Patient Engagement Policy

Title: **Patient Engagement Policy**			
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Author/s:	Associate Nurse Director, WGH Deputy Chief Nurse, REAS Deputy Chief Nurse, Primary Care Excellence in Care Lead Nurse/s		
Policy Owner:	Nurse Director (Acute) Nurse Director (Primary Care) Chief Nurse (REAS)		
Executive Lead:	Executive Director of Nursing, Midwifery and AHPs		
Target Audience:	All clinical staff working across all NHS Lothian adult inpatient settings, including those working with Staffbank, and on temporary, locum, honorary, agency or fixed term basis within NHS Lothian.		
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Version Control

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June 2012	Chief Nurse, Mental Health	v1.0	Approved
June 2021	Associate Nurse Director, WGH Deputy Chief Nurse, REAS Deputy Chief Nurse, Edin H&SCP Excellence in Care Lead Nurses	v1.1-1.4	Under review. Extended scope and changes in terminology and practice. Policy title change.
July 2021	Associate Nurse Director, WGH Deputy Chief Nurse, REAS Deputy Chief Nurse, Edin H&SCP Excellence in Care Lead Nurses	v2.0	Approved by NHSL Policy Approval Group

Executive Summary

The practice of observation of patients within a healthcare setting should only be regarded as one aspect of the spectrum of care provided to safeguard patient wellbeing, and cannot be undertaken as a standalone task. Interventions are necessary in order to reduce risk and increase safety for our patients and others. The practice of intervention within inpatient care settings must above all be seen as a process of personalised safe and therapeutic engagement.

NHS Lothian recognises that historically there have been a variety of terms used to define the level of observation which patients have received, and that may have led to some ambiguity. This policy introduces standardised and consistent terminology which should be used across all NHS Lothian adult inpatient settings. The terminology used in this policy reflects the importance of interventions in care, and represents a move away from using the term 'observation' in our practice.

This policy aims to promote and maintain a consistent approach to the formal risk assessment of patients across all healthcare settings. There are a range of risk assessments available to staff to enable them to make a professional judgement and plan the most appropriate care to maintain the patient's safety and dignity.

The purpose of this policy is to promote and support the provision of proactive, responsive, individualised care and treatment to maintain patient safety and guide staff in their obligations where a level of intervention is required beyond that of general care, and the mechanisms for decision-making and communication.

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Contents

1.0 Purpose

The purpose of this policy is to promote and support the provision of proactive, responsive, individualised care and treatment to; maintain patient safety, provide clarity and consistency in terminology to be used throughout the organisation, promote and maintain a consistent approach to the formal risk assessment of patients across all healthcare settings; guide staff where a level of intervention is required beyond that of general care, and the mechanisms for decision-making and communication.

2.0 Policy statement

The practice of observation of patients within a healthcare setting should only be regarded as one aspect of the spectrum of care provided to safeguard patient wellbeing, and cannot be undertaken as a standalone task. Interventions are necessary in order to reduce risk and increase safety for our patients and others.

NHS Lothian recognises that historically there have been a variety of terms used to define the level of observation which patients have received, and that may have led to some ambiguity. This policy introduces standardised and consistent terminology which should be used across all NHS Lothian inpatient settings, acknowledging the need for safe and therapeutic engagement with patients to form part of the care provision. To this end, the terminology outlined in this policy reflects the importance of interventions in care, and represents a move away from using the term 'observation' in our practice.

In line with *From Observation to Intervention A proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care* (Health Improvement Scotland, January 2019), this policy and its associated materials, aims to ensure that patients receive the appropriate level of intervention and therapeutic engagement with staff by:

- involving patients, carers and families in treatment, wellbeing and recovery
- adopting a continuum-based approach to care, treatment and safety planning
- supporting early recognition of, and response to, deterioration
- improving communication around clinical needs, deterioration and risk
- promoting least restrictive practice
- managing periods of continuous intervention or support
- developing a trauma-informed workforce
- supporting personalised care and treatment
- creating an infrastructure to support learning and quality improvement
- defining staff roles and responsibilities
- providing technology to support staff in assessing the staffing needs on a ward, based on the acuity/intervention levels of patients

NHS Lothian is committed to providing safe, effective, person-centred care to all patients in a supportive and therapeutic environment, wherever their care is provided.

3.0 Scope

This policy is applicable across all adult inpatient areas, including Mental Health services, acute hospitals and community hospitals/inpatient facilities, and would be applied in situations where the risk assessment identifies and/or professional judgement of the clinical staff considers the need for intervention.

This policy must be applied by all clinical staff working in these settings, including those working with Staffbank, and on temporary, locum, honorary, agency or fixed term basis, and students, within NHS Lothian.

The general principles can be applied to all clinical areas and clinical staff within NHS Lothian but may be particularly applicable to nurses, psychologists, medical staff and allied health professionals, all working in collaboration with the patient.

4.0 Definitions

4.1 Intervention

The practice of intervention within inpatient care settings must above all be seen as a process of personalised safe and therapeutic engagement.

Interventions are a continuum-based approach which allows multidisciplinary teams and nursing staff to focus on personalising interventions and meaningful engagement to a patient's overall needs and purpose of admission, rather than determining interventions solely on the presence or absence of risk.

Interventions involve spending time engaging with patients, allowing for a closer assessment and review of their mental and/or physical condition and/or behaviour.

Interventions and activities may include, but are not limited to, talking with the patient, undertaking activities and self-help activities, and are likely to vary in frequency, in response to each patient's clinical needs, and any identified risks.

In some situations it may be appropriate for the patient, for example during quiet time or whilst resting or sleeping, for the intervention to be proportionate to their activity.

5.0 Implementation roles and responsibilities

5.1 General Principles of care and interventions

All patients, regardless of the level of interventions applied, must:

- Be safe and protected from physical or psychological harm in line with the Adult Support and Protection (Scotland) Act 2007
- Have privacy and dignity respected as a right and to be treated as individuals.
- Receive care in the least restrictive environment appropriate to their needs.
- Be involved where appropriate in discussions regarding their care and the implementation of their care plan.
- Be assessed for their ability to consent in line with the Adults with Incapacity (Scotland) Act 2000
- Receive person-centred care that recognises, respects and promotes equality, diversity and inclusion in line with the Equality Act 2010
- Have a multidisciplinary approach to their care, with discussions and decisions led by the nurse-in-charge.
- Have their relatives/carers receive an appropriate explanation of the circumstances and the care plan to be implemented. All information should be given in conjunction with NHS Lothian Confidentiality Policy.

5.2 Risk Assessments

Risk assessment is a dynamic process that includes historical, clinical and environment aspects and continues throughout an inpatient stay. There are a range of risk assessments available to staff to enable them to make a professional judgement and plan the most appropriate care to maintain the patient's safety and dignity.

Both the environmental risk (section 5.2.3 below) and the general and/or mental health risk assessment tools (5.2.1 and 5.2.2) should be considered when deciding the level of intervention required. This should be kept under constant review, in case either of these risks changes.

The level of intervention prescribed for a patient should be given the same priority as all other clinical interventions. There are tools (e.g. SafeCare) available to assess the workforce requirement, taking account of the patient acuity.

5.2.1 General Risk Assessments

All patients admitted to a general inpatient setting will have a person centred care plan developed within the first 24 hours of admission. This will include carrying out risk assessments on admission which will be reassessed throughout the patient's journey. The frequency of reassessment will be according to the care planning guidance, and particularly when there is a change in clinical condition.

5.2.2 Mental Health Risk Assessment

It is expected that an initial, personalised risk assessment is completed within 2 hours of admission for all patients being admitted to a Mental Health inpatient setting.

The ED mental health risk assessment and/or suicide risk screening tool might also be used to assess the level of intervention required for patients being admitted to a general inpatient setting (not a mental health facility) if there are concerns around the individual's mental health or risk of self-harm or suicide.

5.2.3 Environmental Risk Assessment

NHS Lothian is committed to ensuring that physical environments are fit-for-purpose, therapeutic and safe. Both the environmental risk and the individual risk should be considered when deciding the level of intervention required.

The specific environment where a person is being cared for and supported will be key in understanding the level of interventions required. For example, a single room that has known ligature points may require a different level of intervention to a communal ward area where there is always staff and fellow patients present.

All ward areas should be subject to a Ligature Point Inspection and Risk Assessment. Where a ligature point is identified, this should be kept under constant review, as circumstances can change.

As part of the NHS Lothian Health & Safety management system each ward/department should undertake a Health & Safety Workplace Assessment on an annual basis.

Further policies and guidance relating to Environmental Risk are listed in Section 6 'Associated Materials' of this policy.

5.3 Levels of intervention

The practice of intervention within inpatient care settings must above all be seen as a process of personalised safe and therapeutic engagement.

However, there are times when this interaction requires to be more prescriptive. Any increases in the level of intervention with a patient are intended to provide safety for an individual, and others, during periods of distress. During this time there may be an increased risk of harm to self or others. By making the interventions as therapeutic as possible, individuals may, in hindsight, see it as a positive experience.

A personalised care plan (Care, Treatment and Safety Plan, in Mental Health settings), generated by the clinical team, patient themselves and/or carers should be produced and reviewed on an ongoing basis and, as a minimum, every 24 hours.

The plan should set out the provision, purpose and nature of the intervention, and demonstrate how it relates to the patient's existing care plan (Care, Treatment and Safety Plan, in Mental Health settings). It should be flexible and reviewed with clear criteria agreed for ending the period of continuous intervention documented at, in Mental Health settings, every MDT review, or in the case of general inpatient settings, by the Senior Charge Nurse of the Nurse in Charge.

In general inpatient settings, the level of intervention cannot be reduced or stopped unless discussed with the Senior Charge Nurse or the Nurse in Change of the ward.

There are three levels of intervention used within NHS Lothian inpatient settings, with increasing intensity.

5.3.1 General interventions

General intervention is the minimum expected level of intervention that all patients should receive, and is the "norm" for most patients, regardless of the setting. Patients receiving this level of intervention are not considered to pose any serious risk of harm to self or others while on the ward.

A member of staff should have knowledge of the patients' whereabouts at all times, such as whether they are on or off the ward. Within general inpatient areas this is usually the nurse allocated to care for the patient for the shift and within Mental Health this is the responsibility of the Floor Nurse.

At general intervention level all patients must have access to therapeutic and meaningful interventions. Staff should always be attentive and alert to changes in a patient's presentation, and be aware that this may fluctuate throughout the day.

General interventions should be viewed as an aspect of planned care being delivered in partnership between the multi professional team, the individual patient and their carers. The reason for, and process of, interventions must be clear to and discussed openly by all parties.

5.3.2 Increased interventions

Regular therapeutic engagement with patients should be undertaken, in addition to ongoing monitoring, using risk assessments, professional judgement and evaluation of the care plan as part of the routine care delivery activity within the care setting. This monitoring may give rise for the need for patient engagement to be increased and in the interests of patient safety, and the safety of others, it will be necessary to carry out increased intervention.

A designated staff member must be aware at all times of the precise whereabouts of the patient through visual observation or hearing, and know where the patient is and/or if they are moving around, but does not have 'eyes on' the patient constantly. To optimise use of resources this can being achieved by a single staff member monitoring two or more patients.

The primary purpose of increased interventions is to keep the patient safe by increasing engagement, with the aim of developing a supportive relationship with the patient, engaging in action or activity that may help to calm the patient.

Clinical staff should get to know the patient and what matters to them; this will provide an understanding of what the most appropriate interventions might be and what the stressors are that will create an escalation of the risk and should be avoided.

5.3.3 Continuous interventions

Continuous interventions are a higher level of intervention for very distressed patients.

Continuous interventions should be specific, therapeutic and purposeful, in line with the patient's needs, strengths, purpose of admission and evidence-based practice. Continuous intervention offers a huge range of opportunities to support a person to recover whilst maintaining safety. Continuous intervention should be as least restrictive as possible, maintaining a balance between intrusion and safety.

Periods of continuous interventions should be therapeutic in nature and should focus on supporting and working alongside the patient in their recovery.

Continuous interventions are implemented when a patient requires the continuous presence of a member of staff to support them to manage their distress and their interactions with other people safely.

A designated staff member should be within an appropriate level of proximity to the patient to carry out the continuous intervention, and be able to see and hear the patient at all times.

This period of intervention will be triggered after a risk assessment that highlights deterioration and increased risky behaviours that can only be supported safely by continuous interventions.

5.4 Staff responsibilities

5.4.1 Director of Nursing, Midwifery and Allied Health Professionals

The Chief Executive Officer has committed to this policy and has delegated responsibility to the Executive Director of Nursing, Midwifery and Allied Health Professionals who assumes overall responsibility for the implementation, monitoring and review of this policy.

5.4.2 Nurse Directors/Associate Nurse Directors and Chief Nurses

Nurse Directors/Associate Nurse Directors and Chief Nurses are responsible for supporting senior nurses, and nursing staff and student nurses involved in caring for patients requiring continuous interventions to have the necessary supervisions, skills and experience to undertake the role in a way that supports the patient and the multi-professional team.

5.4.3 Medical Directors/Associate Medical Directors

Medical Directors/Associate Medical Directors are responsible for supporting senior medical staff and doctors in training involved in caring for patients requiring continuous interventions to have the necessary supervisions, skills and experience to undertake the role in a way that supports the patient and the multi-professional team.

5.4.4 Clinical Nurse Managers

The Clinical Nurse Managers must plan the workforce in terms of the resources, staffing, activities and skills required to deliver preventative, early intervention-focused care, treatment and safety to a patient group. They are supported by Clinical Services Managers.

5.4.5 Senior Charge Nurses

The Senior Charge Nurse is responsible for ensuring that any named member of staff, including students and non-permanent staff such as bank and agency staff involved in supporting a patient requiring continuous intervention has the necessary experience, skills and support to undertake the role in a way that engages with and supports the patient whilst acknowledging the clinical risks.

It is the responsibility of the Senior Charge Nurse or their deputy to ensure that other staff undertaking interventions are prepared, supported and supervised for this role, and that the time period during which staff are undertaking increased and continuous intervention duties does not exceed a continuous period of 2 hours.

Senior Charge Nurses should ensure that staff are allocated to interventions. This may require escalation for additional staff to support the level of acuity within the ward. Clinical Nurse Managers should be informed of all patients requiring additional interventions and the information shared at site/service safety huddles.

5.4.6 Clinical Teams

A personalised care plan (care, treatment and safety plan in mental health settings) will be generated by the clinical team, patient themselves and/or carers and must be reviewed at least every 24 hours (as a minimum), or as their condition changes. Continuous intervention offers a huge range of opportunities to support a person to recover whilst maintaining safety. The plan should set out the provision, purpose and nature of the continuous intervention, and demonstrate how it relates to the patient's existing care plan (care, treatment and safety plan in mental health settings). It should be flexible and reviewed regularly with clear criteria agreed for ending the period of continuous intervention documented at every Multi-Disciplinary Team (MDT) review.

5.5 Training and Education

NHS Lothian is committed to ensuring that all staff undertaking interventions will receive training and education appropriate to their roles and responsibilities, to ensure that they have the skills and training to implement this policy into practice.

Where students are undertaking interventions, they must have completed the necessary training before undertaking intervention work.

6.0 Associated materials

Document title:	Approved by:
Standard Operating Procedure: The Practice of Continuous interventions in Mental Health Wards in NHS Lothian	REAS Senior Mgt Team/SJH MT
Standard Operating Procedure: The Practice of Continuous Interventions in General Settings across NHS Lothian [under development]	Corporate Management Team (TBA)
Intervention Levels and Therapeutic Engagement for Adult Inpatients (Pilot)	Nurse Directors Group
Care Rounding Chart (Acute)	Quality Improvement Support Team
Prevention of Falls from Windows and Balconies Policy	Policy Approval Group
Management of Aggression Policy (HR Policy)	Health & Safety Committee
Safe Bathing, Showering and Surface Temperature Policy	Health & Safety Committee
Preventing Slips, Trips and Falls Policy	Health & Safety Committee
Lone Working Policy	Policy Approval Group
Risk Management Policy	NHS Lothian Board
Interpretation and Translation Policy	Policy Approval Group
Confidentiality of Personal Health Information Policy	IG Subcommittee
Restraint Policy: Considerations and Alternatives	Policy Approval Group
Soft Restraints and Safer Holding Systems Policy	Policy Approval Group
Missing Persons	
Acute Partnership Agreement (Adult Missing Patients), Adult Acute Hospitals	Partnership Agreement, NHS Lothian and Police Scotland
Patients who absent themselves from Adult In-Patient Services, Royal Edinburgh Hospital (Joint Protocol), developed and agreed between Police Scotland and REH, NHS Lothian	Partnership Agreement, NHS Lothian and Police Scotland
Standard Operating Procedures for Reporting Missing Persons	Adult and Older

from Adult & Older People's Mental Health In-patient Services, Royal Edinburgh Hospital	People's Mental Health Executives
Missing Patient Procedure, RIE (Engie)	
Protocol for Missing Persons: In-patient Services, St John's Hospital	Partnership Agreement, NHS Lothian and Police Scotland

Risk Assessments: (available on TRAK)

Mental Health Risk Assessment

Falls Risk Assessment

Mobility Assessment

TIME bundle Delirium Screening Tool (inc 4AT Assessment Tool)

Environmental Risk: (all available on NHSL intranet)

Environmental Ligature Point Policy	Policy Approval Group
Environmental Ligature Point Procedure	Health & Safety Committee
Standard Operating Procedure for Environmental Ligature Point Inspections and Risk Assessments within Adult Mental Health, Older People's Mental Health and Learning Disability In-patient Settings within REAS	REAS Senior Management Team
Health & Safety Workplace Inspection Checklist	Health & Safety Committee

7.0 Evidence base

- From Observation to Intervention A proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care, Health Improvement Scotland, January 2019
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Rights in Mind: A pathway to patients' rights in mental health services, Mental Welfare Commission for Scotland
- Good Practice Guide: Human Rights in Mental Health Services, Mental Welfare Commission for Scotland, May 2017
- SIGN 157 Risk Reduction and management of delirium: A national clinical guideline, March 2019

- Care of Older People in Hospitals Standards, 2015
- Adults with Incapacity (Scotland) Act 2000
- Equality Act 2010
- Adult Support and Protection (Scotland) Act 2007

8.0 Stakeholder consultation

This policy has been developed in consultation with stakeholders including Charge Nurses, Senor Charge Nurses, Consultant Psychiatrists, Clinical Nurse Managers, Psychologists, Art and Music Therapy, General Managers, Occupational Therapists, NHS Lothian Quality Improvement, and the Patient's Council.

9.0 Monitoring and review

Good practice requires regular and frequent audits of compliance with this policy. These will be undertaken as part of the LACAS review of standards of care. Additionally, Senior Charge Nurses will regularly audit to assure compliance. The audits will ensure that all staff in inpatient settings have received training on the implementation of the policy and its associated materials.

The effectiveness of this policy may also be monitored and evaluated using the outputs from:

- SAE Reviews
- DATIX investigations
- Complaint investigations/improvement plans
- Health & Safety Quarterly Reports (compliance with relevant policies/risk assessments)
- Patient Experience Feedback -Care Experience Improvement conversations, compliments, and complaints
- Staff experience feedback
- Supplementary Staffing use

This policy will be reviewed, as a minimum, every three years, but may be subject to earlier review in the event of changes in best practice, guidance or legislation, results from performance reviews and audits, or any other factors that may render the policy in need of review.