

Policy Group: Clinical
Version no.: 2.1
Date of issue: March 2023
Approved by: Executive Team

Enhanced Support Policy

1. Policy Summary / Statement

St Andrew's Healthcare recognises the importance of employing safe, therapeutic and least restrictive measures to manage clinical risk, in keeping with the guiding principles of the Mental Health Act (1983) and Code of Practice (Section 26.28-26.35) and as such continued observations by definition are a form of restrictive interventions and therefore must comply with the Human Rights Act 1998.

This policy is based on National Guidance on patient observation, issued by the National Institute for Health and Clinical Excellence¹. The Patient Safety Observatory at the National Patient Safety Agency has published evidence that good observation can prevent death or serious harm².

Prior to any decisions made regarding patients observation levels clinicians should refer to the Code of practice guiding principles in ensuring patients' independence is maximised and least restrictive options are applied at all times.

In accordance with the Code (26.50) staff must also ensure that for any informal patients receiving observations, the restrictions imposed do not amount to a deprivation of liberty.

The overriding principle is that enhanced support is a skilled intervention to be employed as a last resort for the briefest period necessary in order to manage identified clinical risk that cannot be managed by any other means.

Staff should be aware of the location of all service users for whom they are responsible, but not all service users need to be kept within sight if they are not considered to present a serious risk of harm to themselves or others. (CoP 26.28)..

At least once during each shift a nurse should set aside dedicated time to assess the mental state of, and engage positively with, the service user. As part of the assessment, the nurse should evaluate the impact of the service user's mental state on the risk of violence and aggression, and record any risk in the notes.

There may be times when enhanced levels of observation are required for the short-term management of behavioural disturbance or during periods of distress to prevent suicide or serious self-harm. Enhanced observation is a therapeutic intervention with the aim of reducing the factors which contribute to increased risk and promoting recovery. It should focus on engaging the person therapeutically and enabling them to address their difficulties constructively (eg through sitting, chatting, encouraging/supporting people to participate in activities, to relax, to talk about any concerns etc) (CoP 26.30).

Levels of enhanced support

Staff in inpatient psychiatric wards (including general adult wards, older adult wards, psychiatric intensive care units and forensic wards) should use the following definitions for levels of observation.

General Support: the baseline level of observation in a specified psychiatric setting. The frequency of observation is once every 60 minutes.

Intermittent Enhanced Support: 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 within every 5, 10, 15 or 30 minutes. For example, if a patient is within 15 minute enhanced support the patient could be checked at 1001, 1013, 1024 etc. All observations must be carried out intermittently; this means the observation must be done at unpredictable intervals, no longer than the time period specified.

Continuous Enhanced Support within Eyesight: usually used when a service user presents an immediate threat and needs to be kept within eyesight of a designated one-to-one staff member, with immediate access to other members of staff if needed.

Continuous Enhanced Support within Arms Reach: usually used when a service user is at the highest risk of harming themselves or others and needs to be kept within arm's length of at least 1 staff member.

Using enhanced support

Use enhanced support only after positive engagement with the service user has failed to dissipate the risk of [violence and aggression](#), or any attempts to mitigate risk from physical health concerns, absconding or risk of falls have been explored.

Recognise that service users sometimes find enhanced support provocative, and that it can lead to feelings of isolation and dehumanisation.

Use the least intrusive level of enhanced support necessary, balancing the service user's safety, dignity and privacy with the need to maintain the safety of those around them.

Give the patient information in a format that is understandable for the patient about why they are under enhanced support, the aims of observation, how long it is likely to last and what needs to be achieved for it to be stopped. The information shared must be clearly documented. If the service user agrees, tell their [carer](#) about the aims and level of enhanced support.

Record decisions about enhanced support levels in the service user's notes and clearly specify the reasons for the enhanced support.

When deciding on levels of enhanced support take into account:

- the service user's current mental state
- any prescribed and non-prescribed medications and their effects
- the current assessment of risk

- any risks that may be posed to the staff members undertaking the enhanced support
- the views of the service user, as far as possible.

Record clearly the names and titles of the staff responsible for carrying out a review enhanced support levels and when the review should take place. Consideration should also be made to the profession and grade of staff best placed to undertake the enhanced support, while also taking into consideration factors such as gender, ethnicity, sexual identity and age.

Staff undertaking enhanced support should:

- take an active role in engaging positively with the service user
- be appropriately briefed about the service user's history, background, specific risk factors and particular needs
- be familiar with the ward, the ward policy for emergency procedures and potential risks in the environment
- be approachable, listen to the service user and be able to convey to the service user that they are valued.
- Know and understand the patients enhanced support care plan
- At no point be assigned additional duties when they are assigned to be undertaken enhanced support

NICE (2015) guidance states “Ensure that an individual staff member does not undertake a continuous period of enhanced above the general level for longer than 2 hours. If observation is needed for longer than 2 hours, ensure the staff member has regular breaks”. (NICE 1.4.20)

In specific individual cases it may be appropriate for the rotation of staff on continuous enhanced support to occur less frequently than as advised by NICE to support the specific needs of the individual. In these occasions the enhanced support care plan should clearly reflect the clinical justification for this decision with detail on the rotation of staff included.

When handing over to another staff member during a period of enhanced support, include the service user in any discussions during the handover if possible.

Tell the patient's Responsible/Approved Clinician or on-call doctor as soon as possible if enhanced support above the general supports level is carried out.

Responsibilities

Charity Board of Directors	Is responsible for overseeing the reduction of restrictive practice within its services, recognising that enhanced support should only be used for the least amount of time clinically required. Has a responsibility for ensuring there is an appropriate and adequate infrastructure to support the necessary safe observation and engagement of patients, and that patients are safeguarded and their equality and human rights are not compromised.
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Director of Nursing	Accountable to the Board for the development, consultation, implementation and monitoring of compliance with this Policy, which promotes safe, supportive observations, engagement of patients and safeguards against unnecessary use of restrictive practice.
Divisional Leadership Team	Have operational responsibility for divisional compliance with this Policy and will ensure mechanisms in place within each division for: <ul style="list-style-type: none"> - Identifying and developing resources within the division to safely deliver this Policy. - Ensuring all clinical staff with responsibility for prescribing and carrying out enhanced support receive orientation to the content of this Policy. - Monitoring the division's compliance and consistent application of the
Responsible Clinician	The Responsible Clinician has a legal and professional responsibility for the care and treatment of their patients. They are responsible for ensuring: <ul style="list-style-type: none"> - That the MDT develop a fully documented SPJ risk assessment (e.g. HCR20, RSVP, START) and PBS plan. - That the ESCP fully outlines the risks and needs requiring enhanced support and that reviews take place as per review section.
Nurse Manager/ Ward Manager	Nurse Managers/ Ward managers are responsible for ensuring that at the point of commencement of enhanced support they agree the staff resourcing level required to mitigate risk. They must assign appropriate resources to provide safe and high quality care.
MDT members	MDT members are required to maintain their therapeutic input for patients on enhanced support where appropriate. This should be risk assessed and in line with the patient's ESCP. During the patient's Care Plan Update Meeting and Enhanced Support Review, the MDT should consider altering activities to meet the patient's needs. This will allow a patient on enhanced support to continue to benefit from therapeutic input, to make progress and reduce their levels of risk. MDT reviews of enhanced support should be carried out at least weekly They must consider how enhanced support can be carried out in a way that respects the individual's privacy as far as practicable and minimises any distress. Social Work & Advocacy: Where enhanced support has been initiated to manage the patient's vulnerability and associated risk, the team Social Worker will support staff to develop a plan to manage this risk and will ensure that the patient has access to advocacy as appropriate. Where it is appropriate to do so, the Social Worker will liaise with family members and case managers within the limits of confidentiality. This will be determined by the team on an individual patient basis.
Duty Doctor	The Duty Doctor is responsible for responding to any request made out of hours by the Nurse in Charge for a review of a patient's enhanced support.
Ward Specialty Doctor	The Ward Specialty Doctor is responsible, along with the Consultant Psychiatrist (RC) for ensuring that there are medical reviews of Enhanced Support.

Service Bleep Holder	<p>The Service Bleep Holders are responsible for supporting the ward in the allocation of resources.</p> <p>They are also responsible for making decisions about staffing on the commencement of Enhanced Support out of hours.</p>
Clinical Directors/ Heads of Nursing	<p>Clinical Directors are responsible for effective clinical governance arrangements that ensure enhanced support is utilised only when indicated and for the briefest period necessary to manage the risk identified.</p>
Nurse in Charge	<p>The Nurse-in-Charge should ensure that patients' risks are communicated to the Nurse Manager, MDT and Ward team in a timely manner.</p> <p>They are responsible for identifying which staff (profession and grade) are best placed to carry out enhanced observation and under what circumstances it might be appropriate to delegate this duty to different members of the clinical team.</p> <p>They are responsible for agreeing resource levels with the Bleep Holder, Clinical Nurse Leader or Nurse Manager at the commencement of enhanced support and should allocate staff duties to cover the enhanced support throughout their shift. They should take account of the patient's individual characteristics and circumstances (including factors such as ethnicity, sexual identity, age and gender) when deciding who should undertake enhanced support for specific patients.</p> <p>They should communicate reasons for enhanced support and level of enhanced support to the patient and issue them with the Enhanced Support Patient Leaflet if appropriate.</p> <p>They should also initiate completing the Enhanced Support Care Plan with the patient looking at possible ways to reduce enhanced support when appropriate. They should ensure that care plans appropriately identify the required level of observation.</p> <p>They should complete a risk assessment for each patient on Enhanced Support. They should regularly assess the patient's need to remain on enhanced support and record this on the patient's electronic record.</p> <p>The Nurse-in-Charge should ensure that all nursing reviews are undertaken in line with the policy. They are also responsible for ensuring that all necessary enhanced support documentation is completed and recorded as per policy and is linked to the patients care plan.</p>

Staff undertaking enhanced support	<p>Staff should know the patient and follow the ESCP, which has been created together with the patient in line with their needs and risks.</p> <p>Their therapeutic engagement with the patient should be consistent with the ESCP.</p> <p>Staff must inform the Nurse-in-Charge immediately if they have concerns and/or do not feel suitably competent or confident to carry out a patient's Enhanced Support.</p> <p>For continuous enhanced support, observing staff must document the patient's mental state, risk indicators and engagement on an hourly basis. This must be done on the paper form and signed by staff, which will serve as the basis for the completion of the ES support record on RiO</p> <p>Staff undertaking enhanced support are responsible for completing the Enhanced Support Record form accurately, documenting any relevant information that would assist the effective review and management of the patient's needs. This must be done as contemporaneously as possible.</p>
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2. Links to Procedures

Enhanced Support Procedure

Policies and procedures available via the Policy A-Z:

[Policies - Policies - A-Z \(sharepoint.com\)](#)

3. Monitoring and Oversight

QSG will provide oversight of the Policy/Procedure and review performance against the Policy.

4. Diversity and Inclusion

St Andrew's Healthcare is committed to *Inclusive Healthcare*. This means providing patient outcomes and employment opportunities that embrace diversity and promote equality of opportunity, and not tolerating discrimination for any reason

Our goal is to ensure that *Inclusive Healthcare* is reinforced by our values, and is embedded in our day-to-day working practices. All of our policies and procedures are analysed in line with these principles to ensure fairness and consistency for all those who use them. If you have any questions on inclusion and diversity please email the inclusion team at DiversityAndInclusion@standrew.co.uk.

5. Training

All clinical staff must undertake the mandatory eLearning module and successfully pass the competency assessment.

Clinical new starters should also attend the face to face Enhanced Support session included in the Local Induction Programme

Enhanced Support competencies are also included within the Clinical Risk Management booklet.

6. References to Legislation and Best Practice

National Institute for Health and Care Excellence (2015) *The Short Term Management of Disturbed/Violent Behaviour in mental health, health and community settings Updated edition NG10*. [Online] Available from:
<http://www.nice.org.uk/guidance/ng10/resources/violence-and-aggression-shortterm-management-in-mental-health-health-and-community-settings-1837264712389>
[Accessed 20/07/2015]

Department of Health (2015) *Mental Health Act 1983: Code of Practice*. [Online] Available from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/435512/MHA_Code_of_Practice.PDF [Accessed 20/07/15]

7. How to request a Change or exception to this policy

Please refer to either the [Policy and Procedure Update Application Link](#)
Or the exception process [Policy and Procedure Exception Application Link](#)

8. Key changes - please state key changes from the previous version of the policy

Version Number	Date	Revisions from previous issue
1.0	August 2019	Replaces CRM 23 Enhanced Support Policy. After a governance review, now have a short policy stating the 'what' and procedure describing the 'how'.
1.1	March 2020	Minor corrections
2.0	March 2022	Simplified to make the process easier to understand. Revised to only include requirements from NICE and Code of Practice.
2.1	March 2023	Revised the wording for intermittent observations to ensure this is clear.