



# Enhanced Patient Supervision and Engagement Policy

This procedural document supersedes: PAT/PS 20 v.3 - Enhanced Patient Supervision and Engagement Policy



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Date written/revised:	May 2024
Approved by:	PSRG
Date of approval:	June 2024
Date issued:	July 2024
Next review date:	July 2027
Target audience:	Trust Wide`

## Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

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Version	Date Issued	Brief Summary of Changes	Author
Version 4	May 2024	<ul style="list-style-type: none"> <li>• Amendments have been made to this version due to the introduction of Nervecentre to the trust and Named Practitioner Safety in Care joining to oversee Bedwatch, Violence and Aggression.</li> <li>• 5 – changes to enhanced levels of supervision</li> <li>• Removal of falls risk patients from enhanced supervision (this now sits in the falls policy)</li> <li>• Appendix 3 - Bedwatch request form</li> <li>• Appendix 4 and 5 – Behaviour Charts and ABC charts</li> <li>• Appendix 7 – Diffusion of escalation</li> <li>• Appendix 8 – De-escalation techniques</li> <li>• Appendix 9 – Common triggers</li> <li>• Appendix 12 – Equality impact Assessment</li> </ul>	Julie Wragg
Version 3	13 March 2018	<ul style="list-style-type: none"> <li>• Amendments have been made to this version due to some movement within the team. The amendments are:</li> <li>• 7.6 to include a notice from Infection Control</li> <li>• Appendix 8 point 4. Wording altered in assessment from a CGA point of view.</li> <li>• Appendix 8 matrons prescription proforma changed to enhanced care proforma</li> <li>• Appendix 9 to include rapid Tranquillisation guidance</li> </ul>	Deborah Searson, Person Centred Care Practitioner Esther Lockwood, Falls Prevention Practitioner Mandy Tyrrell, Advanced Clinical Practitioner

Version 2	29 January 2018	<ul style="list-style-type: none"> <li>• Section 5.1 – patients assessed as green level of supervision now only need to be reassessed if the patient’s condition changes, a fall occurs or on transfer.</li> <li>• Sections 5.3, 7.4, 7.8 refer to the new SOP for authorising additional staff for Enhanced Care needs.</li> <li>• Daily Supervision and Engagement Assessment updated and included in Appendix 1-3</li> <li>• Included reference to the Enhanced Care plan Appendix 7.</li> </ul>	Joanne Sayles
Version 1	3 October 2016	<ul style="list-style-type: none"> <li>• This is a new procedural document, please read in full.</li> </ul>	Esther Lockwood

## Contents

	<b>Page No.</b>
1 INTRODUCTION .....	6
2 PURPOSE .....	6
3 DUTIES AND RESPONSIBILITIES.....	7
3.1 Chief Executive.....	7
3.2 Consultant or Deputy in lieu of Consultant .....	7
3.3 Chief Nurse.....	7
3.4 Clinical Site Manager/Matron.....	7
3.5 Ward/Line Managers .....	8
3.6 Nurse in Charge.....	8
3.7 Individual/Clinical Staff .....	8
3.8 Bank and Agency Staff .....	8
3.9 Student Nurses.....	9
4.0 Safeguarding Team .....	9
4 PROCEDURE .....	9
4.1 PATIENTS LACKING CAPACITY .....	10
5 LEVELS OF ENHANCED SUPERVISION (SEE APPENDIX 2).....	11
5.1 Independent Patient .....	11
5.2 Intermittent Supervision.....	11
5.3 Cohorted Supervision ('Within Eyesight').....	11
5.4 Continuous 1:1 Supervision .....	12
5.5 Other responsibilities of the member of staff during Continuous 1:1 Supervision:.....	12
5.6 Bedwatch .....	13
6 VISITORS AND ENHANCED PATIENT SUPERVISION .....	13
7. ASSESSMENT .....	14
8 PROCESS .....	15
9 DOCUMENTATION.....	15
10 COMMUNICATION .....	16
11 PROLONGED USE OF HIGH LEVEL SUPERVISION .....	16

<b>12</b>	<b>MENTAL CAPACITY CONSIDERATIONS AND DEPRIVATION OF LIBERTY SAFEGUARDS</b>	
	16	
<b>13</b>	<b>MONITORING COMPLIANCE AND POLICY EFFECTIVENESS</b>	17
<b>14</b>	<b>DISSEMINATION AND IMPLEMENTATION</b>	18
<b>15</b>	<b>TRAINING AND SUPPORT</b>	18
<b>16</b>	<b>EQUALITY AND DIVERSITY</b>	18
<b>17</b>	<b>EQUALITY IMPACT ASSESSMENT</b>	18
<b>18</b>	<b>ASSOCIATED TRUST PROCEDURAL DOCUMENTS</b>	19
<b>19</b>	<b>DEFINITIONS</b>	19
<b>20</b>	<b>DATA PROTECTION</b>	19
<b>21</b>	<b>REFERENCES</b>	20
	<b>APPENDIX 1 – ACTIVITY/DISTRACTION SUGGESTIONS</b>	21
	<b>APPENDIX 2 – LEVELS OF ENHANCED SUPERVISION</b>	22
	<b>APPENDIX 3 – BEDWATCH REQUEST FORM</b>	23
	<b>APPENDIX 4 – BEHAVIOURS OF CONCERN CHART</b>	25
	<b>APPENDIX 5 – ABC CHART</b>	27
	<b>APPENDIX 6 – PROCESS FOR AUTHORISING ADDITIONAL STAFF FOR ENHANCED CARE NEEDS</b>	28
	<b>APPENDIX 7 – DIFFUSION OF ESCALATION</b>	29
	<b>APPENDIX 8 – DE-ESCALATION TECHNIQUES</b>	30
	<b>APPENDIX 9 – COMMON TRIGGERS</b>	31
	<b>APPENDIX 10 – DE-ESCALATION FOR OVER 65'S (SEE POLICY PAT/PS 15 V.3)</b>	32
	<b>APPENDIX 11 - BEDWATCH GUIDANCE</b>	33
	<b>APPENDIX 12 – EQUALITY IMPACT ASSESMENT PART 1 INITIAL SCREENING</b>	34

## 1 INTRODUCTION

Enhanced supervision (previously known as 1:1 or specialing) is an integral part of a therapeutic plan and ensures the safe and sensitive monitoring of the patients' physical and psychological well-being (including their conduct and mental health), whilst at the same time fostering positive therapeutic relationships. Through this effective monitoring of work colleagues, members will quickly identify changes in the patients' condition and well-being and facilitate a rapid and appropriate response.

All inpatients receiving care and treatment at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust premises are assessed with a view to monitoring their general safety and well-being. However, due to the patients present situation, (For example; due to the disease process, unfamiliar surroundings, medication, or mental health needs), the patient may require a temporary period of enhanced supervision following a risk assessment. This may be needed in order to maintain their safety and the safety of others.

Enhanced supervision should support planned treatment within the limitations of the clinical presentation and under the appropriate legal framework ie: The Mental Capacity Act (2005) or Mental Health Act (2007) where applicable. Consideration to Trust and Local Safeguarding procedures for both Children and Adults must be given as part of planned responses. Where this relates to a child (under the age of 18 years) discussions should also be undertaken with their legal guardian (holder of parental responsibility).

Enhanced supervision guidance aims to encourage the development of therapeutic interaction and engagement with the patient that maintains a balance between intrusion and safety. This may be achieved by establishing a good rapport with patients, promoting coping skills and being aware of their individual needs and by completing the Trusts 'This is me' (electronic or by WPR43640) and the Learning Disability Passport. Appropriate skills and training to enable staff to deliver effective therapeutic enhanced supervision and care will be offered by the Trust on the Foundations of care, Preceptorship and Enhanced Therapeutic Care Day.

Any patient under the care of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust whom is detained under any aspect of the Mental Health Act (2007) must be also be reviewed by the appropriate Mental Health Practitioner. This policy should be read in conjunction with wider Trust policy PAT/PA 19 on Mental Capacity Act 2005.

## 2 PURPOSE

This policy aims to provide a framework for staff working in Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust to follow a consistent approach in the planning and implementation for enhanced levels of supervision and support for patients who pose a potential or actual risk to themselves or others.

The policy provides clear instructions on how enhanced supervision should be implemented. Guidelines are also provided for the assessment of risk, to identify the level of supervision required and effective care planning.

This policy is for use in all inpatient settings throughout the Trust and will clarify the standards and procedures for all inpatient levels of supervision to promote patient safety.

This document is relevant to all clinical staff working in the Trust whose practice brings them in to contact with any patient who meets the criteria for receiving enhanced supervision (see appendix 2). The clinical objective is to provide safe and effective care for all patients who are considered a risk to themselves or others. This will be achieved by implementation of the advised level of enhanced supervision.

All staff in healthcare have a duty of care for patients. This means acting in their ‘best interests’ where best interest decision making is part of supporting decision making for those patients who do not have capacity. Under the Mental Capacity Act (2005) an incapacitated person can only be lawfully restrained where there is a reasonable belief that it is necessary to prevent harm to the person, any restraint must be proportionate to the risk and of the minimum level necessary to protect the person. Further information and guidance may be gained from the DBTH ‘Restrictive Interventions Policy’ (PAT PS 15 - Restrictive Interventions Policy) and PAT/PA 19 - Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS).

### 3 DUTIES AND RESPONSIBILITIES

#### 3.1 Chief Executive

Has the overall responsibility to ensure that the policy is implemented, by delegating duties as outlined below and ensuring the policy is updated.

#### 3.2 Consultant or Deputy in lieu of Consultant

Ensure that Assessments (both mental health and medical assessments) are completed and actions implemented, updated and monitored. Ensure appropriate follow on referrals are implemented. They are also responsible for liaising with nursing staff regarding reassessments and current level of supervision.

#### 3.3 Chief Nurse

Has a responsibility to ensure that the policy is implemented, by delegating duties to the Divisional Nurses, Deputy Divisional Nurse, Clinical Site Management, Matrons and Ward/Line Managers, ensuring the policy is implemented with appropriate actions.

#### 3.4 Clinical Site Manager/Matron

To be informed of all patients requiring enhanced supervision and those patients where the assessed level of supervision is unable to be met, along with the assessments and rationale

behind the decisions. To ensure that the ward or department is adequately staffed to provide safe supervision.

### 3.5 Ward/Line Managers

Responsible for ensuring that staff have received the appropriate information to carry out enhanced levels of supervision by having access to this policy and by completing Foundations of Care/Preceptorship. Recognition that if staff have not had the appropriate information by reading the policy or by attending Foundations or care/Preceptorship and are not competent then they are not to participate in supervision of the patient. Policy is to be adhered to and escalated to the Matron/Site Manager if any problems with regards to staffing for the ward or department.

### 3.6 Nurse in Charge

Responsible for completing the daily assessment of the patient's requirements for enhanced levels of supervision, having an overview of ward acuity including patients requiring enhanced supervision and ensuring those patients who are identified are supervised according to policy, and that re-assessments are reviewed and completed appropriately. The nurse in charge is notified via Nervecentre when a patient's level of supervision alters or their condition changes during their shift or on transfer to another ward.

The Nurse in Charge must delegate staff and rotate staff according to policy. The Registered Nurse remains accountable for the decision to delegate supervision to a staff nurse, NA, TNA or HCA, ensuring that they are sufficiently knowledgeable and competent to undertake the role. The Registered Nurse must **always** supervise any students who are involved in completion of assessments and provision of any levels of enhanced supervision and engagement.

Where staff shortages are an issue this needs to be escalated as per the DBTH Trust Escalation Policy (PAT PS 18 - Safe Staffing Escalation Policy).

### 3.7 Individual/Clinical Staff

To ensure that patients who are identified for enhanced levels of supervision are observed according to policy, and that documentation and re-assessment are reviewed and completed appropriately. All staff to supervise the patients appropriately to the level assessed as requiring and to maintain the standards of care.

### 3.8 Bank and Agency Staff

Good Practice would suggest that bank and agency staff who are not fully aware or have an in depth understanding of this policy or assessment procedure would not be expected to complete the assessment of the patients enhanced level of supervision requirements or provide the enhanced levels of supervision beyond Intermittent Supervision.

Doncaster & Bassetlaw Teaching Hospital staff (if possible) should be allocated to provide the levels of enhanced supervision.

If Bank/Agency staff are required to provide enhanced levels of patient supervision, the nurse in charge of the ward must ensure that a detailed explanation of the patient's requirements is given and what is to be expected of the bank or agency staff member is also provided. This information must also be communicated with any staff who are providing Bedwatch support to the patient.

Clear documented evidence of this explanation must be documented within the patient's daily plan of care and the behaviour chart should be commenced along with Therapeutic/Distrraction Activities being offered (a list of examples are available in Appendix 1).

### 3.9 Student Nurses

To be made aware of the policy on induction to each clinical placement within Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust. Completion of assessments and provision of any levels of enhanced supervision and engagement must **always** be under the supervision of the Registered Nurse.

### 4.0 Safeguarding Team

The Trust Safeguarding Team must be informed immediately if any person working for DBTH NHS FT suspects or has any concerns relating to the safeguarding of a patient and/or visitor. Adult safeguarding referrals should be made using the Step by Step guide on the Hive (Trust Intranet). For children's safeguarding referrals guidance on how to complete is also outlined in the Trust Safeguarding children's policy and Safeguarding Children section on the Hive, further support and advice can be obtained directly from the Trust Safeguarding team. For any patient who lacks capacity a Deprivation of Liberty Safeguards (DOLS) application should be considered if they meet the threshold. Resources to support decision making on DOLS are available on the Safeguarding section of the Hive or by discussions with the Safeguarding Team. The Safeguarding Team can also be contacted for advice around Best Interest decision making and when to complete MCA forms 1 and 2 in relation to this.

## 4 PROCEDURE

Patients are to be informed along with their relatives/carers of the procedures for enhanced supervision and the reasons behind the decision. The patient should have the opportunity with an advocate if they so wish to discuss the reasons for the decisions made, which may be at the initial point of informing them or at a later time.

If for any reason there are staff changes made by the nurse in charge regarding staff responsible for supervising the patient, the nurse in charge must be informed and the rota altered accordingly. Staffing issues regarding the need for additional staff for patient supervision **MUST** be escalated as soon as possible to the Ward Manager, Matron or Clinical site Manager as per the DBTH Trust Escalation Policy (PAT PS 18 - Safe Staffing Escalation

Policy) and an agreed plan must be made to reduce patient risk. If the level of enhanced supervision cannot be met that has been deemed appropriate for the patient a Datix report **MUST** be completed according to DBTH policy (CORP RISK 13 - Reporting and Management of Incidents and Near Misses). This should also be recorded in the patient's notes along with the name and role of the person providing the enhanced supervision clearly documented.

#### 4.1 PATIENTS LACKING CAPACITY

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy (PAT/PA 19) and the Code of Practice, both available on the Extranet.

**There is no single definition of Best Interest.** Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

## 5 LEVELS OF ENHANCED SUPERVISION (SEE APPENDIX 2)

Patient's risk assessments should be updated using Nervecentre and this will automatically generate the level of supervision required.

All patients must be assessed daily to identify the level of supervision required. This should be updated as often as necessary throughout the day and night shift and if the patient's condition changes or on transfer to another ward.

For the purpose of this guidance there are four levels of supervision to be followed. Independent Patient, Intermittent Supervision, Cohorted Supervision – within eyesight and Continuous 1:1 Supervision).

### 5.1 Independent Patient

Nursing staff will complete routine checks (as current practice) during the day and night, on the whereabouts and wellbeing of all patients on their wards which will be recorded in the nursing care plan and implement 5 for Falls (see Patient Falls Prevention and Management Policy PAT PS 11). If any concerns are raised regarding specific patients during these checks the Nurse in Charge must be informed.

All patients identified as 'Independent must be assessed on admission and then to be reassessed if there is a change in condition or on ward transfer. The level of supervision must be updated on Nervecentre.

### 5.2 Intermittent Supervision

A designated nurse/HCA or carer will be assigned to monitor the patient's whereabouts **at regular intervals**. Close intermittent supervision should take the form of positive interaction, in line with the patient's therapeutic goals and utilising the 'This Is Me' Document. A specific plan of care detailing the frequency of supervision and risk factors including interventions to minimise these risks may be required on the discretion of the nurse in charge and documented on Nervecentre.

All patients identified as Intermittent supervision must be assessed and updated daily; re-assessment must also take place if the patient's condition changes during the shift, a fall occurs or on transfer to another ward. The updated level of supervision must take place on Nervecentre.

### 5.3 Cohorted Supervision ('Within Eyesight')

The wards regular nursing/HCA staff will be assigned to a small group of patients for general observation, where a maximum of four patients have been identified as requiring within eyesight supervision for 24 hours a day. Patients assessed at this level of supervision should be within constant eyesight of the nursing staff. A behaviour and engagement chart should be commenced and a specific plan of care detailing the frequency of supervision and risk factors including interventions to minimise these risks should be documented on Nervecentre.

An alternative measure for calling for assistance may need to be identified for the member of staff cohortly supervising more than one patient in the event that urgent assistance is required and this should be communicated with the team on duty to respond as required.

All patients identified as requiring cohorted supervision must be assessed and updated daily; re-assessment must also take place if the patient's condition changes during the shift, if a fall occurs and on transfer to another ward. The updated level of supervision must be documented on Nervecentre.

If the level of enhanced supervision the patient requires cannot be met by the planned hands per shift, this should then be escalated with guidance from Appendix 8 and PAT/PS 18 - Safe Staffing Escalation Policy Escalation Policy.

All patients requiring cohorted supervision must be assessed to see if they require a Deprivation of Liberty Safeguard (DOLS) referral. Please see PAT/PA 19 - Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) and the Mental Health Act (2007). If the patient has capacity and declines to be continuously monitored, the nurse must document in the patient notes that they have explained to the patient why supervision is advised and that the patient has made an informed decision to decline this.

#### **5.4 Continuous 1:1 Supervision**

The Nurse/HCA identified as managing the 1:1 supervision of the patient will only be involved with the delivery of care to this patient and no other patient (Where possible a member of staff already known to the patient is recommended to ensure consistency of care). On rare occasions more than one staff member may be required.

Guidance on provision of 1:1 care and interventions to be considered at this level can be found in the Appendices.

All patients requiring continuous 1:1 supervision must be assessed to see if they require a Deprivation of Liberty Safeguard (DOLS) referral. Please see PAT/PA 19 - Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) and the Mental Health Act (2007).

All patients identified as continuous 1:1 supervision must be assessed and updated daily; re-assessment must also take place if the patient's condition changes during the shift or on transfer to another ward. The updated level of supervision must be updated on Nervecentre.

#### **5.5 Other responsibilities of the member of staff during Continuous 1:1 Supervision:**

The member of staff must be able to see the patient at all times.

The member of staff must be within arm's length of the patient unless a risk assessment is completed and it is deemed appropriate for the staff member to provide the continuous

supervision from a distance decided and agreed upon by the nurse in charge and/or Person Centred Care Practitioner and/or MDT.

The member of staff will provide positive interaction in conjunction with therapeutic interventions and activities.

Detailed behaviour charts (Appendix 4) must be completed and consideration for the use of ABC charts (Appendix 5) must take place with a rationale for why/why not the ABC chart is/is not to be used.

If the patients risk factors cannot be managed with continuous 1:1 supervision this must be escalated to the matron for urgent medical review. Out of hours this should be escalated to clinical site management.

## 5.6 Bedwatch

On some specific occasions when a patient is violent and aggressive and posing a risk to others or themselves, a bedwatch can be requested with the bedwatch request form (Appendix 3). This should be completed by the nurse in charge and escalated to the matron and a discussion with the Named Practitioner for Safety in Caring or Person Centred Care Practitioner should take place. Out of hours, this should be escalated to the site team. See Appendix 13 for bedwatch guidance.

## 6 VISITORS AND ENHANCED PATIENT SUPERVISION

While relatives/carers and visitors are with the patient the member of staff providing the enhanced level of supervision should continue supervision within visual contact of the patient if they are requiring Continuous 1:1 Supervision. If the patient is requiring cohorted level of supervision, staff supervision may be reduced (at the discretion of the nurse in charge), however relatives/ carers and visitors must be made aware that they are to inform staff when they are leaving the patient and this must be clearly recorded and documented. Relatives/carers must also feel comfortable at being left alone with the patient and if there are any concerns whatsoever or relatives/carers are anxious about this, staff must not leave the patient and instead, remain in place. Relatives/carers must also not be expected or asked to monitor other patients in order for the staff member to leave the area.

Relatives/carers and visitors (with the patients consent) should be provided with information regarding the rationale for the patient requiring enhanced supervision. This will ensure clear communication and sharing of treatment and care requirements.

Depending on the risk identified the patient may prefer the company of a relative/carer or friend. Measures should be taken to facilitate this and to gain information from the patient's relatives and carers as to the patient's likes and dislikes and history. This will assist with engagement options for staff when the relatives are unable to be present. Completion of the 'This is Me' document is encouraged (WPR4364). Staff should welcome the support and company of a patient's relatives or friends to assist with engagement and well-being (Johns Campaign, WPR 42581).

## 7. ASSESSMENT

Decisions regarding enhanced supervision should be made following a holistic risk assessment by the multidisciplinary team of the patient's physical and psychological needs and this should be documented along with the rationale for the supervision and if patients are assessed requiring cohorted or continuous 1:1 Supervision, a behaviour chart must be completed (Appendix 4 ). If the level of enhanced supervision the patient requires cannot be met for reasons other than due to staffing, this must be clearly documented along with the rationale for this. If the supervision requirement cannot be met due to staffing issues this needs to be escalated with guidance from Appendix 6 and PAT PS 18 - Safe Staffing Escalation Policy.

Different levels of supervision may be required throughout the day and night dependant on the individual patient needs. The specific levels of supervision required at different times of day and night should be updated on Nervecentre and agreed by the multi-disciplinary team (This should include the NIC, doctor and therapists involved with the patient) and clearly communicated and documented).

The level of supervision **MUST NOT** be reduced by the staff member supervising the patient for any reason without discussion with the nurse in charge providing reason for suggesting reducing level of supervision. If the decision is made by the nurse in charge to reduce the level of supervision this must be recorded on Nervecentre.

If additional staffing is required this should be escalated to the ward manager or Matron in working hours or the duty matron and Clinical site management team out of hours. Staff must try to ensure that the patient's privacy and dignity, cultural, religious beliefs and gender specific needs are maintained. However at times where the level of risk supersedes these issues this must be clearly explained to the patient and/or relatives (where appropriate) and documented.

If a patient is having barrier nurse precautions due to risk of disseminating infection, Infection Prevention and control suggest that a chosen member of staff provides supervision in a side/single room per shift, thereby not creating more risk of transmission to patients. This process also applies for patients who are cohorted supervision. Each patient should be assessed for their individual risk(s) using the appropriate process (Datix). The staff member conducting the individual risk assessment should give due consideration to the risks and benefits of keeping the patients isolated against the harm that may occur should a patient incident occur. The situation must be escalated to Matron or site management team and the decision and surrounding reasoning must be clearly documented on Nervecentre. Any queries or concerns must be escalated to Infection, Prevention & Control Team for their consideration.

If the patient is a danger to themselves or others the staff member supervising the patient should work in compliance with CORP HSFS 5- Aggressive & Violent Behaviour policy.

In an emergency situation the nurse in charge may assess a patient as requiring 1:1 continuous supervision, the circumstances of which must be clearly documented in the nursing care plan and escalated and discussed with the nurse in charge, ward manager, matron or clinical site manager. The case should also be discussed with the responsible clinician or nominated deputy as soon as possible and commenced on a behaviour chart and/or ABC chart (Appendix 4&5).

## 8 PROCESS

The nurse in charge of each shift will have the responsibility to allocate staff members that are appropriately trained to carry out enhanced supervision. If at all possible the patient may have a choice of the gender of the staff member supervising them, especially for supervision during the night.

The staff member allocated to supervise the patient(s) will not discontinue the supervision until the next staff member confirms they have taken responsibility for supervising the patient(s). The length of time advised for staff to partake in any of the levels of enhanced supervision should be assessed on a case by case basis considering the individual needs of the patient(s) and staff member, however **should not be for longer than a 2 hour period**. This does not relate to bedwatch staff as they have different contractual obligations through their employer, however when the bedwatch is on break, 1:1 must be covered by a member of ward staff and the bedwatch must communicate they are going on break so as to NOT leave the patient alone. A decision and plan should be made through discussion and planning at the daily review and at the discretion of the nurse in charge. Additional staff may be required when supervising very high risk patients.

The process of enhanced supervision calls for empathy, engagement and taking note of the patients' needs along with the readiness to act to any situation. It is important to elicit the patient's preferences eg. reading, watching television, listening to music and every effort should be made to accommodate this. Every ward should have access to an 'Activities Box' but if not, the Person Centred Care Practitioner **may** be able to provide some activities from the PCC Practitioner's central resource cupboard. The recommended de-escalation techniques, diffusion of potential situations arising and distraction techniques (Appendix 3 and 5) should be implemented as appropriate to the patient's individual needs.

If the patient is transferred between wards and departments during a shift the **transferring ward** has the responsibility to provide the extra staff member required for supervising the patient for a period of 24 hours until the receiving ward can arrange the additional staff.

## 9 DOCUMENTATION

The decision regarding the supervision of a patient must be updated on Nervecentre and this should be updated during the day and night and if any change occurs or on transfer to another ward.

Different levels of supervision may be implemented for a patient as long as this is clearly documented e.g. different levels for daytime and night-time.

Staff supervising the patient must document contemporaneously during their period of supervision within the times identified on either the behaviour chart or ABC chart depending on which is being used.

## 10 COMMUNICATION

Patients are to be informed along with their relatives/carers of the procedures for enhanced supervision and the reasons behind the decision. The patient should have the opportunity with an advocate if they so wish to discuss the reasons for the decisions made, which may be at the initial point of informing them or at a later time.

If for any reason there are staff changes made by the nurse in charge regarding staff responsible for supervising the patient, the nurse in charge must be informed and the rota altered accordingly. Staffing issues regarding the need for additional staff for patient supervision **MUST** be escalated as soon as possible to the Ward Manager, Matron or Clinical site Manager as per the DBTH Trust Escalation Policy (PAT PS 18 - Safe Staffing Escalation Policy) and an agreed plan must be made to reduce patient risk. If the level of enhanced supervision cannot be met that has been deemed appropriate for the patient a Datix report **MUST** be completed according to CORP RISK 13 - Reporting and Management of Incidents and Near Misses.

## 11 PROLONGED USE OF HIGH LEVEL SUPERVISION

If a patient remains on a prolonged 1:1 continuous supervision for a period of 7 days or over, then an extended Multi-Disciplinary Team review **MUST** take place by the team caring for the patient and consideration should be given as to whether a member from the safeguarding team need to also be involved in this review. The review panel will discuss the circumstances for the prolonged period of supervision and the reasons for the continuation or if there are any alternative approaches. A defined plan of care needs to be identified. The outcome of the review will be documented in the patient's records.

If a patient aged over 65 years has been on a prolonged 1:1 continuous supervision for over 7 days to manage confusion, a referral for a geriatrician opinion should be considered.

## 12 MENTAL CAPACITY CONSIDERATIONS AND DEPRIVATION OF LIBERTY SAFEGUARDS

The Mental Capacity Act 2005 (The Act) received Royal Assent in April 2005, and became law in April 2007). It provides a statutory framework to empower and protect vulnerable people aged 16 years and over, who are not able to make their own decisions. It makes clear who can take decisions, in which situations and how they should go about this. It enables people to plan for a time when they may lose capacity.

Deprivation of Liberty Safeguards (DoLS) became a statutory obligation in April 2009. The introduction of these Safeguards was to protect the most vulnerable people in our society. The Safeguards apply to those adults who lack the capacity to make a decision about their care and/or treatment, where it has been determined that the proposed care or treatment is in that person's best interest, and the person is in a hospital or Care Home. The deprivation of a person's liberty is a serious matter, and should only happen if absolutely necessary; however if the process is used appropriately, such a deprivation will be lawful.

The Trust policy reflects the principles enshrined in the Act and the guidance contained within the Codes of Practice to the Act. The Act and Codes of Practice can be accessed via the intranet. If a patient is assessed as lacking capacity then the actions taken or decisions made would be made in the persons best interests and the assessments regarding capacity **MUST** be clearly documented in the patient's records by completing the MCA 1 & 2 forms. Please refer to PAT/PA 19 - Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) and the Mental Health Act (2007).

To apply for a standard authorisation the managing authority or delegated staff member must refer to the PAT/PA 19 - Mental Capacity Act 2005 Policy and Guidance, including a section under the Mental Health Act and the Mental Health Act (2007).

If the situation escalates and the behaviour of the patient is becoming unmanageable at ward level, security must be called to assist. If the patient has capacity and is using threatening behaviour, the police must be called and the incident reported.

### 13 MONITORING COMPLIANCE AND POLICY EFFECTIVENESS

Monitoring of compliance against this policy will be as follows:

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/Report to
Assessment of individual patients need for enhanced levels of supervision on a daily basis	Nurse in Charge/ Ward Manager	Weekly	Audit of completion of assessment on a daily basis for each patient/Matron
Implementation of enhanced supervision specific to individual patient needs	Nurse in charge/Ward Manager	Weekly	Audit of appropriate implementation of enhanced care and rationale/Matron
Staff attendance and compliance with Education and training (Person Centred Care Study Day)	Ward Manager	Monthly	Record of staff attendance at Person Centred Care Study Day annually/Matron
Appropriate escalation of any issues in implementing	Ward Manager	Monthly	Datix report review of escalation Matron/Head of Nursing

enhanced levels of supervision			
Ward Compliance with assessments and implementation of enhanced supervision. Escalation of any incidents/ learning	Care Group Clinical Governance	Quarterly	Update/Report of any identified issues & relevant actions /PSRG

## 14 DISSEMINATION AND IMPLEMENTATION

This policy and guidance will be made available on the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Intranet Site. Matrons, Clinical Leads and Ward Managers will disseminate the guidance to all nursing staff and other healthcare professionals.

## 15 TRAINING AND SUPPORT

The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead.

Matrons and Ward Managers will ensure that nursing staff are aware of this guidance and understand how to use it and will support staff as necessary within their clinical supervisory time and during quality rounds.

Please note: The Standard Training Needs Analysis (TNA) – The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead.

## 16 EQUALITY AND DIVERSITY

The Trust recognises the diversity of the local community and those in its employ. Our aim is therefore to provide a safe and secure environment free from discrimination and a place where individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day to day operations and has produced an Equality Policy Statement to reflect this. All policies are accessed in accordance with the Equality initial screening toolkit, the results for which are monitored centrally.

## 17 EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the CORP EMP 27 - Equality Analysis Policy and CORP EMP 4 - Fair Treatment for All.

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 10.

## 18 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- CORP/RISK 33 – Incident Management Policy
- PAT/PS 18 – Safe Staffing Escalation for In-Patient Areas Policy (Nursing & Midwifery)
- PAT/PA 28 - Privacy and Dignity Policy
- PAT/PA 19 - Mental Capacity Act 2005 and Guidance including Deprivation of Liberty Safeguards (DoLS)
- PAT/PA 06 – Arrangements for the Provision of Care to Individuals who are Violent or Abusive (age 18 or over)
- PAT/PS 15 - Restrictive Interventions: Principles and Guidance
- PAT/PS 10 - Safeguarding Children Policy
- PAT/PS 08 - Safeguarding Adults Policy
- CORP/HSFS 5 - Aggressive and Violent Behaviour Towards Staff Policy
- CORP/EMP 27 - Equality Analysis Policy
- CORP/EMP 4 - Fair Treatment for All
- PAT/PS 11 – Patient Falls Prevention and Management Policy
- PAT/PS 15 v.3 - De-escalation: Principles and Guidance including restraint

## 19 DEFINITIONS

DBTH – Doncaster and Bassetlaw Teaching Hospitals

DoLS – Deprivation of Liberty Safeguards

EIA – Equality Impact Assessment

HCA – Healthcare Assistant

NHS – National Health Service

NICE – National Institute for Clinical Excellence

1:1 – One to One (One member of staff to one patient)

Challenging behaviour- can include aggression, self-harm, destructiveness or disruptiveness

A person's **behaviour** can be **defined** as "**challenging**" if it puts them or those around them (such as their carer) at risk, or leads to a poorer quality of life. It can also impact on their ability to join in everyday activities. **Challenging behaviour** can include aggression, self-harm, destructiveness and disruptiveness. (<http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/challenging-behaviour-carers.aspx>)

Sundowning - A person with Dementia may exhibit an increase in certain behaviours in the late afternoon or early evening ([www.alzheimers.org.uk](http://www.alzheimers.org.uk), 2016)

## 20 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2018.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:  
<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

## 21 REFERENCES

National Institute for Health & Clinical Excellence (NICE) (2013) Clinical guideline 161, Falls: The Assessment and Prevention of Falls in Older People Available at <http://www.nice.org.uk/nicemedia/live/14181/64088/64088.pdf> (Accessed 13/5/14)

Diffusion of Behaviours of Concern  
[Verbal De-escalation in the ED – NUEM Blog](#)

Department of Health  
Mental Health Act 1983  
[www.dh.gov.uk](http://www.dh.gov.uk)

Department of Health  
Mental Health Bill 2006-07  
[www.dh.gov.uk](http://www.dh.gov.uk)  
Mental Capacity Act (2005)  
[www.legislation.gov.uk](http://www.legislation.gov.uk)

Children’s Act (2004)  
[www.legislation.gov.uk](http://www.legislation.gov.uk)

Dealing with Challenging Behaviour (2015)  
<http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/challenging-behaviour-carers.aspx>

Alzheimer’s Society (2016)  
[www.alzheimers.org.uk](http://www.alzheimers.org.uk)

Levels of Enhanced Supervision Guidance (2016) –East Lancashire Hospitals NHS Trust.

## APPENDIX 1 – ACTIVITY/DISTRACTION SUGGESTIONS

<p>This is me/communication passport/LD traffic light passport – ask family to fill in, helps give staff something to relate to patient</p> <p>Invite relatives to stay</p> <p>Playing cards – simple snap</p> <p>Photo cards – from different eras, can print out from internet</p> <p>Dominoes</p> <p>Adult colouring books</p> <p>Rolling up a ball of wool</p> <p>Bingo – print out cards from internet and just call out random numbers</p> <p>Singing old songs – you tube will have plenty</p> <p>Listening to relaxing music</p> <p>Twiddle muffs – Care of the Elderly wards have spares</p> <p>Walking around</p> <p>Reminiscing about the good old days</p> <p>Quiz – download one suitable for their age bracket</p> <p>Making cards – family anniversary, birthdays, Christmas etc.</p> <p>Jigsaws – around a 20 piece one with large pieces</p> <p>Reminiscence box – fill a shoe box with odd items</p> <p>Planting seeds – small bag of soil, mini plant pots and seeds</p> <p>Hand massage – calms person down</p>	<p>Wipe down table</p> <p>Make Collage from magazine</p> <p>Spell out words</p> <p>Sort objects into categories</p> <p>Look out the window and talk about what they can see</p> <p>Ask family to bring in old photos and talk about the people they know</p> <p>Afternoon tea party</p> <p>Make a paper chain</p> <p>Count things that are the same around the ward/room</p> <p>Make a family tree</p> <p>Mould Dough</p> <p>Finish a famous saying</p> <p>Cut up/tear paper</p> <p>Arrange flowers in a vase</p> <p>Put coins in a jar</p> <p>Make a bird feeder</p> <p>Noughts and crosses</p> <p>Passing Balloon around – slow movement and easy to catch</p> <p>Give a patient a doll</p> <p>Dress in own clothes – makes them feel less poorly</p> <p>Folding sheets, towels or pillowcases, sort socks into pairs</p>
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## APPENDIX 2 – LEVELS OF ENHANCED SUPERVISION

Confusion/Delirium/Dementia/Cognitive Impairment	Interventions and Care Plan Implementation
	<b>Independent</b>
No evidence of Confusion	Implement ward based care
	<b>Intermittent Supervision</b>
Confusion AND requires intermittent reassurance and reorientation to ward area AND Responds to distraction techniques	Implement ward based care Document diagnosis Consider use of 4AT Sensory aids in place (glasses, dentures, hearing aids) Avoid unnecessary bed/ward moves Utilise distraction techniques to avoid medical or physical restraint Complete Medication review (involve pharmacist) Commence patient engagement activities Refer to MCA policy and complete if appropriate Refer to DOLs policy and complete if appropriate (review DOLs every 7 days or change in condition) Consider additional family support and utilise John's campaign Ensure This is me is completed and used (keep at patient bedside) Maintain regular checks Consider location of bed and if low bed/crashmat would be appropriate Identify and document falls risk Consider food/fluid chart to monitor nutrition and hydration
	<b>Cohort Supervision</b>
Frequent and unpredictable agitation but can be distracted with activities OR Is at high risk of pulling out vital indwelling devices AND All previous interventions have not made patient and others safe	Green and Amber interventions plus: Cohort patients in line of sight Implement 4AT to monitor cognition Implement ABC charts Review use of safety sides Complete MCA AND DOLs (review DOLs every 7 days or change in condition) Consider referral to Person Centred Care Practitioner (07766 366556) Consider referral to OPMH if there is a diagnosis of Dementia <b>Staff should not be providing cohort supervision for longer than 2 hours without changing with another member of staff</b>
	<b>Continuous 1:1 Supervision</b>
Wandering unsafely OR Frequent unpredictable agitation and aggression AND Not able to be distracted AND All previous interventions have not made patient and others safe	Green, Amber and Red plus: Implement 1:1 supervised care (patient must be supervised safely at all times – establish if family/carer can provide safe supervision) Patient must not be left unsupervised at any time and should remain within arm's reach of the person providing the supervision. If this is deviated from for whatever reason, it must be risk assessed and reasons documented clearly in the notes. If the deviation is for IPC reasons, IPC should be consulted. <b>Staff should not be providing 1:1 supervision for longer than 2 hours without changing with another member of staff</b>

## APPENDIX 3 – BEDWATCH REQUEST FORM

### **1:1 CONSTANT SUPERVISION REQUEST FORM (ESCS staffing)**

Assessment to be completed by the Ward Matron, Senior Nurse.

<b>PATIENT IDENTITY (not patient name: initials and hospital number)</b>			
<b>WARD</b>			
<b>BED SPACE/AREA</b>			
<b>Initial Assessment of need complete by?</b>			
<b>POSITION</b>			
<b>Assessment completed by/discussed with:</b>			
<b>Ward Manager</b>	<b>Assessed/Discussed</b>		
<b>Matron</b>	<b>Assessed/Discussed</b>		
<b>Named Practitioner for Safety in Caring</b>	<b>Assessed/Discussed</b>		
<b>TIME REQUESTED</b>			
<b>DATE</b>			
<b>DURATION REQUIRED</b>			
<b>COST CODE</b>			
<b>PURCHASE ORDER NUMBER</b>			

Assessment of need for 1: 1, constant supervision, **MUST** be completed by Clinical Matron & discussed with Named Practitioner for Safety in Caring, prior to submission of this request.

Is the patient being violent /aggressive, presenting with behaviours of concern and/or posing a risk to self or others?		
Has the De-escalation Pathway been implemented and person remains a risk to self and/or others		
If Yes – have these incidents been reported via Datix?		
Has Mental Capacity been assessed in relation to behaviours of concern/risk behaviour?		
If person Lacks Mental Capacity has DoLS been applied for?		
If YES – date DoLS submitted and expiry date.		
If NO – has Best Interest decision been taken, due to urgency of need, by the MDT and fully recorded? DoLS application will be required for 1:1 constant supervision.		
If person does NOT lack capacity in relation to behaviours of concern/risk towards self and/or others 1:1, constant supervision, is NOT appropriate.		
Is patient detained under Mental Health Act?		
Is there a care plan in place to be implemented during 1:1, constant supervision?		

I confirm the risks to the patient/and or others are such that ESCS, 1:1, constant supervision, is required rather than 1:1 Supervision by Nursing staff	
Job role: Band 6 Sister	Signature:
Named Practitioner for Safety in Caring	
Print name:	Date:

Assessment of need for 1: 1, constant supervision, **MUST** be completed by Clinical Matron & discussed with Named Practitioner for Safety in Caring, prior to submission of this request. Patients behaviour escalated overnight, with assaults to staff members. Patient required security and chemical restraint.

Send to - [Russell.oxley@sabagroup.com](mailto:Russell.oxley@sabagroup.com)

Contracts Security Manager

Copy in – [nicolas.fenech@nhs.net](mailto:nicolas.fenech@nhs.net)

Security Supervisors

[nathan.dennis@nhs.net](mailto:nathan.dennis@nhs.net)

[david.pearce9@nhs.net](mailto:david.pearce9@nhs.net)

# APPENDIX 4 – BEHAVIOURS OF CONCERN CHART

Patient details

**Behaviours of Concern Record Chart**

Supervision Level.....

Reason for Behaviour Chart.....



**Doncaster and Bassetlaw  
Teaching Hospitals**

Time	Asleep	Awake and Calm	Awake & Restless or agitated	Awake and Wandering	Verbally Aggressive	Physically Aggressive	Requires PRN medication	Needs Physical Restraint	Security Called	Document here any triggers for behaviour, any de-escalation used and what worked well/settled patient
0700-0900										
0900-1100										
1100-1300										
1300-1500										
1500-1700										
1700-1900										

Please see The Enhanced Patient Supervision and Engagement Policy for advice on de-escalation and distraction techniques/activities.

Patient details

### Behaviours of Concern Record Chart



Supervision Level.....  
Reason for Behaviour Chart.....

Time	Asleep	Awake and Calm	Awake & Restless or agitated	Awake and Wandering	Verbally Aggressive	Physically Aggressive	Requires PRN medication	Needs Physical Restraint	Security Called	Document here any triggers for behaviour, any de-escalation used and what worked well/settled patient
1900-2100										
2100-23-00										
2300-0100										
0100-0300										
0300-0500										
0500-0700										

Please see The Enhanced Patient Supervision and Engagement Policy for advice on de-escalation and distraction techniques/activities.

## APPENDIX 5 – ABC CHART

Patient Name.....

D Number.....DOB.....

Today's Date.....

### ABC (Antecedent, Behaviour, Consequence) Chart Form



Date/Time	Activity	Antecedent	Behaviour	Consequence
Date/Time/ location when behaviour occurred	What activity was going on when the behaviour occurred	What happened immediately before the behaviour that <u>may</u> have triggered the behaviour.	What the behaviour looked like: describe exactly what happened both physical, none verbal and verbal	What happened after the behaviour, or as a result of the behaviour.

## APPENDIX 6 – PROCESS FOR AUTHORISING ADDITIONAL STAFF FOR ENHANCED CARE NEEDS

The reasons staff request additional temporary staff above and beyond the planned hands per shift are generally categorised as;

1. Patients requiring psychiatric supervision (eg. risk of self-harm) – to be supported by Notts Health Care at BH or RDASH at DRI
2. Patients undergoing alcohol detox – support led by Alcohol nurse specialist (DANS)
3. Patients post head injury – support and advice for patient and family can be sought from Headway <https://www.headway.org.uk/about-headway/#>
4. Patients with Delirium and/or Dementia requiring enhanced levels of supervision – can be assessed by the Person Centred Care Practitioner for support and guidance on the management of the patient's behaviours of concern.

For patients with Delirium and/or Dementia who's behaviour is causing concern about patient safety, the Person Centred Care Practitioner should be informed. When reviewing these patients, the PCC Practitioner will support with aims at reducing the likelihood of patients becoming distressed or agitated. This group of patients have complex needs and a basic list of aspects of care should be addressed.

For those patients who are continually violent and aggressive, a harm to themselves or others, a bed watch request form should be completed which will need agreeing and signing by the matron. The Named Practitioner for Safety in Care will also need to be notified so that the patient can be reviewed at the earliest opportunity.

## APPENDIX 7 – DIFFUSION OF ESCALATION

<b>D</b>	<p style="text-align: center;"><b>DECIDE</b></p> <p>Decide if you think you are able to de-escalate the situation with verbal communication. Is the patient communication verbally with you? Are they engaging? Are they a threat to safety?</p>
<b>E</b>	<p style="text-align: center;"><b>ENSURE SAFETY</b></p> <p>Ensure other staff know there is a potential safety situation but without escalating it further with too many people. Ask someone discreetly to clear area of potential weapons and respect personal space. (at least 2 arm's length away).</p>
<b>F</b>	<p style="text-align: center;"><b>FORM A RELATIONSHIP</b></p> <p>Introduce yourself...Hello my name is..... ask them what they would like to be called, even if you already know this. Ask if they will allow you to help, or ask what can you do to help them? Keep sentences short and allow time for the other person to answer.</p>
<b>U</b>	<p style="text-align: center;"><b>FORM A RELATIONSHIP</b></p> <p>Introduce yourself...Hello my name is..... ask them what they would like to be called, even if you already know this. Ask if they will allow you to help, or ask what can you do to help them? Keep sentences short and allow time for the other person to answer.</p>
<b>S</b>	<p style="text-align: center;"><b>SEEK A WAY FORWARD</b></p> <p>Attempt to continue to distract the person from why they are getting upset/angry. Focus on the things you can do for them and with them in the initial stages that will help them calm down. Use repetition to help them understand you are there to help and then ask them if they think your plan will help. eg. would ringing a family member help calm them down? Or would a cup of tea or pain relief make them feel better?</p>
<b>E</b>	<p style="text-align: center;"><b>ENFORCE AND EVALUATE</b></p> <p>If aggression escalates and violence seems imminent, shout for immediate help and remove yourself from the situation. If person calms down, allow someone else to take over.</p>

## APPENDIX 8 – DE-ESCALATION TECHNIQUES

Consider the best way to communicate with the patient – words to use, phrases, don't bombard with info. Talk calmly and slowly.
Invite Relatives to stay
Allow patient to wander safely
Take patient for walk in wheelchair if safe to do so
Remove patient from busy area to quieter room
Assess/treat potential pain
Does the patient need the toilet?
Validate feelings and respond to the emotional content of the patient's speech. Use sentences like "You look upset, you sound angry", "you sound like something is worrying you"
Remain calm
Don't crowd patient, have just one or two present and only one talking
Try different staff if patient reacts to certain individuals
Don't take it personally if the patient doesn't like you
Give space if behaviour is escalating Consider your own body language, open posture, arms by your sides, hands open. Slow movements. Listen to what the patient is saying and ask questions if you do not fully understand the content If rapid tranquilisation is required: Follow the over 65's de-escalation pathway or see rapid tranquilisation policy.
Contact the PCC Practitioner for more ideas on de-escalation and person centred interventions

## APPENDIX 9 – COMMON TRIGGERS

Interventions used to de-escalate and to engage patients will be individual to the patient's specific needs.

The following table offers some ideas of common triggers which if identified can be addressed where possible and interventions to be considered to assist in de-escalation and engagement of patients during increased levels of enhanced supervision. This is not an exhaustive list. Where confusion is present use the 'This is Me' Document in addition.

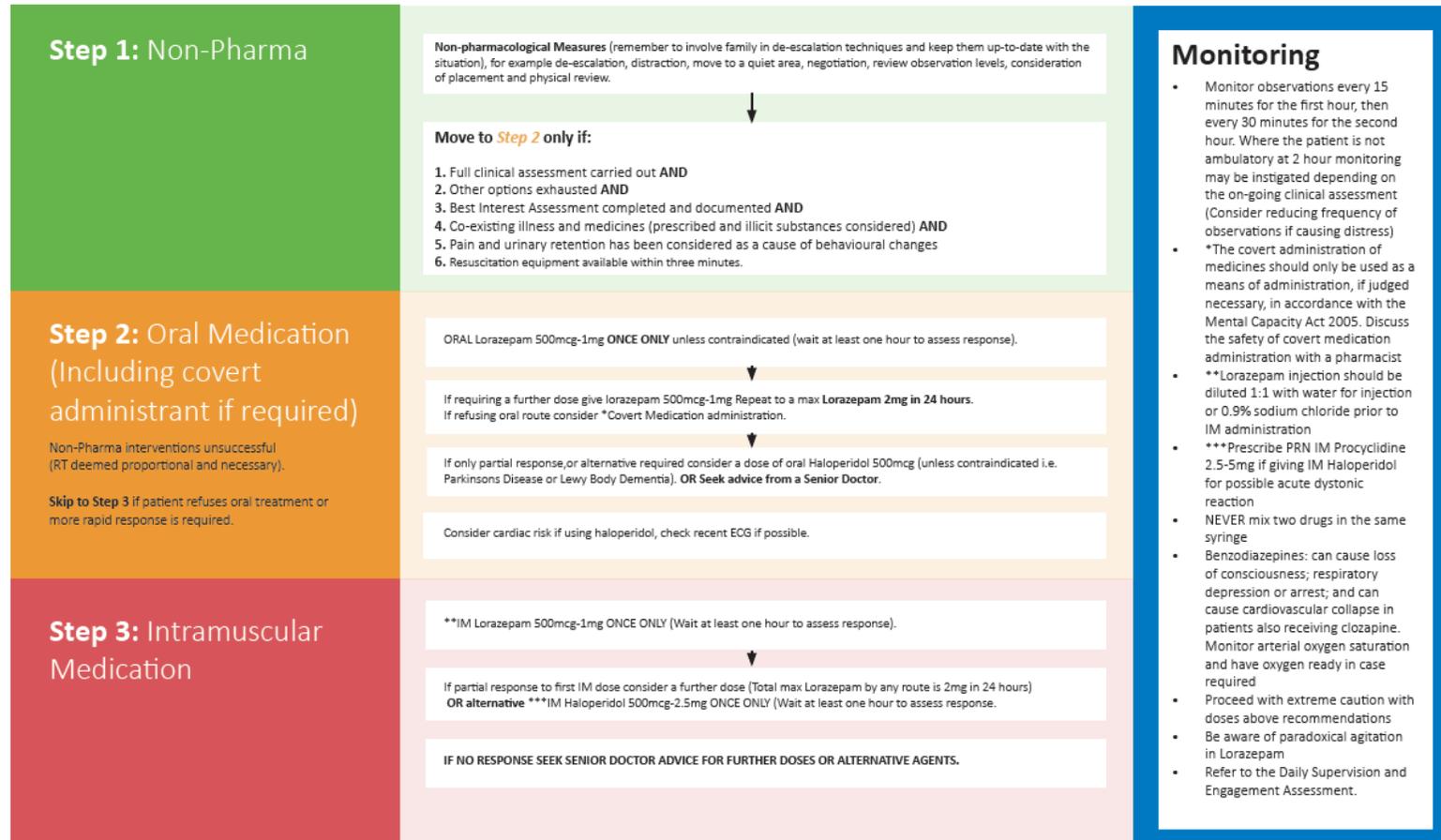
Common Triggers	
<ul style="list-style-type: none"> <li>• Hunger and/or Thirst</li> <li>• Previous Trauma</li> <li>• Depression</li> <li>• Fear</li> <li>• Noise</li> <li>• Environment</li> <li>• Certain Staff</li> <li>• Times of Day</li> <li>• Medication times</li> </ul>	<ul style="list-style-type: none"> <li>• Certain Visitors/Relatives/Carers</li> <li>• Full Bladder</li> <li>• Certain Medications</li> <li>• Constipation</li> <li>• Tiredness</li> <li>• Anxiety</li> <li>• Sun Downing</li> <li>• Disorientation</li> <li>• Pain</li> </ul>
Interventions to be Considered	
<ul style="list-style-type: none"> <li>• Activities Box: e.g. jigsaws, games, playing cards, colouring books etc. (Contact PPC Practitioner for centralised resources)</li> <li>• Offer food and drink regularly – always have snacks and drinks available next to the patient. Offer assistance if needed.</li> <li>• Reminiscence therapy</li> <li>• Calm/Quiet Environment or Room</li> <li>• Music – find out what the patient likes from their this is me</li> <li>• Certain Staff (encourage consistency) and if staff members trigger patients, use another staff member to provide care</li> <li>• Allow Visitors/Relatives/Carers 24 hours per day</li> <li>• Walk with patient and talk about what you see</li> <li>• Involve pharmacy in medication review</li> </ul>	<ul style="list-style-type: none"> <li>• Scheduled Toileting</li> <li>• Rest/Sleep</li> <li>• Reading</li> <li>• Appropriate management of Bladder &amp; Bowels</li> <li>• Orientation to ward/toilets/bed area</li> <li>• Twiddle Muffs/Rummage bags</li> <li>• Conversation- allow time and listen/look interested</li> <li>• Ensure pain relief is adequate and use pain chart</li> <li>• Keep behaviour chart and note certain times of day that additional intervention is needed to avoid sedation</li> </ul>

# APPENDIX 10 – DE-ESCALATION FOR OVER 65'S (SEE POLICY PAT/PS 15 V.3)



Doncaster and Bassetlaw  
Teaching Hospitals  
NHS Foundation Trust

## De-escalation Pathway for over 65's lacking capacity



If IM medication is administered seek advice from liaison psychiatry (DRI: 07786312690) or (BH: 01909 572591). For patients with Parkinson's disease contact Parkinson's nurse specialist via Tickhill Road Hospital switch. For Enhanced Care Support at DRI call: 07766366556, at BDGH bleep: 3239.

## APPENDIX 11 – BEDWATCH GUIDANCE

Bedwatch staff must receive a handover from the previous member of Staff and the Registered Nurse/Nurse in Charge (NIC) responsible for the patient at the time of attendance.

Must provide a handover to the oncoming staff and the NiC of outgoing shift responsible for the patient at the time of attendance.

Bedwatch must be made aware of the documentation they need to complete during the period of observation (Behaviour charts/ABC charts), including mood, mental state, risk and overall presentation.

Bedwatch must maintain the safety of the patient and others as well as enhancing the patient experience through interaction, engagement and activities.

It is not expected that bedwatch should assist the patient with meeting hygiene needs or repositioning. This remains the responsibility of the ward staff and bedwatch are only to be involved with these actions from a perspective of maintaining the safety of the staff who are meeting the patient's needs.

Bedwatch must familiarise themselves with "This is Me" or Hospital/Health Passport information for the patient they are supporting (if appropriate), and with the enhanced care resources and other patient activities on the ward, using these to develop rapport and therapeutic engagement with the patient.

Will be required to liaise with Ward Staff re: any change in mental health risk assessment status and ensure that the Ward Registered Nurse/NIC and any incoming colleagues are aware, before leaving ward area.

## APPENDIX 12 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Enhanced Patient Supervision and Engagement Policy	Corporate	Julie Wragg	Existing	May 2024
<b>1) Who is responsible for this policy?</b> Name of Division/Directorate: Corporate				
<b>2) Describe the purpose of the service / function / policy / project/ strategy?</b> Who is it intended to benefit? What are the intended outcomes? Patient Safety				
<b>3) Are there any associated objectives?</b> Legislation, targets national expectation, standards: Patient Safety				
<b>4) What factors contribute or detract from achieving intended outcomes?</b> – Staff compliance/patient compliance				
<b>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> Details: [see Equality Impact Assessment Guidance] - No				
<ul style="list-style-type: none"> <li>• If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] –</li> </ul>				
<b>6) Is there any scope for new measures which would promote equality?</b> [any actions to be taken] No				
<b>7) Are any of the following groups adversely affected by the policy?</b> No				
<b>Protected Characteristics</b>	<b>Affected?</b>	<b>Impact</b>		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
<b>8) Provide the Equality Rating of the service / function / policy / project / strategy – tick (✓) outcome box</b>				
<b>Outcome 1 x</b>	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.</i>				
<b>Date for next review:</b> May 2027				
<b>Checked by:</b> Simon Brown		<b>Date:</b> May 2024		