

Guidelines for Patients Requiring One to One Observation

The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This procedural document has been equality impact assessed to ensure fairness and consistency for all those covered by it regardless of their individual differences and the results are shown in Appendix C.

Policy Profile	
Version:	4.0
Author:	Lesley Law, Matron Updated by Paul Silke, Head of Nursing, Workforce
Executive sponsor:	Avey Bhatia, Chief Nurse and DIPC
Target audience:	All trust staff
Date issued:	April 2017
Review date:	April 2019
Approval	
Approval Committee:	Nursing Board
Date:	30 March 2017

Document History			
Version	Date	Review date	Reason for change
Draft 3	2011	May 2016	To update policy.
Draft 4.0		March 2017	To update policy. To add in paediatric care

Contents

Paragraph		Page
	Executive Summary	3
1	Introduction	3
2	Purpose	4
3	Definitions	4
4	Scope	4
5	Roles and responsibilities	5
6	Process	6
7	Booking Request	7
8	Deprivation of Liberty	7
9	Patients requiring psychiatric care	8
10	Prisoners within hospital premises	10
11	Implementation and dissemination	11
12	Monitoring compliance	12
Appendices		
A	Level of observation risk assessment	13
B	Pathway for requesting 1:1 RMN/HCSW	15
C	Equality Impact Assessment	16
D	Procedural Document Checklist	17
E	Mittens risk assessment	19
F	Bed Rails risk assessment	20
G	Nursing Agency Assurance Authorisation: Form 1 (office hours)	22
H	Nursing Agency Assurance Authorisation: Form 1 (out of office hours)	24

Executive Summary

The request for a registered nurse or health care support worker to provide one to one nursing is a complex issue. The aim of one to one nursing is to provide continuous observation for an individual patient for a period of time during acute physical or mental illness. This policy will clarify the booking process and approval of one to one nursing at ward level as well as giving an overview of patient groups who may require this intensive observational nursing input. This policy will act as a guide to all staff when requesting one to one nursing for continuous observation and identify the procedure to be followed. This policy is for children and adults and covers all bed based services within the trust including Queen Mary's Roehampton.

1. Introduction

The decision to use one to one nursing is based on a risk assessment of the patient's physical and/or mental state at the time of the assessment and must be repeated at least every 24 hours.

There are many circumstances where patients may require one to one nursing from either a registered nurse or healthcare support worker and will include the following:

- The patient is acutely physically unwell and/or requires frequent observations
- The patient is acutely mentally ill and/or at immediate risk of serious self-harm/suicide
- The patient is likely to wander or abscond and is at risk to him/herself
- The patient is confused/agitated/aggressive /violent towards others
- The patient has been assessed as being at High risk of falls or has had multiple falls during hospital admission.
- The patient requires constant observations to prevent self-harm due to cognitive impairment.
- The patient is undergoing investigations where normal medication is withheld, increasing the risk of a medical emergency (i.e.: video telemetry)
- The patient is assessed as being at risk of falling or has a history of falls.
- The patient requires constant observation to prevent self harm due to age and reduced cognitive ability
- The patient is undergoing investigations where normal medication is withheld, increasing the risk of a medical emergency (i.e.: video telemetry)

This list is not exhaustive and each patient needs to be considered on an individual basis.

The ward nursing rosters are planned in advance with the aim to provide the best possible skill mix, ensure patient safety and to take into account, where possible, fluctuations in patient dependency and workload.

However there are occasions listed above where the need for one to one nursing is required and it is this group of patients this policy refers to. This document does not refer to intensive or critical care areas where one to one nursing is well established, unless a registered mental health nurse is required. In the event of an increase in workload requiring an increased level of staff beyond the capacity of the nursing establishment,

permission must be sought from the Matron/Head of Nursing/Divisional Director of Nursing for that area. This applies to all ward areas within St George's Hospital and Queen Mary's Roehampton.

2. Purpose

The purpose of this document is to

1. Clarify the booking and approval process for 1:1 nursing care both in core working hours and outside core hours for those patients who require an increased level of supervision which cannot be provided by daily nursing establishments.
2. To clarify the cohort of patients deemed appropriate for this increased level of supervision.
3. To clarify the risk assessment process for this group of patients.
4. To ensure that the following controls and safety measures have been considered and/or in place before and during 1:1 nursing
 - Moving or locating the patient closer to the nurses' station for observation or consider a side room to reduce stimulation and help towards creating a restful environment or if they are causing a disturbance to other patients. If the patient is nursed in a side room it is imperative that the patient is not left unsupervised at any time.
 - Using patient safety equipment to lower the risk to the patient e.g. lowering the bed.
 - Using adjacent ward staff if available to support patients in need of closer supervision
 - Ensure that patient's surroundings are safe.
 - Complete a Level of Observation Risk Assessment which can be found on the Trust Intranet and at the end of this policy.
 - Develop an appropriate care plan – which is regularly reviewed

3. Definitions

One to one nursing or continuous observation are terms used for a registered nurse or health care support worker whose role it is to provide one to one nursing or observation care to an individual patient for a period of time. This nurse is often referred to as a *nurse special*.

A Level of Observational Risk Assessment (appendix 1) will assist in the decision process to determine whether a registered adult or child nurse (RN), registered mental health nurse (RMN), Registered Nurse Learning Disabilities (RNLD) or a healthcare support worker (HCSW) is appropriate to provide this care.

It remains the responsibility of the nurse in charge of the ward or department to oversee the care provided

Mental Capacity The ability to understand and make a decision when it needs to be made is called 'mental capacity'.

Deprivation of Liberty (DOLS) this applies when the person is under continuous supervision control and is not free to leave, and the person lacks capacity to consent to these arrangements

4. Scope

This policy applies to all staff (temporary and permanent) working in any of the "locations" registered by St. George's University Hospitals NHS Foundation Trust with the Care Quality Commission (CQC) to provide regulated activities. "Locations" are not necessarily

geographically based or determined. Therefore, the term “locations” does not just refer to Trust buildings; it is the term used by the CQC to describe the hub of operations for a service or range of services and so includes all activities being performed in the course of performing one’s role.

5. Roles and Responsibilities

5.1 The Chief Executive is accountable to the Trust Board for ensuring that there are policies and procedures in place for effective patient care.

5.2 The Chief Nurse and Chief Operating Officer are with the **Medical Director** accountable to the Chief Executive for the strategic development of governance, risk management and patient safety.

5.3 The Divisional Directors of Nursing and Governance are responsible for ensuring that, within their areas of responsibility (Division and directorate respectively), staff are aware of, and comply with the processes for assuring sound governance. They are also responsible for setting safe staffing levels in wards/departments and adequate leadership to enable compliance with this policy.

5.4 Matrons/Heads of Nursing and Ward/departmental Sister/Charge Nurses have the responsibility for ensuring that, within their areas of responsibility a safe environment is maintained for patients, by ensuring compliance with this policy. They are responsible for ensuring that all patients are managed in an appropriate setting and that 1:1 observation nursing is instigated following an appropriate Level of Specialising Risk Assessment (adult), and that the on-going need for one to one observation nursing is assessed on a daily basis.

5.5 The registered nurse assigned to provide one to one continuous observation for an individual patient is responsible for:

- engaging and interacting with the patient whenever the opportunity arises
- monitoring the patient’s behaviour and documenting and reporting any changes in behaviour or condition
- the recording, documentation and reporting of vital signs.
- ensuring that the patient has adequate appropriate nutrition and hydration.
- ensuring that the patient has taken all prescribed medication.
- providing assistance with personal care.
- Any other appropriate care or assistance as needed (ie: play therapy/distraction for children)

5.6 The health care assistant assigned to provide one to one continuous observation for an individual patient is responsible for the following under supervision and guidance of the registered nurse in charge of the ward or bay of patients:

- Engaging and interacting with the patient whenever the opportunity arises
- monitoring and reporting any changes in behaviour or condition to the registered nurse
- Recording and reporting of vital signs under supervision of registered nurse
- Ensuring the patient has adequate nutrition and hydration
- Providing assistance with personal care
- Any other appropriate care or assistance as needed (ie: play therapy/distraction for children)
- Will have completed the Trust training in one to one specialising

5.7 The Adult Safeguarding Lead Nurse is responsible for giving advice about Deprivation of Liberty.

6. Process

When the sister/charge nurse or the nurse in charge of the shift has identified that a patient may require one to one observation he/she will:

- Ensure all alternative strategies to manage the individual patient have been exhausted. Establish if additional assistance can be sought from the existing workforce by reallocation of staff.
- Complete the appropriate risk assessment (appendix A) and escalate to the Matron/ Head of Nursing or night practitioner/site team on Bleep 6007.
- Consider what competencies are required for safe care of the individual patient– is a Registered adult or child Nurse RN, Registered Mental Health Nurse RMN or a Healthcare Support Worker required? (appendix B)
- Ensure that the member of staff providing the 1:1 observation receives a full report of the patient's condition with a summary of concerns and risk factors and what is expected of them.
- Ensure that a comprehensive care plan is provided.
- Ensure break cover is provided – this includes cover for any period of time the nurse specialising has to leave the patient e.g. to collect medicines etc
- Ensure that the role and responsibility of the nurse providing the continuous observation is allocated appropriately and rotated between different staff members over the duration of the shift
- Ensure that the patient and family for children, understands and/or is given an explanation of why the continuous observation is required.
- If a patient does not have capacity or cognitive ability to understand why they are being provided with one to one observational care it is essential that relatives/carers are informed of the rationale why one to one care is required.
- If appropriate, consider asking relatives and/or parents/carers if they are able to stay with the patient. However this does not cancel the need for one to one observational care but may provide additional support for the patient.
- Every effort must be made to ensure a member of staff of the same sex is responsible for observing a patient using the toilet, bathing or washing if possible and care should be taken at all times to maintain the privacy and dignity of these patients.
- Ensure that all staff are aware they must try to avoid any situation which puts their own safety at risk. If the patient is at risk of being violent to others or of making malicious accusation then the member of staff must not be placed at risk by being left alone in an area that is not observable by other staff. Registered nurses and healthcare assistants providing one to one nursing must be informed by the nurse in charge of the shift; how they can obtain assistance from other staff should they feel threatened. For further guidance staff are asked to refer to Security Policy.
- File the Level of Observation Risk Assessment in the health records and instigate daily review of the need to keep one to one nursing in place. See attached flowchart for patients with Mental Health, Learning Disabilities, Drug and or Alcohol and Neuro Psychiatric problems including challenging behaviour
- A daily assessment in person by the Ward Sister/Charge Nurse and nurse in charge must be made to clarify the continuing need for one to one care. This assessment must be documented using the Level of Observation Risk Assessment Chart which can be found on the intranet and as an appendix to this policy.

7. Booking Request

Once the assessment has been completed the senior nurse or matron must be informed to authorise the booking of a registered nurse or healthcare assistant via the nurse bank. Inevitably there will be a period of transition before the one to one nurse is available therefore to maintain the safety of the patient and others it may be necessary to allocate one to one from the existing nursing establishment.

Ward staff must not request additional help without first having authorisation from the matron or site practitioner. The 24 hour cover period of responsibility is as follows:

Monday – Friday 08:00 – 17:00 Matron for the area or nominated person in their absence (appendix G).

Out of hours and weekends: The need for one to one nursing must be escalated to the appropriate Head of Nursing, Night Practitioner/Site Team on Bleep 6007 (appendix G).

If a request for one to one observation is made out of hours it is the responsibility of the nurse in charge of the ward to ensure the Ward Sister/Charge Nurse and matron for the area are informed on their return to work.

Agency – Please refer to the nursing agency assurance authorisation forms 1 & 2 which outline the procedure for booking agency in and out of hours (appendices G & H).

One to one continuous nursing must not be withdrawn without an up to date documented risk assessment which must be kept in the patient healthcare records or on the recommendation of the Mental Health, Learning Disabilities, Child and Adolescence Mental Health Services (CAMHS) or Drug and Alcohol Liaison Teams or Neuro Psychiatry following assessment/review, which must also be documented in the healthcare records.

If one to one care is not provided following an appropriate assessment which indicates that it is required this must be documented in the patients' medical and nursing notes and escalated to the Matron or Head of Nursing for the area and out of hours to the site team. In addition appropriate reallocation of staff must be considered at ward level to support cover.

8. Deprivation of Liberty

Where a patient who lacks capacity repeatedly expresses a desire to leave the clinical areas, and staff prevent the patient from doing so, this could amount to a deprivation of liberty. The following factors should be considered as a basis of assessment:

- Is the person sedated to prevent them leaving?
- Does the person make persistent or purposeful attempts to leave?
- Is force being used to treat the person when they are resisting, other than in an emergency?
- Have relatives or carers asked for the person to be discharged to their care, and been refused?
- Have relatives or carers been refused access to the person, or had severe restrictions put on their access?
- Has the person been prevented from spending time with the people who matter to them?
- Does the way the person's care is organised severely restrict what they can do in other ways?

One to one observation does not in itself constitute a deprivation of liberty, but is seen as a restriction. Short term use of 1:1 nursing to ensure the safety of patients, for instance in acute delirium, is unlikely to necessitate a deprivation of liberty authorisation.

A formal assessment of the person's capacity and request for urgent and standard authorisation to continue to deprive the person of their liberty may be deemed necessary and should be made to the local authority where the patient resides. Advice must be sought from The Adult Safeguarding Lead Nurse who will guide and advise you through the process.

9. Patients Requiring Psychiatric Care:

9.1 Assessment

A registered mental health nurse (RMN) for one to one observational care can be requested following an appropriate assessment. This assessment should take place following communication or assessment from the mental health team; however occasionally it will be the assessing nurse or doctor in the Emergency department or ward who carries out the initial assessment and recommends one to one nursing from an RMN to maintain the safety of the patient and others prior to an assessment from the mental health team.

Situations where one to one nursing **may** be required for non -physical health reasons:

- Active suicidal intent
- Repeated or continuing attempts to seriously self-harm
- High risk of absconding due to mental state
- Acute psychotic/manic episodes where patients' safety or that of others is likely to be compromised
- Delirium tremors due to alcohol withdrawal and/or acute confusional states
- Cognitive impairment, including dementia which results in wandering and risk,
- Aggressive /threatening behaviour due to a mental disorder or suspected mental disorder
- Any behaviour which could be considered to be detrimental to the patient or others where the patient is assessed and lacks capacity
- Patients detained under the Mental Health Act, although this is not a statutory requirement.
- Patients transferred for medical care from a psychiatric inpatient unit (again this is not a statutory requirement).

The Mental Health, Learning Disabilities, Neuro Psychiatric, Children and Adolescence Mental Health Services or Drug and Alcohol Liaison Teams will assist where possible with the decision whether an RMN or HCSW is appropriate to provide 1:1 observation. This may be via face to face assessment or telephone consultation, which must be documented in the patients' healthcare records. See Flow Chart

9.2 Funding

It is the responsibility of St George's University Hospitals NHS Foundation Trust to fund all new requests for one to one continuous observation following an appropriate assessment; this includes those patients who are detained under the Mental Health Act during their inpatient episode.

It remains the responsibility of the admitting Mental Health Trust to fund one to one nursing for those patients transferred from an inpatient psychiatric facility throughout the duration of their admission if an RMN is assessed to be required.

9.3 Patient Management

The key purpose for an RMN is to provide specialist care and continual assessment to patients with a mental disorder or suspected mental disorder during periods of distress when patients are at risk of serious harm to themselves and/or others and it is important that the RMN engages and interacts with the patient whenever the opportunity arises.

Once it has been identified that a one to one RMN is required it is the responsibility of the nurse in charge to ensure that the most appropriate one to one cover is provided until the RMN arrives.

If the bank and/or agencies are not able to provide an RMN the matron, or Head of Nursing must be informed and the most appropriate one to one cover must be provided until an RMN arrives. This should be escalated to the site team and or manager on call after hours and at the weekend.

The use of constraint and/or restraint may occasionally be necessary. The decision to use either should be decided by the treating team within St George's Hospital or Queen Mary's Hospital and must always take into account the least restrictive option. The decision to restrain children must be discussed with the parents/carers and documented.

The Mental Health Liaison Team does not participate in the use of control or restraint within St George's and Queen Mary's but will advise when these methods of management should be considered. Below is a list of examples where restraint or control may be considered:

- To prevent immediate serious self-harm/suicide
- To prevent violence to others
- To prevent discharge against medical advice if immediate lifesaving medical treatment is needed and the person has a mental disorder or is suspected of having a mental disorder and or lacks capacity specifically for this decision.
- To enable assessment/treatment of medical conditions in the patient's best interest where the patient lacks capacity and/or for lifesaving treatment where the patient is deemed not to have the capacity to make this decision.
- It may also be used for the administration of treatment for a psychiatric condition to patients detained under section 2, 3 and 37 of the Mental Health Act. The MHLT should be involved and advice in the care planning for this group of patients. Generally security personnel would not be involved with this group of patients and should remain the responsibility of the medical and nursing staff.

For those patients who are intoxicated with drugs or alcohol security personnel can be called to assist with constraint and restraint until the situation is manageable for medical and nursing staff. For children, consideration must be given to Safeguarding concerns, contact the Named Professionals for Child Safeguarding within the Trust.

In cases where patients are discharging themselves against medical advice and the person has a mental disorder or is suspected of having a mental disorder and or lacks capacity specifically for this decision and or there is considered to be a risk to their safety or that of others, the treating registrar can use section 5(2) of the Mental Health Act in order to detain them for 72 hours allowing time for a Mental Health Act assessment to take

place. This may require medical and nursing staff to physically prevent someone from leaving. Security personnel can be called to assist with this.

Section 5 of the MCA makes provision for the restraint of a person as a last resort, providing certain criteria are satisfied. Restraint covers a wide range of actions, including the use of force, or the threat of force to do something that the person concerned resists.

As with all actions under MCA restraint must be in the person's best interest:

- Staff must reasonably believe that it is necessary to undertake an action which involves restraint in order to prevent harm to the person lacking capacity
- Any restraint must be a proportionate response in terms of both the likelihood and seriousness of that harm and should be incorporated into the person's care plan.

Using excessive restraint could leave staff liable to a range of civil and criminal penalties

For use of mittens see appendix E and for use of bed rails see appendix F.

The use of 5 (2) does not apply in the emergency department.

Those patients brought into the emergency department for a medical review under section 136 of the Mental Health Act in the care of the police; only require one to one observation in circumstances where the police are unable to remain in the department for longer than the obligatory hour. Once medically cleared the police have a duty to return or transfer the patient to the 136 suite at Springfield Hospital or the police cells.

Prisoners or patients currently under arrest are not likely to require one to one continuous observation to prevent them from leaving the hospital or self-harming; the accompanying personnel can carry out this function.

9.4 Booking Process for RMN Care

The appropriate Matron, Head of Nursing or Site Team must be made aware of the requirement for a RMN and authorisation from the DDNG will be required before the bank office can proceed with the booking. Out of hours bookings must go through the appropriate Head of Nursing, night practitioner or on call manager. See Flow Chart (appendix B).

A Level of Observational Risk Assessment must be completed daily to support the use of an RMN and communicated to the Matron, Head of Nursing/DDNG (depending on local policy).

The RMN providing this one to one continuous observational care must be within arm's reach of the patient at all times, which includes visits to the bathroom and toilet. Cover for meal and toilet breaks must be communicated and agreed with the nurse in charge of the ward or department.

10. Prisoners within hospital premises.

Prisoners admitted to the St Georges Hospital will have 2 or more escorting prison officers in attendance at all times for the following reasons:

- To maintain the security of the offender to prevent escape

- To maintain the security of healthcare workers and visitors in the ward or department where the offender is situated
- To manage any restraint episode if required. However this should be avoided whenever possible.
- The prisoner must remain handcuffed to the escorting prison officers at all times throughout the hospital admission or visit. A request to have these handcuffs removed to allow for treatment and/or examination must be made by a consultant or senior clinician to the escorting officers who will then make a formal request to the prison who will formally risk assess the prisoner and the environment before this request is granted.

For those prisoners who require additional observation from a RMN it is the responsibility of The Mental Healthcare South West London and St Georges Mental health Trust to provide and fund this additional assistance.

All risk assessments must be updated daily and filed in the patients' healthcare records.

11. Dissemination and implementation

11.1 Dissemination:

This policy will be made available on the Trust Intranet. Heads of Nursing, Matrons and Ward Senior Sisters/charge nurses will bring the document to the attention of all nursing staff and other healthcare professions in wards and departments. This policy will be presented at Nursing Board and Matrons Forum and other relevant governance and care group meetings.

11.2 Implementation

This document will be circulated via the Trust intranet. It will be the responsibility of individual departmental matrons to ensure that wards and departments are aware of the policy and the contents of the document. It will be the responsibility of the ward sisters/charge nurses to escalate policy to ward teams and ensure adherence to policy.

12. Monitoring compliance

The table below outlines the process for monitoring compliance with this document.

Monitoring compliance and effectiveness table

Element/ Activity being monitored	Lead/role	Methodology to be used for monitoring	Frequency of monitoring and Reporting arrangements	Acting on recommendations and Leads	Change in practice and lessons to be shared
Local arrangements for requesting and booking continuous one to one nursing to ensure this request is accompanied with an appropriate risk assessment.	Matrons and ward sisters charge nurses Mental Health Steering Group	On going checks and review of all requests for one to one continuous observation audited On going checks of all requests for one to one nursing.	Data to be provided monthly from finance dept to the Mental Health Steering Group The lead or committee is expected to read and interrogate the report to identify deficiencies in the system and act upon them. Consider stating this responsibility in committee terms of reference.	Mental Health Steering Group Required actions will be identified and completed in a specified timeframe. Consider stating this responsibility in committee terms of reference.	The Mental Health Steering Group will share lessons with DDNGs. Required changes to practice will be identified and actioned within a specific timeframe. 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.

Appendix A SECTION 1: LEVEL OF OBSERVATION RISK ASSESSMENT

Please tick - Yes or No

	Yes	No	
Does the patient have a learning disability?			If Yes – contact the Learning Disability Liaison Nursing Team on Ext 2217 or Bleep 8386 (Adults). Senior Nurse to assess risk outside of office hours If yes – ask family/carers for “This is me” or “Passport” documentation. Liaise with play specialist on Ext 0331
Does the patient have a learning disability and complex needs?			LD liaison team to make recommendations based on risk assessment. Senior nurse on ward to assess risk outside of office hours.
Recent medical / medication review?			If No – Request review
<ul style="list-style-type: none"> ▪ Have the appropriate referrals been made to the multi-disciplinary team? ▪ Is there a clear multi-disciplinary management plan? 			If No – Make referrals and use behavioural chart / triggers to develop a management plan
Is there a current substance (including drug and alcohol) misuse problem?			If Yes – Refer to the Alcohol Liaison Team on Ext 0595 or Bleep 6915
Have environmental concerns been considered?			If No – Reduce environmental stimuli / Move to a more observable position etc.
Has the Falls screening tool and risk assessment been completed?			If No – Complete assessment (consider ultra-low bed / mats etc.)
Is a mental health assessment required? If the patients' presentation is for self-harm a referral to MHLT must be made			If Yes – Refer to Liaison Psychiatry (adult / older people or on-call if urgent) on Ext 3795 or Bleep 6501 or CAMHS (Children) on 020 3513 4644
Can the patient's care be safely maintained within usual staffing levels?			If No – Proceed to Section 2
Should deprivation of liberty safeguards be considered?			If yes – consult senior manager/safeguarding lead/legal advice

SECTION 2: RISK REASON & SPECIALLING RECOMMENDATION

Please tick appropriate risk

No.	Risk / Reason	Tick	Recommended staff to 1:1
1	Acutely ill / Complex care requiring constant observation and intervention by RGN		1:1 RN Adult/Child
2	Preventable falls requiring 1:1 observation (as per Falls Risk assessment)		1:1 HCSW
3	Confused and wandering presenting risks to self and others (patients and staff)		1:1 Suitably trained HCSW or RMN
4	Pulling lines /tubes that may result in significant harm		1:1 HCSW
5	Has a learning disability and complex needs?		LD Liaison Nursing Team to make recommendations based on Risk Assessment. Senior Nurse on ward to assess risk outside of office hours. 1:1 RNLD or suitably trained/experienced HCSW
6	Delirium Tremens		1:1 RMN or suitably trained HCSW
7	Has immediate plans (within the next few minutes/hours) to seriously self-harm/commit suicide		1:1 RMN or suitably trained/experienced HCSW NB an RMN should only be used where there is clear rationale why this level of skill and experience is required
8	Extreme challenging behaviour (violence & aggression which the patient is unable to control due to their mental disorder or suspected mental disorder NB Having a mental disorder does not automatically preclude a patient from taking responsibility for their behaviour. In cases where the patient is considered to have control over their behaviour despite having as mental		1:1 RMN or suitably trained experienced HCSW

	disorder the patient should be subject to the zero tolerance policy in the same way as any other patient.		
8	Patient lacks capacity and is at significant risk of harm if leaves the ward - is subject to deprivation of liberty safeguard		1:1 HCSW/RGN/RMN depending on risk and behaviours

Print Name:

Designation:

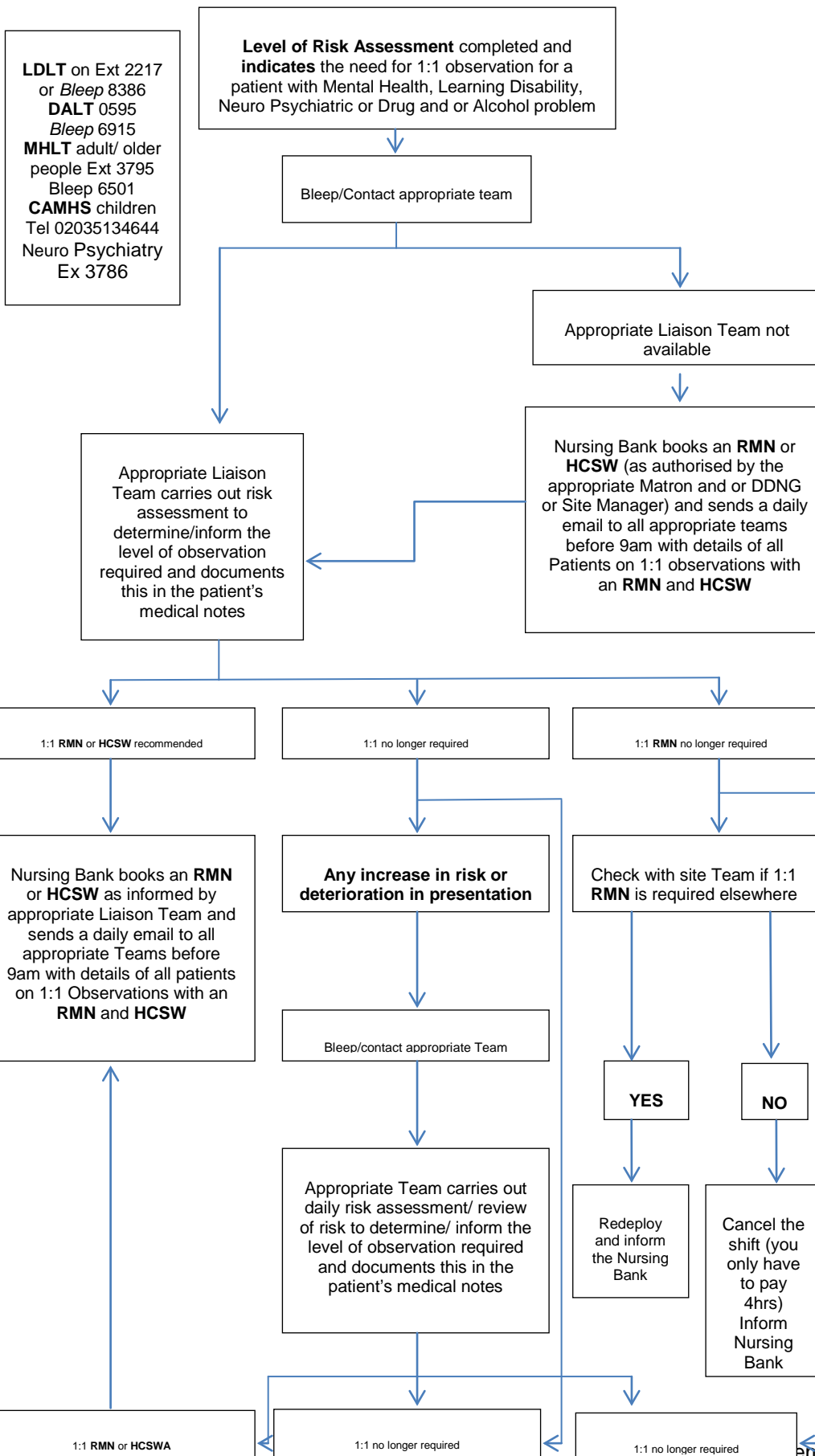
Sign:

Date:

Time:

Appendix B

Pathway for requesting 1:1 RMN or HCSW



Appendix C: **1. EQUALITY IMPACT ASSESSMENT FORM – INITIAL SCREENING**

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Service or Policy?	Date of Assessment
One to One Continuous Observation Policy and Guidelines		Sarah James	Existing	06/05/2016
<p>1.1 Who is responsible for this service / function / policy?</p> <p>Chief Nurse and Chief Operating Officer, Divisional Directors of Operations, Divisional Directors of Nursing and Governance, Site Managers, Heads of Nursing, Matrons, Sisters/Charge Nurses and Nursing Staff</p>				
<p>1.2 Describe the purpose of the service / function / policy? Who is it intended to benefit? What are the intended outcomes?</p> <p>To ensure that patients are correctly assessed and cared for by appropriate staff. It gives ia clearly defined pathway to book additional help for those patients requiring one to one continuous nursing and clearly defined roles and responsibilities for those carrying out this role.</p>				
<p>1.3 Are there any associated objectives? E.g. National Service Frameworks, National Targets, Legislation , Trust strategic objectives</p> <p>Mental Capacity Act 2005</p>				
<p>1.4 What factors contribute or detract from achieving intended outcomes?</p> <p>Changes within patients acuity and dependency, vacancy rates, sickness levels and maternity leave. Unavailability of Bank and agency staff.</p>				
<p>1.5 Does the service / policy / function / have a positive or negative impact in terms of race, disability, gender, sexual orientation, age, religion or belief and Human Rights? Details: [see Screening Assessment Guidance]</p> <p>There will be times when Deprivation of Liberty may occur, which may affect Human Rights.</p>				
<p>1.6 If yes, please describe current or planned activities to address the impact.</p> <p>The lead for Adult Safeguarding will offer advice when DOLS is sought.</p>				
<p>1.7 Is there any scope for new measures which would promote equality?</p> <p>Roll out of training in mental health awareness for nurses and HCAs.</p>				
<p>1.8 What are your monitoring arrangements for this policy/ service</p> <p>Via the Mental Health Steering Group</p>				
<p>1.9 Equality Impact Rating [low, medium, high]- see guidance notes 3.1 above Medium</p>				
<p>2.0. Please give you reasons for this rating</p> <p>The impact on the patient of being assessed as needing one to one care can have a stigma attached, and the trust may face legal challenge if DOLS is used inappropriately.</p>				

Appendix D:

Checklist for the Review and Approval of Procedural Documents

To be completed and attached to any document submitted to the Policy Approval Group for ratification.

Title of document being reviewed		Yes/No/ Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Unsure	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Unsure	I think this is more guidelines and protocol than a policy
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?	No	
	Are individuals involved in the development identified?	No	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	The Mental Health Steering Group members contributed
	Is there evidence of consultation with stakeholders and users?	Yes	The Mental Health Steering Group members contributed
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	No	
	Are key references cited?	No	
	Are the references cited in full?	No	
	Are local/organisational supporting documents referenced?	No	
6.	Approval		
	Does the document identify which committee/group will approve it?	Unsure	Does it need to go to another Committee in addition to the Steering Group

Title of document being reviewed		Yes/No/ Unsure	Comments
	If appropriate, have human resources/staff side committees (or equivalent) approved the document?	No	N/A

7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	Document Control		
	Does the document identify where it will be held?	Yes	Awaiting intranet upgrade
	Have archiving arrangements for superseded documents been addressed?	Yes	Awaiting intranet upgrade
9.	Process for Monitoring Compliance		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so, is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Unsure	

Appendix F

Please complete or affix label	
Surname: Forename: Date of Birth: NHS number: Hospital number:	Ward

BED RAIL ASSESSMENT & DECISION MAKING TOOL

If bed rails are not used , how likely is it that the patient will come to harm? Ask the following questions.	For Rails	Against Rails
How likely is it that the patient will fall out of bed?	Quite likely	Not very likely
How likely is it that the patient would be injured in a fall from bed?	Quite likely	Not very likely
Will the patient feel anxious if the bed rails are not in place?	Quite likely	Not very likely
If bed rails are used , how likely is it that the patient will come to harm? Ask the following questions?	For Rails	Against Rails
Will the bed rails stop the patient from being independent?	Quite likely	Not very likely
Could the patient climb over the bed rails?	Quite likely	Not very likely
Could the patient injure themselves on the bedrails?	Quite likely	Not very likely
Could using the bed rails cause the patient distress?	Quite likely	Not very likely
THE DECISION ABOUT BEDRAILS MUST INVOLVE THE PATIENT. The patient should decide after discussion. You must explain the risks and the benefits unless the patient lacks capacity to make the decision about bed rails.		
Does the person have a disturbance of brain or mind that means that they are unable to make a decision at the time of assessment? If no, stop capacity assessment here.	Yes	No
Can the person understand the information about bedrails?	Yes	No
Can the person retain the information about bedrails?	Yes	No
Can the person use and weigh up the information as part of the process about decision making?	Yes	No
Can the person communicate his/her decision about bedrails?	Yes	No
Does the person have capacity to make the decision about bedrails at this time?	Yes	No

**NOTES
ON**

USING THIS DECISION MAKING TOOL:

Appendix G - Nursing Agency Assurance Authorisation : Form 1 (Office Hours)

To be used for **all** agency temporary staffing requests with notice of **24 hours or less**, raised between:
 • **08.00 and 17.00 (Mon – Fri)**

Please ensure attached agency escalation processes (SOP) are followed

Date:		Ward:	Shift:
Band:	Reason Shift Required:		Request Id:

Upon request to authorise agency nursing shifts please ensure the following questions have been answered adequately by the requesting staff member.

		Yes	No
1.	Have all staff worked their contracted hours including any 'unused hours'		
2.	Can staff be moved forward on rota to cover immediate gap (leaving time to cover later gap with nurse bank)		
3.	Has staffing been checked across all wards and divisions to ensure that there are no additional staff above agreed minimum staffing levels in another area that can be moved to support this request.		
4.	Can any non-essential training be cancelled or rearranged to release required staff		
5.	Are there any ward sisters or other staff on supervisory or other non-clinical days that can work the shift. (Including from other wards/divisions) ?		
6.	Is the shift required to maintain minimum or safe staffing levels?		
7.	Is a full shift required? Early, Late, Night or Long Day		
8.	If no, what hours are required?		

Comments:

Having reviewed the nurse staffing position on the wards/departments I can confirm that this agency escalation is to ensure patient safety

Requested by:	(Matron)	Date:	Time:
----------------------	-----------------	--------------	--------------

I approve and validate the above request

Approved by:	(Head of Nursing)	Date:	Time:
--------------	--------------------------	--------------	--------------

I authorise the above temporary staffing request

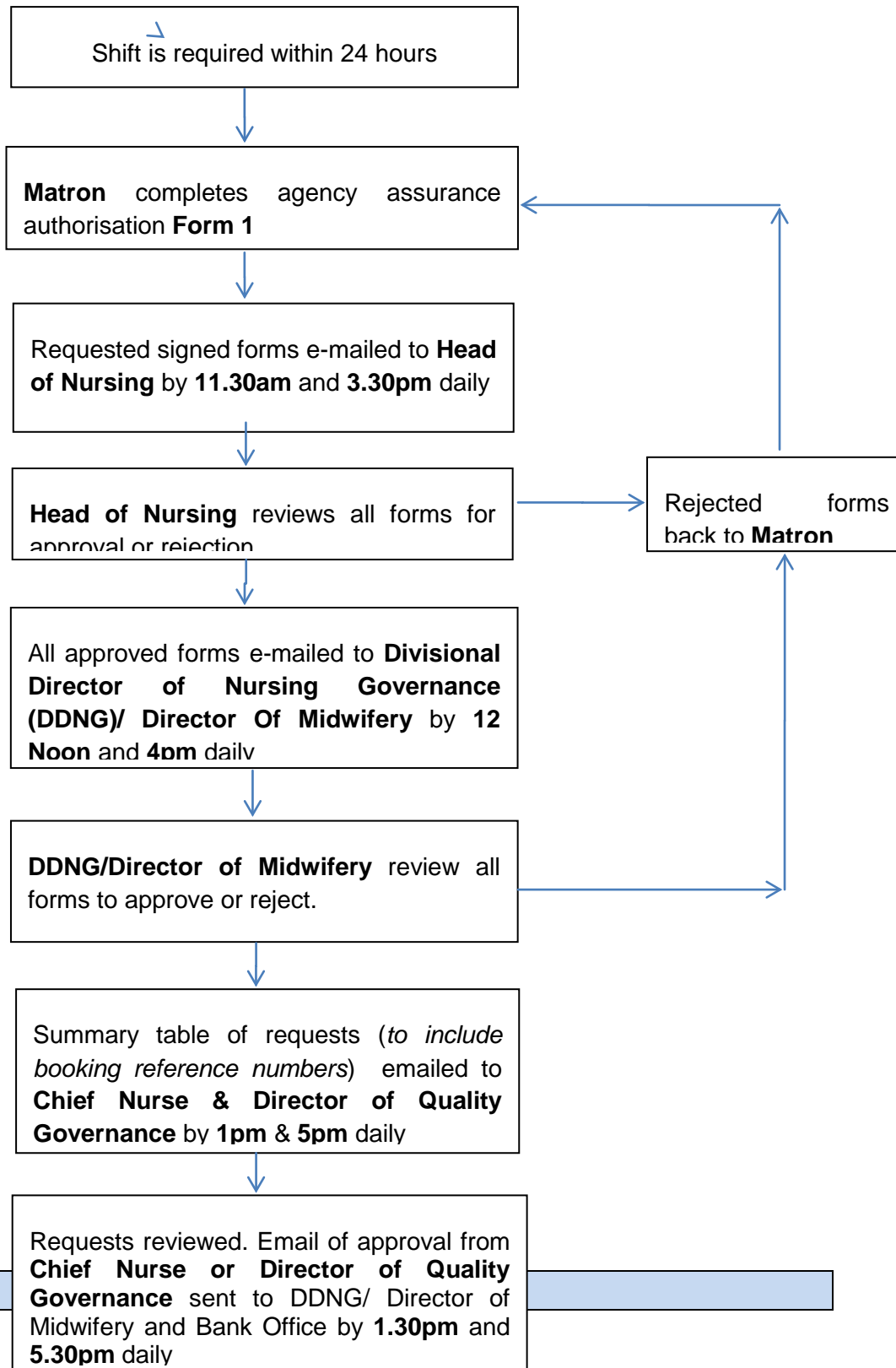
Authorised by:	(DDNG /Director of Midwifery)	Date:	Time:
----------------	--------------------------------------	--------------	--------------

The **Chief Nurse or Director of Quality Governance** has endorsed this authorisation via e-mailed approval to DDNG / Director of Midwifery and the Bank Office

For any URGENT escalations please call the Chief Nurse or Director of Quality Governance

Standard Operating Procedure:

Nursing agency assurance authorisation: FORM 1 (Office Hours) (8am to 5pm Monday to Friday)



Nursing Agency Assurance Authorisation : Form 2 (Out of Hours)

To be used for **all** agency temporary staffing requests with notice of **24 hours or less** raised between:

- 17.00 to 08.00 (Monday – Friday)
- 17.00 Friday through to 08.00 Monday
- Bank Holidays

Please ensure attached agency escalation processes (SOP) are followed

<u>Date:</u>		<u>Ward:</u>	<u>Shift:</u>
<u>Band:</u>	<u>Reason Shift Required:</u>		<u>Request Id:</u>

Upon request to authorise agency nursing shifts please ensure the following questions have been answered adequately by the requesting staff member.

		Yes	No
1.	Have all staff worked their contracted hours including any 'unused hours'		
2.	Can staff be moved forward on rota to cover immediate gap (leaving time to cover later gap with nurse bank)		
3.	Has staffing been checked across all wards and divisions to ensure that there are no additional staff above agreed minimum staffing levels in another area that can be moved to support this request.		
4.	Can any non-essential training be cancelled or rearranged to release required staff		
5.	Are there any ward sisters or other staff on supervisory or other non-clinical days that can work the shift. (Including from other wards/divisions)?		
6.	Is the shift required to maintain minimum or safe staffing levels?		
7.	Is a full shift required? Early, Late, Night or Long Day		
8.	If no, what hours are required?		

Comments:

Having reviewed the nurse staffing position on the wards/departments I can confirm that this agency escalation is to ensure patient safety

Requested by:	(Matron / Site Team)	Date:	Time:
----------------------	-----------------------------	--------------	--------------

I approve and validate the above request

Approved by:	(Site Team Manager)	Date:	Time:
--------------	----------------------------	--------------	--------------

I authorise the above temporary staffing request

Authorised by:	(GM / Midwifery manager on call)	Date:	Time:
----------------	---	--------------	--------------

The appointed **Executive on-call** has endorsed this authorisation via e-mailed approval to the General Manager or Midwifery manager on-call (as appropriate) and the Bank Office/ Site Team

For any URGENT escalations please call the Executive on-call

Standard Operating Procedure:

Nursing agency assurance authorisation: FORM 2 (Out of office Hours)

- 17.00 to 08.00 (Monday – Friday)
- 17.00 Friday through to 08.00 Monday
 - Bank Holidays

