

Enhanced Care for Adults Policy

V5.0

August 2019

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1. Introduction

1.1. Royal Cornwall Hospitals NHS Trust (RCHT) is committed to delivering safe, high quality and patient-centred care. This policy provides an evidence-based framework which enables staff to be responsive to alterations in care risks, whilst being cost-effective and efficient.

1.2. Wood *et al.*'s (2018) evidence review of enhanced care (described in their study as specialising and one to one care) found a wide variation in what enhanced care entails, which they found can in turn lead to the provision of poor quality care. They suggest that high quality care could be achieved through the development of guidelines, training and standardised decision-making tools. This policy sets out the Trust's framework to deliver and monitor enhanced care.

1.3. This version supersedes any previous versions of this document.

1.4. Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team rch-tr.infogov@nhs.net

2. Purpose of this Policy

2.1. The aim of this policy to is to prevent potentially suicidal, violent or vulnerable patients from harming themselves or others through increasing levels of *observation*. Observation is not a custodial activity. It is also an opportunity for the multidisciplinary team to interact in a supportive and therapeutic way with the patient, on an increasingly one-to-one basis.

2.2. This policy will provide:

- A framework for providing enhanced care for patients considered to be at high-risk of harm to themselves or others.
- Ensure consistent application of standardised decision-making tools to promote patient safety
- Support person-centred personalised care planning

3. Scope

3.1. The content of this document is relevant to all staff working in RCHT whose practice brings them into contact with vulnerable patients at high-risk of harm to themselves or others.

3.2. This policy is only applicable to patients over 16 years of age.

3.3. Enhanced care is a shared responsibility between all members of the multidisciplinary health and social care team.

4. Definitions / Glossary

4.1. Enhanced care definitions come largely from mental health nursing, with different levels of observation defined by the proximity of staff to the patient needing enhanced care.

4.2. Observation is *regarding the patient attentively, whilst minimizing the extent to which they feel they are under surveillance* (Standing Nursing & Midwifery Advisory Committee (SNMAC) practice guidance on the safe and supportive observation of patients at risk (SNMAC 1999))

4.3. Care Rounding seeks to improve the patient experience through the use of a frequent structured rounding routine. Evidence shows it to reduce falls and tissue breakdown and increase patient's levels of satisfaction with care and well-being.

5. Ownership and Responsibilities

5.1. ***The Chief Executive Officer and wider Trust Board***

The Chief Executive Officer and wider Trust Board have key roles and responsibilities to ensure the Trust meets requirements set out by statutory and regulatory authorities. These responsibilities are delegated to an Executive Lead with supportive structure to ensure and assure standards and expectations are met. These are described below.

5.2. ***Role of the Executive Lead***

The Director of Nursing, Midwifery and Allied Health Professionals is the nominated Executive Lead and will be responsible for ensuring structures and processes are in place to assure delivery of this policy. The Executive Lead will report to Trust Board on progress as required.

5.3. ***Deputy Director of Nursing, Midwifery and Allied Health Professionals***

Reporting to the Executive Lead the Deputy Director has responsibility for the leadership and deliver of the non-medical workforce agenda within the Trust. This policy forms part of that agenda they will network with local, regionally and national colleagues to maximise the opportunities for delivering brilliant care to those requiring enhanced levels of care and their families when in the hospital. They will utilise non-medical workforce groups to progress work around this policy. The Deputy Director of Nursing, Midwifery and Allied Health is the policy holder reporting to the Clinical Cabinet.

5.4. *Role of the Clinical Cabinet*

The Director of Nursing, Midwifery and Allied Health Professionals' Clinical Cabinet will oversee the wider workforce agenda and the delivery of this policy.

5.5. *Role of Care Group Triumvirates*

Care Group Triumvirates (Clinical Directors, General Managers and Heads of Nursing/Midwifery/AHPs) are responsible for ensuring their Care Group have effective mechanism for communication and dissemination of this policy and associated information to all clinical teams.

5.6. *Role of Ward and Department Sisters and Charge Nurses (and other Departmental Leads / and Line-Managers)*

Line-managers are responsible for identifying and supporting implementation of this policy, ensuring effective communication channels exist to the Care Group representative, encouraging dissemination of information and actions across the wider health and care team.

5.7. *Role of Individual Staff*

All staff members are responsible to ensure they comply with Trust policy regarding the support patient at high-risk to themselves and/or others. These responsibilities include training and education in policy application.

5.8. *Role of the Relative / Carer*

Relatives and carers should be involved with the patient care as much as possible, dependant on their own or the patient wishes. In particular, explanations should be given sensitively about why limits are being set. Relatives and carers can observe the patient without staff present if this is the wish of the relatives or patient; clear instruction must be given to how they are to manage that observation, including how to summon for help and what they do when they are leaving the patient, however they should not be made responsible for the formal documentation of enhanced care, this must be clearly documented in the individual intervention section of the care plan. **Please ensure that this is noted within the Carer Passport when appropriate.**

6. Standards and Practice

RCHT has in place 4 levels of enhanced care, these are defined below;

6.1. Level 1 Care – General Observation

This level of observation is the minimum acceptable level for all patients. The location of all patients should be known to staff at all times, but they are not necessarily within sight. At the beginning and end of every nursing shift the whereabouts and general condition of all patients should be part of the handover and nursing documentation.

6.2. Level 2 Enhanced Care – Intermittent Observation

This level means that the patient's locations must be checked (exact times to be specified within the nursing documentation). This level is appropriate when patients are potentially, but not immediately at risk.

For example vulnerable patient who:

- have potential risk of falls;
- have a cognitive impairment which results in increased risk of harm to themselves, or present with behaviour that challenges, threatening harm to others;
- or who are de-escalating from a previous higher level of support.

6.2.1. Patients assessed to be requiring level 2 enhanced care must have a Care Rounding form (CHA3061) implemented, ensuring that the frequency (15, 30, 60 minutes, 120 minutes) is appropriate to meet individual needs, and this is clearly written on the form. Care Rounding is a structured process where staff carry out regular checks with individual patients at set intervals, addressing patients' pain, positioning and toilet needs; assessing and attending to the patient's comfort; and checking the environment for any risks to the patient's comfort or safety.

6.2.2. High risk activities and times of the day should be planned for, for example, sun downing, going to the toilet when at risk of falls, and the needs of patients at night when lighting is subdued and staff numbers are decreased.

6.2.3. The need and frequency for level 2 enhanced care should be assessed by a Registered Nurse at the beginning and end of every shift. This assessment must be based on the patient's behaviour, physical and mental state, and the decision must be clearly documented in the nursing notes and handed over to the commencing shift.

6.2.4. Escalation and de-escalation form Level 2 Enhanced Care

Escalation should be triggered if staff are unable to maintain patient safety on frequent Care Rounds. Consideration of the following may help staff decide if they need to complete the Risk Assessment for Enhanced Care above Level 2 (Care Rounding) form:

- Escalation of harm related behaviours
- Escalation of behaviours that challenge
- Escalation in behaviours that increase risk of absconding
- Escalation in behaviour that exacerbate known history of previous risk concerns

De-Escalation should be triggered as a result of regular assessment of the impact of Enhanced Care at Level 3. Consideration of the following:

- Evidence of the patient entering a phase of recovery
- Sustained periods of sustainability
- Successful trial of frequent Level 2 Care Rounds will maintain safety

6.3. Level 3 Enhanced Care - Line of Sight

This level is required when the patient could, at any time, make an attempt to harm themselves or others. The patient should be kept within sight at all times, by day and night and any items that could be used to harm self or others should be removed.

For example:

- patients at imminent risk of a falling (where recent history of repeat falling cannot be managed by techniques described in level 2);
- for patients who have a heightened level of risk linked to Delirium;
- patient who are at imminent risk of harming themselves or others which is unpredictable in nature; and
- those at imminent risk of absconding
- or who are de-escalating from a previous higher level of support.

6.3.1. These patients should be within line of sight and accessible at all times, this includes at times of toileting and personal care whilst having regard for their privacy and dignity.

6.3.2. The patient should have a Risk Assessment for Enhanced Care above Level 2 (Care Rounding) form (CHA3717) recorded within their nursing notes.

6.3.3. Any equipment or instruments deemed harmful should be removed if necessary and consider any ligature risks, if appropriate. This may warrant searching of the patient and their belongings. This should be done with the patient's consent or consideration of their best interests if they lack the mental capacity to consent.

6.3.4. Levels may vary between night and day dependent on the patient's presentation. For example if the patient is known to go to bed and sleep well throughout the night level 3 could be reduced to level 2 CARE rounds.

Cohorting Level 3 patients

6.3.5. Cohorting can provide a strategy for effectively managing those patients who require enhanced care within line of sight, following appropriate assessment of the individuals and the patients collectively.

6.3.6. The observer must have access to call for immediate help (call bell, beds near nurses' station). The Nurse-in-Charge must be aware of the cohort and make other Allied Health Professionals aware that there is a cohort of level 3 patients on the ward and that the observer may call for immediate help.

6.3.7. The patients must never be left unobserved, if the observer has to assist one level 3 patient, they must call for help from another member of staff to temporarily take over the care of the other patients in the cohort.

6.3.8. Patients that are active walkers (wandering) in the clinical environment cannot be cohorted safely at level 3 enhanced care. They will require an additional staff member with them what walking.

6.3.9. A patient that are cohorted in a bay and then assessed requiring a side room on the basis of clinical need (i.e. isolation for infectious disease) needs to have arrangement made for their enhanced care to continue in their new environment, if still assess appropriate.

6.3.10. It is recommended that a 'tagging system' be introduced when Cohorting. This can be achieved by allocated staff members to the area. Tagging in and out with each other using a badge, for example, denotes the responsible staff member for level 3 care standards in the area.

6.4. Level 4 – Enhanced Care within Arm's Length

This is the highest level of enhanced care for patients, and should only be implemented in exceptional circumstances where patients are at imminent and significant risk of harm to themselves or others, that may result in death. For example, this may be as a result of a suicide attempt, self-harm or deliberate or unintended interfering with medical devices e.g. the pulling out of tracheostomy tubes.

6.4.1. The patient should be supervised continuously within close proximity (arm's length), with due regard for safety, privacy, dignity, gender and environmental dangers, these should be discussed as a multidisciplinary team.

6.4.2. The patient should have a Risk Assessment for Enhanced Care above Level 2 (Care Rounding) form (CHA3717) and Enhanced Care Level 3 and 4 Behaviour and Psychological Symptoms Observation Chart (CHA2918) contained within their nursing notes.

6.4.3. Level 4 enhanced care is obtrusive and restrictive; therefore a multidisciplinary assessment by all appropriate specialists must be carried out to ensure the benefits outweighs the risk of this level of care.

6.4.4. It may be necessary on rare occasions to use more than one member of staff and or specialist support i.e. Registered Mental Health Nurse.

6.4.5. A regular summary of the patient's condition, care and treatment must be entered into the care plan. This must include changes in mental state, physical, psychological and social behaviour, pertinent developments and significant events.

6.4.6. The Implementation of level 4 enhanced care must been overseen by area's clinical matron and head of nursing, midwifery and allied health professionals.

6.5. Assessment of Enhanced Care Needs

6.5.1. All patients requiring enhanced care must follow the Enhanced Care Pathway (Appendix two).

6.5.2. A Registered Nurse should assess the level of enhanced care required, the need for level 2 (Care Rounding) or levels 3 and 4.

6.5.3. For level 3 and 4 assessment the enhanced care risk assessment form must be completed (CHA3717). This should be then be approved by the Nurse-in-Charge.

6.5.4. The request for additional staff to manage enhanced care must be authorised by the Clinical Matron, and sanctioned as per the current Trust process. Out of hours, this should be the Clinical Matron as per the weekend rota or the Site Co-ordinator, and sanctioned by the On-Call Manager. The decision must be clearly documented in the patient's notes.

6.6. Implementing Enhanced Care

6.6.1. Patients, and with the patient's approval, their carers/relatives are to be informed of the enhanced care procedures. Clear, honest and open dialogue must take place regarding the reasons for a change in the level of enhanced care.

6.6.2. Staff delivering the enhanced care will need to be familiar with the ward, all relevant clinical guidelines and potential risks within the environment. All staff in the ward must receive a thorough handover, including risk factors.

6.6.3. Patients will be offered an opportunity to formally or informally discuss their views and/or their concerns with the Nurse-in-Charge or a senior member of staff and have the right to involve someone (an advocate or friend/relative) in these discussions if they wish.

6.6.4. Under no circumstances should the member of staff delivering the enhanced care reduce the level prescribed for the patient without prior discussion with the Nurse-in-Charge.

6.6.5. Staff must try to ensure that the patient's privacy and dignity, cultural, religious beliefs and gender specific needs are maintained. However, at times where the level of risk supersedes these issues this must be clearly explained to the patient and documented.

6.6.6. **Level 2 Enhanced Care** Patients assessed to be requiring level 2 enhanced care must have a Care Rounding form (CHA3061)

6.6.7. **Level 3 and Level 4 Enhanced Care** Staff allocated to deliver level 3 and 4 enhanced care must complete the Enhanced Care Level 3 and 4 Behaviour and Psychological Symptoms Observation Chart(CHA2914)

6.6.8. The Nurse-in-Charge is responsive for instigating a staff rota to ensure no member of staff undertakes a period of enhanced care **lasting longer than two hours.**

6.6.9. It is the responsibility of the Nurse-in-Charge to consider if the patient is being deprived of their liberty in line with the guidance in section 6.8 below and take appropriate action in accordance with Trust policy.

6.6.10. The member of staff allocated to carry out enhanced care should spend time building a therapeutic relationship with the patient. Enhanced care should be a supportive and therapeutic activity. Please refer to the Meaningful Activities Standard Operating Protocol.

6.6.11. When patients who are being transferred to another ward on level 3 and 4 enhanced care; then the receiving ward must be given sufficient time to make arrangements to cover this level of care. The member of staff assigned to carry out the enhanced care on the transferring ward must escort the patient and remain with them until the receiving ward provides cover for the level of enhanced care required.

6.6.12. If the patient requires level 3 or 4 enhanced care and this level cannot for whatever reason be provided, a DATIX incident report must be completed immediately, and mitigating actions documented as per the RCHT Incident Reporting and Management Policy and Procedures

6.6.13. In situations where the patient presents a clear threat to harm themselves or others, staff must complete a DATIX incident report and work in accordance with the RCHT Management of Violence & Aggression Policy.

6.6.14. When patients receiving inpatient care at a mental health unit are on leave in a general hospital, and whose current mental health problems may cause a risk to themselves or others the mental health unit in which the patient was receiving treatment prior to transfer will be responsible for providing the observation staff. All assessments for commencing enhanced care will be made in full consultation with the mental health unit.

6.6.15. It may be necessary where possible to call on the Mental Health Team to ascertain whether they may be able to provide staff to support the patient in the acute setting. Any support will need to be authorised by senior management. The person observing the patient must receive a thorough handover including risk factors.

6.7. Reassessment of Enhanced Care

6.7.1. Level 2 Enhanced Care

The need and frequency for level 2 enhanced care should be reassessed by a Registered Nurse within every shift.

6.7.2. Level 3 and 4 Enhanced Care

The need for level 3 and 4 enhanced care must be reviewed at the beginning and end of every shift by the Nurse-in-Charge, or as defined in the care plan, which may state a specific level of enhanced care for a defined period of time. Where possible this should be done with consultation with members of the multi-disciplinary team; and discussed with the medical team at least daily; and where additional staff is required continued to be authorised by the Clinical

Matron. A decision will be made to subsequently curtail, reduce, maintain or heighten enhanced care based on the information recorded on the Enhanced Care Level 3 and 4 Behaviour and Psychological Symptoms Observation Chart (CHA2914). The decision must be clearly documented in the patient's notes and handed over to the commencing shift. This assessment must be based on the patient's behaviour, physical and mental state.

6.7.3. Prior to discharge or transfer, there must be a sufficient period of time between de-escalation from level 3 or 4 and their planned discharge date. For patients where it has been assessed that they need to continue to receive level 3 and 4 enhanced care on discharge, then the discharge destination needs to agree to support this level of enhanced care.

6.8. Mental Capacity Act Considerations and Deprivation of Liberty Safeguards (DOLS)

6.8.1. If an individual is assessed as lacking capacity any act carried out, or any decision made on behalf of that person, must be done or made in the person's best interest. Please refer to the Trust Policy: Mental Capacity Act Advocacy and Deprivation of Liberty Safeguards Policy. The Mental Capacity Act sets out a checklist of factors to be considered when taking into account the best interests of the person. A mental capacity act (MCA) assessment record and best interest checklist is required: new MCA level 2 'stickers' are available to record actions or if required a MCA Level 3 form (CHA2920) is available. This often requires a best interest decision being recorded and form CHA2912: Best Interest Meeting Checklist and Record should be used.

6.8.2. Enhanced care must be set at the **least restrictive** level for the least amount of time within the least restrictive environment, and proportionate to the risk. General observation will be the presumed level and justification will be required to move up (or down) the levels according to the patient's condition. Raising levels of enhanced care may be required and both staff and patient need to be clear about its purpose. It is essential that communication is effective and the situation managed sensitively.

6.8.3. The Mental Capacity Act 2007 places a responsibility on organisations to protect an Individual's right to liberty and to undertake certain procedures where they are or need to be deprived of that liberty; these procedures are known as Deprivation of Liberty Safeguards (DOLS). It may be necessary to place a number of restrictions on the patient and as a result the Deprivation of Liberty Safeguards may need to be considered.

6.8.4. The Deprivation of Liberty Safeguards apply only to those aged 18 and over who lack mental capacity. The urgent and standard authorisation forms are available on the RCHT intranet and Sisters shelf. All Registered Staff and Doctors involved in the persons care can complete this application form. The DOLS team are available should you need advice or guidance on the application process.

6.8.5. In situations where a patient without capacity is supervised in the confinement of a room or separated from all people other than members of staff, it may be interpreted as seclusion. When a patient is in seclusion the

seclusion record should be used, (please refer to the Restrictive Practice Policy), however if seclusion is terminated and enhanced care continues then the enhanced care, care plan and behavioural chart must be used. Please refer to the RCHT Seclusion Guidelines.

6.9. Mental Health Act considerations

6.9.1. If, as a result of mental illness and the symptoms often involved in such diagnoses, the patient is believed to be a risk to themselves or others, it can be necessary to enforce treatment and admission to hospital. This must be done in accordance with the Mental Health Act 1983.

6.9.2. If the patient makes an attempt to leave and cannot be readily dissuaded from doing so a Section 5(2) of the Mental Health Act 1983 may be required.

7. Dissemination and Implementation

7.1. This policy will be cascaded by the policy lead to care group management teams for communicating and sharing at a local clinical level, making all resources available to all relevant staff.

7.2. This policy's implementation will be led by care group management team member to clinical ward teams. Training and support will be made available by the care group and non-medical workforce groups.

8. Monitoring compliance and effectiveness

Element to be monitored	Effective implementation of this policy across clinical areas, Monitoring of compliance with this policy will be overseen by the DNMAHP Clinical Cabinet.
Lead	Deputy Director of Nursing with Heads of NMAHPs
Tool	Safecare SOP
Frequency	Daily Safecare concerns escalated in line with SOP Annual report by care group to Clinical cabinet (co-ordinated by Deputy Director of Nursing).
Reporting arrangements	Reported into annual report on safe staffing (Non-Medical Workforce)
Acting on recommendations and Lead(s)	Clinical Cabinet / Non-Medical Workforce Groups.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

9. Updating and Review

9.1. The document review process is managed via the document library. Document review will be every three years unless best practice dictates otherwise. The author remains responsible for policy document review. Should they no longer work in the organisation or in the relevant practice area then an appropriate practitioner will be nominated to undertake the document review by the designated Director.

9.2. Revision activity will be recorded in the Versions Control Table to ensure robust document control measures are maintained.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Diversity & Human Rights Policy'](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Enhanced Care for Adults Policy V5.0		
Date Issued/Approved:	1 st July 2019		
Date Valid From:	August 2019		
Date Valid To:	August 2022		
Directorate / Department responsible (author/owner):	Deputy Director of Nursing, Midwifery and Allied Health Professionals		
Contact details:	(01872) 252267		
Brief summary of contents	This policy provides staff with the organisation's expectations for the standard of care in delivering enhanced care		
Suggested Keywords:	Enhanced care, Safe and supportive observations		
Target Audience	RCHT	CFT	KCCG
	✓		
Executive Director responsible for Policy:	Director of Nursing, Midwifery and Allied Health Professionals		
Date revised:	April 2019		
This document replaces (exact title of previous version):	RCHT Enhanced Care and Meaningful Activities Policy V4		
Approval route (names of committees)/consultation:	Director of Nursing, Midwifery and Allied Health Professionals Clinical Cabinet		
Divisional Manager confirming approval processes	Deputy Director of Nursing, Midwifery and Allied Health Professionals		
Name and Post Title of additional signatories	Not Required		
Signature of Executive Director giving approval	{Original Copy Signed}		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only
Document Library Folder/Sub Folder	Clinical / Safeguarding Adults		
Links to key external standards	<p><i>Wood, V.J et al. (2018) One to one specialising and sitters in acute care hospitals: A scoping review. International Journal of Nursing Studies. 84. p.61-77. DOI:</i></p> <p>https://doi.org/10.1016/j.ijnurstu.2018.04.018</p>		

	<p>National Collaborating Centre for Nursing and Supportive Care (NCC-NSC) and the National Institute for Health and Clinical Excellence (NICE) (2005). Violence: The short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments. London: Royal College of Nursing. Available at: www.nice.org.uk</p> <p>Standing Nursing and Midwifery Advisory Committee. (1999) Safe and Supportive Observation of Patients at Risk. Department of Health. Available at: www.doh.gov.uk</p>
Related Documents:	<p>Mental Capacity Act Deprivation of Liberty Guidance Vulnerable Adult Policy Mental Health Act CARE round documentation</p>
Training Need Identified?	Yes

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
07/07/11	v1.0	Final amendment made; document published	Lerryn Hogg, Divisional Quality Facilitator
15/09/11	v1.1	Procedure reviewed in line with the RCHT Policy for Policies Inc. EIA.	Mary Mallet, Safeguarding Adult Named Nurse
25/09/12	v2.0	Complete revision responding to the implementation of RCHT CARE Rounds and audit results of the previous policy.	Caroline Dunstan, Divisional Nurse; Frazer Underwood, Consultant Nurse; Lerryn Hogg, CNS Mental Health and Well-being
20/03/12 11/07/14	V3.0	Clarification in the definition of the levels. Examples added	Zoe Mclean, Safeguarding Nurse for Adults; Lerryn Hogg, Mental Health and Well-being Specialist Nurse; Frazer Underwood, Consultant Nurse.

12/05/16	V1	Reviewed by Safe and Supportive Observation Task and Finish Group	Shirley Harris(Matron) Lorraine Sole (Matron) Lerryn Hogg(Specialist Nurse for Mental Health and Wellbeing) Lorrie Maltby (Lead Nurse Q,S&I) Esther Penrose(Matron) Wendy Burnett (Older Persons Clinical Nurse Specialist) Tracey Frowde(Admiral Nurse) Clare Swettenham (L&D Facilitator)
16/05/16	V2	Circulated to Divisional Nurses	Divisional Nurses
22/05/16	V2	Amended to reflect senior nurse comments	Deputy Director of Nursing, Midwifery and Allied Health Professionals
23/05/16	V3.2	Finally approved by Safe and Supportive Observation Task and Finish Group	Shirley Harris(Matron) Lorraine Sole (Matron) Lerryn Hogg(Specialist Nurse for Mental Health and Wellbeing) Lorrie Maltby (Lead Nurse Q,S&I) Esther Penrose(Matron) Wendy Burnett (Older Persons Clinical Nurse Specialist) Tracey Frowde(Admiral Nurse) Clare Swettenham (L&D Facilitator)
08/09/16	V4	Change required to terminology; Safe and Supportive Observation has become Enhanced Care with Meaningful Activities	Kim O'Keefe (Deputy Director of Nursing, Midwifery and Allied Health Professionals) Tracey Frowde(Admiral Nurse) Lerryn Hogg(Specialist Nurse for Mental Health and Wellbeing) Lorrie Maltby (Lead Nurse Q,S&I)
April 2019	V5	Change to workforce policy. Meaningful activities details removed. Revision to ownership, processes and reporting.	Frazer Underwood Consultant Nurse / Associate Nurse Director – as Chair of Task and Finish Group

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

Name of the strategy / policy / proposal / service function to be assessed						
Enhanced Care for Adults Policy V5.0						
Directorate and service area: Corporate Clinical			New or existing document: Existing			
Name of individual completing assessment: Frazer Underwood			Telephone: 01872 252630			
1. <i>Policy Aim*</i> <i>Who is the strategy / policy / proposal / service function aimed at?</i>		This document sets out the best practice guidance for staff working in the Royal Cornwall Hospitals Trust (RCHT). It provides a framework for enhanced care which are implemented when patients are considered to be at risk of harm to themselves or others.				
2. <i>Policy Objectives*</i>		To provide clear instructions on how enhanced care must be implemented.				
3. <i>Policy – intended Outcomes*</i>		To ensure the safety of patients and provide tools and guidance on the implementation of enhanced care.				
4. <i>*How will you measure the outcome?</i>		Via DATIX reports and audit				
5. <i>Who is intended to benefit from the policy?</i>		All patients who require enhanced care.				
6a <i>Who did you consult with</i>		Workforce	Patients	Local groups	External organisations	Other
b). <i>Please identify the groups who have been consulted about this procedure.</i>		Please record specific names of groups Clinical Cabinet				
What was the outcome of the consultation?		Agreed.				

7. The Impact				
Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.				
Are there concerns that the policy could have differential impact on:				
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		X		The aim of this policy is to establish a process and offer guidance, which can be implemented in the event of a patient requiring enhanced care. It is intended to ensure a consistent approach in the implementation and management of enhanced care.
Sex (male, female, trans-gender / gender reassignment)		X		
Race / Ethnic communities /groups		X		
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		X		
Religion / other beliefs		X		
Marriage and Civil partnership		X		
Pregnancy and maternity		X		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		X		
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> You have ticked "Yes" in any column above and No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or Major this relates to service redesign or development 				
8. Please indicate if a full equality analysis is recommended.			Yes	No X
9. If you are not recommending a Full Impact assessment please explain why.				
Not required				

Date of completion and submission	April 2019	Members approving screening assessment	Policy Review Group (PRG) APPROVED
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This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.

A summary of the results will be published on the Trust's web site.

Appendix 3. Enhanced Care Pathway

Level 1 Care General Observation

No further action required unless risk levels increase

Patient requiring Enhanced Care based on increased risk
(above Level 1 Care - General Observations)

A Registered Nurse (where possible in consultation with members of the multi-disciplinary team) assesses the level of Enhanced Care required

Escalating up from Level 1
Care

Level 2 Intermittent Enhanced Care

Implement Care Rounding

For more vulnerable patients
who have been assessed as:

- Having a potential risk of falls
- Having a cognitive impairment which results in increased risk, or present with behaviour that challenge
- Have de-escalated from Level 3 Enhanced Care

Escalating up from Level 2
Enhanced Care

Level 3 Enhanced Care within Line of Sight

For patients who have been
assessed as having an
imminent risk of:

- Falling, and/or have a recent history of repeat falling which cannot be managed by techniques described in level 2 observation
- Harming themselves or others which is unpredictable in nature
- Absconding
- De-escalated from Level 4 Enhanced Care

Consider level 3 cohorting

Complete the Enhanced Care Risk Assessment (CHA3717), Care Plan (Level 3 CHA2917 or Level 4 CHA2918) and a behavioural chart (CHA2914)

Consideration must be given to the Mental Health Act 1983 and the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards

Escalating up from Level 3
Enhanced Care

Level 4 Enhanced Care within Arm's Length

This is the highest level of
enhanced care for patients,
and should only be
implemented in exceptional
circumstances where patients
are at imminent and significant
risk of harm to themselves or
others, that may result in
death.

All specialist assessments
should be in place to support
this decision

Document the decision making process, agreed level of enhanced care and subsequent actions

The level of enhanced care must be reviewed on an on-going basis, and at least reviewed at the start and finish of each shift by the Nurse-in-Charge, and discussed with the medical team at least daily.