Document Title	Observation Policy
Reference Number	NTW(C)19
Lead Officer	Executive Director of Nursing and Operations
Author(s)	Elizabeth Moody – Group Nurse Director Urgent Care Group Harry Cape – Clinical Nurse Manager
Ratified by	Quality and Performance Committee
Date ratified	20th January 2009
Implementation date	January 2009
Date by which policy to be embedded	January 2010
Version Number	V02.4
Review date	January 2012

Change Control

Date	Version	Reason
Jan 2009	V02	Reviewed Policy
June 2010	V02.1	FT Status Update
28 Jun 10	V02.2	Additional information Page 12 – Section 10.5
March 2011	V02.3	Additional PGN-01 Roycroft Ward and PGN-02 – Beadnell Mother and Baby Unit
Oct 11	V02.4	Business Model Review updates

This policy supersedes

Reference Number	Title
NTW(C)19	Observation Policy – Version 02.3

Observation Policy

Standard appendices attached to the policy		
A	Equality and Diversity impact assessment	14
B	Training Checklist and Needs Analysis	17
C	Audit Monitoring Tool	19
D	Policy Notification Record Sheet	20

Appendices – listed separate to policy	
1	Observation Record
2	Patient Information Leaflet
3	Nurse Competency Assessment

Practice Guidance Notes – listed separate to policy	
OP-PGN-01	Children, Young People and Specialist Service - Roycroft Ward 1-3
Appendix 1	Roycroft Observation Record

OP-PGN-02	Children, Young People and Specialist Service, Beadnall Mother and Baby Unit

1. INTRODUCTION

1.1 The primary aim of observation is to engage positively with the patient; observation should be seen as an integral part of a therapeutic care plan. The purpose of observation is to ensure the safe and sensitive monitoring of the patient's behaviour and mental well being, enabling a rapid response to change, whilst at the same time fostering therapeutic relationships between staff and patient. Patients who are on higher levels of observation may feel restricted and may need highly sensitive specific and sophisticated forms of care.

1.2 The purpose of this policy is to ensure that all in-patients' level of observation within Northumberland Tyne and Wear NHS Foundation Trust (the Trust/NTW) be allocated appropriate to their needs. The clinical risk assessment is the basis for determining levels of observation and applies to both informal and detained patients.

1.3 The policy provides a framework for all in-patients in accordance with their assessed level of risk and identified needs. All categories of observation set out in the policy require that the prescribed level of observations be carried out. The staff member responsible for carrying out the observations must assure themselves at every observation interval that the patient is safe and that all identified risks are minimised.

2. PURPOSE

2.1 The aim of this policy is to ensure a consistent and effective approach to patient observation, engagement and support within inpatient services across the Trust. This policy is based upon recommendations from National Institute for Health and Clinical Excellence (NICE) Guideline 25 (2005) and is intended to address the mental health needs of patients who are considered to be vulnerable or at risk of suicide, self harm or harm to others. The Trust is committed to providing a safe, sound and supportive environment to all patients, visitors and staff. It is recognised that patients may have changing clinical, behavioural and social needs and may require varying degrees of support (including observation) to be offered during these phases.

2.2 This policy sets out the process and procedures for guiding practitioners in making decisions to ensure a safe and therapeutic environment, to facilitate the assessment and management of in-patient's level of observation and the rationale for supporting those decisions.

2.3 In addition the policy sets out the responsibilities of employees (nurses and non nurses) who may be required to observe patients. It is imperative that this policy is read in conjunction with the current safety policies and procedures.

3. DUTIES AND RESPONSIBILITIES

3.1 Managers have a responsibility to:

- Ensure that all staff are made aware of policies and receive appropriate training in their application
- Ensure that policies are implemented and evaluated appropriately
- Ensure that periods of observation are viewed as opportunities for therapeutic engagement and relationship building
- Identify/manage and deploy resources to meet service requirement

3.2 Registered staff have a responsibility to:

- Complete observation care plan for their named patient and for other patients in their care as the need arises
- Inform each patient of the level of observation they have been identified and the reasons for this
- Review any patient's level of observation based on clinical need/risk assessment (increase/decrease)
- Ensure that the observation care plan is implemented
- Ensure that periods of observation are viewed as opportunities for therapeutic engagement and relationship building
- Review the care plan on a regular basis as identified in the care plan
- Complete documentation as specified
- In the absence of Unit Manager to identify, manage and deploy resources (with guidance from on-call personnel if required)

3.3 Non registered staff have a responsibility to:

- Ensure that periods of observation are viewed as opportunities for therapeutic engagement and relationship building
- Be familiar with and implement the observation care plan for each individual in their care
- Complete documentation contemporaneously as specified
- Report any relevant information to assist the effective review of patients' level of observation

3.4 All clinical staff have a responsibility to familiarise themselves with the observation policy and act in accordance with the stated requirements.

3.5 This policy sits within the remit of the Quality and Performance Committee, which is a sub-group of the Trust Board

4. CATEGORIES OF OBSERVATION

4.1 NICE Guideline 25 (2005): 'the short term management of disturbed/violent behaviour in psychiatric in-patient settings and emergency departments' recommends that the following terminology should be adopted across England and Wales. Northumberland Tyne & Wear NHS Foundation Trust will adopt this terminology.

- **General Observation**
- **Intermittent Observation**
- **Within Eyesight Observation**
- **Within Arms Length Observation**

In line with NICE Guidance 25 (2005), observation above a general level should be considered if any of the following are present:

- History of previous suicide attempts, self-harm or attacks on others
- Hallucinations, particularly voices suggesting harm to self or others
- Paranoid ideas where the patient believes that other people pose a threat
- Thoughts or ideas that the patient has about harming themselves or others
- Self control is reduced
- Past or current problems with drugs or alcohol
- Recent loss
- Poor adherence to medication programmes or non-compliance with medication programmes
- Marked changes in behaviour or medication
- Known risk indicators including escape, absconding and going missing from the ward, risk/vulnerability, sexual behaviour
- Patients on adult wards, under age of 18 must be placed within eyesight observation
- This policy should also be considered if any of the following risks are indicated:
    - Physical health conditions
    - Cognitive impairment
    - Risk of falls

4.1.1 General observation

- This is the minimum level for all patients. It will therefore apply to the majority of patients who are considered to be **at low risk** of vulnerability, suicide, self harm or harm of others.
- The patient's care plan and medical notes should specify the time frame at which the general observations should be carried out both during the day and at night **e.g. hourly, two hourly, mealtimes.**

- At least once a shift a nurse should set aside time to review the mental state of the patient and engage positively with the patient and record accordingly.
- An evaluation of the patient's moods and behaviours should be documented following this in accordance with this policy.
- The location of all patients should be known to staff but not all patients need to be kept within eyesight.

4.1.2 **Intermittent observation**

- This level is appropriate for patients '**potentially, but not immediately'**, at risk of disturbed/violent behaviour, vulnerability, suicide, self harm and may include those who have previously been at risk but are in the process of recovery.
- A specific observation care plan is required that details the exact intervals at which the observations should be carried out. This care plan can include individual protective factors which may influence the level or frequency of observations
- An appropriately trained staff member responsible for carrying out intermittent observations over the prescribed period will have an awareness of the patients whereabouts at all times and will observe the patient at specified intervals ranging from **15 to 30 minutes** and document this accordingly.
- To ensure that positive engagement can take place, consideration needs to be given to the number of patients a staff member is allocated to observe at any one time. Consideration also needs to be given to the physical environment and how positively this lends itself to patient observation/engagement.
- Intrusion should be minimised and positive engagement with the patient should take place.
- Leave outside of the ward area should be considered in relation to the Trust's policy NTW(C)03 – Leave, Absence without leave and Missing Persons), however responsibility for observations of the patient remains with a member of Trust staff at all times.

4.1.3 **Within eyesight observation**

- This level would usually be prescribed when the patient is felt to be a **significant risk** of vulnerability, suicide, self -harm or violence towards others and/or at risk of going missing from the ward.
- A specific observation care plan is required. The staff member responsible for carrying out the prescribed observations over the period must document an hourly brief summary of the patient's behaviour and mental state.
- Issues of privacy and dignity, gender and environmental dangers should be discussed and incorporated into the care plan.

- The care plan must stipulate what the observing nurses are required to do to support the individual during these situations.
- Consideration should be given to whether the patient may only require 'within eyesight observation' at specific times or within specific environments; e.g. times, using the bathroom and toilet within specific areas of the ward, this should be based on clinical risk assessment and incorporated into the patients care plan.
- A designated nurse will provide one to one intervention throughout the whole period of prescribed 'within eye sight observation'.
- The responsibility for within eyesight observation must under no circumstances be transferred to family members or friends.
- Leave outside of the ward area should be considered in relation to the Trust's policy NTW(C)03 – Leave, Absence without leave and Missing Persons), however the patient will be escorted at all times by a member of the Trust staff.
- If patients under 18 years of age are admitted to an adult environment they must be placed within eyesight observation or a higher level of observation on admission and for the duration of their stay (as per young people admitted to adult wards policy).

4.1.4 **Within arms length observation**

This level will be prescribed for patient's at the **highest levels of risk** of harming themselves or others and thus need to be nursed in close proximity, however, maintaining a safe distance with regard to management of violence and aggression training/risk assessment and this should be reflected in the care plan.

- A designated nurse will provide a minimum of one to one intervention throughout the whole period of prescribed 'within arms length observation'. On specified occasions more than one member of staff may be necessary to carry out this level of observation. The care plan will stipulate the number of nurses required.
- A specific observation care plan is required. Issues of privacy, dignity and the consideration of gender in allocating staff, and environmental risks need to be discussed and incorporated into the care plan. The staff member responsible for carrying out the prescribed observations over the period must document hourly, a brief summary of the patient behaviour and mental state.
- Consideration should be given to whether observations can be reduced to 'within eyesight' once the patient has retired to bed and is asleep. This should be fully documented in the care plan.
- Leave outside of the ward area should be considered, only in exceptional circumstances in accordance with the appropriate risk assessment in place, in relation to the Trust's policy NTW(C)03 – Leave, Absence without leave and Missing Persons), however the patient will be escorted by a member of the Trust staff at all times

5. GENERAL PRINCIPLES

5.1 Observation is an intervention that is used both for the short-term management of disturbed/violent behaviour and to prevent self-harm (NICE Guidelines 25 2005). The key to all levels of observation is safety and protection from harm and maintenance of well-being. Within the Trust, this policy should be utilised across all clinical settings to support the delivery of effective patient care.

5.2 Levels of observation should be discussed and/or negotiated with the patient and (whilst taking into consideration patient confidentiality and capacity issues) their carer/family wherever possible. Staff must clearly explain the reasons for the level of observation. This will be based on a sound ongoing risk assessment, which is reactive to dynamic risk factors.

5.3 Levels of observation should be based on patient need not driven by financial constraints.

5.4 Consideration should be given to the environment and the activities to assist in determining the nurse patient ratio.

5.5 Intensive engagement and observation of patient may be seen as intrusive, particularly where it is prolonged for many hours. It is important therefore that staff balance the potentially distressing effect against the risk of harm and justify its use by continually assessing the effectiveness of observation in minimising the risk of harm

5.6 The least intrusive level of observation that is appropriate to the situation should always be adopted so that due sensitivity is given to a patient's dignity and privacy whilst maintaining the safety of the patient and/or those around them.

5.7 It may be necessary to search the patient and their belongings, while having due regard for patient legal rights and conducting the search in a sensitive way in order to remove tools or instruments that could be used to harm themselves. (See Trust policy, NTW(C)11 - Search).

6. WHO SHOULD SET THE LEVELS OF OBSERVATION?

6.1 The prescribing of observation levels should, wherever possible, be the result of a joint medical/nursing assessment, though nursing staff may need to initiate a level of observation above general level on admission or following a rapid change in the patient circumstances before discussion with medical staff can take place.

7. WHEN SHOULD OBSERVATION LEVELS BE SET?

7.1 Assessing levels of observation is an integral part of the admission process, however all patients should be allocated a level of observation as soon as they arrive on the ward. All decisions about the specific level of observation should take into account

- The patient's current mental state as outlined in point 3 Categories of Observation
- Any prescribed medications and their effects
- The views of the patient and carer as far as possible
- The name/title of the persons who will be responsible for carrying out the review
- The timing of the review
- Consideration should be given to periods of identified increased risk such as evenings and night; nursing handover periods; following a reduction in the levels of observation; improvement in mood etc and document how specified actions can be taken

8. INFORMING THE PATIENT

8.1 Every effort should be made to inform and explain the level and procedure of observations and any restrictions using a variety of resources. Patients should be offered a copy of their care plan detailing observations and this should also be communicated with the patient's approval to the nearest relative/carer/friend. (Patient information regarding various levels of observation see Appendix 2).

9. RECORD KEEPING

9.1 The observation levels prescribed must be recorded by both medical and nursing entries into the patient record. An individualised care plan should also be drawn up with the involvement of the patient where appropriate.

9.2 The care plan should include:

- Level of observation and exact intervals at which the observation should be carried out
- The reason for observation and any specific times or environments as outlined in this policy
- Identification of risks
- Stipulations of what the observing nurses are required to do in order to support the patient
- Any changes to the level of observation should be amended on the care plan/risk assessment

9.3 The level of observation, including the risk behaviours and factors identified, should also be recorded and signed, as indicated on the Observation Record (Appendix 1). Records of observation should always accurately reflect prescribed levels of observation and regular audit of risk assessment, care plan, observation and evidence of review, should be conducted at ward level to ensure compliance with the policy and that there are no gaps in recording.

9.4 Participating staff will make a brief summary of the patient's behaviour and mental state in accordance with the care plan.

9.5 Patients will be offered a copy of their care plan detailing observations and this should also be communicated with the patient approval to the nearest relative/carer/friend.

9.6 For arms length observation there should be, on a daily basis, a minimum of 3 documented summaries regarding the patient's presentation in the patient's notes (minimum of 2 during the day and 1 at night).

10. WHO SHOULD CARRY OUT OBSERVATION

It is the responsibility of the nurse-in-charge to ensure that observations are carried out according to the agreed level. The staff member responsible for carrying out within eyesight and within arms length observation will usually:

- Be a Registered Nurse or a Support Worker or a final year student nurse who has been deemed competent by the Nurse in Charge. Appendix 3 must be completed for all bank/agency staff in all cases
- The patient's views and needs should be taken into account when allocating staff to undertake observations
- The multidisciplinary team will review levels of observations and plan for occasions when non-registered staff are expected to be responsible to carry out observations

11. CARRYING OUT OBSERVATION

11.1 Observation usually involves a number of nurses, with care being handed over at intervals. Excellent communication amongst staff must be maintained.

- At the beginning of each shift, the nurse-in-charge shall inform and ensure that all members of the ward team, who are involved in observations with a patient, understand the procedure, in terms of who is being observed at what level, and why. During the handover each patient's mental state will also be reviewed, identifying potential risks and attitudes towards the prescribed level of observation
- Before taking over the patient's observation, each nurse will have familiarised themselves with the patient care plan, current risks and individual needs
- Although difficult, where possible a handover from one nurse of staff member to another should involve the patient so that they are aware of what is being said about them

11.2 The member of staff undertaking observation:

- Should take an active role in engaging positively with the patient
- Should be appropriately briefed about the patient's history, background, specific risk factors and particular needs
- Should be familiar with the ward, the ward policy for emergency procedures and potential risk in the environment

- Should be approachable, listen to the patient, know when self-disclosure and the therapeutic use of silence are appropriate and be able to convey to the patient that they are valued

11.3 If the nominated staff member cannot continue the observation for any reason, he/she will be responsible for notifying the nurse-in-charge, whilst maintaining the patient's safety who will ensure that another member of staff carries out the observation.

11.4 When observing patients staff should be assessing changes in the patient:

- General behaviour
- Movement
- Posture
- Speech
- Expression of ideas
- Appearance
- Orientation
- Mood and attitude
- Interaction with others
- Reaction to medication
- Level of consciousness
- Cognitions

11.5 The purpose is not just visual observation but also about listening and assessing behaviours and reactions and passing this information to other members of the multi-disciplinary team to ensure a dynamic process.

11.6 Staff should also be aware of the other team members' current duties/locations and how to gain rapid access for assistance if required.

11.7 All staff should be aware that the person carrying out the observations should offer therapeutic engagement and interventions. Staff should also aim to empower the patient and not restrict their movement unnecessarily.

11.8 Wherever possible staff should not undertake continuous periods of observation above the general level for longer than 2 hours unless this is specifically identified within the care plan of the individual patient.

12. REVIEWING LEVELS OF OBSERVATION

12.1 Throughout a patients stay, the level of risk will be determined, and the appropriate observation levels prescribed accordingly. Any member of the multi-disciplinary team can raise the need for further consideration of the necessary level of observation of a patient at any time.

12.2 Observation levels will also be reviewed at the Clinical Team Meeting by the Consultant Psychiatrist (or designated deputy - * as of 3rd November 2008, this could be known as 'the responsible clinician') and nursing staff in conjunction with other members of the multidisciplinary team.

12.3 Where a patient is subject to a level of observation above general, the continued need for this should be reviewed at a minimum of every 24 hours, or more frequently if required by the nurse-in-charge and a doctor and documented in the patient's notes. For services where medical staff are not

readily available at weekends, a review can be undertaken by the nurse in charge. Under such circumstances this will be agreed in advance by the Multi-Disciplinary Team (MDT) and recorded in the care plan.

12.4 Any decision to increase levels of observation should be made by the multi-disciplinary team wherever possible, however, where necessary qualified nursing staff have the authority (and professional duty) to increase the level of observations in response to urgent changes in need, state, or condition. The increase in the level of observation should be communicated to the patient and to the psychiatrist/on call doctor as soon as practicable or necessary by the nurse in charge.

12.5 Decisions to reduce the level of observation will normally be taken jointly between the patient's Consultant Psychiatrist (or designated deputy – * or responsible clinician) and a first level Registered Nurse. **Nursing staff can not reduce the level of observation without the agreement of the Consultant Psychiatrist/Designated Deputy/Responsible Clinician**

12.6 Whenever the level of observation has been reviewed a rationale should be recorded in the patient's notes by a member of the multi-disciplinary team involved in decision making and the patient's individualised care plan by the nurse-in-charge. Wherever the level of observation changes, a new Observation Record should be used and a record of review documented in the patient's notes. The nurse-in-charge should also ensure the rest of the care team are informed of the change in the level of observation.

13. CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS

13.1 The consultation of this policy has been carried out in line with Section 7 within the Trust's policy, NTW(O)01 – Development and Management of Procedural Documents

14 APPROVAL AND REVIEW OF DOCUMENT

14.1 This policy has been approved by the Quality and Performance Committee, which is a sub group of the Trust Board and will be reviewed on a 3 yearly basis unless by exception, i.e. due to change in legislation or standards etc.

15. POLICY ADMINISTRATIVE PROCESS

15.1 The development, consultation and dissemination of this policy have been undertaken in accordance with the Trust's policy, NTW(O)01, Development and Management of Procedural Documents and in conjunction with the policy administration process.

15.2 It has been circulated within the Chief Executive weekly bulletin via a link to the Trust clinical and nursing policy bulletin and is available on the Trust Intranet site and also from policy administration.

15.3 Archiving of this policy will be in accordance with the Trust's policy, NTW(O)01, Development and Management of Procedural Documents.

16. EQUALITY IMPACT ASSESSMENT

16.1 In conjunction with the Trust's Equality and Diversity Officer this policy has undergone an Equality and Diversity Impact Assessment which has taken into account all human rights in relation to disability, ethnicity, age and gender. The Trust undertakes to improve the working experience of staff and to ensure everyone is treated in a fair and consistent manner.

17. TRAINING

17.1 Observing patients at risk is a highly skilled activity. The Trust will ensure that all staff (qualified, unqualified, other clinical staff and bank and agency staff) has access to appropriate levels of training, it is the responsibility of each Group Director to ensure staff attend. Levels of training are identified in the training needs analysis (see Appendix B) and are included within the Essential Training Guide which forms part of NTW(HR)09–Joint Development and Review Policy, Practice Guidance Notes. Essential components of adequate training include:

- Risk assessment
- Developmental Issues and their influence on risk assessment
- Management and engagement of patients at risk of harming self and others
- Service specific issues
- Factors associated with self harm/harm to others
- Indications for observation
- Levels of observation
- Attitudes to observation
- Therapeutic opportunities in observation
- Roles and responsibilities of the multi-disciplinary team in relation to observation
- Making the environment safe
- Recording observation
- The use of reviews and audit (SNMAC, 1999)

18. EMBEDDING

18.1 This will be monitored by the Quality and Performance Committee during the review process. If at any stage there is an indication that the target date cannot be met, then the Quality and Performance Committee will consider the implementation of an action plan.

19. MONITORING COMPLIANCE AND EFFECTIVENESS

19.1 Audit of observation should be facilitated at ward level. A minimum data set would include:

- Reason for observation
- Specific level, or levels of observation
- Length of time observed
- Any untoward incidents

19.2 Random samples of observation records should be examined by managers and monitored for compliance to the policy.

19.3 See Appendix C

20. STANDARD/KEY PERFORMANCE INDICATORS

20.1 The Healthcare Commission require assurance and information relating to the observation policy within the Trust. Information maybe considered by the NHS litigation authority. Key performance indicators within service specifications maybe outlined relating to the observation policy, it is therefore required that records/procedures are maintained as specified within the observation policy.

21. FAIR BLAME

21.1 The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be taken.

22 POLICY LEAFLETS FOR OBSERVATON

22.1 Any information given to patients needs to be in an accessible format, accurate and 'branded' correctly. Northumberland, Tyne and Wear NHS Foundation Trust (the Trust) follows the process around production of this information as outline in the Trust's policy, NTW(O)03 – Accessible Information for Patients, Carers and Public.

http://nww1.ntw.nhs.uk/services/?id=2052&p=2780&sp=1

22.2 Patient Information leaflets will be reviewed every 2 years with the exception to those documents which are reviewed on an annual basis. However, should there be any changes in legislation or practice; all documents will be reviewed immediately irrespective of review date.

23. ASSOCIATED DOCUMENTATION

- NTW(O)01 Development and Management of Procedural Documents.
- NTW(O)05 Incident Policy and practice guidance notes

- NTW(C)03 Leave, Absence without Leave and Missing Persons
- NTW(C)11 Search Policy
- NTW(C)16 Recognition, Prevention & Management of Aggression & Violence
- NTW(C)48 Care Coordination / Care Programme Approach for Children and Young People Specialist Service

- NTW(HR)09 Joint Development and Review Policy, Practice Guidance Notes

24. REFERENCES

DOH 1998	Modernising Mental Health Services: Safe Sound and Supportive
HMSO 1999	Mental Health Act, Code of Practice
SNMAC 1999	Standing Nursing and Midwifery Advisory Committee, Addressing Acute Concerns – Report by the SNMAC
Morgan, S 2000	Clinical risk management – a clinical tool and practitioner manual, Sainsbury Centre for Mental Health
NICE Feb 2005	The short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency department.
NIMHE	National Institute for Mental Health in England Preventing Suicide: A toolkit for mental health services

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Appendix A

Equality and Diversity Impact Assessment Screening Tool

Names of Individuals involved in Review	Date of Initial Screening	Review Date	Service Area / Directorate
Christopher Rowlands	August 2007	February 2008	Trustwide
		January 2012	
Policy or Service to be Assessed **NTW(C) 19 Observation Policy- Version 02**		Is this a new or existing Policy or Service?	Existing ✔

Describe the aims, objectives or purposes of the Policy or Service	**The aim of this policy is to ensure a consistent and effective approach to patient observation, engagement and support within inpatient services across the Trust. This policy is based upon recommendations from National Institute for Health and Clinical Excellence (NICE) Guideline 25 (2005) and is intended to address the mental health needs of patients who are considered to be vulnerable or at risk of suicide, self harm or harm to others. The Trust is committed to providing a safe, sound and supportive environment to all patients, visitors and staff. It is recognised that patients may have changing clinical, behavioural and social needs and may require varying degrees of support (including observation) to be offered during these phases.**
Are there any associated objectives of the Policy or Service? If so what are they?	**This policy needs to be implemented, read and understood within the context of:** • **Relevant Serious Untoward Incident Policy** • **NTW(C)16 - Recognition, Prevention and Management of Aggression & Violence** • **NTW(C)03 - Leave of Absence Policy**
Does the policy unlawfully discriminate against equality target groups?	**No but there is considerable opportunity for differential impact between equality strands.**
Does the policy promote equality of opportunity for equality target groups?	**There is considerable opportunity for differential impact between equality strands.**
Does the policy or service promote good relations between different groups within the community, based on mutual understanding and respect?	**There is a possibility that the implementation of the policy could be detrimental to good relations between different groups within the community based on mutual understanding and respect.**

Equality and Diversity Impact Assessment Screening Tool

Which equality target groups of the population do you think will be affected by this policy or function?

Equality Target Group (code in bold type)	What positive and negative impacts do you think there may be for each equality target group(s)?
Black and Minority Ethnic People (including gypsy/travellers, refugees and asylum seekers) **BME**	**Dignity, privacy and respect issues for patients being observed within eyesight and arms length Will be a need for presence of translated material and or interpreter, need for advocacy to negotiate level of observation**
Women and Men **WM**	**Dignity, privacy and respect issues for patients being observed within eyesight and arms length**
People in Religious/Faith groups **RF**	**Dignity, privacy and respect issues for patients being observed within eyesight and arms length – especially an issue at prayer time. What will be a suitable observation time for patient during Ramadan? – clearly not meal time**
Disabled People **DP**	**Dignity, privacy and respect issues for patients being observed within eyesight and arms length. For patients with a learning disability easy-read material explaining the reasons for the level of observation should be prepared. Advocates will need to be available. Material will need to be prepared in a variety of accessible formats for people who have visual impairments. Deaf people will need an interpreter present throughout the observation period for the clinician to effectively observe and engage therapeutically.**
Older People **OP**	**Dignity, privacy and respect issues for patients being observed within eyesight and arms length. Accessible information will need to be produced to meet the needs of those with dementia. Need for advocacy**
Children **C**	**Dignity, privacy and respect issues for patients being observed within eyesight and arms length, suitability of presence on an adult ward.**
Young People **YP**	**Dignity, privacy and respect issues for patients being observed within eyesight and arms length, suitability of presence on an adult ward.**
Lesbian Gay Bisexual and Transgender People **LGBT**	**Dignity, privacy and respect issues for patients being observed within eyesight and arms length**
People involved in the criminal justice system **CJS**	**NA**
Staff **S**	**Clear support and training required for staff**
Any other group(s) **AOG**	**NA**

Equality and Diversity Impact Assessment Screening Tool

Screening Tool Checklist – Summary Sheet	
Positive Impacts (Note the code of groups affected)	**Negative Impacts** (Note the code of groups affected) **All equality strands have potential for a negative differential impact.**

Additional Information and Evidence Required

There is the need for clear guidance of how issues of privacy, dignity and respect will be dealt with whilst conducting observation. There is the need to consider what will happen in a situation where the only suitably qualified person to observe is not deemed to be acceptable to the patient.

NICE CG25 (2005) pg68 recommends: 'Qualitative and survey research is needed to examine service users' (including BME groups) views in the … use of observation … in adult psychiatric in-patient settings and in emergency settings. NTW's policy will benefit from such an exercise taking place.

Generally – in line with NICE guidance, the policy needs more detail on how service users' perspectives will be taken into account.

Recommendations

Pragmatically the Trust is required to have an observation policy in place; therefore the normal recommendation in such circumstances of delaying implementation until a full assessment is conducted is not acceptable. **The Equality and Diversity Officer therefore recommends that a Full Assessment takes place in time for the review date of the policy – January 2012**

From the outcome of the Screening, have negative impacts been identified for race or other equality groups?

Yes

If yes, has a Full Impact Assessment been recommended? If not, why not?

A Full Impact Assessment has been recommended.

Christopher Rowlands: **Date: January 2009**

Appendix B

Communication and Training check list

It is the responsibility of the accountable committee to ensure a full review of any training implications has been undertaken prior to the ratification of any policy.

What is the change in knowledge or skills required to achieve the differences that this policy has been designed to deliver for the organisation?	Staff required to carry out patient observation should be aware of NTW Observation policy including levels of observation issues relating to patient engagement and written records required.
Are the communication/training needs required to deliver the changes necessary by law, by national/local standards? If yes, define the requirement(s). What does the organisation actually have to do?	Local standards and NICE Guidelines recommendations
For which staff groups is the communication/training need required?	ALL ward based clinical staff who are liable to carry out patient observations plus staff (e.g. medical) involved in making decisions around observation levels.
What levels of understanding are required e.g. awareness of policy, understanding of new responsibilities/skills?	Staff will be trained to safely carry out patient observation and complete relevant documentation
What means of delivery would be most appropriate e.g. team briefs, management cascade, e-bulletin etc?	CEO Bulletin Local Ward/Unit Induction Newly Qualified Orientation Programme Cascade
Who will be the person responsible for liaising with Communications and the Training and Development Departments?	Executive Director of Nursing and Operations

Should any advice be required in respect of answering the above questions contact:
Individual Development -Tel: 0191 223 2309

Appendix B - continued

Training Needs Analysis

	Service Area	Staff / Professional Groups	Level of Training	Frequency of Training
	ALL Trust Directorates	All professionally qualified and unqualified clinical staff	Knowledge of all properties and key components of NTW(C)19 Observation Policy	3 yearly or until policy is reviewed

Should any advice be required in respect of answering the above questions contact:
Individual Development - Tel: 0191 223 2309

Appendix C

Audit and Monitoring Tool

Statement

The Trust will work towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance regular audits must be carried out. Policy authors are encouraged to attach audit tools to all policies. Audits will need to question the systems in place as outlined in the policy. It is suggested that between five and eight measurable standard statements be listed, which can then be audited in practice and across the Trust.

NTW(C)19 - Observation Policy				
Standard Statement			**Yes**	**No**
Statement 1	Documentation relating to patient observation and engagement will adhere to the Trustwide Observation Policy			
Statement 2	At Ward level competency records will be completed for all new staff – 3rd year nurisng students, and bank and agency staff working on the wards			
Statement 3	Training records will be maintained of all staff who have attended observation policy awareness and training			
Statement 4	The policy notification sheet regarding the observation policy will be available at ward level for monitoring purposes			
Statement 5	Staff will attend a three yearly training programme			
Statement 6	Patient observation records demonstrate clearly the level of observation prescribed and an individual care plan has been drawn up in line with record keeping standards			

The author(s) of each policy to complete the audit/monitoring template and ensure that the results are taken into consideration by the accountable committee at each review date.

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Appendix D

Policy notification record sheet

Policy number	NTW(C)19
Policy title	Observation Policy
Date issued	Oct 11 – V02.4- Business Model Review updates
Date of implementation	Oct 2011
Directorate/Service/Ward/Department	
Received by	
Date received	
Date placed in policy file	

I have read the above policy and understand its contents.

Name (print)	Signature	Designation	Service/Ward/Dept.	Date

This form is to be kept up to date at all times to act as a clear record that all relevant staff have received notification of the existence of the above policy, that they have read it and understood its contents. Form to be retained in the policy file in front of the policy specified.

Policies and policy index lists are available via Trust Intranet. Index lists are continually updated and current lists should be retained in the front of policy files.