University Hospitals of Leicester NHS
NHS Trust

Enhanced Patient Observation

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Trust Lead:	Wendy Clarke – Lead Nurse Enhanced Patient Observation
Board Director Lead:	Julie Hogg Chief Nurse
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Changes since review

December 2024 is a new policy and replaces the Policy for the Assessment and Management of Altered Behaviours.

KEY WORDS

Enhanced Patient Observation, Behaviour, Aggression, Agitation, Challenging, Delirium, Dementia, Restraint, Security, Restrictive Intervention, Meaningful Activity, 1:1, one-to-one, Specialing, Avoiding Falls Level of Observation (AFLOAT)

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester NHS Trust's (UHL) Policy and Procedure for providing an Enhanced Patient Care approach and Meaningful Activity to all patients who require this level of care within adult inpatient settings. It provides a robust framework to ensure a consistent approach when requesting enhanced patient observation across the organisation (Appendix A).

1.2 Some patients require more than a general level of observation; patients with a cognitive impairment can often be at risk of harm to themselves or others, e.g. they

have behaviour that is challenging or are at risk of falling and sustaining an injury. The terminology used for this is Enhanced Patient Observation (EPO), previously referred to as one-to-one, 1:1, or specialing.

1.3 The Enhanced Patient Care approach has been designed to help the Registered Nurse give clear direction to the members of staff providing enhanced care about risks and appropriate responses to the patient.

Patients who are at risk of self-harm to themselves or others are also supported by this document. Patients who are detained under the Mental Health Act please also refer to the Detention of Patients Under the Mental Health Act Policy

Enhanced Patient Observation Health Care Support Workers get to know the person through individualised therapeutic interactions and meaningful activities that offer reassurance and respond appropriately to their behaviour. This ensures that the care provided is the least restrictive and undertaken in a meaningful, person-centred way.

In some circumstances it may be necessary for Security to monitor high risk patients.

Non-EPO Sites and CMGs that are not under the direct supervision of the EPO team can still follow the guidance and criteria to support patients requiring enhanced care. However non-EPO sites and CMGs may have a different referral process. Requesting enhanced support via the bank team may mean that the staff member does not have the enhanced skills and training that the EPO corporate team have.

1.4 The Adult Inpatient Wards in Acute Hospitals and Adult Acute Assessment Units Safer Nursing Care Tools (SNCT) are referenced throughout the policy (the Shelford Group, 2023). Due to the (SNCT) licencing agreements between UHL and Imperial Innovations Ltd.; this report is forbidden to be shared externally from UHL due to SNCT references and citations.
All requests to share externally must seek approval from Chief Nurse and Assistant Chief Nurse for Workforce; who will review the ask and liaise with the National Deputy Director CNO Safer Staffing Faculty.

2 POLICY SCOPE –WHOM THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

2.1 This Policy applies to all adults receiving inpatient care, including those in the Emergency Department displaying challenging behaviour who are in a stable condition but require additional intervention to mitigate risk and maintain safety.

2.2 This Policy excludes patients who are displaying violent or aggressive behaviours towards staff or others, where there is no cognitive impairment due to a disturbance in their brain or mind. In those circumstances, staff must refer to the Trust's 'Policy for Preventing and Managing Violence and Aggression in UHL

3 DEFINITIONS AND ABBREVIATIONS

3.1 Enhanced Patient Observation

Patients who are in a stable condition but are requiring additional intervention to mitigate risk and maintain safety. Where the level of observation is increased to maintain the safety and well-being of the patient, patients may require enhanced levels of observation associated with the Safer Nursing Care Tool (SNCT) care level's 0, 1b, 1c and 1d (the Shelford Group, 2023). The level of observation will be determined

through a risk assessment process and will continue to be reviewed on a regular basis to ensure the most appropriate level of observation is in place at any given time.

3.2 General Level of Observation

SNCT care level 0 is defined as “Hospital Inpatient Needs met by provision of normal ward cares” (the Shelford Group, 2023); correlating this definition to enhanced patient observation; the behaviours of the patient are predictable and the patient is actively involved with maintaining their own safety. Patients in this group will be managed within the ward nursing team establishment. See Appendix B for a full description.

3.3 Enhanced Patient Observation (associated to SNCT Level 1b)

This level of enhanced patient observation is required when a patient displays **infrequent, unpredictable,** unsafe behaviour towards themselves, others and/or the environment or is at avoidable risk of moderate levels of harm. As per the SNCT care level 1b descriptor “Patients requiring intermittent or within eyesight observations according to local policy”. The enhanced patient observation provision can be met by the placement of the patient within the ward area (e.g., closer to the nursing station) and/or tag nursing; a term used to describe how staff can permanently observe a bay of patients, when a staff member leaves the bay for clinical or personal reasons, another staff member is 'tagged' into the bay and continues the observation process. There may be a requirement for additional support for these patients above the nursing establishment numbers if the ward is unable to keep the patient within line of sight intermittently. See Appendix B for a full description.

3.4 Enhanced Patient Observation (SNCT Level 1c)

Continuous enhanced observation is required when the patient requires continued regular intervention or if the patient is likely to harm themselves or others seriously (this is commonly referred to as 1:1 or specialing). Patients requiring this level of support will display **frequent, unpredictable,** unsafe behaviours towards self, others and/or the environment or are at avoidable risk of significant levels of harm. As per the SNCT care level 1c descriptor “Patients requiring arm’s length or continuous observation as per local policy”. There may be a requirement for additional support for these patients above the nursing establishment numbers if the ward is unable to support. For patient’s requiring two or more members of staff for enhanced patient observation, this would be categorised as SNCT care level 1d “Patients requiring arm’s length or continuous observation by 2 or more members of staff (provided within ward budget) as per local policy”. See Appendix B for a full description.

3.5 Enhanced Patient Observation – Health Care Security Officers

This level of enhanced care observation is provided by security staff as there is an identified high risk to patients, staff, or the environment due to the need for immediate intervention.

Security Staff providing EPO support will be supported by the Registered Nurse for the patient's specific and personal needs. The Security Team Leader will support with the required number of guards to support the patient and with regular breaks.
The responsibilities of the Security Team will ensure:

- The Health Care Security Officer (HCSO) is provided with regular

breaks.

- The care plan of enhanced observation is adhered to (appendix F)
- The behaviour chart is completed to monitor the patient's behaviour and identify triggers
- The HCSO is to complete an incident form for any adverse incidents that occur during their shift.
- The HCSO must follow the Restrictive Interventions Policy if restraint has been carried out.

See Appendix B for a full description.

3.6 Enhanced Patient Observation Team

The Enhanced Patient Observation team are a dedicated team of Health Care Support Workers with extended skills in de-escalation, distraction and therapeutic support who provide care for adult inpatients at UHL for 1b, 1c and 1d patients when the inpatient areas are unable to meet this need within their ward staffing.

3.7 Meaningful Activity

Meaningful activities are any activities that a person finds meaningful to them and support the delivery of person-centred individualised care. Meaningful activities can include supporting patients in engaging in physical, social, or cognitive activities with the aim of maintaining their usual skills, routines, and abilities whilst helping to orientate and distract. Meaningful activities can be undertaken by any staff providing care. In respect of a patient requiring enhanced support, staff, carers and volunteers/EPO team should actively seek opportunities to engage patients in meaningful activity and should record these in the behaviour's booklet.

3.8 Meaningful Activities Facilitators

Meaningful Activities Facilitators (MAF) are Health Care Support Workers who provide individualised care and support for patients with a diagnosis of Dementia or Delirium. The MAF service is available to patients through a referral via a clinical note on NerveCentre. Refer to the Meaningful Activities Service page for further information.

3.9 SafeZone

SafeZone is a UHL app that links you directly to the UHL Security team, so you can ask for help 24 hours a day, 7 days a week.

4 ROLES

4.1 Trust Executives

4.1.1 The Chief Executive and Board of Directors have overall responsibility for Trust compliance with the Law and Trust Policies and Procedures.

4.1.2 The Chief Nurse is the Board Director with lead responsibility for this Policy
4.1.3 The Deputy Chief Nurse is the Nominated Deputy for the Chief Nurse.

4.1.4 The Director of Estates and Facilities is responsible for ensuring Security Personnel are aware of and comply with the relevant aspects of this policy.

4.2 Matron for Restrictive Practice

Is responsible for:

- Developing, recruitment and retention of the EPO team
- Provide essential training and education to the EPO team.
- Provide education, support and advice to the ward and department areas.

4.3 EPO Senior Department Leaders/Deputies,

Are responsible for:

- Communicate assessment outcomes to the Nurse in charge/appropriate other ward staff members
- Assess patient suitability of EPO using the criteria in Appendix B.
- Refer to appendix G for the SOP for EPO

4.4 Ward Leader and Registered Nurse roles and responsibilities

Before referring a patient to the Enhanced Patient Observation Team, a thorough assessment must be conducted to identify potential causes of altered behaviour or behaviours of concern. This assessment should include the use of alternative pain assessment tools, such as the 'Cannot Verbally Express' tool, the THINK delirium support tool or the Alcohol Withdrawal UHL Policy if applicable.

Are expected to:

- The nurse in charge has the responsibility to adjust the level of observation, including reducing it, if clinically required.
- Ensure all registered nurses/registered nursing associates and healthcare Support Workers are aware of the role of the EPO HCSW, and how to make a referral.
- Undertake a regular review of the EPO service within their clinical area, monitoring harm incidents and acting on identified issues through the Patient Safety Incident Response Plan (PSIRF) process.
- Ensure that EPO HCSW arriving within their area are orientated to the ward, receive adequate handover for the patient/s, and arrangement for the provision of toilet breaks and to have access to water are made.
- Identify a second member of staff to assist supporting the patient with activities of daily living if the patient requires more than one staff member to deliver care.
- Ensure that infection prevention precautions are handed over to the staff members so that appropriate PPE can be worn.
- Identify patients who require Enhanced Patient Observation using the inclusion and exclusion criteria in Appendix A.

4.5 Enhanced Patient Observation Healthcare Support Workers

Are expected to:

- Introduce themselves to the ward and complete an orientation to the ward.
- Receive verbal handover from the patient named Nurse.
- Read the behaviour care plan completed by the Senior EPO leaders.

- Contribute to or update the Know Me Better patient summary, contacting the patient's family, friends, carers, or care home to find more information about the patient or reassurance for the patient if appropriate.

- Continue with the behaviour chart document for every shift
- Complete all care, including observations (excluding bay/tag nursing more than one patient) if appropriate to do so
- Meet the needs of the patient by utilising the patient's care plans and role cards. It is possible to prevent and resolve delirium by providing good fundamental care focusing on food and drink intake, pain, constipation management, maintaining mobility and activity and personal hygiene.

- Provide reassurance and distraction if the patient is confused, frightened, or agitated, orientating the patient to time and place.

- If an EPO HCSW observes signs that a patient is deteriorating, or the patient behaviour is escalating their protocol is to immediately notify the nursing staff and the EPO senior team. The patient should be assessed by the Nursing team to determine the next steps for the patient

4.6 Security Staff

Are expected to:

- Respond to areas immediately who request via 2222 or SafeZone
- Work collaboratively with the clinical team to assess the level of support required
- Support the ward/department until the risk reduces and the area is deemed safe again.

4.7 Security Team Leaders

Are expected to:

- Allocate the security staff members
- Support the EPO team with providing security support for high-risk patients until the level of risk reduces
- Arrange additional staffing if required by either moving staff members across site or requesting UHL bank staff via HealthRoster to cover sickness absence or additional EPO duties
- Be responsible for regular rotation of security staff members when supporting an EPO security patient
- Be responsible for arranging security staff breaks

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 Process for Patient Referral and Assessment

5.1.1 De-escalation techniques must be utilised as a first step before considering a referral. The tools that support this approach include:

- Know me better Patient Summary
- Altered Behaviours - Nursing Booklet
- THINK Delirium Support Tool
- Cannot Verbally Express Pain Assessment Tool (also available on NerveCentre)

5.1.2 Registered Nurse identifies the potential need for enhanced care, using the inclusion and exclusion criteria support tool (Appendix A) providing the patient is within the inclusion criteria they can be referred to the EPO team.

5.1.3 If the patient is at risk of a fall, the AFLOAT tool (Appendix C) can be completed by the Registered Nurse to support with the decision for the level of enhanced care. Refer to Adult inpatient falls Safety and Management Policy and Appendix H for the standard operating procedure for Tag Nursing.

5.1.4 If the patient is being referred for increased confusion/agitation, the THINK Delirium support toolkit must be completed.

5.1.5 Wards can refer for an EPO assessment via Nervecentre using the "Enhanced Patient Observation" clinical note, and selecting "Needs review by the Enhanced Patient Observation Team".

5.1.6 Nurse in charge will mitigate the risk to the patient utilising ward staff or by escalating to the Matron of the Day during the timeframe between referral, assessment and allocation.

5.1.7 EPO senior nurse will attend the ward to assess the patient using the criteria in Appendix B.

5.1.8 EPO senior nurse will determine the level of enhanced support required, a care plan via nervecentre with recommendations of de-escalation and therapeutic activities including role cards (appendix D,E,F) will be completed.

5.1.9 EPO senior nurse will redeploy an EPO HCSW from the LRI enhanced support rota to the required ward for allocation if the support cannot be managed within the establishment of the referring ward.

5.1.10 If the additional duty is unable to be filled or mitigated a red flag will need to be raised according to the Safe Staffing for Nursing and Midwifery policy by the ward.

5.2 Mental Health

5.2.1 If the patient is waiting for a review by the mental health team the level of enhanced support required must be clearly documented by senior decision making clinician See Appendix 4 of the Detention of Patients Under thge Mental Health Act Policy

5.2.2 When the patient has been reviewed by the Mental Health Team and enhanced support is still required, the Mental Health Team must clearly document the level of enhanced support required as per Mental Capacity Act Policy See Appendix 4 of the Detention of Patients Under the Mental Health Act Policy

5.2.3 Patients with a severe or immediate risk to themselves or others is supported by UHL security and can be reached via 2222 or SafeZone.

5.2.4 UHL security will support the patient and the ward until the severe risk is reduced.

5.2.5 In exceptional circumstances where the patient requires long-term level 4 observation, UHL Security Team Leaders will allocate the security team. Where the Team Leader cannot allocate a security officer because of increased demand, the Team Leader will fill the duty with a UHL bank security in the first instance or agency.

5.2.6 The Team Leader can be contacted on 16767 (0116 258 6767) / Team Leader phone number:

Site	Team Leader Telephone Number
LRI	07484 015484
LGH	07484 015481
GGH	07484 015482

5.2.7 The "Enhanced Patient Observation Level 4/1d" security rota on the Health Roster will display where the EPO Health Care Security Officers are allocated within the organisation.

5.2.8 The Security Team Leader for each site will meet with the EPO senior nurse on duty daily.

5.2.9 As the patient's risk level reduces, the enhanced support level should also reduce with immediate effect. This is a clinical decision and can be made by Mental Health Liaison Service, Nurse in Charge of the ward/area. Refer to the Detention of Patients Under the Mental Health Act Policy

5.3 Action to be taken prior to commencing Enhanced Patient Observation (s)

MCA – Mental Capacity Assessment

- Assessment must always place the individual at the centre of the process, involving them and those who are important to them in their lives. If agreement or consent can be gained without undue pressure from the person, then the appropriate level of enhanced observation can be put in place. It must be remembered that the person has the right to withdraw their agreement or consent, and they should be informed of this at the start. For further information, please refer to the Trust's Consent to Examination or treatment Policy
- If the person withdraws their consent but it is felt that enhanced observation should continue, the law will supersede the withdrawal of consent if they are a danger to themselves or others. This can only be achieved if the practice is sanctioned under the Mental Health Act or the Mental Capacity Act. Documentation is essential to evidence the decision-making trail and process. Refer to the trusts Mental Capacity Act Policy
- If the person cannot consent to the enhanced observation due to a lack of capacity, this must be evidenced with the completion of a Mental Capacity Assessment. If it is felt that the enhanced observation is in the person's best interests, then this should also be clearly evidenced and documented on the MCA assessment form (on Nervecentre or paper form on SharePoint (if NC is unavailable) or a Deprivation of Liberty Safeguards (DoLS). Refer to the Deprivation of Liberty Safeguards Policy and Procedures

5.4 General Principles

- All patients will be commenced on comfort hourly rounding at the point of admission.
- Where additional support is required but not available, this must be escalated following the process set out in the safe staffing policy and recorded on Safecare.
- Where staff have concerns regarding the standard of care provided to patients by the EPO's, they have an obligation to raise their concerns in the first instance with their line manager.
- Each patient considered for enhanced care observation is assessed on an individual basis. This assessment ensures that issues related to race, gender, disability, age, culture, religion, beliefs and sexual orientation are considered and, if relevant, are incorporated into the development and implementation of the patient care plan.
- The level of enhanced care observation that is implemented must be proportional, i.e. the least restrictive option available to achieve the outcome required. For further information, please refer to the Trust's Restrictive Interventions Policy (B71/2024). This may include, for example, where a patient without capacity wishes to leave the hospital - in circumstances such as these, please refer to The Deprivation of Liberty Safeguards policy

- Any restraint, mechanical, physical or chemical restraint that is required to maintain the safety of the patient or others should only be applied in accordance with the Restrictive Interventions Policy and Rapid tranquillisation guidelines and reported on Datix. Refer to the Rapid Tranquillisation guideline

- If an EPO observes signs that a patient is deteriorating, their protocol is to notify the registered nursing staff. The nursing team need to determine the next steps for the patient. The EPO may assist the Nursing staff responsible for the patient by observing the nurse's cohort of patients for the interim but are not to be left alone with the deteriorating patient.

5.5 Environment

The environment should be risk assessed for the patient. Consideration should be given to where the patient is located on the ward, for example a patient at high risk of falls should be in a bed space where they can be closely observed. The location of exits should also be considered. Objects which can be thrown or provide a hazard should be considered in this assessment.

Patients with a high risk of self-harm should be moved to a suitable observable area. Ensure all items of potential harm are removed from the patient, with their consent. Ensure that where physically possible, all items of potential harm are removed from the clinical area and/or are considered when looking at alternative risk reduction measures. Also refer to the Ligature Risk Reduction Policy

5.6 Specialist Input

A referral for advice and support must be made to specialist teams as appropriate to the patient's needs, e.g. Mental Health Liaison Psychiatry, Learning Disability Nurses, Admiral Nurses, Enhanced Patient Observation Team.

5.6.1 If a patient has been assessed by a mental health (MH) practitioner and has been deemed as medically fit, the MH practitioner is responsible for recording the level of observation required from a MH need.

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 All staff in UHL must complete the Trust Dementia Awareness Category A training e-learning module, which is accessed on HELM.

6.2 All clinical staff that have direct clinical contact with patients must complete the Trust's Dementia Category B training. This is an online workshop. Medical staff complete a combined e-learning module for category A and B dementia awareness training

6.3 Delirium training is incorporated into the Dementia Awareness Category B training for all clinical staff.

6.4 All clinical staff that have direct clinical contact with patients must complete the Trust's e-learning modules titled 'Basic Consent/Mental Capacity Act/Deprivation of Liberty Safeguards'.

6.5 The Enhanced Patient Observation team will complete a comprehensive Enhanced Patient Observation Foundation Training course. This includes De-escalation Management intervention' that is provided by the UHL conflict management team.

6.6 Providing EPO can be complex, particularly when behaviours that may be perceived as challenging increase. The assignment of staff to provide EPO must be based on the skills and experience of the staff available to meet patient needs. It is recommended that inexperienced staff are encouraged to shadow more experienced colleagues during enhanced observation periods without being delegated to be the primary staff member for the patient. This will enable positive role modelling, leading to improved capabilities and experience in supporting patients during vulnerable times.

6.7 If the enhanced support can be managed within the ward establishment. The Nurse in charge of the shift will delegate the EPO role to a member of the ward team with appropriate skills and experience for the identified level of support/observation required. The registered nurse caring for the patient or bay must ensure that a thorough handover takes place immediately with a verbal description of the critical concerns as per the role cards (Appendices D,E,F).

6.8 Any change in the delegation of the enhanced observation role must be agreed upon by the Nurse in Charge.

7 PROCESS FOR MONITORING COMPLIANCE

7.1 The audit criteria for this policy and the process to be used for monitoring compliance are provided in the table below:

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements: Who or what committee will the completed report go to?
Improvement in Delirium coding	D&DSAG	Audit from NerveCentre data	Annual National Audit of Dementia	PIPEAC Quality Committee
Patients with a known diagnosis of dementia will have a patient profile or Know Me Better completed	Enhanced Patient Observation Lead	Audit	Annual	Use of patient summary is audited through the National Audit of Dementia. Results are shared and reported to Quality committee.
The Carers passport is utilised for carers of patients with altered behaviours	Patient Experience	Audit	Bi-annually	PIPEAC
Monthly metrics to monitor patients' activities to prevent deconditioning	EPO	Metrics	Quarterly	EPO Senior Team meetings
Harms reported and actions	EPO Matron	Datix	Bi-monthly	Violence and Aggression committee.

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim, therefore, is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed, and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Evidence Base

a) Mental Capacity Act Code of Practice 2007. London: The Stationery Office.
b) Deprivation of Liberty Safeguards Code of Practice 2008. London: The Stationery Office.
c) Delirium: prevention, diagnosis and management. Nice Guideline CG 103
d) Leicester, Leicestershire and Rutland Joint Living Well with Dementia Strategy 2024-2028
e) The Shelford Group (2023) Safer Nursing Care Tool Adult Inpatient Wards in Acute Hospitals and Adult Acute Assessment Units Implementation Resource Pack. Imperial College Innovations Ltd.

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1 Once this policy has been approved by the UHL Policy & Guidelines Committee, Corporate and Committee Services will allocate the appropriate Trust Reference number for version control purposes.

10.2 This policy will be reviewed every three years.

Appendix A

Enhanced Patient Observation

Safer Nursing Care Tool Levels 1c 1d: *"Patients who are in a STABLE condition but are requiring additional intervention to mitigate risk and maintain safety"* (The Shelford Group, 2023).

Inclusion Criteria	Exclusion Criteria
Challenging behaviour with the risk of harm to themselves or others	Frequent incontinence if the patient is immobile
AFLOAT Score of 3+ that cannot be managed within unit establishment (required staffing)	Assisting patient outside to smoke/Vape
	End of Life care
	NEWS2 > 3 in 1 single parameter or a Total of 5 or more
	Withdrawal symptoms - if symptom control have not yet been administered appropriately
	Confused patients not at risk

Appendix B

General Observation

EPO Level	Descriptor	Examples	Recommended Enhanced Observation and Support Plan
General Observation	Patients requiring a general level of observation will, in the main, have predictable behaviour or be at avoidable risk of mild levels of harm. Patients in this group will be managed within the ward nursing team establishment with 'intermittent' visual checks made at local policy guidance.	**Falls:** Patients who have been identified as being at risk of falls. AFLOAT Score 0-2 **Challenging Behaviour (confusion/delirium):** None **Risk of absconding / Mental Health Risk:** Patients who have the mental capacity to understand and retain relevant information. No risk to health and safety if they were to leave the hospital against medical advice.	• Comfort rounding required • Routine contact with staff for planned drug rounds, mealtimes and drink rounds • Consider implementation of a Meaningful Activity Plan if indicated • Refer to Falls policy and prevention interventions • Consider the patient's location on the ward (high visibility, bathroom location) • Consider Carers Passport • Mental Capacity Assessment • Confirmation of patient's safety at regular intervals • Review medications with pharmacist and doctor

Medium Risk

EPO Level	Descriptor Associated SNCT level 1b	Examples	Recommended Enhanced Observation and Support Plan
Medium Risk	The patient displays mainly predictable behaviour with occasional unsafe behaviour (which is not expected to result in serious harm) or is at avoidable risk of mild levels of harm.	**Risk of Fall (Afloat Score 3-5):** • Occasional unsafe Behaviour, such as mobilising alone and unsafely • Can slip/fall from bed • Reduced mobility or bedbound and attempting to mobilise • An actual fall has occurred • Requires intermittent or within eyesight observations • Impulsive and/or unable to use nurse call bell **Delirium / Confusion:** • Agitated and restless, requires therapeutic intervention • Pulling out indwelling devices • Calling out and disturbing other patients **Risk of absconding / Mental Health:** • Mobile, low risk to self-harm or others • Low risk of leaving safe environment • Symptoms of anxiety or depression, no suicidal ideation • Cooperative and compliant	• Relocation to high visibility area • Cohorting of at-risk patients – 1 staff member per bay • Bay/tag nursing • Confirm patient safety within eyesight • Communicate & escalate at safety huddle • Use available falls risk measures • Additional family support/relaxed visiting times • Review medications • Rule out/treat potential delirium causes • Consider DOLs Application or MH assessment

High Risk

EPO Level	Descriptor	Examples	Recommended Enhanced Observation and Support Plan
1c High Risk	The patient displays frequent, unpredictable, unsafe behaviour towards self, others and/or the environment (not expected to result in serious harm) or is at avoidable risk of moderate levels of harm	**Falls (AFLOAT Score 6+):** • Cognitively impaired and unsafe • Mobilising presenting risks to self and others • Consider DOLs/MCA Assessment **Delirium/Confusion:** • Alternative reality, acute psychosis or delirious • Regular episodes of agitation, hallucinations • Violent behaviour/harm to self/aggression **Mental Health:** • Significant mental capacity needs • Medium risk of leaving safe environment • Moderate risk to self/others • Awaiting MH Assessment or under Section	• Continuous observation • Consider DoLS authorisation • Referral to specialist services • Security for high aggression episodes • One-to-one care during unsafe periods • Consider family support • Ward Leader/Matron awareness • Meaningful distraction therapy • Medical/Pharmacy review • Use THINK Delirium support tool • Risk assess Security presence

Security Level

EPO Level	Descriptor	Examples	Recommended Enhanced Observation and Support Plan
Security 4	The patient lacks capacity and displays frequent, unpredictable, unsafe Behaviour towards self, others and/or the environment (expected to result in serious harm) or is at avoidable risk of moderate levels of harm.	• Violent Behaviour and aggression toward others and self • Significant mental capacity needs • High risk of leaving safe environment • May need restraining • Awaiting MH Assessment or under Section	• Continuous 1:1 observation • All Level 1c interventions • Consider DoLS application • Specialist service referrals • Consider side room for de-escalation • Family support • Ward Leader/Matron awareness • Use THINK Delirium Support Tool • Seek safeguarding/site team advice • Security support as needed • Regular reassessment

Appendix C

Name:
DOB:
NHS number:

Avoiding Falls - Level of Observation Assessment Tool (AFLOAT)

Clinical Presentation	Score
Confused (Delirium/Dementia)	+1
Unsteady when standing / mobilising	+1
Previous Falls	+1
Urinary/faecal urgency	+1
Postural hypotension	+1
Inpatient fall during this admission	+2
Completely immobile/unconscious	-3
Total	

☐

Actions:

AFLOAT Score	Description	Level of Observation
0 –2	Routine/general care	0
3-5	Tag nursing 'line of sight'	1b
Six or more	1:1 – Continuous arms length support	1c

Comments:

_____
_____
_____
_____
_____
_____
_____

Appendix D

Role Card

Tag Nursing

Level 1b

Tag nursing, you are required to remain within a bay supervising a patient within eyesight or a cohort/bay of patients within eyesight.

- Tag watcher is required to provide intermittent or within eyesight observation to maintain safety
- Tag watcher allocated must remain in the bay until another colleague takes over the role
- The Tag Bay watcher will need to risk assess if it is safe for them to deliver care behind curtains and or minimise the time behind the curtain, or to request another staff support to continue bay observation in conjunction with the Nurse and Charge.
- The Tag watcher can actively contribute to the patient's daily needs, e.g., washing, dressing, shaving, combing hair, and offering supervision. If safe to do so.

Patient may experience boredom which can contribute to risk of falling; you will be required occupy the patient by using distractions, e.g. playing cards or reading if safe to do so.

Patients requiring intermittent or within eyesight observation

	Tag ✓	Tag ✓	
Bed 3			Bed 4
Bed 2			Bed 5
Bed 1			Bed 6

Appendix E

Role Card

1:1 / Continuous Patient Observation

Level 1c

You are requested to stay with the patient at all times. Please inform the Nurse in Charge if you intend to leave the patient for any reason, a tag system with a colleague may be necessary.

The patient has been identified as someone who requires enhanced observation.
You will be expected to actively contribute to the patient's daily needs e.g. washing, dressing, shaving, combing hair, offering and supervising drinking and eating, toileting and emptying commode or catheters, complete fluid and food charts.
De-escalation, distraction therapies are to be proactively used to reduce potential triggers risks and agitation

The patient may be at risk of:

- Leaving the ward
- Being in danger to themselves due to a lack of insight and awareness
- Withdrawal from substances
- Agitation and pulling catheters and cannula's
- Mood disturbances
- Cognitive impairment
- Delirium

What to expect from ward teams:

- **To give full orientation to the ward**
- **To show you the location of emergency equipment and alarms**
- **To show who to raise any concerns with**
- **To show who to go to, to arrange break**
- **To know who the Nurse in Charge is**
- **To inform you of the patient's condition at handover including: history, background, specific risk factors and current care plan**

What we do not expect from you:

- **Sleeping on duty**
- ***Reading books/magazines**
- ***Eating by the patient's bedside**
- ***To be using a mobile phone or other electronic device**

***unless this is involving the patient as part of therapeutic activity**

Appendix F

Security Role Card

Level 4

You are required to support the patient and the clinical team at times of escalation.

Please stay with the patient at all times. If you intend to leave the patient for any reason, please inform the Nurse in Charge or Security team leader. A tag system with a colleague may be necessary. The patient is identified as someone who requires level 4 enhanced observation.

You will be expected to actively contribute to the de-escalation and proactively reduce potential triggers, risk and agitation. A joint risk assessment with the clinical team will determine the level of enhanced care the patient requires. For example, the patient may be managed by one or two security personnel within arm's length or within the line of sight.

Please complete the behaviour chart to help identify triggers or patterns of behaviour.

Clinical team, please identify the risks below …

The patient is at risk of…	**Please comment**
Absconding	
Being a danger to themselves due to the lack of insight and awareness	
Withdrawal from substances	
Verbal aggression	
Physical aggression	
Encroaching on other patients	
Other….	

Appendix G

Standard Operating Procedure for assessment and allocation of Enhanced Care Support Workers Corporate Nursing	University Hospitals of Leicester NHS NHS Trust 21st Oct 2024

1. Introduction

The purpose of this Standing Operating Procedure (SOP) is to outline the roles, responsibilities, and processes for the Enhanced Patient Observation Team (EPO). This team is tasked with ensuring the safety and well-being of patients requiring enhanced observation due to their inpatient stay

2. Scope

This SOP applies to all members of the Enhanced Patient Observation Team, including healthcare professionals, security personnel, and any support staff involved in the observation and care of patients requiring enhanced supervision.

3. Definitions

Enhanced Observation: A heightened level of patient supervision to ensure safety, typically applied to patients who are at risk of harm to themselves or others.

Level 0	Observation: Monitor within ward establishment
Level 1b	Observation: Patient is within line of sight - intermittent
Level 1c	Observation: Monitor within arm's length - continuous
Level 4 (1d)	Observation: Security

4. Responsibilities

4.1 EPO Senior Nurses

- Assess the patient and consider reversible reasons for the requirement for enhanced observation using the delirium support tool, non-verbal pain tool and know me better profile or alcohol withdrawal regime assessment.
- Communicate the relevant recommendations to the ward team
- Document the required level of enhanced care on NerveCentre
- Allocate the HCSW to the relevant ward on Health Roster with a note of the location of patient or patients to be observed
- Attend daily staffing meeting with relevant CMG to discuss ward skill mix and numbers to establish if level 1b patients can be safely supported by the ward establishment for the next duty
- Identify and record risks on the patients role card and EPO NerveCentre profile (e.g., risk of falls, absconding, self-harm).
- Request the EPO to use clear descriptions and precise detail such as, frequency of attempts to leave the ward or near-misses for a falls
- Ensure all team members are informed of the patients care plan
- Review all 1c patients daily.

- Monitor patients' behaviour chart and reduce or enhance level of observation as required
- Prioritise your patients requiring enhanced care and flex the staffing accordingly.
- If you have more demand than staff to allocate escalate this to your senior and discuss case load, create a bank duty within the EPO team if you are unable to step down any of your patients
- If the duty does not get filled, a red flag must be raised in accordance with the Safe Staffing for Nursing and Midwifery Trust Policy
- If the EPO service is supporting a patient for more than 3 consecutive days, these patients require a full review of the behaviour chart with the support of the relevant MDT (eg Admiral Nurses, Mental Health, MAFs, Discharge Nurses, Family, Medical Team) and a full care plan and care management plan is to be documented
- Long term patients / Learning Disability patients may only need support at specific times of the day/night.

4.2 Protocol for Deteriorating Patients

An Enhanced Patient Observer (EPO) is tasked with maintaining a heightened level of supervision over patients who may be at risk of harm to themselves or others, often due to psychological, behavioural, or medical conditions that require closer observation. However, an EPO is not equipped or trained to manage the medical needs of a patient who is actively deteriorating.

- EPOs are trained to identify signs of distress or risk behaviours and to alert clinical staff immediately.
- EPOs are not trained healthcare professionals such as nurses or doctors. They do not possess the skills or qualifications to assess, diagnose, or treat medical conditions, especially in a situation where a patient's condition is deteriorating.
- If an EPO observes signs that a patient is deteriorating, their protocol is to immediately notify the nursing staff and the EPO senior team. The patient should be assessed by the Nursing team to determine the next steps for the patient
- The EPO will no longer observe the patient with a raised NEWS2 causing concern. The EPO may assist the patients in the Bay to support the nursing team, but they are not to be left with the deteriorating patient alone.

4.3 Mental Health

- If the patient is waiting for a review by the mental health team the level of enhanced support required must be clearly documented by senior decision-making clinician
- When the patient has been reviewed by the Mental Health Team and enhanced support is still required, the Mental Health Team must clearly document the level of enhanced support required as per Detention of Patients Under the Mental Health Act Policy
- Patients with a severe or immediate risk to themselves or others is supported by UHL security and can be reached via 2222 or SafeZone.
- UHL security will support until the severe risk is reduced.
- In exceptional circumstances where the patient requires long-term level 4 observation, UHL Security Team Leaders will allocate the security team
- Where the Team Leader cannot allocate a security officer because of increased demand, the Team Leader will fill the duty with a UHL bank security guard in the first instance or agency.

4.4 Exclusion Criteria

EPO Inclusion and Exclusion criteria (Appendix A) identifies the conditions excluded from EPO support. The EPO team can only support patients who are in a stable condition but are requiring additional intervention to mitigate risk and maintain safety.

5. Education and Training

- Health Care Support Worker (HCSW) complete the additional EPO training and competency book.

- Senior EPO Team complete regular audits on the standard of documentation and care standards to provide monthly assurance to the lead nurse that prevention of deconditioning, delirium standards, meaningful activities and personal care are provided to a high standard.

6. Monitoring and compliance

- This SOP should be reviewed annually, or as required, to ensure it remains current and effective.
- Regular audits should be conducted to ensure compliance with the SOP.
- Datix monitoring
- Reporting into the Nursing and Midwifery Leadership Team

7. Supporting References

Mental Capacity Act
NEWS2
Safe Staffing for Nursing and Midwifery

8. Key Words

Enhanced Patient Observation
Health Care Support Worker

CONTACT AND REVIEW DETAILS	
Guideline Lead Wendy Clarke, Lead Nurse Enhanced Patient Observation	**Executive Lead** Julie Hogg, Chief Nurse

1. Introduction

The purpose of this document is to provide clear guidelines for implementing a "Tag Nursing" system that enhances patient safety through intermittent or within eyesight visual observation (Level 1b SNCT, Shelford Group). This SOP outlines the protocol for identifying, monitoring, and managing patients who require enhanced observation to reduce risks associated with deconditioning, falls, harm, or agitation.

2. Scope

This SOP applies to all nursing staff and health care support workers working in bays and other staff responsible for ensuring patient safety through visual observation. Patients requiring intermittent or within eyesight observations according to local policy.

3. Roles and Responsibilities

3.1 Bay Nurse

- **Primary Responsibility:** The nurse assigned to each bay is responsible for ensuring that all patients identified for "Tag Nursing" are observed as per their outcome of the falls risk assessment and AFLOAT tool

- **Handover**: To handover the patients identified as requiring Tag Nursing to each person working within the bay

- **Adherence to Observation Protocols:** Ensure that each patient identified for observation is consistently monitored according to their designated level of supervision by handing over/tagging another staff member if they are to leave the bay.

- **Incident Reporting:** Promptly report any incidents, such as falls or near-misses, involving patients requiring observation, incident form and document them appropriately.

4. Tag Nursing

4.1 Patient Identification

Line of Sight / Intermittent Observation:

- Patients who need to be intermittently visible to staff due to high risk (e.g., falls, confusion).
- Patients who can be monitored intermittently but require frequent visual checks

4.2 Assignment of the Tag Nurse

At the start of the shift, the team leader/shift coordinator/registered nurse responsible will:

- Assign a tag nurse for each bay based on staffing levels and patient needs.
- Provide the yellow lanyard to the designated tag nurse.
- The assigned tag nurse will confirm their role and wear the yellow lanyard as a visual identifier.

4.3 Continuity of Responsibility

1. If the tag nurse/HCSW needs to leave the bay (e.g., for a break, attending to another task):
    a. Identify a suitable replacement within the team.
    b. Provide a verbal handover, including any relevant patient observations or concerns.
    c. Pass the yellow lanyard to the replacement person

2. The replacement person assumes full responsibility for the bay until the original tag or another replacement is identified.
3. If no replacement is immediately available, the tagged person must inform the nurse in charge to ensure continuous coverage.

5. Observation Responsibilities and Process

3.1 Line of Sight Patients

- Ensure these patients are positioned within a high visible bed within the bay.
- Locate the patient in a high visible bed space in the ward area.
- Ensure patient is accompanied, for example in the toilet.

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6. Patient Safety Review and Continuous Improvement

- To review any harms or near miss in line with the ward UHL harms review process (PSIRF).

7. Supporting References

AFLOAT tool (Appendix C – P19 Enhanced Patient Observation Policy)

8. Key Words

Tag nursing, bay nursing, AFLOAT, falls, enhanced observation

CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) Wendy Clarke Lead Nurse Enhanced Patient Observation	**Executive Lead** Dawn Angliss Interim Deputy Chief Nurse