at level 4 is provided to front line staff both medical and nursing via local induction and bespoke mandatory update within the Emergency Department.

9. Monitoring & Compliance

Requirement to be Monitored	Process for monitoring	Responsible group or individual	Frequency of monitoring	Responsible group or individual for review of results	Responsible committee, Group for development of action plan where required
Our duties and local arrangements for management (a) through staff knowledge of this policy and procedures (b) policy compliance	Monitoring of incident trends will include monitoring of compliance with policy and knowledge and actions of staff.	Site Quality and Safety Groups.	Monthly review of IR1s and quarterly reports to Safety Committee	Site Quality and Safety Groups	Site Quality and Safety Groups
Duties and local arrangements through Number/themes trends and outcomes of those patients that require restraint	Completion of ward risk assessments	Senior Sisters/ Matrons.	Weekly	Site Head nurses	Site and Trust Nursing and Midwifery Performance Committee
Expectations for staff training and compliance	Training Needs Analysis	Emergency Department with support from the Faculty of Education	Quarterly	Emergency Department	Emergency Department

10. References and Supporting Policies and Procedures

- HEFT Missing Patients Procedure (Patients over 16 years) Policy
- Physical Intervention : Reducing Risk
- HEFT Management of Violence and Aggression Policy
- HEFT Violent Warning Marker Policy
- HEFT Consent to Examination and Treatment Policy
- HEFT Conscious sedation policy
- HEFT Safeguarding Adults Policy
- HEFT Safeguarding Children's Policy
- HEFT Clinical Holding (Restraint) Policy
- HEFT Management of Patients who Self Harm
- HEFT Integrated Falls policy
- http://www.bsmhft.nhs.uk/our-services/rapid-assessment-interface-and-discharge-raid/
- Mental Capacity Act

11. Appendices & Attachments

Appendix 1	Making Decisions Regarding Deprivation of Liberty (Flowchart)
Attachment 1	Consultation and Ratification Checklist
Attachment 2	Equality and Diversity Policy Screening Checklist
Attachment 3	Launch and Implementation Plan.

Appendix 1

Making Decisions Regarding Deprivation of Liberty and the Application Process

The following flow chart should be followed prior to a planned admission where possible and reviewed or considered during inpatient stay

Does the patient lack the mental capacity to consent to being in hospital in order to receive care and treatment in their best interests?

↓

Are you, or will you be depriving a patient of their liberty?

↓

What is a deprivation of liberty?

↓

The following test should be applied to the circumstances of the patient's care plan in order to determine whether they are being deprived of their liberty. Is the patient:

- Subject to continuous supervision and control? **and**
- Not free to leave?

If the answer to both questions above is "**yes**", the patient is being deprived of their liberty

↓

Can a less restrictive care regime be used which would mean the person would not be deprived of their liberty?

No

↓

1. Is the control and supervision in the best interests of the patient (i.e. is it considered necessary and proportionate in order to prevent harm or neglect of the patient?
2. Is it in the patient's best interests that they remain on the ward? i.e. is remaining on the ward considered a necessary and proportionate intervention in order to prevent the patient from harming or neglecting themselves

Where the deprivation of liberty is in the patient's best interests, you must seek appropriate authorisation; without authorisation, the deprivation of liberty will be unlawful.

↓

Is the patient over 18 years of age?

Yes

↓

Does the Mental Health Act 1983 Apply?
If "***Yes",*** seek appropriate assessments
If ***"No",*** you will need to seek authorisation under the Deprivation of Liberty Safeguards (DOLs)

No

↓

Seek legal advice

Yes – no deprivation of liberty and no authorisation required

No

↓

The restrictions are likely to be restraint and will be authorised under s6 Mental Capacity Act 2005 provided the restraint is reasonable and proportionate

Authorisation procedure under the Deprivation of Liberty Safeguards

1. Ward Sister/Nurse in Charge to contact the AHN for Safeguarding Adults to jointly review the case
2. Complete an IR1
3. Application for the DOLS will be made in writing by the Senior Sister their deputy or Matron of the clinical area
4. The combined Urgent & Standard authorisation forms must be completed, these are available on the safeguarding adult web page
5. It is the responsibility of the Senior Sister, deputy or Senior Nurse to oversee the application and to feed back to the MDT & the AHN for Safeguarding Adults of the outcome of the application

Procedure for completing the application for authorisation

1. The completed DOLS application forms should be faxed securely to the Birmingham City Council on **0121 675 1064** or alternatively scan and email to secure.mcadolsadmin.inbox@birmingham.gcsx.gov.uk For Solihull patients FAX to 0121 788 4345 or solihull.dols@solihull.gov.uk
2. Please ring the relevant supervisory body after sending the application forms to ensure that they have been received
3. A Best Interest Assessors and Section 12 Doctor (appointed by the local authority) will review the application, visit the patient on the ward and make a series of assessments
4. If all assessments concur, the DOL will be authorised for a stipulated time period. An Independent Mental Capacity Advocate (IMCA) may be appointed.
5. You will be given copies of the authorisation, assessments and subsequent actions as soon as practicable. A Relevant Person's Representative will be appointed and it is important that the ward staff know who this person is and their role.
6. In the event that authorisation is given, it will be the responsibility of the Senior Sister or deputy to monitor any conditions attached to the authorisation. The outcome of the application and the actions/conditions attached to the authorisation must be communicated to the team responsible for the patient's care via the MDT meetings and form part of the patients care plan.
7. If authorisation is denied, it will be unlawful to deprive the patient of their liberty and the relevant controls/restrictions must be ceased and/or not carried out

Contact Names & telephone numbers for DOLS Leads & Supervisory body

Birmingham – Dols Administrators (Jacqueline Sturch,Ekta Uppal & Rachel Britton) **0121 675 1684 or** for all DOLs related general enquiries email secure.mcadolsadmin.inbox@birmingham.gcsx.gov.uk

Solihull –Joahne Jennings (Admin) **0121 788 4388** or for professional advice Lynn Andrews: **0121 709 7144 (M) 07977035656**

South Staffordshire – Kiera Crossley, Amy Nichols or Carol Haines (admin team) 01785895675 –***FAX is 01785 276026***

Coventry & Warwick – Kay Drury: **024 76787608**

Please note – If there are any changes in the patients circumstances or the patient is discharged you must inform the relevant Supervisory body and the Matron for Safeguarding Adults

Attachment 1: Consultation and Ratification Checklist

Title	Policy for Enhanced Observation for Patient Safety

	Ratification checklist	Details
1	Is this a: Policy	
2	Is this: New / Revised	
3*	Format matches Policies and Procedures Template (Organisation-wide)	Yes
4*	Consultation with range of internal /external groups/ individuals	Yes
5*	Equality Impact Assessment completed	Yes
6	Are there any governance or risk implications? (e.g. patient safety, clinical effectiveness, compliance with or deviation from National guidance or legislation etc)	No
7	Are there any operational implications?	Yes ensuring risk assessments for additional resources are reviewed an actioned
8	Are there any educational or training implications?	Yes Frontline staff to have education included within current local induction and local mandatory updates.
9	Are there any clinical implications?	Yes patient safety ensuring actions are taken to mitigate any risks identified
10	Are there any nursing implications?	Yes ensuring staff understand and adhere to the policy
11	Does the document have financial implications?	Current use of additional resources already being used.
12	Does the document have HR implications?	No
13*	Is there a launch/communication/implementation plan within the document?	Yes
14*	Is there a monitoring plan within the document?	Yes
15*	Does the document have a review date in line with the Policies and Procedures Framework?	Yes
16*	Is there a named Director responsible for review of the document?	Yes
17*	Is there a named committee with clearly stated responsibility for approval monitoring and review of the document?	Yes

Attachment 2: **Equality and Diversity - Policy Screening Checklist**

Policy/Service Title: Enhanced Observation for Patient Safety	**Directorate: Corporate Nursing**
Name of person/s developing policy; Maria Mackenzie	
Aims/Objectives of policy: This policy is intended to provide guidance for managers, staff and security contractors in relation to the nature, circumstances and use of approved restraint techniques currently adopted by the Trust	

Policy Content:

- For each of the following check the policy/service is sensitive to people of different age, ethnicity, gender, disability, religion or belief, and sexual orientation?
- The checklists below will help you to see any strengths and/or highlight improvements required to ensure that the policy/service is compliant with equality legislation.

1. Check for DIRECT discrimination against any group of SERVICE USERS:

Question: Does your policy/service contain any statements/functions which may exclude people from using the services who otherwise meet the criteria under the grounds of:		**Response**		**Action required**		**Resource implication**	
		Yes	**No**	**Yes**	**No**	**Yes**	**No**
1.1	Age?		✓		✓		✓
1.2	Gender re-assignment?		✓		✓		✓
1.3	Disability?		✓		✓		✓
1.4	Race or Ethnicity?		✓		✓		✓
1.5	Religion or belief (including lack of belief)?		✓		✓		✓
1.6	Sex?		✓		✓		✓
1.7	Sexual Orientation?		✓		✓		✓
1.8	Marriage & Civil partnership?		✓		✓		✓
1.9	Pregnancy & Maternity?		✓		✓		✓

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

2. Check for INDIRECT discrimination against any group of SERVICE USERS:

Question: Does your policy/service contain any statements/functions which may exclude people from using the services under the grounds of:		**Response**		**Action required**		**Resource implication**	
		Yes	**No**	**Yes**	**No**	**Yes**	**No**
2.1	Age?		✓		✓		✓
2.2	Gender re-assignment?		✓		✓		✓
2.3	Disability?		✓		✓		✓
2.4	Race or Ethnicity?		✓		✓		✓
2.5	Religion or belief (including lack of belief)?		✓		✓		✓
2.6	Sex?		✓		✓		✓
2.7	Sexual Orientation?		✓		✓		✓
2.8	Marriage & Civil partnership?		✓		✓		✓
2.9	Pregnancy & Maternity?		✓		✓		✓

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING DIRECT DISCRIMINATION =							
3. Check for DIRECT discrimination against any group relating to EMPLOYEES:							
Question: Does your policy/service contain any statements which may exclude employees from implementing the service/policy under the grounds of:		**Response**		**Action required**		**Resource implication**	
		Yes	**No**	**Yes**	**No**	**Yes**	**No**
3.1	Age?		✓		✓		✓
3.2	Gender re-assignment?		✓		✓		✓
3.3	Disability?		✓		✓		✓
3.4	Race or Ethnicity?		✓		✓		✓
3.5	Religion or belief (including lack of belief)?		✓		✓		✓
3.6	Sex?		✓		✓		✓
3.7	Sexual Orientation?		✓		✓		✓
3.8	Marriage & Civil partnership?		✓		✓		✓
3.9	Pregnancy & Maternity?		✓		✓		✓
If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.							
4. Check for INDIRECT discrimination against any group relating to EMPLOYEES:							
Question: Does your policy/service contain any conditions or requirements which are applied equally to everyone, but disadvantage particular persons' because they cannot comply due to:		**Response**		**Action required**		**Resource implication**	
		Yes	**No**	**Yes**	**No**	**Yes**	**No**
4.1	Age?		✓		✓		✓
4.2	Gender re-assignment?		✓		✓		✓
4.3	Disability?		✓		✓		✓
4.4	Race or Ethnicity?		✓		✓		✓
4.5	Religion or belief (including lack of belief)?		✓		✓		✓
4.6	Sex?		✓		✓		✓
4.7	Sexual Orientation?		✓		✓		✓
4.8	Marriage & Civil partnership?		✓		✓		✓
4.9	Pregnancy & Maternity?		✓		✓		✓
If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.							
TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING INDIRECT DISCRIMINATION =							

Signatures of authors / auditors: Maria Mackenzie **Date of signing: 29/07/2014**

: Equality Action Plan/Report

Directorate: Corporate Nursing
Service/Policy:
Responsible Manager:
Name of Person Developing the Action Plan
Consultation Group(s):
Review Date:

The above service/policy has been reviewed and the following actions identified and prioritised.
All identified actions must be completed by: _____

Action:	Lead:	Timescale:

Signed by Responsible Manager: _____ Date: _____

Attachment 3 Launch and Implementation Plan

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Action	***Who***	***When***	***How***
Identify key users / policy writers	Lead Nurse for Safeguarding Adults Matrons for Elderly Care Faculty of Education	April 2014	Agree Policy Author and timescales
Present Policy to key user groups	See Revision history		
Add to Policies and Procedures intranet page / document management system.	Corporate Nursing Gatekeeper	Once approved	Governance Gatekeeper
Offer awareness training / incorporate within existing training programmes	Local Training plans for frontline staff	Ongoing	As per current local training plans
Circulation of document(electronic)	Via Trust Intranet Policies and Procedures share-point		Communication via daily com's Nursing and medically teams and site teams