Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

Engagement and Observation Policy

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Contents

1. Introduction

Engagement and observation with service users provides an opportunity for positive engagement in order to assess and respond to individual needs to aid recovery. Engagement and observation includes the reporting and recording of a service user's location, mental state, well-being and behaviour, which is central to the role of inpatient staff.

All those receiving inpatient treatment are observed at some level as a necessary part of their care. Where there are specific concerns, the service user may need to be placed on enhanced levels of observation for the least period of time necessary.

2. Purpose or aim

The aim of engagement and observation is to prevent potentially suicidal, violent or vulnerable service users from coming to harm or from harming themselves or others. Observations can also be used to monitor service users physical health needs.

The purpose of engagement and observation is to ensure the sensitive monitoring of the service user's behaviour, mental state and well-being, enabling a rapid response to any change, whilst at the same time fostering positive therapeutic relationships.

Where possible the aim of engagement and observation is to jointly work with the service user to plan and work towards their recovery

Observations can be used to monitor physical health and risk of falls. Where this is required the purpose of the engagement and observation will be determined by the assessed need for higher levels of observation and the therapeutic value of significant engagement during observation.

This policy provides staff with a framework to ensure engagement and observations of service users are undertaken appropriately, consistently and responsibly and are integral to the plan of care.

3. Scope

This policy applies to all staff involved in the engagement and observation of service users during their hospital admission.

Whilst engagement and observation is primarily a nursing function, other health professionals are responsible for the planning and implementation of these and therefore are required to adhere to this policy.

4. Definitions

The Definitions of levels of observation reflect those outlined in the Mental Health Act 1983 Code of practice (2015), the NICE clinical guidance for Violence and aggression: short-term management in mental health, health and community settings (2015), and NICE Clinical Guideline 25 (2005).

- **General observation** the minimum acceptable level of observation for in-patients in community rehabilitation services. The location of all service users should be known to staff, but not all service users need to be kept within sight.
- **Low-level intermittent observation**: the minimum level of observation in all inpatient areas with the exception of community rehabilitation units. Low level intermittent engagement and observation must be undertaken at irregular and unpredictable intervals once every 30-60 minutes.
- **High-level intermittent observation**: usually used if a service user is at risk of becoming violent or aggressive but does not represent an immediate risk. The frequency of observation is once every 15–30 minutes undertaken in irregular and intermittent intervals.

- **Low-level continuous observation**: means the service user should be kept within eyesight of a designated one-to-one member of nursing staff, and accessible at all times, by day and by night. If deemed necessary, any tools or instruments that could be used to harm themselves or others should be removed.
- **High-level continuous observation**: is needed for service users at the highest levels of risk of harming themselves or others, who should be supervised in close proximity at arm's length of a designated one-to-one member of nursing staff, with immediate access to other members of staff if needed. High-level continuous observation can be undertaken with varying ratios of staff depending on the clinical requirement. The observation form must reflect the required number of staff required to undertake the engagement and observation.
- **Seclusion** – is the "supervised confinement of a patient in a specifically designed and designated room, which may be locked. Its sole aim is to contain severely disturbed behaviour which is likely to cause harm to others" (MHA, 1983).

5. Policy description

5.1 Assessment and Planning of Engagement and Observations

- All service users admitted to an inpatient unit will have their risk assessment updated by the community team facilitating the admission, with a stated reason and purpose for admission. A handover of care will be provided, which will inform the assessment of the required level of engagement and observation. The electronic record will be updated in all occurrences.
- On admission, all service users will be jointly assessed for the level of engagement and observations by the admitting nurse and either the admitting doctor or another member of the multi-disciplinary team, (nurse, occupational therapist, physiotherapist, psychologist). Where this joint assessment is not immediately possible, the admitting nurse will assess and determine the level in consultation with the staff on duty.
- The assessment should consider mental and behavioural state examination, risk to self, others and of accidental harm, physical health risks and risk of falls. Risks associated with the change in environment on admission should also be considered.
- The service user's privacy, dignity and gender will also be considered as part of the decision to implement a higher level of engagement and observation.
- The assessment should include a discussion of the level of observation that may apply to the service user at different times e.g. when awake and when asleep
- If an informal service user wishes to leave, prior to a formal assessment being undertaken, a registered nurse must undertake and record a thorough risk assessment before any decision for leave is made; this will include consideration for the use of the Mental Health Act.
- Service users and their carers will be involved in the decision making and offered a clear rationale for the level of engagement and observation, unless their clinical presentation prevents this. This assessment, discussion and outcome will be clearly recorded on the observation form on the electronic patient record.
- Positive risk taking is an essential feature of engagement and observations. The effective management of risk should aim to reduce or modify harmful behaviours for individuals, to enhance their safety and work towards their recovery.
- Reductions in levels of observation may also be appropriate where it can be demonstrated that certain levels of observation are counter-therapeutic. In any such case the risks and rationale must be clearly documented within the electronic patient record.
- Each service will be responsible for agreeing any additional risk assessment tools for use in identifying the level of engagement and observation required. Any such tools will require agreement at the relevant locality Governance meeting.

5.2 Implementation of Engagement and Observations

- Following assessment and identification of the appropriate level of engagement every service user will have their required level of engagement and observation recorded on the observation recording form in the electronic patient record. All fields on the form must be completed including the reason for the required level of observation.
- The observation recording form will reflect additional considerations such as attending/undertaking other therapeutic activities, i.e. whether to be escorted or not and who should undertake any escort and when receiving visitors.
- If the service user has not been able to be part of the decision making, then the outcome and rationale for the level of engagement and observations must be clearly communicated with the service user. The service users' carer, relatives and any visitors should be informed of these levels when visiting, as appropriate, and the trust leaflet provided. Engagement and Observation Leaflet
- For all service users on community rehabilitation wards general observations as a minimum will be required. All service users will have, as a minimum, their whereabouts and well-being identified at each shift handover and each meal as well as the allocated nurse knowing their location throughout that shift. This should be documented in the progress notes.
- For all service users in other inpatient wards the minimum observation and engagement level will be low-level intermittent observation and engagement.
- For all service users on Low level, High level or Continuous engagement and observations, the relevant form will be completed.
  - Continuous engagement and observation form
  - Intermittent engagement and observation form
- When undertaking low and high level observations in a service users bedroom the observing staff must undertake a 360 degree sweep of the room before assuming that the service user is not present.
- Consideration should be given to special instructions including if a visual check must be undertaken or if a verbal response is acceptable under some circumstances such as if the service user is in the bathroom.
- The purpose of observations at night and whilst service users are asleep, are to ensure that service users remain free from harm, and physically well. This will require observation of a service users breathing and not just an indication of their presence.
- For any service user who requires low or high level engagement and observation, the actual times of engagement and observation must be recorded on the relevant form.
- For some service users on low or high level engagement and observation, their assessment may indicate that they are able to attend other activities unescorted, e.g. therapies. In any such instance, this must be recorded in their observation form, and the allocated nurse must inform the allied health professional (AHP) of the time they are leaving the unit to attend, and request that the AHP contact the unit when the service user is returning.
- The nurse in charge is responsible for ensuring that there are adequate staff resources for the implementation of engagement and observations, and that all staff required to undertake these are competent to carry out this task.
- For all service users on general observations, the allocated nurse will be responsible for adhering to NICE Guidance 25 for that shift. All service users will have, as a minimum, their whereabouts and well-being identified at each shift handover and each meal as well as the allocated nurse knowing their location throughout that shift. This should be documented in the progress notes.

5.3 Review of Engagement and Observations

- Reassessment of a service user's engagement and observation levels must be undertaken where any changes in the individual are noted or communicated from a carer, family member or other professional. The electronic Observation recoding form must be updated accordingly.
- The nurse in charge will ensure that levels of engagement and observation are adjusted in response to any changing presentation or information in a timely manner, and for communicating any changes to the service user and all staff on that shift.
- A registered nurse may make a decision to increase levels of engagement and observation based on their own assessment. Any reduction in levels will ideally be undertaken by the nurse in charge in consultation with another registered practitioner, where this is not possible the review will be undertaken by the nurse in charge in consultation with other staff on duty. In both instances the rationale for any change will be clearly documented in their electronic health record and the observation form updated accordingly.
- Engagement and observation levels of all service users will be discussed and handed over at each shift handover.
- For general or low level engagement and observation levels a review will be undertaken at a minimum frequency of the teams' multidisciplinary ward reviews.
- All service users on high level or continuous engagement and observation will have this reviewed at least once every twenty-four hours and the review documented in the progress notes.
- Where continuous or multi professional observations continue for up to 3 working days an enhanced clinical review will be required. The review should be undertaken by a senior nurse/manger e.g Matron or Quality Director and will include the following
  - a review of the service users' history
  - the current rationale for the level of observation
  - the use of rapid tranquilisation
  - behaviour support planning
  - the suitability of the care environment
  - consideration of a plan to reduce the levels of observations.

5.4 Engagement and Observation in the Mason 136 Place of Safety

All service users in the 136 Place of Safety will be on a minimum of high level engagement and observation regardless of the duration of their stay in the place of safety.

5.5 Seclusion

If in reviewing a service user's mental state and presentation it is identified that seclusion is required, then the seclusion procedure will be followed.

5.6 Missing Persons / Absent without Leave

If whilst undertaking engagement and observations, a service user is found to be missing from the ward without prior agreement, then the Missing Persons / AWOL Procedure will be followed.

6. Roles and responsibilities

6.1 Executive Director of Nursing and Quality

Is nominated by the Board as the Executive Lead with responsibility for the development and implementation of this policy.

6.2 Ward Managers

Are responsible for ensuring that all their staff are familiar with this policy, and trained in the use of engagement and observations with service users in hospital.

6.3 Nurse in Charge

The nurse in charge of the shift is responsible for ensuring that all staff authorised or delegated to carry out the intervention of engagement and observations are competent to carry out this task. This includes any AHP who is requested to undertake intermittent or continuous engagement and observation of a service user in a therapeutic activity.

6.4 All registered staff

Have a professional obligation and individual accountability for their practice, and are responsible for ensuring they are familiar with this policy, and adhere to it and its associated procedures.

6.5 Delegation to Unregistered Staff and Students

The Registered Nurse remains accountable for the decision to delegate engagement and observation to an unregistered member of staff or student in training, and for ensuring they are sufficiently knowledgeable and competent to undertake the role. Students may only undertake engagement and observation, and escort detained service users alone, following an assessment of their competence by their mentor.

7. Training

The Trust's overarching policy for training is the Learning and Development Policy and this should be read in conjunction with this policy. Attached as appendices to that policy are the Trust's learning and development matrices. These matrices describe the minimum statutory, mandatory and required training for all staff groups in respect of engagement and observation.

The Learning and Development Policy also describes the Trust's arrangements for training, in particular how there are processes in place to ensure staff receive the training they require and how non-attendance is followed up. These arrangements are further supported by management supervision and appraisal processes.

The Trust lead for engagement and observation has agreed the training standard with the Learning and Development Team and training standards have been informed by statutory requirements, professional standards and national best practice.

The Trust lead for engagement and observation participates in a programme of continuous professional development to ensure they remain up to date and keep abreast of developments in this field.

8. Monitoring or audit

The Lead Nurse is responsible for monitoring that the requirements of this policy have been met.

Compliance with this policy will be through an annual healthcare record review of engagement and observation.

Any issues arising from the review and monitoring that will aid and inform wider learning will be communicated via the Trust’s programme of thematic reviews.

Operational managers are responsible for ensuring the quality of practice of staff, and should regularly review the skills of individuals and their ability to carry out tasks and obligations with regard to the process of engagement and observation.

9. References

- Department of Health Mental Health Act 1983: Code of Practice (2015) London: TSO
- NICE clinical guidance for Violence and aggression: short-term management in mental health, health and community settings (2015)

Version History

Version	Date	Revision description	Editor	Status
1.0	Jan 1998	Initial Policy	CC	Approved
1.1	Mar 2001	Policy review	CC	Approved
1.2	Feb 2002	Policy review	CC	Approved
1.3	Apr 2006	Policy review	CC	Approved
1.4	Jan 2009	'Observation & Engagement' and 'Missing Persons' procedures reviewed against CNST Standards and 2007 MHA. Title changed to 'Safe Management of Patients in Hospital Policy' at Integrated governance committee.	CC/JH	Approved
2.0	01 Mar 2011	Approved by Quality and Healthcare Governance Committee	CC	Approved
3.0	01 Nov 2011	Approved with revisions following QHCG Committee	MB	Approved
4.0	09 May 2013	Policy review approved at Quality and Standards Committee	SJ	Approved
4.1	29 Sept 2014	Administrative changes following learning from incidents	SJ	Approved
5.0	19 April 2016	Policy reviewed following changes to Mental Health Act Code of Practice and NICE guidance	SP	Approved