



# Enhanced Patient Supervision and Engagement Policy

This is a new procedural document, please read in full



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**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.

<b>Version</b>	<b>Date Issued</b>	<b>Brief Summary of Changes</b>	<b>Author</b>
Version 1	3 October 2016	This is a new procedural document, please read in full.	Esther Lockwood

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## 1. INTRODUCTION

- 1.1** Enhanced supervision (previously known as 1:1, Bedwatch 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 staff members will quickly identify changes in the patients' condition and well-being and facilitate a rapid and appropriate response.
- 1.2** All inpatients above the age of 16 years, receiving care and treatment at Doncaster and Bassetlaw 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.
- 1.3** Enhanced supervision should support planned treatment within the limitations of the clinical presentation.
- 1.4** 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. Appropriate skills and training to enable staff to deliver effective therapeutic enhanced supervision and care will be offered by the Trust.
- 1.5** Any patient under the care of Doncaster and Bassetlaw 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.

## 2. SCOPE

- 2.1** The content of this document is applicable to inpatient settings only and applies to all clinical staff including internal 'bank' employees and those employed on a temporary/locum/honorary, agency or fixed term basis.
- 2.2** This policy is only applicable to individuals over 16 years of age. Please also refer to the Children's Act (2004) and the DBH Safeguarding Children Policy (PAT PS 10 - Safeguarding Children Policy) for patient's aged 16-17 years. Consideration should also be made to the legal position that children are children until the day before their 18<sup>th</sup> birthday.

### 3. PURPOSE

- 3.1** This policy aims to provide a framework for staff working in Doncaster and Bassetlaw 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.
- 3.2** 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.
- 3.3** 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.
- 3.4** This document is relevant to all clinical staff working in the Trust whose practice brings them in contact with any patient who meets the criteria for receiving enhanced supervision. 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.
- 3.5** All staff in healthcare have a duty of care for patients. This means acting in their 'best interests'. 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 DBH 'Restrictive Interventions Policy' (PAT PS 15 - Restrictive Interventions Policy).

### 4. DUTIES AND RESPONSIBILITIES

#### 4.1 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.

#### 4.2 Consultant or Deputy in lieu of Consultant

Ensure that 'Levels of Enhanced Supervision Assessments' are completed and actions implemented, updated and monitored. Provide adequately documented plans for communication. Responsible for liaising with nursing staff regarding reassessments and current level of supervision.

#### 4.3 Director of Nursing, Midwifery & Quality

Has a responsibility to ensure that the policy is implemented, by delegating duties to the Heads of Nursing & Quality, Clinical site management, Matrons and Ward/Line Managers, ensuring the policy is implemented with appropriate actions.

#### 4.4 Clinical Site Manager/Matron

To be informed of all patients requiring 'purple' level of enhanced supervision and the assessments and rationale behind the decisions. To ensure that the ward or department is adequately staffed to provide safe supervision.

#### 4.5 Ward/Line Managers

Responsible for ensuring that staff have received the appropriate training to carry out enhanced levels of supervision. Recognition that if staff have not had the appropriate levels of training 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.

#### 4.6 Nurse in Charge

Responsible for completing the daily assessment of the patient's requirements for enhanced levels of supervision and ensuring those patients who are identified are supervised according to policy, and that documentation and re-assessment are reviewed and completed appropriately. The nurse in charge is also responsible for re-assessment of the level of supervision required if the patient's 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 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 DBH Trust Escalation Policy (PAT PS 18 - Safe Staffing Escalation Policy).

#### 4.7 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.

#### 4.8 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 'Green' level.

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

If Bank and Agency staffs 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 and what is to be expected of the bank or agency

staff member is provided. Clear documented evidence of this explanation must be documented within the patient's daily plan of care.

#### 4.9 Student Nurses

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

## 5. LEVELS OF ENHANCED SUPERVISION

**'Levels of Enhanced Patient Supervision Assessment Tool' (Appendix 1) should be used to identify the correct level of supervision that the patient requires.**

**All patients must be assessed daily to identify the level of supervision required. This should be updated throughout the day/shift 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.**

#### 5.1 Green- Routine Supervision

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. If any concerns are raised regarding specific patients during these checks the Nurse in Charge must be informed.

All patients identified as 'Green' level of 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 documented on the daily 'Levels of Enhanced Supervision Assessment' document.

#### 5.2 Amber- Intermittent Supervision (Where possible 'In line of sight')

A designated nurse/HCA or carer will be assigned to monitor the patient's whereabouts **HOURLY** during the day and at **15 minute intervals** overnight. 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 stored within the patient's care plan (Appendix 4 & 6). Patient's over 65 years or under 65 who are judged to have additional needs requiring enhanced care (E.g. Neurological diagnosis, Learning Disability, Frailty) should have the Enhanced Care Plan implemented (NICE CG161, 2013).

All patients identified as 'Amber' level of 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 documented on the daily 'Levels of Enhanced Supervision Assessment' document.

### 5.3 Red-Continual Cohorting ('Within Eyesight')

Nursing/HCA staff will be identified and assigned to a small group of patients following a 'Levels of Enhanced Supervision' assessment and general observation, where a maximum of four patients have been identified as requiring close supervision. Patients assessed at this level may not display challenging behaviour patterns either to staff or other patients at this stage; however, they need to be within eyesight of the nursing staff. A specific plan of care detailing the frequency of supervision and risk factors including interventions to minimise these risks may be required at the discretion of the nurse in charge and stored within the patients care plan (Appendix 4 & 6).

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 'Red' level of 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 documented on the daily 'Levels of Enhanced Supervision Assessment' document.

### 5.4 Purple- 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 (Purple) can be found at Appendix 1-6.

All patients requiring a 'Purple' level of enhanced supervision plan will usually require a Deprivation of Liberty Safeguard (DoLS) referral. Please see the DBH Mental Capacity Act 2005, Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) (PAT PA 19 - Mental Capacity Act 2005) and the Mental Health Act (2007).

All patients identified as 'Purple' level of 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 documented on the daily 'Levels of Enhanced Supervision Assessment' document.

Other responsibilities of the member of staff during 'Purple' level of enhanced supervision:

- The member of staff must be able to see the patient at all times
- The member of staff will provide positive interaction in conjunction with therapeutic interventions
- The nursing care plan/Record chart for a 24 hour period (Appendix 6) shall be completed on a minimum of a 30 minute basis or depending on the patients' needs. This is a requirement for all 'Purple' level supervision patients to identify patterns of behaviour, common triggers (For example: hunger, thirst, noise, full bladder, certain



visitors, certain staff, certain medication, sun downing) and to establish any change to their dependency and risk level. The record chart should be used in combination with the 'This Is Me' document to develop a specific plan of care for the patient including interventions to minimise these risks, de-escalation techniques and ways to pre-empt behaviour to be documented within the nursing care plan.

If the patients risk factors cannot be managed at a 'Purple' level of enhanced supervision this must be escalated to the matron for urgent medical review. Out of hours this should be escalated to clinical site management.

## 6. VISITORS AND ENHANCED PATIENT SUPERVISION

- 6.1** 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 'Purple' 1:1 supervision. If the patient is requiring a red/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.
- 6.2** 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.
- 6.3** 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 42580).

## 7. ASSESSMENT

- 7.1** Decisions regarding enhanced supervision should be made following a holistic risk assessment using the 'Levels of Supervision Guidance Assessment Document' (Appendix 1) by the multidisciplinary team of the patient's physical and psychological needs and this should be documented along with the rationale for the supervision. If the level of enhanced supervision the patient requires cannot be met for reasons other than due to staffing, this must be clearly documented on the assessment document along with the rationale for this decision. If the supervision requirement cannot be met due to staffing issues this needs to be escalated as per the DBH Trust Escalation Policy (PAT PS 18 - Safe Staffing Escalation Policy).
- 7.2** 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 agreed by the multi-disciplinary team

(This should include the named nurse, doctor and therapists involved with the patient) and clearly communicated and documented).

- 7.3** 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 in the patient notes.
- 7.4** Once the decision is made regarding the level of enhanced supervision required, it must be clearly documented including the risk assessment, level of supervision required, rationale, along with clear directions regarding supervision. (Appendix 2 & 4).
- 7.5** 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 documented.
- 7.6** If the patient is a danger to themselves or others the staff member supervising the patient should work in compliance with the DBH Violence and Aggression Policy (CORP HSFS 5- Aggressive & Violent Behaviour policy).
- 7.7** In an emergency situation the nurse in charge may assess a patient as requiring 'Purple' level supervision, the circumstances of which must be clearly documented in the nursing care plan and ideally escalated and discussed with the sister, ward manager, matron or clinical site manager. The case should also be discussed with the responsible clinician or nominated deputy as soon as possible.

## 8. PROCEDURE

- 8.1** 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.
- 8.2** The staff member allocated to supervise the patient will not discontinue the supervision until the next staff member confirms they have taken responsibility for supervising the patient. 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 and staff member. 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.
- 8.3** 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 e.g. reading, watching television, listening to music and every effort should be made to accommodate this. Every ward should have access to an 'Activities Box' (Appendix 5). The recommended 'Talk down Tips' and 'Interventions to be considered' (Appendix 3 and 5) should be implemented as appropriate to the patient's individual needs.

- 8.4** 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

- 9.1** The decision regarding the supervision of a patient must be documented daily on the 'levels of supervision assessment document' (Appendix 2). This should be updated during the day if any change occurs or on transfer to another ward.
- 9.2** 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.
- 9.3** Staff supervising the patient must document contemporaneously during their period of supervision within the times identified (Appendix 6).

## 10. COMMUNICATION

- 10.1** 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.
- 10.2** 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 as per the DBH 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 DBH policy (CORP RISK 13 - Reporting and Management of Incidents and Near Misses).

## 11. PROLONGED USE OF HIGH LEVEL SUPERVISION

- 11.1** If a patient remains on the prolonged supervision Level 4 – Purple 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 the Matron should be invited to attend this meeting. 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 clinical record and nursing care plan.
- 11.2** If a patient aged over 65 years has been on prolonged supervision at Purple level for over 7 days to manage falls risk or confusion, a referral for a geriatrician opinion should be considered.

## 12. MENTAL CAPACITY CONSIDERATIONS AND DEPRIVATION OF LIBERTY SAFEGUARDS

**12.1** 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.

**12.2** 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 patients notes by completing the MCA 1 & 2 forms. Please refer to DBH Mental Capacity Act policy (PAT PA 19 - Mental Capacity Act 2005).

To apply for a standard authorisation the managing authority or delegated staff member must refer to the Trust Deprivation of Liberty Safeguarding (DOLS). Please refer to DBH Mental Capacity Act policy (PAT PA 19 - Mental Capacity Act 2005).

## 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 enhanced levels of supervision	Ward Manager	Monthly	Datix report review of escalation Matron/Head of Nursing
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 Hospitals 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

To ensure competency regarding enhanced supervision staff should receive formal, regular appraisal and training. There will be role specific training provided by the trust and ward managers will review and monitor staff training in this area.

Frameworks and training should encompass:

- Risk assessment and awareness
- Planning of care based on risk assessment tool
- Awareness of management strategies
- Multidisciplinary team working and communication
- Documentation

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.

## 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 Equality Analysis Policy (CORP EMP 27 - Equality Analysis Policy) and the Fair Treatment for All Policy (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 7.

## 18. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- CORP RISK 13 - Reporting and Management of Incidents and Near Misses
- PAT PS 18 - Safe Staffing Escalation Policy
- PAT PA 28 - Privacy and Dignity Policy
- PAT PA 19 - Mental Capacity Act 2005
- PAT PA 06 - Care-Violent or Abusive Individuals
- PAT PS 15 - Restrictive Interventions Policy
- PAT PS 10 - Safeguarding Children Policy
- PAT PS 08 - Safeguarding Adults Policy
- CORP HSFS 5 - Aggressive and Violent Behaviour Policy
- CORP EMP 27 - Equality Analysis Policy
- CORP EMP 4 - Fair Treatment for All

## 19. DEFINITIONS

DBH – Doncaster and Bassetlaw 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. 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)

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)

Talk Down Tips - <http://www.safewards.net> (2016)

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

## APPENDIX 1 – LEVELS OF ENHANCED PATIENT SUPERVISION ASSESSMENT

Risk of Falls	Risk of getting up unaided/ attempting to leave ward	Confusion/Delirium or Dementia	Level of Supervision	Interventions to be considered
No history of falls No falls risk identified	Independently mobile around ward area with/without aid	No evidence of confusion or delirium	Routine Supervision	Routine Ward Based Care
History of falls Requires supervision or assistance to transfer or mobilise Experiencing dizziness Likely to remember to use call bell	At risk of getting up unaided or attempting to leave the ward	Mild confusion Requires intermittent reassurance and re-orientation to ward area Responds to distraction techniques	Intermittent Supervision (Where possible in line of sight)	Above Interventions, plus: -Consider additional Family Support-Johns campaign -'This is Me' Document -Review medications with Doctor and Pharmacist -Communicate and escalate at safety huddle -Maintain hourly checks during the day and 15 minute checks during the night -Consider location of allocated bed -Distraction techniques to be utilised -Use Enhanced Care Plan
Identified as being at risk of falls with one or more of the following:  An actual fall has occurred  Impulsive  Non-Compliant with using call bell  AMBER Level interventions have not made patient safe	Showing signs of attempting to stand or leave the ward Unpredictable	Moderate confusion  Frequently agitated and restless  Requires regular reassurance and re-orientation to ward environment  At risk of pulling out indwelling device  Unable to make needs known  Lack of insight into risk	Continual Cohorting (Within Eyesight)	Above Interventions, plus: -Cohorting of at risk patients -1 staff member per bay -Consider use of low beds/crash mats -Request additional family support -Commence patient engagement activities -Consider MCA assessment DOLS application/& MH Assessment -Consider CIWA (Alcohol withdrawal assessment) -Consider referral to Care of the Elderly Team
Significant risk of falls with serious harm and one or more of the following:  All RED Actions have been attempted but risk remains  An actual fall with harm has occurred	Wandering and/or standing unaided Attempting to leave ward	Severe confusion with regular episodes of agitation, hallucinations, violent behaviour and/or aggression towards staff, other patients or relatives  Delirium due to alcohol withdrawal  Unstable Mental Health	Continuous 1:1 Supervision	Above Interventions, plus: -Implement 1:1 ,request family to support -If staffing levels cannot support patient, escalate as per DBH 'Safe Staffing Escalation Policy' -1:1 level of supervision to be maintained day and night unless identified otherwise by ward sister -Patient must not be left unsupervised at any time



## APPENDIX 2 – LEVELS OF ENHANCED SUPERVISION – ASSESSMENT (DAILY WARD DOCUMENT)

Patient Name:

DOB:

District Number:

Date: / /

Risk of Falls	Risk of getting up unaided/attempting to leave ward	Confusion/Delirium or Dementia	Interventions to be considered	Tick level of supervision. Provide rationale & evidence of actions taken in the box below	Update 1	Update 2
<b>Routine Supervision</b>						
-No History of falls -No falls risk identified	-Independently mobile around ward area with/without aid	-No evidence of confusion or delirium	Routine ward based care			
<b>Intermittent Supervision (Where possible in line of sight)</b>						
-History of falls -Requires supervision or assistance to transfer or mobilise -Experiencing dizziness -Likely to remember to use call bell	-At risk of getting up unaided or attempting to leave the ward	-Mild confusion -Requires intermittent reassurance and re-orientation to ward area -Responds to distraction techniques	Above Interventions, plus: -Consider additional Family Support-Johns campaign -'This is Me' Document -Review medications with Doctor and Pharmacist -Communicate and escalate at safety huddle -Maintain hourly checks during the day and 15 minute checks during the night -Consider location of allocated bed -Distraction techniques to be utilised -Use Enhanced Care Plan			
<b>Continual Cohorting (Within Eyesight)</b>						
-Identified as being at risk of falls with one or more of the following: -An actual fall has occurred -Impulsive -Non-compliant in using call bell AMBER interventions have not made patient safe	-Showing signs of attempting to stand or leave the ward -Unpredictable	-Moderate confusion -Frequently agitated and restless -Requires regular reassurance and re-orientation to ward environment -At risk of pulling out indwelling device -Unable to make needs known -Lack of insight into risk	Above Interventions, plus: -Cohorting of at risk patients -1 staff member per bay -Consider use of low beds/crash mats -Request additional family support -Commence patient engagement activities -Consider MCA assessment DOLS application/& MH Assessment -Consider CIWA (Alcohol withdrawal assessment) -Consider referral to Care of the Elderly Team			
<b>Continuous 1:1 Supervision</b>						
-Significant risk of falls with serious harm and one or more of the following: -All RED actions have been attempted but risk remains -An actual fall with harm has occurred	-Wandering and/or standing unaided -Attempting to leave the ward	-Severe confusion with regular episodes of agitation, hallucinations, violent behaviour and/or aggression towards staff, other patients or relatives -Delirium due to alcohol withdrawal -Unstable Mental Health	Above Interventions, plus: -Implement 1:1 ,request family to support -If staffing levels cannot support patient, escalate as per DBH 'Safe Staffing Escalation Policy' -1:1 level of supervision to be maintained day and night unless identified otherwise by ward sister -Patient must not be left unsupervised at any time			
<b>Re-assess daily , if patients condition changes or on ward transfer</b>			<b>Time of assessment</b>			
<b>NB some patients may require a different plan at night to that of the day-update as required</b>			<b>Print name/Signature</b>			
			<b>Designation</b>			

## APPENDIX 3 – TALK DOWN METHODS

Reference: <http://www.safewards.net>

# TALK DOWN TIPS

## CONTROL YOURSELF

- ⇒ Act calmly and confidently. Show no fear, subjection, or servility.
- ⇒ Have lowered, uncrossed arms and open hands.
- ⇒ Relax face, don't frown, or purse lips.
- ⇒ No hesitation or uncertainty of speech, use silent statements.
- ⇒ Breathe deeply and concentrate on situation.
- ⇒ Relax body, no hands on hips or in pockets, don't finger wag or prod.
- ⇒ Have slow and gentle movements.
- ⇒ Don't corner patients, threaten or make false promises.
- ⇒ Don't judge, criticise, show irritation, frustration, anger, or be retaliative. This is not personal and it is not about you.
- ⇒ Don't argue or say they are wrong or you are right.
- ⇒ Don't defend or justify yourself.
- ⇒ Show no reaction to abuse or insults directed at you, ignore them or partially agree them.
- ⇒ Prepare responses in advance to typical insults.
- ⇒ Let patient save face by having last word so long as they are complying.

## DELIMIT

- ⇒ Separate yourself from others/audience/people at risk
- ⇒ Move to a quiet place, ask to come aside
- ⇒ Invite patient to sit down
- ⇒ Establish aid/support/backup
- ⇒ Maintain distance

## CLARIFY

- ⇒ Ask what's happening, use open questions
- ⇒ Sort out confusions
- ⇒ Use patient's name
- ⇒ Orient patient to time, place, and person
- ⇒ Speak clearly, say who you are, remind of existing relationship, and offer your help
- ⇒ Wait a second and gain turn
- ⇒ Paraphrase and check what they have said

## RESOLVE

- ⇒ Request/ask politely, don't command or be authoritarian
- ⇒ Give reasons, explain rules, reasoning behind them, be honest, express fallibility (or even agree that it's unfair)
- ⇒ Give patient opportunity to control him/herself
- ⇒ Make a personal appeal, remind them of previously agreed strategy
- ⇒ Deal with the complaint, apologise, make a change
- ⇒ Outline consequences of different courses of action
- ⇒ Offer choices and options, leaving power with patient
- ⇒ Be flexible, negotiate, avoid power struggle, compromise
- ⇒ Ask if there is anything else you can do or say that will gain their cooperation, ending positively

## RESPECT & EMPATHY

- ⇒ Show interest, concern and expression congruent with words.
- ⇒ Have a concerned and interested tone of voice.
- ⇒ Listen, hear, acknowledge feelings and needs, be sympathetic.
- ⇒ Take time to hear the patient out, be patient and don't hurry them.
- ⇒ Don't yell over them or shout - wait until they take a breath
- ⇒ Make eye contact (exercising care not to be confrontational)
- ⇒ Extend self and thinking to understand patient viewpoint
- ⇒ Show sincerity, authenticity, and genuineness
- ⇒ Don't tell the patient what they should or should not be feeling
- ⇒ Don't discount, trivialise or undermine their emotional expression
- ⇒ No advice giving and no orders, no "if I were you I would..."
- ⇒ Don't mock patients or treat them as a child
- ⇒ Don't overly smile or this may be seen as condescending
- ⇒ Answer all requests for information, however they are phrased
- ⇒ Empathise with feelings, not aggressive behavior ("I understand you are angry but it is not ok to hit so and so...")

## APPENDIX 4 – ENHANCED SUPERVISION RECORD FORM

### Supervision Record Form

Affix Patient Label

Ward.....

Consultant.....

Date.....

Level of Supervision (Colour).....

**Reason for Supervision Level** (e.g. Falls Risk, Confusion, Hallucinations, Risk to self/others)

**Specific Details** (e.g. to be supervised in toilet, guidelines for reducing levels of supervision, timings for supervision, when reviews are required)

Doctors Signature.....

Print.....

Nurse in Charge Signature.....

Print.....

Others Involved (Designation, sign & print).....

.....

.....

## APPENDIX 5 – COMMON TRIGGERS AND INTERVENTIONS TO BE CONSIDERED

### Common Triggers and Interventions to be Considered

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</li> <li>• Thirst</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. (Activities Boxes can be accessed from Mallard Ward –DRI, Rehab 2-MMH and Ward A5-BDGH)</li> <li>• Reminiscence</li> <li>• Calm/Quiet Environment or Room</li> <li>• Music</li> <li>• Certain Staff (encourage consistency)</li> <li>• Certain Visitors/Relatives/Carers</li> <li>• Walk with patient</li> <li>• Relatives/Friends</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> </ul>

## APPENDIX 6 – ENHANCED SUPERVISION CHART

### Enhanced Supervision Chart

Level of Supervision.....

Consultant..... Ward.....

Date.....Nurse in Charge.....

Reason for Supervision.....

Frequency of Supervision (Please Circle)      5 minutes

10 minutes      15 minutes      20 minutes      30 minutes

45 minutes      60 minutes      Other.....

Affix Patient Label

Time	Location	Observed activity/behaviour	Intervention Code(s)/Notes	Name/Designation	Signature
<b>Suggested Interventions/Codes</b>					
<b>CA-Cognitive Activity</b>		<b>PH-Physical Hygiene</b>		<b>EC-Engaged in Conversation</b>	
<b>PA-Physical Activity</b>		<b>C-Calming</b>		<b>R/F-Relatives/Friends present</b>	
<b>S-Social</b>		<b>R-Reassurance</b>		<b>SL-Sleeping</b>	

In the Notes section please give examples of activities/conversation and include how the patient has responded to distraction/interventions.

Patient Name.....NHS Number.....Date.....

Time	Location	Observed activity/behaviour	Intervention Code(s)/Notes	Name/Designation	Signature

Therapeutic activities must be tailored to the level of sickness of the patient, therefore it might be quite passive, such as reading to the patient, holding a hand or listening to music if the patient is unwell.

Each shift needs to have an activity from each of the six areas below. This is to be documented on the enhanced supervision chart. The following are some ideas for consideration.

#### *Cognitive Activity (CA)*

Reading a newspaper  
Completing a crossword/quiz  
Completing a jigsaw  
Reading a book together

#### *Physical Activity (PA)*

Walking around the ward  
Moving from bed to chair  
Moving arms and legs in bed  
Reaching for items on the table  
Throw/Catch with a soft ball

#### *Social (S)*

Talking about current affairs  
Talking about Families  
Talking about Television programmes  
Sitting at a table with other patients  
Having a cup of tea together

#### *Personal Hygiene (PH)*

Encourage to shower, assisting where necessary  
Brushing teeth in the morning and before bed  
Washing hands before meals  
Brushing hair  
Assisting with shaving  
Changing clothes and bedding

#### *Calming(C)*

Hand Massage  
Listening to Music  
Having a story read to the patient

## APPENDIX 7 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Enhanced Patient Supervision & Engagement Policy	MSK & Frailty Care Group (E Lockwood-Corporate Lead for Falls Prevention)	Esther Lockwood	New	16/05/2016
<b>1) Who is responsible for this policy?</b> MSK & Frailty Care Group (E Lockwood – Corporate Lead for Falls Prevention -DBH)				
<b>2) Describe the purpose of the service / function / policy / project/ strategy?</b> Patient safety				
<b>3) Are there any associated objectives?</b> 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? NO</b>				
<ul style="list-style-type: none"> <li>If yes, please describe current or planned activities to address the impact –</li> </ul>				
<b>6) Is there any scope for new measures which would promote equality? NO</b>				
<b>7) Are any of the following groups adversely affected by the policy? NO</b>				
<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 ✓</b>	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
*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 <b>Detailed Equality Analysis form in Appendix 4</b>				
<b>Date for next review: September 2017</b>				
<b>Checked by: Esther Lockwood</b>		<b>Date: 16/05/2016</b>		