South London and Maudsley NHS Foundation Trust

ENGAGEMENT AND OBSERVATION POLICY

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Author:	Beatrice Komieter, Head of Nursing and Quality/ Christina Clark, Policy Review Assistant
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Document History

Version Control

Version No.	Date	Summary of Changes	Major (must go to an exec meeting) or minor changes	Author
1.0	May 2002			S Burleigh, Assistant Director
2.0	July 2005	Shift of emphasis to therapeutic engagement	Major	S Burleigh, Assistant Director
3.0	July 2005		Major	S Burleigh, Assistant Director
4.0	April 2011	Changes made to meet NHSLA requirements	Major	S Burleigh, Assistant Director
5.0	September 2011	Further changes made to meet NHSLA requirements	Major	S Burleigh, Assistant Director
5.1	January 2012	More explicit guidance on observation standards	Minor	S Burleigh, Assistant Director
5.2	August 2012	Minor updates to the monitoring table to reflect NHSLA requirements	Minor	S Burleigh, Assistant Director of Nursing
5.3	December 2012	Minor update to the Enhanced Observation / Engagement record	Minor	S Burleigh, Assistant Director of Nursing
5.4	September 2014	Updated in light of new evidence and changes in practice	Minor	S Burleigh, Assistant Director of Nursing
5.5	June 2016	Addendum to Engagement and Observation, Enhanced Engagement & Obs Night	Minor	S Burleigh, Assistant Director of Nursing
5.6	October 2016	Addendum to Engagement and Observation, Observation Windows	Minor	V.Chin-You, Assistant Director on Nursing
5.7	November 2016	Changes to ensure MCA compliance	Minor	B.Lepper MHA Policy Lead/Adviser
5.8	February 2017	Changes to Enhanced Observation/Engagement Record – Night	Minor	S Burleigh, Assistant Director of Nursing
6.0	March 2017	Competency Assessment	Minor	S Burleigh, Assistant Director of Nursing

6.1	July 2017	Unknown service user must NOT be placed on intermittent observations. All newly admitted service user considered at risk, must be placed on either within eyesight or within arm's length enhanced observations until a full risk assessment has been completed.	Minor	S Burleigh, Assistant Director of Nursing
7	November 2018	To include hourly service user and environmental check list form To include a paragraph on guidance for staff to maintain service user privacy & dignity while on any form of observation. Review the guide to increase staff awareness of the engagement and observation competency	Minor	Rose Hombo Head of Nursing
	September 2019	Observations templates updated to include room numbers.	Minor	Sabrina Phillips Head of Nursing & Quality Southwark & Addictions
7.1	January 2020	Observations templates updated	Minor	Sabrina Phillips Head of Nursing & Quality Southwark & Addictions
7.2	September 2020	Review of competency checklist to include date, service area and name of approver.	Minor	Julie Heyward Deputy Director of Nursing Interim
7.3	February 2021	Formatting change to Appendix 3	Minor	Julie Heyward Deputy Director of Nursing Interim
8.	June 2022	Policy updated and re-formatted in response to NICE Guidance (NG10) and MHNLD/NHSE (2018) Forum Policy Template.	Major	Christina Clark and Beatrice Komieter.
8.1	July 2022	Formatting amendments to General Observation sheets	Minor	Christina Clark

Consultation

Stakeholder/Committee/ Group Consulted	Date	Changes Made as a Result of Consultation
Qualitative Feedback from Quality Reviews By Helen Kelsall and Vanessa Smith	June 2021	Clear instructions on enhanced observations sheets to be added to ensure that services do not modify.
Circulated to HONQs and Nursing Executive	July 2021	Additional adjustments for service users with a learning disability (KMT) Human rights act reference (MY) Feedback and changes to language and ensuring nondiscriminatory comments. (HK) The competency must be completed for all staff annually instead of three yearly. (VS)
Matron focus group	July 2021	Implemented recommendations from NICE guidance. Minor changes to process Minor changes to job titles and roles and responsibilities.
Operational group	July 2021	Implemented recommendations from NICE guidance. Minor changes to process Minor changes to job titles and roles and responsibilities.
NEC	August 2021	Garden to be added to main body of the policy. Enhanced observation sheets created for: MBU PMOA CAMHs Adult
Service user feedback and involvement	August 2021	Changes to language More consideration for same sex staff and service users ratio for enhanced observations. Service users information leaflet needs review Emphasis on consistent care
Further Consultation and piloting of Enhanced Observation sheets and focus groups to review competencies. Final sign off at the NEC – May 2022.	October 2021 – May 2022.	Changes to observation sheets based on feedback from pilot in Southwark and wide consultation. Review of and new competencies developed.
Practice Education Lead	May 2022	Distinguishes in language made between staff member and registered Nurse. Ensured that Student Nurses, Nurse Associates included in policy and roles clear.

Plan for Dissemination of Policy

Audience(s)	Dissemination Method	Paper or Electronic	Person Responsible
All Staff	Intranet	Electronic	Policy co-ordinator
Clinical staff inpatient services. Heads of Nursing, Borough Executives	Email Email	Electronic Electronic	Beatrice Komieter, Head of Nursing & Quality Southwark & Addictions
Ward managers; Heads of Nursing; Nursing Directorate and Borough Executives	Email	Electronic	Beatrice Komieter Nursing & Quality Southwark and Addictions

Plan for Implementation

Details on Implementation	Person Responsible
• Clinical Service Lead, Matrons and Ward Managers to discuss new policy with inpatient teams in team business and Governance meeting. • Policy to be part of new staff induction and bank/agency staff induction. • Adherence to the policy to be monitored by team audits overseen by Modern Matrons with any issues escalated to Heads of Nursing & Quality.	CSL, Modern Matrons, Ward Managers. Modern Matrons, Heads of Nursing

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1. PURPOSE AND RATIONALE

1.1. Introduction

"There has got to be ways of helping a person feel safe and supported without reducing them to victims of voyeurism and seriously eroding away their basic human rights" (Bowles *et al*, 2002:256)

Enhanced observation is a therapeutic intervention which is intended to reduce the factors that contribute towards increased risk to and from an individual or others. The intervention must promote recovery and wherever possible, preserve dignity. Enhanced observations must focus on engaging the person therapeutically and enabling them to address their difficulties constructively (NHS England 2018).

The practices that we have to use as healthcare professionals to keep our service users safe, are potentially highly restrictive. Providers of health and social care services are obliged to develop a culture where restrictive practices are only ever used as the last resort and for the least necessary time (Department of Health 2014).

Engagement and formal observation is a multidisciplinary approach to care and must always endeavor to be collaborative with the service user and their family and/or carers'. The Policy template developed by The Mental Health Nurse Leader and Directors Forum (NHS England 2018) has been used to review and update this South London and Maudsley NHS Foundation Trust policy. The framework was informed by up to date literature, and by feedback from service users, and employees of mental health services.

1.2. Purpose

This policy will guide all staff in the following areas:

- When baseline and enhanced observations must be used in clinical practice;
- Which staff are best placed to carry out these observations;
- Outline the duties, roles and responsibilities for making sure that enhanced observations are used for the least amount of time clinically required;
- The process of assessing the level of risk for each service user, agreeing appropriate level of observation, engagement, activity or intervention, the process for ensuring adequate review and clinically informative record keeping is to be followed by all staff across the Trust.

1.3. Rationale

At times of distress or pronounced ill-health, service users may become a serious risk of harm to themselves, a risk of harm to others or become vulnerable to risk of harm from other people or their environment. All service users admitted to the in-patient wards require a level of engagement and observation. They will be experiencing varying degrees of vulnerability and distress due to a Serious Mental Illness (SMI) and they may also be experiencing other factors such as social exclusion, physical health problems and alcohol and/or drug dependency.

In accordance with Chapter 26 of the MHA Code of Practice (2015) and
Compliance with Nice Guidance NG 10 (NICE 2015) Violence & Aggression: Short term management in Mental Health, Health and community settings must have clear and consistent approaches to managing service users requiring enhanced observation/engagement.

The policy will also guide a consistent and auditable approach to:

- Meeting the individualised clinical needs of service users across the Trust.
- Agreeing an appropriate level of observation based on the individual's needs;
- Reviewing the appropriate level of supportive observation required.
- Engaging with service users and their carers where enhanced observation is required, and
- Effective record keeping.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 Due to the varying degrees of illness experienced by service users within in-patient wards it is essential that a therapeutic relationship is built up as soon as possible on admission to hospital. The aim of this approach is to be able to support the service user through their distress and to help develop a trusting relationship, which will have positive benefits for the service user and the staff.

2.2 The expectations of our service users are that whilst on the ward, members of the team engage with them. Attempts to therapeutically engage service users must take place at least once per shift from their allocated members of nursing staff, which also includes student nurses on NMC approved programmes and health care support workers. Emphasis within this policy is placed upon communication. The policy also touches on providing service users with something meaningful to do throughout their day by using activities during the period of observation and engagement. Language or terms such as: "supervision", "close obs", "constant obs", are not acceptable. Using the correct terms to describe clinical observations, which are outlined in this policy will allow staff, the service user and the relatives and their carers to have a shared understanding of what is happening.

2.3 Observation and engagement must be therapeutic as well as safe. Consideration must be given to the appropriateness of the use of any activities the staff member and service user may engage in, as well as any discussion and distraction techniques. Recognition must also be made of the need for silence at times and to allowing as much privacy as is safely possible.

2.4 Staff need to show 'caringly vigilant and inquisitive' behaviour towards the service user they are caring for, and in conjunction with the multidisciplinary team, ensure there is a ward timetable of activities which are useful and meaningful, and spanning as much of the day over a seven day period. Being 'caringly vigilant and inquisitive' means maintaining an interested attentiveness to a service user, noticing behaviours which might indicate distress, or imminent/actual self-harm, and engaging the service user to understand what is happening and offer support to prevent self-harm and other risk behaviours.

2.5 Staff have a duty of care to all service users to provide appropriate levels of engagement and observation. Article 2 of the Human Rights Act (1998) reinforces this duty as it applies to both informal and detained service users'. In legal terms, the Mental Health Act (1983) or Deprivation Of Liberty's (2015) will need to be considered if the care plan results in restriction of liberty and if they constitute a deprivation of a particular service user's liberty.

2.6 Enhanced observation and engagement must be an integral part of care planning, to ensure safe and confidential monitoring of the service user's behaviour and their mental well-being. This also allows for enabling a rapid response to change.

2.7 Enhanced observations are a restrictive practice and may be perceived as an intrusive and a coercive intervention by service users. Enhanced observations must only be implemented after positive engagement (staff doing things together with service users as opposed to 'doing things' to them) has been attempted but has failed to reduce the risk to self or others. Enhanced observation must only be used for the least amount of time that is clinically necessary.

2.8 The least intrusive level of observation appropriate to the clinical situation must be used to allow sensitivity to the service users' dignity and privacy whilst also maintaining that of the safety of the service user and others in the clinical environment.

2.9 The designated Nurse or Health Professional must engage with the service user (through prolonged conversation) at least once per shift with the purpose of assessing the service users mental state and any presenting risk or potential of risk. This must be done through positive engagement and a record of this assessment is to be recorded in the service user's records.

2.10 All staff must be able to hand over examples of positive engagement to the proceeding shift and advise on ways to engage the service user (for example whether or not a verbal or physical response from the service user has been observed and whether there has been a change in behaviour or responses).

2.11 Staff carrying out enhanced observations must avoid predictability in the times of when undertaking intermittent observations. For example, ritualistic practices i.e. '15 min checks at exactly the same time each time' are not likely to reduce risk of harm to self. The care plan and risk assessment must factor this and detail mitigation.

2.12 A collaborative care plan must be in place for all service users and it must include and detail as a minimum:

- A summary of the service user's current condition and/or presentation;
- Any risk behaviours;
- Any significant events and the potential re-traumatisation threat they pose, and,
- Suggested therapeutic interventions or activities must also be included in the care plan.

For those on enhanced observations, the observing distance and how often service users must be monitored must also be included in the care plan. It is also important to detail how privacy and dignity of the service users will be adhered to during observations as per South London and Maudsley's Privacy and Dignity policy.

2.13 Any changes to a service user's level of observations and details on how this decision was made must be clearly recorded in the service users risk assessment on ePJS. Delegation of decision making by MDTs must also be documented and it must be clearly documented in the clinical records who made the decision and the rationale must be clear. Ward managers must have an auditing process in place to ensure that this is happening and to review the quality. Care plans and risk assessments are audited locally via Perfect Wards.

2.14 Consent must always be obtained from service users when there are considerations to involve a service user's family or carer in planning and review of

enhanced observations.

2.15 All service users requiring intermittent observations must be prescribed a written documentation chart which is readily available and which must be scanned onto ePJS (appendix 3). For those service users who require enhanced observations, they must also have a documentation chart and observations (including but not exhaustive of: the service users behavioral presentation, mental state, risk and conversation) must be written by the staff on observations every one hour. These records must be available to MDTs to inform decision making when reviewing the observation levels.

2.16 Service user records must contain evidence of the review of observations, any interventions used and must reflect the meaningful engagement used with service users at a minimum of once per shift

2.17 Extended episodes of enhanced observation must be reviewed. If the service user has been on observations beyond the duration of 14 days, the MDT must arrange a peer review. If requiring enhanced observations without a reduction in risk and in turn, change to observation levels, then the MDT must consider the following:

- A formulation of the behaviour /presentation leading to the requirement for enhanced observations for an extended period,
- the formulation must be reflected in a Multi-Disciplinary care plan developed to meet those needs,
- Updated co-produced care plans must be completed,
- Risk assessments must be updated
- Advanced care plans will be developed based on the concluded clinical formulation.
- The formulation must reflect any changes in the Service User's presentation and must include how the service user would like to be cared for during enhanced observations. This must be reviewed at a minimum of every three months or until constant observation is discontinued.

2.18 A collaborative daily planner must be developed with the service user and the MDT to identify any interventions that could be delivered and by whom. The MDT must use targeted interventions for service users who are requiring constant observation for longer than 14 days.

2.19 The MDT must consider the impact on the other service users in the clinical area when enhanced observations are required. There needs to be consideration to the availability of staff on the ward and the risk that low levels of staffing could also pose to other service users.

2.20 If a service user is subject to enhanced observation and as a result, they are being confined to a particular area and/or prevented from having contact with others, and it is amounting to either seclusion or long-term segregation, South London and Maudsley Seclusion Policy must be instigated and applied.

3. SCOPE

3.1. This policy must be applied to all service users cared for all in-patient settings or areas where service users under the care of South London and Maudsley NHS Foundation Trust are being nursed, including, for example, conveyance to Accident and Emergency.

4 DEFINITIONS

The practice of **supportive observation** – can be defined as "regarding the service user attentively whilst minimising the extent to which they feel that they are under surveillance. It requires staff to be caringly vigilant and inquisitive and have a thorough knowledge of the service users in their care, the service users' current care plans and their observational requirements. Unusual circumstances and noises must always be investigated" (NHS England 2018)

4.2. Formal Observation & Engagement Levels

The formal observation & engagement levels of service users are as follows:

- General Observation
- Intermittent observation
- Within Eyesight (Enhanced)
- Within Arm's Length (Enhanced)

4.2.1. General Observation

General observation is the minimum acceptable level of observation for all service users on the inpatient ward. The location of all the service user must be known to allocated staff, but not all service user needs to be kept within sight. The location and the safety of the service user will be visibly checked at hourly intervals as a minimum. Service users who are subject to General Observations will have been assessed by the care team as presenting as a low risk to themselves or others. Their location and safety will be visibly checked at a minimum of hourly intervals.

Certain parts of the ward are high risk for suicide attempts, namely bathrooms, bedrooms, toilets, and any other accessible rooms that are not under direct constant supervision. Therefore, these areas must be randomly and intermittently checked by staff. This is particularly important at times of reduced staff supervision, which are high risk times for suicide attempts. Therefore, staff must be actively vigilant during nursing shift handovers and during the evening through to midnight and on night shifts. Evidence also tells us that there is an increased risk of suicide within the first week of a service user's admission to hospital.

Staff must also ensure that the garden or outdoor areas are also carried out in the general observation checks documented on the observation record sheet. *Staff must also record hourly on the observations sheets (appendix 2) that they are checking all exit points from the ward (e.g. doors, windows) to ensure that they are secure and that there are no faults. Staff must report anything that could pose as a risk of absconding or security risk immediately. Staff must also put mitigations in place where possible until the fault can be repaired.*

4.2.2 Intermittent Observation

The service user must be observed 4-5 times per hour. Time between observations must vary and length of time with the service user must also vary depending on the level of assessment which is taking place. This is to ensure that the checking times conducted by staff cannot be predicted by service users and it reduces the potential for risk to take place during checks. This level of observation is required when service users are potentially, but not immediately at risk. For example, service users with depression but no immediate plans to harm themselves or others and, those who are in a process of recovery may require this level of observation and engagement. The observation must be carried out even when the service user is asleep, unless

otherwise indicated by the multidisciplinary team.
During this level of observation, it is very important to discuss this with the service user, and to ensure that there is an agreed understanding about the purpose of the observation, encouraging the service user to take a level of responsibility about their role in the engagement process. A joint decision must be taken with the doctor, nurse and the service user, using the risk assessment process. This decision must be recorded in the notes and care planned.

Service users who are unknown to the ward or service must **NOT** be placed on intermittent observations on admission to the ward. New service user must be placed on an enhanced level of observation either within eyesight or within arm's length until a full risk assessment can be completed **and documented**.

This level of observation requires the observing clinician to be aware of the service users' movements, location and behaviour. The duration of intervals at which the observations must be carried out is to be agreed by the multidisciplinary team and/or the Registered Nurse in Charge. Observations need to be carried out sensitively in order to cause as little intrusion as possible. However, this observation must also be seen in terms of positive engagement with the service user.

4.2.3. Within Eyesight (Enhanced)

Within eyesight is required when the service user could, at any time, make an attempt to harm themselves or others or where a service user is perceived as being vulnerable. The service user must be kept within sight at all times, by day and by night. A team decision must determine level of proximity and observation whilst attending to personal needs (i.e. using the toilet or taking a bath and this must be clearly documented).

4.2.4. Within Arm's Length (Enhanced)

This is the most intense level of observation. It is applied if the risk assessment suggests this level of enhanced observation is required. Service users at the highest levels of risk of harming themselves or others may need to be nursed in close proximity at all times including when the service user goes into the toilet / bathroom. On occasions more than one staff member may be necessary. Attempts at positive engagement with the service user are an essential aspect of this level of observation.

4.2.5. Proactive Engagement (Intentional Rounding)

Proactive engagement (sometimes referred to as Intentional rounding) is a term used to describe the frequent checks by staff to ensure service user needs and safety are maintained. It is the member of staff's responsibility to know the whereabouts and safety of each service user on the unit, to evaluate a service user's comfort and ensure that their needs are being met. Although intentional rounding can be completed every hour it is recommended that this is completed a minimum of once per shift. The principle is that staff must ask the service user how they are feeling and depending on the response from the service user offer support.

Staff to consider asking the following questions such as;

- "How are you feeling today?"
- "What plans have you got for the day?"
- "Can I help with anything at all?"

4.2 Risk assessment

A gathering of information and analysis of the potential outcomes of identified behaviours. Identifying specific risk factors of relevance to an individual and the

context in which they may occur. This process requires risk formulation and linking historical information to current circumstances to anticipate possible future change.

4.3. Engagement

To `engage` with service users rather than to just `observe` them, can offer a significant improvement to the service user experience, it can also enhance the work experience for staff involved in the process. The purpose of engagement is to interact with the service user, encouraging communication, listening and conveying to the service user they are valued and cared for. These are important components of skilled nursing observation.

An environment which offers a full programme of activities and specific time with individual staff members is more likely to have a beneficial emotional and psychological impact on service user and staff. Please look at this reference for activity ideas. (www.starwards.org.uk). It will also ensure that service users' have regular access to groups, therapeutic activities, meals and drinks, and that staff are entering service users bedrooms, toilets and bathrooms frequently to observe these areas to maintain safety.

4.4. Observation

One definition of nursing observation is; "regarding the service user attentively", this, however, suggests just watching/looking at the service user, even if with great skill. Service user have commented that it feels uncomfortable at best, and de-humanising at worst to be just `watched over`.

4.5.1. Observation provides an opportunity for staff to interact with the service user in a therapeutic way. It can increase understanding by the staff of the feelings and motivations of the service user to act in a particular way. It can also offer the service user support and guidance in how to deal with those feelings and thoughts.

4.5.2 The practice of undertaking systematic `observation`, is aimed at preventing potentially suicidal, violent or vulnerable service user from harming themselves or others. It also provides a valuable source of information which is useful in the multidisciplinary assessment of the service user. Observation is not simply an activity to support a custodial approach; observation provides an opportunity for staff to interact with the service user in a therapeutic way. It can increase understanding by the staff of the feelings and motivations of the service user to act in a particular way. It can also offer the service user support and guidance in how to deal with those feelings and thoughts.

4.5. Caringly Vigilant and Inquisitive Behaviour.

Evidence informs us that when clinicians engage in behaviours which have been called
`caringly vigilant and inquisitive', then prevention of suicide on inpatient wards is much more likely (Bowers *et al* 2011).

4.5.1 The phrase captures the nursing staffs' thorough knowledge of the service user as a person, together with a constant and consistent attentiveness to their state of mind, whereabouts and safety.

4.5.2 Some examples of 'caringly vigilant and inquisitive' behaviours include: physically accompanying service users who are in distress; listening carefully to safety calls (assessing the service user response, when in the bathroom or toilet); noticing a service users absence; noticing suspicious actions; noticing that a service user appears physically ill; noticing that a service user is taking a long time in the toilet,

and responding to an unusual noise.

4. DUTIES, ROLES AND RESPONSIBILITIES

5.1. **Trust Board of Directors** – are responsible for overseeing the overall reduction of restrictive practice within its services. They are responsible for recognising and communicating to employees that enhanced observations must only be used for the least amount of time clinically required. They are also responsible for ensuring that the Trust has sufficient resources and infrastructures to support the enhanced observation and engagement of service users. They must also ensure that service users are safeguarded and their Human Rights and Equal Rights are not compromised.

5.2. **Chief Nurse / Director of Nursing**– is accountable to the Trust Board for the development, consultation, and implementation and monitoring of compliance with this Policy. They must ensure that it promotes supportive observations, engagement of service users and that it safeguards against unnecessary use of restrictive practice.

5.3. **Service Directors** – have operational responsibility to ensure compliance from their staff with this policy who work within the clinical areas that they are responsible for. They also have operational responsibility for: the clinical services within their borough's Identifying and deploying the appropriate resources to safely deliver this Policy.

- Ensuring all clinical staff who will be carrying out Enhanced observations and engagement are familiar with and understand the policy.
- Monitoring of the directorates compliance and the consistent application of the Policy
- Ensuring that all service users who are have been on prolonged periods of enhanced observations are reviewed after 14 days and then at least once a month by the MDT, independent of the service users care.

5.4. **Responsible Clinician** – holds both legal and professional responsibility for the care and treatment of the service user. The responsible clinician must possess in depth knowledge of the service users in their care, they must input into the service users' care plans and observational requirements and they must provide advice and support to the service user and the wider clinical team when uncertainty arises regarding level of observation required.

5.5. **Matrons** – are accountable to the Heads of Nursing and Quality and are responsible for providing assurance that their respective wards' are compliant with the Policy. Matrons must maintain an overview of the service user on enhanced observations, and support Ward Managers, to develop systems and processes on the ward to ensure the risk assessment and care plans are updated alongside their changing clinical needs.

5.6. **Ward Managers** – have overall accountability for the management of the ward and they must ensure:

- That they understand their role in the initiation and review of supportive observations
- That care plans are in place and appropriately identify and detail the required level of observation for the service user.

- All decisions made to changes in observations are updated in risk assessment.
- The availability of adequate resources to safely deliver this Policy
- Identify, respond to and escalate any areas of noncompliance with this Policy
- That Peer review occurs when service users are subject to enhanced observations for longer than 14 days.
- Responsible for ensuring that their staff have completed the competency assessment for enhanced engagement and observation and that they have read and understood this policy. The competency must be completed for all staff annually.

4.7. **Multidisciplinary Care Team** – have a responsibility to understand their role in initiating and reviewing observation levels.

- They must balance the potentially distressing effect on the individual of increased levels of observation, against the identified risk.
- The levels of observation and risk must be regularly reviewed by the Multidisciplinary team and the discussion and agreed actions must be clearly recorded in the service users health records/ePJS.
- The team must consider how observations can be undertaken in a way which minimises the likelihood of individuals perceiving the intervention to be coercive and how observation can be carried out in a way that respects the individual's privacy as far as practicable and minimises any distress.
- Care plans must outline how an individual's dignity can be maximised without compromising safety and detailed in a robust care plan.

4.8. **Nurse in Charge** – is responsible for identifying the staff (by their profession and grade) who are best placed to carry out enhanced observations. This selection must take account of the individual's characteristics and circumstances (including factors such as experience, age and gender).

- They must ensure staff allocated to undertake increased observations have been assessed as competent to do so.
- The nurse in charge of the shift is responsible for ensuring that all of the service users are engaged with, and service user who are on enhanced levels of observation have a completed care plan stating the aims of the enhanced engagement
- Records of the enhanced engagement process will be maintained using the Trust forms.
- The Nurse in Charge must also be checking observations are undertaken in line with the prescribed observation level, and in accordance with the agreed care plan.

4.9. All Registered Nurses have a responsibility to**:**

- Understand their role in initiating, carrying out and reviewing supportive observations/engagement
- Carry out that role in line with the Policy
- Complete the care plan for their named service user
- Inform each service user of the level of observation they are on
- Review the level of observation based on recorded clinical need and risk review
- Ensure the care plan is implemented
- Ensure the periods of observation are viewed and used as opportunities to build a therapeutic relationship
- Complete all the required documentation

- Fully familiarise themselves with this policy.

4.10. **Student nurses and student nursing associates / or students on nursing programmes** can observe the process of enhanced observations and accompany qualified nurse completing enhanced engagement and observation, but cannot be allocated to service users' requiring enhanced levels of engagement or observation or perform any level of enhanced observations or intermittent observations.

4.11. Non registered staff, including: Associate Practitioners (AP), Nursing Associates (NA) & Care Support Workers (CSW)

AP's, NA's and CSW's, who have successfully completed the Trust Engagement and Observation competency document (appendix 4) can participate in enhanced observation under the overall supervision of a Registered Mental Health Nurse
Staff must:

- Understand their role in carrying out supportive observations
- Carry out observations in line with the observation level prescribed
- Ensure the periods of observation are viewed and used as opportunities to build a therapeutic relationship
- Be familiar with, and implement, the service user's care plan
- Complete the required documentation accurately
- Report any relevant information that would assist the effective review of the service user's needs
- Fully familiarise themselves with this Policy.

4.12. NHS Professional (NHSP) Staff and agency staff

- Placing a bank / agency staff on enhanced observations is a decision that requires some scrutiny and consideration, they must be deemed experienced and competent (having had their competence assessed) as part of the ward induction and their experience of working within the team and with service users.
- **NHSP and agency staff must:**
  - Understand their role in carrying out supportive observations
  - Carry out observations in line with the observation level prescribed
  - Ensure the periods of observation are viewed and used as opportunities to build a therapeutic relationship
  - Be familiar with, and implement, the service user's care plan
  - Complete the required documentation accurately
  - Report any relevant information that would assist the effective review of the service user's needs
  - Fully familiarise themselves with this Policy.

5. PROCESS OF TRUST ENGAGEMENT AND OBSERVATION AND POLICY STANDARDS

6.1. Observation Standards

6.1.1 Standard 1.

General Observation

As a minimum requirement for all in-patient service users they will be engaged with/checked every hour throughout the night as well as during the day shifts. This check can occur anytime within the hour, e.g. between 09:00 – 09:59, between 10:00 – 10:59 etc. This will be done as unobtrusively as possible at night to avoid waking the service user, but on occasions it may be necessary to actually wake a service

user. Routine checking of private service user areas, such as bedrooms, bathrooms and toilets must take place intermittently.

Staff Handovers also occur during these times, and careful consideration must be given to ensuring adequate numbers of staff are available in the service user areas during these times.

6.1.2 **Standard 2.**
Visual Handover
At the beginning of every shift, it will be the responsibility of the nurse in charge to carry out a visual handover with the nurse in charge of the next shift, identifying all of the service users present on the ward, and to account for all other service users who may be absent from the ward, and be aware of their whereabouts. This can be viewed as the first proactive engagement of the shift.

6.1.3 **Standard 3.**
Intermittent Observation
Intermittent observations are less intrusive than 'within arm's length' or 'within eyesight' observations, and every attempt must be made to reduce levels of observation from 'within eyesight' and 'within arm's length' to intermittent as soon as possible.

6.1.3.1 It is recommended that a service user is engaged with four – five times within an hour, but this must be at irregular intervals to ensure that the service user cannot organise an attempt to self-harm in between a regular `check` from the nurse.

6.1.3.2 It is acknowledged that there may be times when a service user cannot tolerate an enhanced level of observation and they can actually become more distressed or agitated. It will be necessary to complete a multidisciplinary risk assessment and formulate a care plan which addresses and clearly documents how the levels of risk will be managed during intermittent observations, if this is considered the most appropriate level of observation by the team.

6.1.4 Standard 4
Nighttime Observation
The intensity of engagement and observation must not be reduced based on the time of day but on an updated and documented risk assessment and care plan on ePJS.

6.1.4.1 Sleeping
When a service user appears to be asleep the member of staff carrying out the enhanced observations must monitor their physical health noting changes in body position (Service users sleeping position), breathing and respiration rate (RR) and these must be recorded on the engagement and observation chart (appendix 2).

6.1.4.2 Safety takes priority over privacy when a service user respiration rate is observed to be outside of the normal range (12- 20 breaths a minute). Staff must not assume that the service user are sleeping and/or that they must not be woken.

6.1.4.3 If the member of staff has not observed the service user moving or cannot observe the service user breathing, they must ensure the service user is alive by going into the service user bedroom and carrying out the following:

- Increasing lighting
- Getting close enough to observe breathing and monitor the service user respiration rate.

- Rousing the service user
- Checking for a pulse
- Respiratory rate and other vital signs must be measured more frequently in service user who are unstable, or in adult service user whose respiratory rate is above 20 breaths/minute.

6.1.4.4 A service user with a respiratory rate greater than 24 breaths/minute must be monitored closely and reviewed regularly, even if the other vital signs are normal.

6.1.4.5 A service user with a respiratory rate greater than 24 breaths/minute in combination with other evidence of physiological instability (e.g., hypotension or a reduced level of consciousness), must receive immediate medical review.

6.1.4.6 Where a service user is assessed to be a potential risk of violence and aggression, the member of staff carrying out the enhanced observation must seek assistance before entering the service user's room to ensure the service user is alive.

Please see Nighttime Engagement and Observation Recording Form in Appendix 2

6.1.54 **Standard 5**

Observation Vista Windows/Curtains

This standard is to ensure the privacy and dignity of our service user whilst they are being observed.

The majority of service users' room doors have Vista Vision windows and the remainder of the doors, across the Trust, will have a glass window covered by a curtain.

It is important to ensure that staff knock on the door before opening the vista window or pulling the curtains across and ensure that the vista windows are closed immediately after use.

A sticker will be affixed nearby the window to remind staff that the service user's privacy must be maintained whilst in their room.

The Vista Windows/Curtains

The vista vision windows on service user' doors are opaque windows some of which can be opened by staff to observe service users whilst they are in their bedrooms.

The curtains are a fabric covering the window normally secured above the window which can be pulled across or lifted up to observe the service user whilst they are in their bedroom.

Roles and Responsibilities

All staff are responsible for ensuring the privacy and dignity of service user is maintained at all times. This means that staff must ensure the vista windows are closed after use on all occasions or that the curtain is replaced to cover the window.

Ward staff have a responsibility to induct new service user to the ward and explain the ward routine – it is at this time that the observation vista windows on the service user's doors are explained to them so the service user is prepared and understands the function of the window.

Staff must knock on the service user' door before opening the curtain or vista

window, to alert the service user that the staff member is intending to look through the window.

Ward managers are responsible for ensuring that all of the Observation Windows are in good working order and that curtains are clean, in good repair and firmly attached to the frames/windows.

Extra sets of curtains must be available on the ward at all times to replace old, worn or dirty curtains.

The shift co-ordinator must ensure as much as possible that the gender of the nurse is considered when compiling the observation rota to help meet same sex requirements.

All wards must urgently report to Estates and Facilities if a window is broken or needs repair and this must repair as quickly as possible to maintain the safety and privacy and dignity of the service user.

- The ward managers are responsible for making sure that all inpatient nursing staff on their wards are aware of the engagement & observation competency document in ***Appendix 4 and that the competency of all new staff on engagement and observation is completed within 6 weeks of starting on their wards.*** The competency must be completed for all staff annually.

- ***All inpatient nursing staff*** must ***ensure that their competency is up to date and*** must ***use supervision to discuss and escalate any issues affecting completion of competency or issues regarding their competency.*** The competency must be completed for all staff annually.

6.2 Placing a service user on supportive observations

This is a joint responsibility and good practice between the **nurse and doctor**. *The absence of a doctor* must *not be a barrier to placing* service users *on enhanced observations.* The nurse involved in this process needs to have enough clinical experience to clearly state the reasons for placing someone on these levels of observation, and what staff must be doing whilst they are with the service user. The nurse in charge of the shift must be best placed to make these decisions, but as a minimum requirement a Band 5 nurse or above will be able to make these decisions with the doctor. The Consultant must be informed of all service users on enhanced levels of observation.

- The decision to introduce or increase the frequency of observations may in the first instance be taken by a registered nursing staff or mental health practitioner,
- when possible, this must be made in conjunction with medical staff,
- Risk must be assessed
- Wherever possible the decision to prescribe observations must be made with the MDT.
- The Responsible Clinician has legal and professional responsibility for the care and treatment of individual service users. This authority is exercised through appropriate delegation of responsibilities within the multidisciplinary team. Decision making in respect of the authority to change practice must be described within the care plan, so that responsibilities for managing risk are well understood. Decision making can therefore be appropriately delegated to the nurse in charge of a ward or area. The risk assessment and rationale for all changes must be clearly documented in the service user's care plan and clinical notes.

6.2.1 On admission the appropriate level of observation will be introduced to reflect the degree of risk or potential risk as identified following a thorough risk assessment by the medical and nursing team. The following areas must be considered:

- CPA information and a recent and up to date risk assessment or handover (from for example the AMPH);
- Information available from care coordinator if known to services;
- Expressed intentions;
- Information shared by relatives and carers;
- Implied intentions;
- Past history including previous suicide attempts, self-harm or assaultive behaviour;
- Hallucinations suggesting harm to self or others;
- Paranoid ideas that pose a threat to self or others;
- Recent loss or bereavement;
- Past or current problems with drugs or alcohol;
- Poor adherence to prescribed medication;
- Marked changes in behaviour or medication;
- Risk of falls;
- Risk of physical vulnerability.
- Safeguarding issues

6.3 Reviewing Levels of Observation

6.3.1. Observation status must be formally reviewed at regular intervals. Intermittent observations must be reviewed a minimum of once a day and documented in clinical notes.

6.3.4 For enhanced levels of observation, observation levels must be reviewed on every shift, including weekends. For good inter-professional working, this procedure recommends that discussion must take place with the nurse **and doctor** on duty, about the decisions on the level of observations to be used.

6.3.5 Service users who remain observations continuously for more than 1 week must have observation levels reviewed at a MDT review.

6.3.6 Where Clinical Teams develop substantive care plans to manage longer-term risk, the schedule for review of the care plan and associated level of observation can be undertaken on a weekly basis within the Multi-Disciplinary Team setting.

6.3.7 Any extended use of continuous observation (longer than two weeks) must trigger a peer review as detailed above with monthly peer reviews every one month thereafter or until continuous observation ends

6.4 Increasing Observations

6.4.1. Increasing levels of observation can be initiated by qualified nurse. Ideally this would be in conjunction with other members of the multidisciplinary team, but if necessary this can be initiated as part of an overall risk assessment and risk management care plan, in response to an increased level of risk to the service user and / or others within the environment. All appropriate documentation must be completed when observation levels are increased, and a clear record made within the electronic service user electronic patient journey system (ePJS).

6.4.2. Decisions about supportive observation/engagement must be made as far as possible via multi-disciplinary discussion, based on the on-going assessment of the service user's needs as described above. This process must include the service user wherever possible.

6.4.3. Registered nursing staff with delegated responsibility for a ward area have the authority to implement an increase in the level of observation in the first instance. Any such decision must be reviewed by the senior nurse on duty in the area or medical staff at the earliest opportunity.

6.5. Decreasing Observations

6.5.1. The decision to reduce the level of observations **must** normally be taken by the Consultant/Responsible clinician, along with the registered nursing staff or mental health practitioner in conjunction with the MDT. However delegation of authority to decrease level of observation can occur in the absence of the Responsible Clinician to another medical professional/doctor, if the Responsible Clinician, has identified who and under what circumstances changes can be made (i.e. related to the needs, behavioural presentation and or mental state of the service user). This must be clearly documented in the service user record.

6.5.2. The reduction in the level of observation **must** be a multidisciplinary team decision to ensure service users are not left on an increased level of observation inappropriately. Doctors directly involved with caring for the service user can reduce the level of observation for a service user, if certain behaviours are met and specific criteria are observed. There **must** be a specific documented plan for each service user outlining the agreed changes in behaviour that would facilitate a reduction in observation level and the exact procedure for this decision to be actioned. Individual practitioners cannot reduce the level of enhanced observation without wider discussion with the clinical team. All appropriate documentation must be completed when observation levels are increased, and a clear record made within the electronic patient journey system (ePJS).

6.5.3. Wards teams **must** look to plan ahead and ensure that the plan of care for each service user outlines the conditions and observed behaviours that would facilitate a prompt reduction in observation levels.

6.5.4. Where the Responsible Clinician feels that observations **must** not be reduced without medical consultation this requirement **must** be clearly recorded in the clinical record and communicated verbally to all members of the multi-disciplinary team. If necessary, any out-of- hours concerns can be addressed through the on-call consultant.

6.5.5. It is also recognised that in certain specialist areas the long-term care needs and dynamic risk assessment enables clinical teams in conjunction with service users to develop care plans which adjust the level of observations during the course of the day, based on service user need and the known risks associated with a given activity and the environment of care. With the full agreement of the clinical teams care plans can be routinely adjusted to reflect the required level of observation afforded a service user during the course of the day provided this is underpinned by a robust assessment and care plan and that the care team regularly reviews the plan and allows practitioners to modify the plan in the event of changes to a service user's presentation.

6.6. Length of Time Observing

6.6.1. It is recommended that observation by nursing staff **must** not exceed one hour at a time, and that there **must** be an opportunity for reflection and discussion following the observation period. This is based on the need to be concentrating attentively and also **that a therapeutic intervention can sometimes be emotionally draining. However, it is also recognised that a period of observation with a service user may be highly positive for the service user and the member of staff, and they may both wish to continue for a period of time, there must be room made available for this negotiation to take place. This may occur if there is engagement in activities of daily living such as cooking or washing, also if the service user and member of staff go out of the hospital together for a walk, or if both parties are engaged in a meaningful discussion or activity. Whenever possible is recommended that consideration must be given to gender specifics / appropriateness when placing a staff member on enhanced observations.**

6.7. Record-Keeping

Any decision to utilise an enhanced level of observation must always be fully documented in the service user's clinical records, the record **must** demonstrate that consideration has been given to the service user's human rights. It is important to accurately record the individual's mental health and identify any clinical indicators of risk or improvement in the service user's clinical notes. The following information needs to be detailed within the service user's clinical record:

- A current risk assessment and care plan;
- Date and time that the observation level was instigated, altered or reviewed;
- An explicit record made of the current observation level in force and any specified timescales to be applied, or environments which are restricted;
- Any specific instructions and rationale related to individual service user needs;
- Reasons for current observation levels;
- Indicators of risk or relapse;
- Current collaborative care plan

6.7.1 The Engagement and Observation Record proforma must always be used whenever enhanced observation is initiated. The record must include the date and time of initiation and termination, level of observation, the frequency of the observations where appropriate, and must be signed by those taking the decision to initiate and/or make changes to observation(s). It must also include the name and designation of the person undertaking the observation. **The Engagement and Observation Record proforma (Appendix 3a-3c) must be scanned and filed on the service users care record [ePJS], where the risk assessment and care plan are also recorded.**

6.7.2 Any changes to the level of observation and engagement must be clearly documented in the service user's care record/ePJS, stating the client-staff ratio, proximity, frequency, the person initiating or reviewing and the date and time for this clearly stated. For observation within eyesight and arms' length specify and document the proximity in terms of the use of toilet and bathroom as agreed by the team and or the Nurse in Charge.

6.7.3 The risk assessment must be updated whenever there are changes in the level of risk requiring changes in the level of observation or to show that risk has been assessed and remained the same. When documenting the risk level on the care

record/ePJS, this must be recorded under a new risk assessment. The ***care plan*** must reflect changes in the level of observations. This means discontinuing care plan entries for existing care plans and completing a new one for the new level of observation. Issues of privacy, dignity and consideration of the gender arising in allocating staff and the environmental dangers need to be discussed and incorporated into the care plan.

6.8 Restriction of Liberty

The least intrusive level of observation that is appropriate to the situation must always be adopted so that due sensitivity is given to the service user's dignity and privacy whilst maintaining the safety of those around them.

6.8.1 All decisions about the specific level of observation must take into account:

- The service user's current mental state;
- Any prescribed medications and their effects;
- The current assessment of risk must include the service users ability to perceive potential risk;
- The views of the service user.

6.9 Communication and engagement

All clinical staff responsible for the implementation and practice of this policy must ensure that they fully inform any service users who may be subject to this policy of the process by which the policy is applied and reviewed. They must also ensure that the service user is given the opportunity to discuss any concerns or questions they may have with an appropriate member of the multi-disciplinary team. There is a patient information sheet provided in appendix 1, which can be given to the service user.

6.10 Human Rights issues

The European Convention on Human Rights (ECHR) has been enshrined in United Kingdom law since 2000. The provisions indicate that everyone has the right to respect for his/her private life (Article 8). No service user must therefore be subject to unnecessarily intrusive observations in a way that would breach this right. In order for this policy to comply with the law observation must be justified: the ECHR permits breaches of Article 8 that are necessary for one or more of the following reasons:

- The interests of national security, public safety or the economic well-being of the country; or
- The protection of disorder or crime; or
- The protection of health or morals; or
- The protection of the rights or freedoms of others;
- Proportionate: even if the use of observations is considered justified, it will only be lawful if it goes no further than is reasonably necessary in each individual case to achieve the relevant objectives. When operating this policy clinicians will need to make sure that the use of observations remains 'proportionate' and that it is no more intrusive – nor continues longer – than is required by the circumstances.

6.11 Managing care for service users subject to supportive observations.

Supportive observation time must be used as an opportunity for supportive and therapeutic interaction to meet the holistic needs of service users. It is also an opportunity to plan care with the service user.

6.12 The Care plan must:

- Be written in the first person
- Signpost to any associated advanced statement or directive
- Signpost to any Personal Safety plan
- Include a formulation related to the reason for increased observation/engagement
- Use trauma informed principles
- Specify the frequency of safety checking including at night time
- Specify the frequency of observation/engagement recording
- List any items withheld from the service user with rationale
- Specify what must happen during times usually associated with privacy (e.g. use of toilet, bathing etc.)
- Specify any delegation of responsibility to change observation levels and under what circumstances
- Include any gender specific requirements
- Specify the recording requirements
- Specify the engagement requirements
- Include activities that have been collaboratively agreed and where necessary escort requirements to accommodate same.
- Describe relapse signs
- Describe trigger factors
- Specify any agreed private time or unsupervised time with family/carers
- Specify the frequency of review

6.12.1 The care plan must be shared at each hand over.

6.12.2 If for any reason, engaging the service user in dialogue and activities during supportive observation is not possible, then the reasons for this needs to be clearly recorded.

6.12.3 The clinical team must continually review risk in developing an effective care plan for a service user subject to supportive observations.

6.12.4 If appropriate to the service user's needs a request for support from same gender nursing staff must be facilitated where possible, unless there is a specific clinical risk or other reason why this would be inappropriate.

6.12.5 However, where a service user is required to be observed whilst involved in intimate personal care, the support must be provided by a practitioner of the same gender unless there is a specific clinical risk. An hourly summary of the service user's condition, risk behaviours, significant events and any therapeutic interventions must be recorded.

6.12.6 Observations undertaken at night need to include an assessment of an individual's well-being with any area of concern or doubt being explored. A nominated member of the nursing team must therefore ensure that each service user is assessed through regular monitoring to ensure they remain safe and that any individual's distress or abnormal movement must be explored further.

6.13 Service Users supportive observation/engagement in off-ward areas

Continuity of therapy, education and leisure will remain a high priority for Service Users on increased levels of observation. They must not therefore be automatically excluded from off ward treatments/ activities.

6.13.1 Service Users may wish to take part in faith/religious activities such as praying or meditation within a multi-faith area of the ward or within hospital grounds. Service users must be supported to attend to their faith needs where possible taking into account the service users risk assessment.

6.13.2 Decisions regarding attendance must be based on individual risk assessment and not the level of observation the Service User is receiving.

6.13.3 The individual risk assessment must:

- Consider the environmental risk in the area being proposed for the Service User to attend, e.g. observation line, glazing in windows, furniture;
- Consider the treatment/activities within the area;
- Include the member of staff from the area where it is proposed the service user will attend;
- Consider if a ward based staff needs to escort the service user in order to undertake the observation, or whether this can be safely done by a member of staff from the areas the service users is attending;
- Record the details in the service users ePJS records.

6.13.4 Where the responsibility for undertaking the observation is transferred to a member of staff from the area where it is proposed the service user must attend, the observation record sheet must also be transferred to that staff

6.14 Care provision for young people aged under 18

Any person under the age of 18 years is legally classed as a child, admission of a child under the age of 18 into adult services must be rare, and however, if a young person is admitted into an adult service, consideration must be given to the need for 1:1 support.

6.14.1 This decision must be made on clinical need and risk management grounds, including the need to safeguard the well-being of the young person, it must not be enforced as a blanket policy. If enhanced observations are not utilised good practice would suggest identification of a member of staff to act as a 'buddy' and familiar point of contact for a young person on each shift.

6.15 Skills and responsibilities of staff undertaking supportive observations

The Nurse in charge remains accountable for the decision to delegate supportive observational roles to non-registered nurses or students in training, and for ensuring that they are knowledgeable and competent to undertake this role.

6.15.1 Due to the tiring and stressful nature of enhanced observation, staff must rotate their duties regularly. A member of staff must not undertake a continuous period of observation above the general level for more than 2 hours, unless it is seen as appropriate following consultation with the member of staff in question.

6.15.2 When supportive observation is being handed from one member of staff to another, the nurse-in-charge/shift coordinator needs to ensure that the member of staff taking over the responsibility is aware of the focus of their assessment; the plan of care; the information documented during the previous shift and the expected activities and interactions to be engaged in. Where ever possible such handover must involve the service user, so that they are involved in key decisions about their care.

6.15.3 **Service user and carer information and involvement**

The service user, relatives and carers are fully informed of the process and are provided with written and verbal information as often as necessary (See Appendix

1). The service user, wherever possible must be a part of the evaluation and review process, both during the application of the observation levels and after the observation has ceased.

5.15.4 To ensure that all staff are clear about the privacy and dignity issues for their service users whilst being observed through vista windows/curtains.

6.16 Observation in general hospital settings

The Trust must have local agreements in place for when a service user is transferred from inpatient services to another NHS facility.

6.17 Resource Management

Each clinical area must develop local protocols for wherever circumstances require that clinicians and managers need to consider and upgrade staffing levels. Such protocols would incorporate systematic evaluation and review of any additional resources allocated for this purpose.

6.18 Reporting Incidents

When a service user subject to supportive observation is involved in a serious untoward incident it is important that a post incident review occurs, findings must be reflected in the working formulation and individualised care plan of the service user. The Responsible Clinician and local service manager must ensure that all such reviews are undertaken in a safe supportive environment to ensure improvements – if appropriate – are identified to limit the prospects of any similar incident occurring in the future.

6.18.1.1 Reporting incidents must be in line with the process outlined in the Trust Policy for Reporting, Management and Review of Adverse Incidents.

7 MONITORING COMPLIANCE

What will be monitored i.e. measurable policy objective	Method of Monitoring	Monitoring frequency	Position responsible for performing the monitoring/ performing co-ordinating	Group(s)/committee(s) monitoring is reported to, inc responsibility for action plans and changes in practice as a result
Duties	Audit of the Audit proforma	Annual	Assistant Director of Nursing, CAET	Quality Governance Committee
Observation and differing levels	Audit of the observation proforma	Annual	Assistant Director of Nursing, CAET	Quality Governance Committee
How the organisation trains staff, in line with the training needs analysis	Audit of register of attendees of appropriate courses	Annual	Deputy Director of Education and Training	Education and Training Committee

Observation at differing levels	Audit of the Observation proforma	Annual	Assistant Director of Nursing, CAET	Quality Governance Committee
How observation is recorded	Audit of the Observation proforma	Annual	Assistant Director of Nursing, CAET	Quality Governance Committee
Proactive Engagement taking place.	Observation of ward staff and service user. Audit of records.	Annual	Heads of Nursing, Modern Matrons	Directorate Performance and Quality meeting

What will be monitored i.e. measurable policy objective	**Method of Monitoring**	**Monitoring frequency**	**Position responsible for performing the monitoring / performing coordinating**	**Group(s)/committee(s) monitoring is reported to, including responsibility for action plans and changes in practice as a result**
Vigilant Inquisitive behaviour introduced	Observation of ward staff and service user. Audit of records.	Annual	Heads of Nursing, Modern Matrons	Directorate Performance and Quality meeting
All Vista Windows will be in full working order	By opening and closing the windows	weekly	Ward manager	CQC Delivery Group
Curtains on windows will be functional and spare sets will be available on the wards	Check the curtain for holes, rips if these compromise privacy then remove. Velco/tape must be able to hold the curtain to the window frame if not it must be removed.	monthly	Ward manager/ Domestic Supervisor	Estates/facilities department will need to ensure Velcro is functional to keep curtain attached to the window frame. Domestic supervisors to ensure curtains are in good condition or change to maintain privacy. Nurses/MDT to report damaged curtains and ensure that the request is followed up.

Refurbishments will replace 'curtained' windows for Vistamatics.	Planning groups to include this in project plans		Estates and Facilities	Estates and facilities
Completion of competency on engagement & observation for all inpatient nursing staff.	Audit of the percentage of completion of Engagement and Observation competency per ward – target is 95%	Annual	Heads of Nursing, Modern Matrons	Directorate Performance and Quality meeting

8 TRAINING AND SUPPORT

8.1. The Trust must ensure that all staff (clinical and non-clinical) who are carrying out this policy are appropriately orientated in line with the clinical area induction and the Trust mandatory training policy (2018).

8.2. Induction and training must incorporate clinical risk assessment; risk management; clinical engagement; attitudes and demeanor of staff and the potential effects of supportive observations; environmental safety, roles and responsibilities of multi-disciplinary teams; and recording of supportive observations.

8.3. Inexperienced or newly appointed staff must have the policy explained to them as part of their local induction.

8.4. Nursing staff and other mental health practitioners providing this level of input must have two periods of supervised practice before they are considered competent. This must consist of at least one supervised practice of intermittent observation and one supervised session at an enhanced level those reviewing competency must be a minimum of band 5 with at least one year's post qualification experience and must have completed the competency themselves. Any concerns over individual competence in this area must be dealt with in a supportive way, but the competence of the practitioner must be verified before being allowed to operate independently.

8.5. Proof of competency must be held by the Ward Manager and individual member of staff.

8.6. Any practitioner operating this policy must understand fully what is expected of them and be able to describe the required practice standards they would provide when charged with delivering the level of care and support to service users subject to this policy.

8.7. All Trust staff operating this policy will have received an introduction to the policy and accompanying competency documentation during their induction that will equip them with the knowledge required to implement the policy effectively.

8.8. In addition, all Trust staff who have responsibility for carrying out supportive observations will normally:

- Have knowledge of or be made aware of the service user, their history, background and risk factors;
- Be familiar with the ward and the potential risks in the environment;

- Be fully conversant with the respective service user's individual care plan and demonstrate a willingness to listen and initiate conversation as appropriate.

9. ASSOCIATED DOCUMENTATION

- Clinical Risk Assessment and Management of Harm Policy
- Searching Hospital Premises, Service Users and Visitors Policy
- Privacy and Dignity Policy
- Seclusion and Segregation Policy
- Mandatory Training Policy
- Corporate and Local Induction policy.

10. FREEDOM OF INFROMATION ACT

All Trust policies are public documents. They will be listed on the Trust Freedom of Information (FOI) document schedule and may be requested by any member of the public under the Freedom of Information Act (2000).

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Appendix 1

Enhanced Observation and Engagement
Information for service users and their visitors

You have been admitted to this ward for assessment and treatment. As part of this, we want to know where you are, what you are doing, and how you are feeling.

To help us make sure we carry out the right kind of checks, we will carry out a 'Risk Assessment' with you to help us understand how safe you are feeling.

If we believe you may be at harm to yourself or other people, you will be provided with "enhanced observation and engagement". This means a member of staff will work with you to help you stay safe.

Enhanced observation and engagement will usually only last a short period of time (be more specific – provide a range, e.g. will usually last between 4 and 24 hours, and the reasons for it will be discussed with you before it starts. It will also be regularly reviewed, and discussions of these reviews will involve you. You must also be provided with a copy of your care plan.

In some cases, staff members may need to search you and your room to remove potentially dangerous items.

There are two forms of enhanced engagement

- **Within eyesight –** this means a nurse or experienced health care assistant ensures they are able to see you at all times. This will be used when we are concerned that you may be a risk to yourself or others, but we do not believe that the risk is immediate. We will work with you to provide reassurance and to help address what is making you unsafe.

- **Within arm's length** engagement is used where staff believe that you may be at immediate risk and will involve a member of staff being physically close to you at all times. This will include times when you are using the toilet or bathroom and when you are in bed. (A member of staff of the same sex will do this). It may sometimes be necessary for the staff member with you to observe you during the night. This will mean that nurses will need to enter your room during the night to ensure that you are safe and well.

There may be times when you are a high risk to yourself, to other people and / or at risk from other people or your environment and the team may have to place you on a higher level of observations, called 1:1 or 2:1. This is when a member of staff will stay with you at all times to ensure that you stay safe and well.

We appreciate that you have a right to privacy and being subject to this sort of attention can be very uncomfortable. We will only undertake this when there is a serious concern for your safety in order to meet our duty of care. We will always try to work with you to help you to understand the reasons for taking these measures; to discuss with you alternatives and how we can make these as least intrusive as possible.

Where staff feel that you are no longer at quite such a high level of risk, you may, for a short period of time, be placed on "**intermittent observation**" which will involve staff checking that you are OK at least four or five times an hour.

All these procedures are based on the Trust Enhanced Observation and Engagement policy, which goes into much more detail. Staff will provide you with a copy of the full policy on request.

If you are unhappy about the way that these arrangements are being applied, you must talk to a member of staff about your concerns. If you do not wish to do this or do not get a satisfactory response, you may also wish to contact the Trust Service user Advice and Liaison Service (PALS) PALS can help you to answer any questions you may have and to support you in negotiating with ward staff. There may also be independent advocacy services available and ward staff will advise you how to contact these.

AM SHIFT

General Observation Environmental Record Sheet — A.M Shift PAGE 1 OF 4

These observation sheets are the same for all clinical areas. If you only carry out observational checks once per hour, please leave column #2 blank
THE MAIN STRUCTURE OF THIS SHEET IS NOT TO BE MODIFIED – V.1.4 (b) June 2022 service users **names to be entered by hand**

NHS South London and Maudsley NHS Foundation Trust

Name of Ward:		**Date: (DD/MM/YY)**		**Name of Staff Completing:**	
07:00 Visual Handover completed by:	**Staff signature 1:** **Staff signature 2:**				

Environmental checks – to be completed each shift.

Ascoms / Security checks	**Signature**	**Comments**	**Reported? (Y/N)**
Test alarms before distributing (press top button once)			
All keys accounted for and handed over?			
All Ascoms accounted for in the lockers?			
Bathrooms	**Signature**	**Comments**	**Reported?**
All taps and lights working			
Observation window working/unimpaired			
Check for potential ligature risk items, i.e. belts, plastic bags, shoe laces, phone cables, door hinges			
Bedrooms	**Signature**	**Comments**	**Reported?**
All lights working			
All curtains up and well fitted			
Check for damage, i.e. chairs, mattress, pillow			
Check for potential ligature risk items, i.e. belts, plastic bags, shoe laces, phone cables, door hinges			
Medical equipment	**Signature**	**Comments**	**Reported?**
De-fibrillator checked?			
Ligature cutters checked?			
Suction machine checked?			
Oxygen cylinders checked?			
Seclusion Room	**Signature**	**Comments**	**Reported?**
Clean, Tidy and free of ligatures / risk items			

General Observation Environmental Record Sheet — A.M Shift PAGE 2 OF 4

These observation sheets are the same for all clinical areas. If you only carry out observational checks once per hour, please leave column #2 blank
THE MAIN STRUCTURE OF THIS SHEET IS NOT TO BE MODIFIED – V.1.4 (b) June 2022 service users **names to be entered by hand**

South London and Maudsley NHS Foundation Trust

Name of Ward:	Date: (DD/MM/YY)	Name of Staff Completing:

Environmental checks – to be completed twice every hour– answer Y/N If your service only carries out observational checks once per hour, please leave column #2 blank or

Time: (checks can be anytime within the hour).	07:00 – 07:59		08:00 – 08:59		09:00 – 09:59		10:00 – 10:59		11:00 - 11:59		12:00 – 12:59	
	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2
All windows and doors secure?												
All external doors locked/secure?												
Communal environment safe/free of risk items?												
Bathrooms (communal only)												
Check for damage: i.e. potential risk items/ligatures												
Staff Signature												

General Observation Record Sheet – A.M Shift PAGE 3 OF 4

These observation sheets are the same for all clinical areas. If you only carry out observational checks once per hour, please leave column #2 blank.
THE MAIN STRUCTURE OF THIS SHEET IS NOT TO BE MODIFIED – V.1.4 (b) June 2022 service users **names to be entered by hand**

NHS South London and Maudsley NHS Foundation Trust

Key codes:

Key Codes- Corresponding codes to be entered onto observation sheet	Absent Without Leave (**AWOL**)	Activity Room (**AR**)	Bathroom (**BR**)	Bedroom Asleep Breathing (**BAB**)	Bedroom Awake Breathing (**BA**)	Clinic Room (**CR**)	Communal Area (**CA**)	Computer Room (**COR**)	Corridor (**C**)	Dining Area (**DA**)	En-suites (**ENS**)	Escorted Leave (**ESL**)	Garden (**G**)
Gen Hospital/Medical Appt. (**HSP**)	Laundry Room (**LR**)	Lounge (**L**) or TV Room (**TVR**)	Meeting Room (**MR**)	OT Kitchen (**OTK**)	Overnight Leave (**ONL**)	Quiet Room (**QR**)	Seclusion (**SEC**)	Sensory Room (**SR**) and Extra Care (**EC**)	Toilet Ward (**TW**)	Tribunal (**TRB**)	Unescorted Leave (**UEL**)	Visitors Room (**VR**)	Ward Round (**WR**)

For patients who are observed to be asleep and breathing, please use these codes to describe bodily positions:		
Flat on the back with arms and legs outstretched (**BK**)	Flat on the stomach with arms and legs outstretched (**ST**)	On the right side (**RS**)
On the left side (**LS**)	Curled up on right side (**CR**)	Curled up on left side (**CL**)

General Observation checks – to be completed twice in the hour using relevant codes (see key codes above).

If your service only carries out observational checks once per hour, please leave column #2 blank or strikethrough.

Service Users Name Below:	**07:00 – 07:59**		**08:00 – 08:59**		**09:00 – 09:59**	
	#1	**#2**	**#1**	**#2**	**#1**	**#2**
Staff Signature:						

General Observation Record Sheet – A.M Shift PAGE 4 OF 4

These observation sheets are the same for all clinical areas. If you only carry out observational checks once per hour, please leave column #2 blank.
THE MAIN STRUCTURE OF THIS SHEET IS NOT TO BE MODIFIED – V.1.4 (b) June 2022 service users **names to be entered by hand**

NHS South London and Maudsley NHS Foundation Trust

Key codes:

Key Codes- Corresponding codes to be entered onto observation sheet	Absent Without Leave (**AWOL**)	Activity Room (**AR**)	Bathroom (**BR**)	Bedroom Asleep Breathing (**BAB**)	Bedroom Awake Breathing (**BA**)	Clinic Room (**CR**)	Communal Area (**CA**)	Computer Room (**COR**)	Corridor (**C**)	Dining Area (**DA**)	En-suites (**ENS**)	Escorted Leave (**ESL**)	Garden (**G**)
Gen Hospital/Medical Appt. (**HSP**)	Laundry Room (**LR**)	Lounge (**L**) or TV Room (**TVR**)	Meeting Room (**MR**)	OT Kitchen (**OTK**)	Overnight Leave (**ONL**)	Quiet Room (**QR**)	Seclusion (**SEC**)	Sensory Room (**SR**) and Extra Care (**EC**)	Toilet Ward (**TW**)	Tribunal (**TRB**)	Unescorted Leave (**UEL**)	Visitors Room (**VR**)	Ward Round (**WR**)

For patients who are observed to be asleep and breathing, please use these codes to describe bodily positions:		
Flat on the back with arms and legs outstretched (**BK**)	Flat on the stomach with arms and legs outstretched (**ST**)	On the right side (**RS**)
On the left side (**LS**)	Curled up on right side (**CR**)	Curled up on left side (**CL**)

General Observation checks – to be completed twice in the hour using relevant codes (see key codes above).
If your service only carries out observational checks once per hour, please leave column #2 blank or strikethrough.

Service Users Name Below:	**10:00 – 10:59**		**11:00 - 11:59**		**12:00 – 12:59**	
	#1	**#2**	**#1**	**#2**	**#1**	**#2**
Staff Signature:						

PM SHIFT

General Observation Environmental Record Sheet – PM Shift PAGE 1 OF 4

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THE MAIN STRUCTURE OF THIS SHEET IS NOT TO BE MODIFIED – V.1.4 (b) June 2022 service users **names to be entered by hand**

NHS South London and Maudsley NHS Foundation Trust

Name of Ward:	**Date: (DD/MM/YY)**	**Name of Staff Completing:**	**13:00 Visual Handover completed by:**	**Staff signature 1:** **Staff signature 2:**

Environmental checks – to be completed each shift.

Ascoms / Security checks	**Signature**	**Comments**	**Reported? (Y/N)**
Test alarms before distributing (press top button once)			
All keys accounted for and handed over?			
All Ascoms accounted for in the lockers?			
Bathrooms	**Signature**	**Comments**	**Reported?**
All taps and lights working			
Observation window working/unimpaired			
Check for potential ligature risk items, i.e. belts, plastic bags, shoelaces, phone cables, door hinges			
Bedrooms	**Signature**	**Comments**	**Reported?**
All lights working			
All curtains up and well fitted			
Check for damage, i.e. chairs, mattress, pillow			
Check for potential ligature risk items, i.e. belts, plastic bags, shoe laces, phone cables, door hinges			
Medical equipment	**Signature**	**Comments**	**Reported?**
De-fibrillator checked?			
Ligature cutters checked?			
Suction machine checked?			
Oxygen cylinders checked?			
Seclusion Room	**Signature**	**Comments**	**Reported?**
Clean, Tidy and free of ligatures / risk items			

General Observation Environmental Record Sheet – PM Shift PAGE 2 OF 4

These observation sheets are the same for all clinical areas. If you only carry out observational checks once per hour, please leave column #2 blank.
THE MAIN STRUCTURE OF THIS SHEET IS NOT TO BE MODIFIED – V.1.4 (b) June 2022 service users **names to be entered by hand**

NHS South London and Maudsley NHS Foundation Trust

Name of Ward:	Date: (DD/MM/YY)	Name of Staff Completing:

Environmental checks – once every hour– answer Y/N If your service only carries out observational checks once per hour, please leave column #2 blank or strikethrough.

Time: (checks can be anytime within the hour).	13:00 – 13:59		14:00 – 14:59		15:00 – 15:59		16:00 – 16:59		17:00 - 17:59		18:00 – 18:59		19:00 – 19:59		20:00 – 20:30
	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1
All windows and doors secure?															
All external doors locked/secure?															
Communal environment safe/free of risk items?															
Bathrooms (communal only)															
Check for damage: i.e. potential risk items/ligatures															
Staff signature															

General Observation Record Sheet – PM Shift PAGE 3 OF 4

These observation sheets are the same for all clinical areas. If you only carry out observational checks once per hour, please leave column #2 blank
THE MAIN STRUCTURE OF THIS SHEET IS NOT TO BE MODIFIED – V.1.4 (b) June 2022 service users **names to be entered by hand**

NHS South London and Maudsley NHS Foundation Trust

Key codes:

Key Codes- Corresponding codes to be entered onto observation sheet	Absent Without Leave (**AWOL**)	Activity Room (**AR**)	Bathroom (**BR**)	Bedroom Asleep Breathing (**BAB**)	Bedroom Awake Breathing (**BA**)	Clinic Room (**CR**)	Communal Area (**CA**)	Computer Room (**COR**)	Corridor (**C**)	Dining Area (**DA**)	En-suites (**ENS**)	Escorted Leave (**ESL**)	Garden (**G**)
Gen Hospital/Medical Appt. (**HSP**)	Laundry Room (**LR**)	Lounge (**L**) or TV Room (**TVR**)	Meeting Room (**MR**)	OT Kitchen (**OTK**)	Overnight Leave (**ONL**)	Quiet Room (**QR**)	Seclusion (**SEC**)	Sensory Room (**SR**) and Extra Care (**EC**)	Toilet Ward (**TW**)	Tribunal (**TRB**)	Unescorted Leave (**UEL**)	Visitors Room (**VR**)	Ward Round (**WR**)

For patients who are observed to be asleep and breathing, please use these codes to describe bodily positions:		
Flat on the back with arms and legs outstretched (**BK**)	Flat on the stomach with arms and legs outstretched (**ST**)	On the right side (**RS**)
On the left side (**LS**)	Curled up on right side (**CR**)	Curled up on left side (**CL**)

General Observation checks – to be completed twice in the hour using relevant codes (see key codes above). **If your service only carries out observational checks once per hour, please leave column #2 blank or strikethrough.**

Service Users Name Below:	**13:00 – 13:59**		**14:00 – 14:59**		**15:00 – 15:59**		**16:00 – 16:59**	
	#1	**#2**	**#1**	**#2**	**#1**	**#2**	**#1**	**#2**
Staff Signature:								

General Observation Record Sheet – PM Shift PAGE 4 OF 4

These observation sheets are the same for all clinical areas. If you only carry out observational checks once per hour, please leave column #2 blank
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South London and Maudsley NHS Foundation Trust

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Key Codes- Corresponding codes to be entered onto observation sheet	Absent Without Leave (**AWOL**)	Activity Room (**AR**)	Bathroom (**BR**)	Bedroom Asleep Breathing (**BAB**)	Bedroom Awake Breathing (**BA**)	Clinic Room (**CR**)	Communal Area (**CA**)	Computer Room (**COR**)	Corridor (**C**)	Dining Area (**DA**)	En-suites (**ENS**)	Escorted Leave (**ESL**)	Garden (**G**)
Gen Hospital/Medical Appt. (**HSP**)	Laundry Room (**LR**)	Lounge (**L**) or TV Room (**TVR**)	Meeting Room (**MR**)	OT Kitchen (**OTK**)	Overnight Leave (**ONL**)	Quiet Room (**QR**)	Seclusion (**SEC**)	Sensory Room (**SR**) and Extra Care (**EC**)	Toilet Ward (**TW**)	Tribunal (**TRB**)	Unescorted Leave (**UEL**)	Visitors Room (**VR**)	Ward Round (**WR**)

For patients who are observed to be asleep and breathing, please use these codes to describe bodily positions:		
Flat on the back with arms and legs outstretched (**BK**)	Flat on the stomach with arms and legs outstretched (**ST**)	On the right side (**RS**)
On the left side (**LS**)	Curled up on right side (**CR**)	Curled up on left side (**CL**)

General Observation checks – to be completed twice in the hour using relevant codes (see key codes above). **If your service only carries out observational checks once per hour, please leave column #2 blank or strikethrough.**

Service Users Name Below:	**17:00 - 17:59**		**18:00 – 18:59**		**19:00 – 19:59**		**20:00-20:30**
	#1	**#2**	**#1**	**#2**	**#1**	**#2**	**#1**
Staff Signature:							

NIGHT SHIFT

General Observation Environmental Record Sheet – Night Shift PAGE 1 OF 4

These observation sheets are the same for all clinical areas. If you only carry out observational checks once per hour, please leave column #2 blank
THE MAIN STRUCTURE OF THIS SHEET IS NOT TO BE MODIFIED – V.1.4 (b) June 2022 service users **names to be entered by hand**

NHS South London and Maudsley NHS Foundation Trust

Name of Ward:	**Date:** (DD/MM/YY)	**Name of Staff Completing:**	**20:30 Visual Handover completed by:**	**Staff signature 1:** **Staff signature 2:**

Environmental checks – to be completed each shift.

Ascoms / Security checks	**Signature**	**Comments**	**Reported? (Y/N)**
Test alarms before distributing (press top button once)			
All keys accounted for and handed over?			
All Ascoms accounted for in the lockers?			
Bathrooms	**Signature**	**Comments**	**Reported?**
All taps and lights working			
Observation window working/unimpaired			
Check for potential ligature risk items, i.e. belts, plastic bags, shoelaces, phone cables, door hinges			
Bedrooms	**Signature**	**Comments**	**Reported?**
All lights working			
All curtains up and well fitted			
Check for damage, i.e. chairs, mattress, pillow			
Check for potential ligature risk items, i.e. belts, plastic bags, shoe laces, phone cables, door hinges			
Medical equipment	**Signature**	**Comments**	**Reported?**
De-fibrillator checked?			
Ligature cutters checked?			
Suction machine checked?			
Oxygen cylinders checked?			
Seclusion Room	**Signature**	**Comments**	**Reported?**
Clean, Tidy and free of ligatures / risk items			

General Observation Environmental Record Sheet – Night Shift PAGE 2 OF 4

These observation sheets are the same for all clinical areas. If you only carry out observational checks once per hour, please leave column #2 blank
THE MAIN STRUCTURE OF THIS SHEET IS NOT TO BE MODIFIED – V.1.4 (b) June 2022 service users **names to be entered by hand**

NHS South London and Maudsley NHS Foundation Trust

Name of Ward:	Date: (DD/MM/YY)	Name of Staff Completing:

Environmental checks – once every hour– answer Y/N If your service only carries out observational checks once per hour, please leave column #2 blank or strikethrough.

Time: (checks can be anytime within the hour).	20:30 – 20:59	21:00– 21:59		22:00 – 22:59		23:00 – 23:59		00:00 – 00:59		01:00 - 01:59		02:00 – 02:59		03:00 – 03:59		04:00 – 04:59		05:00 – 05:59		06:00 – 06:59	
	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2	#1	#2
All windows and doors secure?																					
All external doors locked/secure?																					
Communal environment safe/free of risk items?																					
Bathrooms (communal only)																					
Check for damage: i.e. potential risk items/ligatures																					
Staff signature																					

General Observation Record Sheet – Night Shift PAGE 3 OF 4

These observation sheets are the same for all clinical areas. If you only carry out observational checks once per hour, please leave column #2 blank
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South London and Maudsley NHS Foundation Trust

Key codes:

Key Codes- Corresponding codes to be entered onto observation sheet	Absent Without Leave (**AWOL**)	Activity Room (**AR**)	Bathroom (**BR**)	Bedroom Asleep Breathing (**BAB**)	Bedroom Awake Breathing (**BA**)	Clinic Room (**CR**)	Communal Area (**CA**)	Computer Room (**COR**)	Corridor (**C**)	Dining Area (**DA**)	En-suites (**ENS**)	Escorted Leave (**ESL**)	Garden (**G**)
Gen Hospital/Medical Appt. (**HSP**)	Laundry Room (**LR**)	Lounge (**L**) or TV Room (**TVR**)	Meeting Room (**MR**)	OT Kitchen (**OTK**)	Overnight Leave (**ONL**)	Quiet Room (**QR**)	Seclusion (**SEC**)	Sensory Room (**SR**) and Extra Care (**EC**)	Toilet Ward (**TW**)	Tribunal (**TRB**)	Unescorted Leave (**UEL**)	Visitors Room (**VR**)	Ward Round (**WR**)

For patients who are observed to be asleep and breathing, please use these codes to describe bodily positions:		
Flat on the back with arms and legs outstretched (**BK**)	Flat on the stomach with arms and legs outstretched (**ST**)	On the right side (**RS**)
On the left side (**LS**)	Curled up on right side (**CR**)	Curled up on left side (**CL**)

General Observation checks – to be completed twice in the hour using relevant codes (see key codes above). **If your service only carries out observational checks once per hour, please leave column #2 blank or strikethrough.**

Service Users Name Below:	**20:30 – 20:59**	**21:00– 21:59**		**22:00 – 22:59**		**23:00 – 23:59**		**00:00 – 00:59**		**01:00 - 01:59**	
	#2	**#1**	**#2**	**#1**	**#2**	**#1**	**#2**	**#1**	**#2**	**#1**	**#2**
Staff Signature:											

General Observation Record Sheet – Night Shift PAGE 4 OF 4

These observation sheets are the same for all clinical areas. If you only carry out observational checks once per hour, please leave column #2 blank
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NHS South London and Maudsley NHS Foundation Trust

Key codes:

Key Codes- Corresponding codes to be entered onto observation sheet	Absent Without Leave (**AWOL**)	Activity Room (**AR**)	Bathroom (**BR**)	Bedroom Asleep Breathing (**BAB**)	Bedroom Awake Breathing (**BA**)	Clinic Room (**CR**)	Communal Area (**CA**)	Computer Room (**COR**)	Corridor (**C**)	Dining Area (**DA**)	En-suites (**ENS**)	Escorted Leave (**ESL**)	Garden (**G**)
Gen Hospital/Medical Appt. (**HSP**)	Laundry Room (**LR**)	Lounge (**L**) or TV Room (**TVR**)	Meeting Room (**MR**)	OT Kitchen (**OTK**)	Overnight Leave (**ONL**)	Quiet Room (**QR**)	Seclusion (**SEC**)	Sensory Room (**SR**) and Extra Care (**EC**)	Toilet Ward (**TW**)	Tribunal (**TRB**)	Unescorted Leave (**UEL**)	Visitors Room (**VR**)	Ward Round (**WR**)

For patients who are observed to be asleep and breathing, please use these codes to describe bodily positions:		
Flat on the back with arms and legs outstretched (**BK**)	Flat on the stomach with arms and legs outstretched (**ST**)	On the right side (**RS**)
On the left side (**LS**)	Curled up on right side (**CR**)	Curled up on left side (**CL**)

General Observation checks – to be completed twice in the hour using relevant codes (see key codes above). **If your service only carries out observational checks once per hour, please leave column #2 blank or strikethrough.**

Service Users Name Below:	**02:00 – 02:59**		**03:00 – 03:59**		**04:00 – 04:59**		**05:00 – 05:59**		**06:00 – 06:59**	
	#1	**#2**	**#1**	**#2**	**#1**	**#2**	**#1**	**#2**	**#1**	**#2**
Staff Signature:										

South London and Maudsley NHS Foundation Trust

Appendix 3a AM

Enhanced Observation/Engagement Record AM

ALL NURSES MUST PRINT AND SIGN NAME AT THE END OF THEIR ALLOCATED OBSERVATION PERIOD

Nurse supervisors are designated throughout the shift (on rotation).
WITHIN ARMS LENGTH - The service user is never out of sight of the supervisor who is also within arm's length and with no physical barrier between the service user and the supervisor. Record every hour
WITHIN EYESIGHT - The service user is never out of sight of the supervisor. Record every hour.
INTERMITTENT OBSERVATION - Random checks between 10 to 30 minute intervals and at least four times within an hour and record. Only to be used when reducing levels of enhanced observation.

Service user Name:_____Room number_____Ward:_____

RATIONALE:

Is Service user on: **INTERMITTENT/WITHIN EYESIGHT/WITHIN ARMS LENGTH?** (Circle agreed level)

Initiation Date :_____Time:_____Current Date: _____

Termination Date:_____Time: _____

Time	Nurse's Name	Nurse's Grade	Nurse's Signature	Comments on Service user's Behaviour and mental state (if service user is asleep, position and respiration rates must be documented).
07:30				
08:00				
09:00				
10:00				
11:00				
12:00				
13:00				
14:00				

Rationale for enhanced observation can be shown as:- SH: Self Harm AB: Absconding F: Falling AG: Aggression PC: Physical Care MW: Mental Well-being ** Examples of this include: dis-inhibited behaviours, wandering, floridly psychotic, severely depressed, severely anxious/agitated, elated, sleep disturbance, poor motivation, medical condition.

Appendix 3b PM

Enhanced Observation/Engagement Record PM

ALL NURSES MUST PRINT AND SIGN NAME AT THE END OF THEIR ALLOCATED OBSERVATION PERIOD

Nurse supervisors are designated throughout the shift (on rotation).
WITHIN ARMS LENGTH - The service user is never out of sight of the supervisor who is also within arm's length and with no physical barrier between the service user and the supervisor. Record every hour
WITHIN EYESIGHT - The service user is never out of sight of the supervisor. Record every hour.
INTERMITTENT OBSERVATION - Random checks between 10 to 30 minute intervals and at least four times within an hour and record. Only to be used when reducing levels of enhanced observation.

Service user Name:_____Room number_____Ward:_____

RATIONALE:

Is Service user on: **INTERMITTENT/WITHIN EYESIGHT/WITHIN ARMS LENGTH?** (Circle agreed level)

Initiation Date :.....Time:.....Current Date: .....

Termination Date:.....Time: .....

Time	Nurse's Name	Nurse's Grade	Nurse's Signature	Comments on Service user's Behaviour and mental state (if service user is asleep, position and respiration rates must be documented).
14:00				
15:00				
16:00				
17:00				
18:00				
19:00				
20:00				

Rationale for enhanced observation can be shown as:- SH: Self Harm AB: Absconding F: Falling AG: Aggression PC: Physical Care MW: Mental Well-being ** Examples of this include: dis-inhibited behaviours, wandering, floridly psychotic, severely depressed, severely anxious/agitated, elated, sleep disturbance, poor motivation, medical condition.

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Appendix 3c

Enhanced Observation/Engagement Record – Night

ALL NURSES MUST PRINT AND SIGN NAME AT END OF ALLOCATED OBSERVATION PERIOD.

Service user name:_____Room number_____Ward:_____

Is service user on (tick agreed level):

☐ **INTERMITTANT OBSERVATION** – Random checks between 10 to 30 minute intervals and record. Only to be used when reducing levels of observation
☐ **WITHIN EYESIGHT** – The service user is never out of sight of the supervisor. Record every hour.
☐ **WITHIN ARMS LENGTH** - The service user is never out of sight of the supervisor who is also within arm's length and with no barrier between the service user and the supervisor. Record every hour.

RATIONALE:

Initiation Date:…../…../…… Time:…:…… Current Date:…../…../…… Termination Date:…../…../…… Time…:……

Time	Nurses name	Nurses grade	Nurses signature	Sleeping position / comments (and consider if they have moved)	Resp rate
21:00					
22:00					
23:00					
00:00					
01:00					
02:00					
03:00					
04:00					
05:00					
06:00					
07:00					

Nurse supervisors are designated throughout the shift (on rotation).

Service user position sleeping codes:

BK: flat on the back with arms and legs outstretched	**ST**: flat on the stomach with arms and legs outstretched	**RS:** On the right side	**LS:** On the left side	**CR:** Curled up on right side	**CL:** Curled up on left side

Some examples for rationales for enhanced observation at night can be shown as:- Self Harm, Absconding , Falling, Aggression ,Physical Care, Mental Well-being, Examples of this include: dis-inhibited behaviours, wandering, floridly psychotic, severely depressed, severely anxious/agitated, elated, sleep disturbance, poor motivation, medical condition. Also including, Returned from Leave, as service user can be deemed more at risk on their return.

Appendix 4

Nursing Verification of Competence
Engagement and Observation (to be used in conjunction with the Trust's **Engagement and Formal Observation Policy)**

Those reviewing competency must be a minimum of band 5 with at least one year's post qualification experience and must have completed the competency themselves.

A combination of **Direct observation (O)** and **Questioning & Demonstration of Skills (Q**) is anticipated as part of the competency assessment and the assessing nurse must note what type of activity has informed the assessment.

What is engagement and formal observation?

True engagement with service user requires skillful interpersonal interventions. It is also a pre-requisite that all staff members have access to appropriate formal supervision and support within the team, which will provide a forum for discussion and reflection on the experience of engaging and observing service user.
Members of staff who are establishing therapeutic relationships with service user need to have certain skills, and be able to demonstrate these whilst working with service user, carers and colleagues. In order to be able to observe and engage effectively nurses must be competent in:

- Risk assessment
- The use of listening skills
- Ability to empathise with the service user
- Ability to verbalise thoughts and feelings back to the service user
- The use of therapeutic silence
- Reflective processes and debriefing
- Skills and ability to give verbal and written feedback
- Evaluation skills
- Ability to use therapeutic opportunities within observation and engagement

It is rarely appropriate for the most inexperienced or junior staff to be asked to observe service users. These are usually the most unwell service user and therefore require the most skillful and experienced members of staff to spend time with them. Consideration must be given to the knowledge, skills and experience of the staff on duty on each shift, and service user allocated according to these factors. Ideally the members of staff and the service user must know each other, and the member of staff must be familiar with the service user's history, social context and significant events since admission.

Verification of Engagement and Observation ~~Core~~ Competency Assessment

(To be used in conjunction with theTrust Engagement and Formal Observation Policy)

Nursing staff and other mental health practitioners providing this level of input must have two periods of supervised practice before they are considered competent. This must consist of at least one supervised practice of intermittent observation and one supervised session at an enhanced level those reviewing competency must be a minimum of band 5 with at least one year's post qualification experience. **Competencies must be assessed and signed off as above prior to any staff undertaking any level of engagement and observation. All inpatient services will be expected to maintain records for all staff who have completed engagement and observations within their service.**

A combination of **Direct observation (O)** and **Questioning & Demonstration of Skills (Q**) is anticipated as part of the competency assessment and the assessing nurse should note what type of activity has informed the assessment

Core Section	Activity assessed	Yes/No	Action plan
1. General approach to carrying out observations is organised and safe	• Understands professional responsibility & accountability with regards to undertaking observations • Requests handover before commencing enhanced observation so is aware of risks and issues • Commences enhanced observations at allocated time • Is aware of the levels of observation and any local additions, including how they may be reviewed • Is able to access an observation care plan detailing risk issues		
2. Demonstrates effective listening skills	• Responds appropriately to questions/conversations • Responds to verbal cues/signaling • Responds to body language • Responds to changes in behaviour, tone of voice, demeanour		
3. Demonstrates effective risk assessment skills	• Shows awareness of general risk factors in the environment and takes action where necessary to manage that risk i.e. broken items, lights not working, etc. • Shows awareness of risk indicators and behaviours and how to manage those behaviours i.e.absconding, self- harm, aggression, etc.		
4. Demonstratesan ability to empathise	• Responds appropriately to distress and offers appropriate reassurance • Can acknowledge/is aware of difficulties for the service user		
5. The use of therapeutic silence	• Can allow the service user to sit quietly where appropriate without trying to make conversation e.g. allow service user to experience and manage their thoughts, feelings & verbalise their thoughts when ready to do so		

6. **Reflective process and debriefing skills**	• Able to discuss the personal experience of carrying out high levels of observation • Seek appropriate support if they have found undertaking observations stressful/difficult • Takes part in shift evaluation/debrief to share the experiences of working with particular service user		
7. **Ability to give verbal and written feedback**	• Gives a clear verbal handover to staff taking over observation, including any risk issues, behaviour and communication throughout the previous hour, and to the shift co-ordinator any changes in presentation. • Is able to document clinical interventions relating to the period of observations on ePJS. • Updates written observation record at the time that observation is undertaken and is aware that retrospective documentation is not acceptable • Able to complete DATIX incident form if incidents do occur		
8. **Ability to use therapeutic opportunities within observation and engagement**	• Able to respond to cues from the service user that they may wish to talk or engage in an activity • Responds appropriately to cues, giving positive feedback following engagement • Engages service user in appropriate meaningful activity		
9. **Able to contribute to reviews of observation levels**	• Able to contribute to the development of appropriate enhanced engagement and observation plans • Able to identify objective of enhanced engagement and formal observation • Able to articulate clinical observations and to support the review process.		

Comments:

Name of Person being Assessed: ……

Designation of Person being Assessed: ……..

Name of Assessor: ……

Signature of Assessor: ……..

Designation of Assessor: ……

Name of clinical service: ……

Date of Assessment: ……

Competency to be repeated every year

Appendix 5

PART 1: Equality relevance checklist

The following questions can help you to determine whether the policy, function or service development is relevant to equality, discrimination or good relations:

- Does it affect service users, employees or the wider community? Note: relevance depends not just on the number of those affected but on the significance of the impact on them.
- Is it likely to affect people with any of the protected characteristics (see below) differently?
- Is it a major change significantly affecting how functions are delivered?
- Will it have a significant impact on how the organisation operates in terms of equality, discrimination or good relations?
- Does it relate to functions that are important to people with particular protected characteristics or to an area with known inequalities, discrimination or prejudice?

Name of the policy or service development:

Is the policy or service development relevant to equality, discrimination or good relations for people with protected characteristics below?

Please select yes or no for each protected characteristic below

Age	**Disability**	**Gender re-assignment**	**Pregnancy & Maternity**	**Race**	**Religion and Belief**	**Sex**	**Sexual Orientation**	**Marriage & Civil Partnership** *(Only if considering employment issues)*
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

If yes to any, please complete Part 2: Equality Impact Assessment

If not relevant to any please state why:

Date completed:30.06.2021
Name of person completing: Christina Clark
Operational Directorate/Borough: Nursing Directorate
Service / Department: Nursing Directorate

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your Operational Directorate/Borough Equality

PART 2: Equality Impact Assessment

1. Name of policy or service development being assessed?
Enhanced Engagement and Observation Policy

2. Name of lead person responsible for the policy or service development?
Beatrice Komieter; Head of Nursing & Quality Southwark & Addictions Directorate

3. Describe the policy or service development

What is its main aim?

- To ensure that staff delivering enhanced engagement and observation are clear about the procedures and the documentation required.
- To ensure that all staff performing observations have been assessed as competent.
- To observe people through the vista window or curtain in the service users door as part of the 'Observation' intervention to preserve life.

What are its objectives and intended outcomes?

- Service users will be observed safely by appropriate staff members during their admission.
- To observe the service users through the vista window or curtain to ensure they are safe and not posing a risk to themselves, to others, from others or deteriorating due to physical ill health.

What are the main changes being made?

- 'Proactive Engagement' as part of practice. To inform the service user this is part of their treatment and they may be subject to this if they require enhanced observation day or night.
- Privacy is essential and therefore the service user will be inducted around the ward and informed of this policy; the nurse will knock the service user' door before lifting the curtain or opening the vista window.

What is the timetable for its development and implementation?

- Once the policy has been ratified the interventions on the ward will be supported by policy implementation.

4. What evidence have you considered to understand the impact of the policy or service development on people with different protected characteristics?

- The policy has been discussed with the Equalities manager and the Claims and Litigation manager.

4. Have you explained, consulted or involved people who might be affected by the policy or service development?

Yes, the policy has been circulated and invited for people to comment on. This includes:

- **Heads of Nursing and Quality for Lambeth, Southwark, Lewisham, Croydon, CAMHs and PMOA.**
- **Ward managers**
- **Service users**
- **QI leads**
- **Matrons from across the Trust.**
- **Corporate nursing team.**

6. Does the evidence you have considered suggest that the policy or service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics?

(Please select yes or no for each relevant protected characteristic below)

Age	**Positive impact:** Yes	**Negative impact:** Yes
Please summarise potential impacts: The policy has the potential to have positive impacts for all service users in helping ensure their safety. However, there is the potential for this policy to impact on the rights of service users to privacy and dignity. Therefore the Trust must ensure that the policy is implemented in a proportionate manner that balances the risks to the safety of individual service users with their rights to privacy.		
Disability	**Positive impact:** Yes	**Negative impact:** Yes
Please summarise potential impacts: The policy has the potential to have positive impacts for all service users in helping ensure their safety. Particularly service users with mental health conditions that can increase the risk of self-harm or suicide. However, there is the potential for this policy to impact on the rights of service users to privacy and dignity. Therefore, the Trust must ensure that the policy is implemented in a proportionate manner that balances the risks to the safety of individual service users with their rights to privacy		
Gender re-assignment	**Positive impact:** Yes	**Negative impact:** Yes

Please summarise potential impacts:
The policy has the potential to have positive impacts for all service users in helping ensure their safety. However, there is the potential for this policy to impact on the rights of service users to privacy and dignity. Therefore, the Trust must ensure that the policy is implemented in a proportionate manner that balances the risks to the safety of individual service users with their rights to privacy
It will also be important to try to ensure wherever possible that gender of nurses observing through the window is appropriate to the gender-identity of the individual service user.

Race	**Positive impact:** Yes	**Negative impact:** Yes
Please summarise potential impacts: The policy has the potential to have positive impacts for all service users in helping ensure their safety. However, there is the potential for this policy to impact on the rights of service users to privacy and dignity. Therefore, the Trust must ensure that the policy is implemented in a proportionate manner that balances the risks to the safety of individual service users with their rights to privacy.		
Pregnancy & Maternity	**Positive impact:** Yes	**Negative impact:** Yes
Please summarise potential impacts: The policy has the potential to have positive impacts for all service users in helping ensure their safety. However, there is the potential for this policy to impact on the rights of service users to privacy and dignity. Therefore, the Trust must ensure that the policy is implemented in a proportionate manner that balances the risks to the safety of individual service users with their rights to privacy. It will also be important to try to ensure wherever possible that sex of nurses observing through the window is appropriate to the sex of the individual service user.		
Religion and Belief	**Positive impact:** Yes	**Negative impact:** Yes
Please summarise potential impacts: The policy has the potential to have positive impacts for all service users in helping ensure their safety. However, there is the potential for this policy to impact on the rights of service users to privacy and dignity. Therefore, the Trust must ensure that the policy is implemented in a proportionate manner that balances the risks to the safety of individual service users with their rights to privacy It will also be important to try to ensure wherever possible that gender of nurses observing through the window is appropriate to any religious requirements of the individual service user of particular genders.		
Sex	**Positive impact:** Yes	**Negative impact:** Yes
Please summarise potential impacts: The policy has the potential to have positive impacts for all service users in helping ensure their safety. However, there is the potential for this policy to impact on the rights of service users to privacy and dignity. Therefore, the Trust must ensure that the policy is implemented in a proportionate manner that balances the risks to the safety of individual service users with their rights to privacy It will also be important to try to ensure wherever possible that sex of nurses observing through the window is appropriate to the sex of the individual service user.		
Sexual Orientation	**Positive impact:** Yes	**Negative impact:** Yes
Please summarise potential impacts: The policy has the potential to have positive impacts for all service users in helping ensure their safety. However, there is the potential for this policy to impact on the rights of service users to privacy and dignity. Therefore, the Trust must ensure that the policy is implemented in a proportionate manner that balances the risks to the safety of individual service users with their rights to privacy.		
Marriage & Civil Partnership *(Only if considering employment issues)*	**Positive impact:** N/A	**Negative impact:** N/A
Please summarise potential impacts: N/A		
Other (e.g. Carers)	**Positive impact:** N/A	**Negative impact:** N/A
Please summarise potential impacts: N/A		
7. Are there changes or practical measures that you can take to mitigate negative impacts or maximise positive impacts you have identified? **YES:** *Please detail actions in PART 3: EIA Action Plan*		
8. What process has been established to review the effects of the policy or service development on equality, discrimination and good relations once it is implemented? The policy will be reviewed after six months with the Nursing Directorate and discussed within Directorate/Boroughs.		

Date completed: 30/06/2021
Name of person completing: Christina Clark
Directorate/Boroughs: Trust **wide**
Service / Department: Nursing Directorate
Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your Directorate/Boroughs Equality Lead

PART 3: Equality Impact Assessment Action plan

Potential impact	Proposed actions	Responsible/ lead person	Timescale	Progress
Impacts or concerns on privacy and dignity or service users	Encourage taking a human rights approach to implementation of the policy by supporting staff: • Clearly communicating to new service users why the policy is being implemented and how the policy will be implemented. • Taking an individual and proportionate approach to risk-assessment and implementing the policy that balances the need and frequency of Vista window/Curtain observation to the risk of self-harm or suicide of individual service users.	Policy Lead Ward Managers	Ongoing	
Impacts in relation to gender-identity, religion or belief or sex of service users	Whenever possible to ensure that the sex of the staff member looking through the vista window/curtain is appropriate to the gender-identity, religious belief or sex of service users.	Ward Managers	Ongoing	
Review actual impact of policy	Review EIA	Policy lead	November 2024	

Appendix 6 – Human Rights Act Assessment

To be completed and attached to any procedural document when submitted to an appropriate committee for consideration and approval. If any potential infringements of Human Rights are identified, i.e. by answering Yes to any of the sections below, note them in the Comments box and then refer the documents to the Trust Legal Services for further review.

For advice in completing the Assessment please contact Anthony Konzon, Legal Services [Anthony.konzon@slam.nhs.co.uk]

HRA Act 1998 Impact Assessment	Yes/No	If Yes, add relevant comments
The Human Rights Act allows for the following relevant rights listed below. Does the policy/guidance NEGATIVELY affect any of these rights?		
Article 2 - Right to Life [Resuscitation /experimental treatments, care of at risk service user]	No	
• Article 3 - Freedom from torture, inhumane or degrading treatment or punishment [physical & mental wellbeing - potentially this could apply to some forms of treatment or service user management]	No	
• Article 5 – Right to Liberty and security of persons i.e. freedom from detention unless justified in law e.g. detained under the Mental Health Act [Safeguarding issues]	No	
• Article 6 – Right to a Fair Trial, public hearing before an independent and impartial tribunal within a reasonable time [complaints/grievances]	No	
• Article 8 – Respect for Private and Family Life, home and correspondence / all other communications [right to choose, right to bodily integrity i.e. consent to treatment, Restrictions on visitors, Disclosure issues]	No	
• Article 9 - Freedom of thought, conscience and religion [Religious and language issues]	No	
• Article 10 - Freedom of expression and to receive and impart information and ideas without interference. [withholding information]	No	
• Article 11 - Freedom of assembly and association	No	
• Article 14 - Freedom from all discrimination	No	

Name of person completing the Initial HRA Assessment:	Christina Clark
Date:	30/06/2021
Person in Legal Services completing the further HRA Assessment (if required):	N/A
Date:	