Western Health and Social Care Trust

Engagement & Supportive Observation Policy

December 2014

Title	Engagement & Supportive Observation Policy
Reference Number	AdultMHD14/001
Implementation Date	December 2014
Review Date	December 2017
Responsible Officer	Crisis Services Manager, Mental Health

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Engagement & Supportive Observation Policy **Pages**

Equality & Diversity statement

The Western Health & Social Care Trust has a positive duty to be proactive and ensure that it provides services and develops policies that are accessible and appropriate to all sections of the community.
The development/review of this policy has undergone an Equality Impact Assessment [EIA].

Introduction

This policy acknowledges that the processes involved in managing risk posed by patients can at times be challenging. The Western Health and Social Care Trust's aim is to promote recovery through the provision of safe therapeutic care and treatment to all patients within the least restrictive environment possible.

For the well being of patients and for their needs to be fully addressed it is essential that therapeutic risks are assessed and managed (please refer to Promoting Quality Care: Guidance on Risk Assessment and Management in Mental Health and Learning Disability Services- May2010, and Policy on the Management of Violence and Aggression). Use of engagement and supportive observation levels is then part of the therapeutic management of any number of risks identified by the clinical team

All policies relating to Mental Health facilities refer to DHSSPS guidance regarding Deprivation of Liberty (DOL) and incorporate the principles of "best interest" and "least restrictive intervention" whenever possible. However incorporation of DOL guidance needs to be balanced against the need to maintain and promote a safe environment

This policy should be used in compliance with the following:

- Mental Health (N I) Order 1986 and its associated Code of Practice.
- Regional Guidelines on the Use of Observation and Therapeutic Engagement in Adult Psychiatric Inpatient Facilities in Northern Ireland HSC (2011)
- The Human Rights Act 1998
- Deprivation of Liberty Safeguards (DOLS) – Interim Guidance DHSSPSNI (2010)
- WHSCT Policy for the use of Restrictive Interventions with Adult Service Users (2011)
- Promoting Quality Care: *Good Practice Guidance on the Assessment & Management of Risk in Mental Health & Learning Disability Services* (2010)
- Operational Guidelines
- for Adult Safeguarding in WHSCT (March 2010)

Purpose

The key purpose of engagement and supportive observation is to provide a period of safety for people during temporary periods of distress when they are at risk of harm to themselves and/ or others. It can also be used to provide an intensive period of assessment of a person's mental state.

Principles

- The level of engagement and supportive observation will be decided on the basis of individual need, and based upon vulnerability and risk.

- Supportive observations should be at the least restrictive level, for the shortest period of time within the least restrictive setting and will not be used for managing the risk of absconding unless there are other risk factors associated with absconding.

- The use of all levels of engagement and supportive observation will be conveyed clearly to patients and their carers, as appropriate, so that the intensity of the engagement and supportive observation is experienced as a therapeutic part of care and treatment. **(APPENDIX 1 & 2)**

- Observation of patients who are acutely ill is as a skilled task involving assessment of the patient's mental state, and should be seen as part of a holistic approach to care.

- Information from carers, and any other member of the multi-disciplinary team who know the patient well can be helpful in decision-making about the appropriate level of suitable engagement and supportive observation throughout the patient's stay in hospital.

- In as far as possible the consent and understanding of the patient in receipt of support or observation should be sought.

Aims of the Policy

The aim of engagement and supportive observation is to reduce the risk of harm to the patient and/others, to provide safe, therapeutic and individually focused care, which takes into account issues such as, privacy, dignity and respect.

This Policy also aims to provide a framework by which the multi-disciplinary team will discuss and implement formal observations, where clear lines of responsibility and accountability are agreed and understood.

Scope of Policy.

This policy applies to all Mental Health inpatient wards in the Western Trust and will be reviewed annually in line with Regional guidelines.
Any person under the age of eighteen admitted to an adult psychiatric ward must be observed as per Trust Policy.

Observation Levels

General Engagement & Supportive Observations (APPENDIX 3)

- General Observation applies to all patients coming into hospital. The admitting nurse will advise the patient on the level of observation on admission

- As a general rule individuals on general observation are considered not at any serious risk of harm to self or others. They are unlikely to leave the ward area or other treatment departments without prior permission, escort, or at least informing staff of their planned destination. Any limits set should be determined in conjunction with the patient, documented and updated in the care plan as appropriate.

- Staff should have knowledge of the patient's general whereabouts at all times. The exact location should be recorded at least hourly or more frequently based on an individual risk management plan.

- Dedicated time for the Registered Nurse to engage positively and carry out a mental state assessment should take place daily.

Continuous Engagement &Supportive Observations— Level 1

- Continuous engagement and supportive observation level 1 should be utilized for individuals considered to pose a significant risk to self or others following a comprehensive risk assessment.

- The patient and visitors (if appropriate) should be informed of the level of observation and the rationale for this level of intervention.

- In collaboration with the patient any potentially hazardous means of harming self or others should be removed and stored safely.

Process

- An allocated member of staff should be aware at all times of the precise whereabouts of the patient through visual observation or listening. The nurse in charge will be responsible for allocating staff to this role throughout the shift.

- The risk management plan should stipulate the maximum distance permissible between the staff and the patient and whether the patient can complete personnel hygiene or use the toilet out of sight, but in earshot of the member of staff.

- Delegated staff should not perform this role for more than 90 minutes at a time, and should have a break of at least one hour to carryout other duties before being re-allocated to the role.

- Visitors may participate in the engagement and supportive observation if this is identified as being appropriate in the care plan. In this instance nursing staff have responsibility for establishing the beginning and end of the visit, with the nurse going to the visitor to ensure verbal handover of information, which will be documented, by the nurse. The visitor, accompanied by the patient, will report to nursing staff if the visit is terminated early.

- In some circumstances the patient may be permitted to leave the ward or other clinical area in the company of an escorting nurse, other informed professional worker or appropriate relative. This sanction must form part of the patient's risk management plan and it must be documented in the patient's notes.

- Appropriate members of the multi-disciplinary team (minimum of Nurse-in-Charge and Doctor) should review the need for constant observation within every 24 hour period. Any changes to the level of observation must be documented in the patient's Risk Management Plan.

Continuous Engagement and Supportive Observation - Level 2

This significant level of observation will be prescribed in extreme instances.

This level of engagement and supportive observation is appropriate for patients who are at immediate and serious risk of one or more of the following or if the risk is such that any less intensive engagement and supportive observation would be insufficient for their safe management:

- Serious self harm or suicidal behaviour which would compromise the individuals well being

- Acting in a way which may seriously endanger the physical safety of others

- Susceptible to abuse by others

- Rapid deterioration leading to a requirement for emergency psychiatric or physical intervention due to their mental or physical state.

Process

- The patient should be in sight and within arms reach of a member of staff in all circumstances. This should be clearly documented in the patient's risk management plan.

- A comprehensive risk management plan should be undertaken, in collaboration with the patient,

- Any objects or means of harming self or others should be removed into safekeeping.

- Delegated persons should not perform this role for more than one hour within any two-hour period.

- The member of staff undertaking this level of engagement & observation must have the knowledge and skills to do so and be familiar with the condition of the patient.

- Supervising staff should endeavor to engage with the patient in order to minimize the distress that may result from such intensive contact.

- This option should only be considered if there is no alternative way to manage the individuals level of risk and can be used in conjunction with the Psychiatric Intensive Care Unit (PICU).

- This level of observation should be subject to review at least every 24 hours involving appropriate members of the team (Minimum Nurse in Charge and Doctor).

The observation nurse should not replace the role of the named nurse, who is responsible for daily assessment of mental state and implementation of a comprehensive nursing care plan. The observation nurse will support the named nurse in assessment of risk and mental state and in engaging therapeutically with the patient.

Risk Assessment, decision-making and recording

On admission a joint risk assessment should be carried out between medical and nursing staff. An initial level of engagement and supportive observation is determined following this assessment. As far as possible the patient should be part of this decision making process.

All observation levels should be under continuous review, and aim to provide the least restrictive care needed to maintain safety. The observations of a patient subject to continuous observation should be reviewed by both a medical officer (consultant psychiatrist or nominated deputy) and senior nurse (named nurse or nurse- in- charge) on at least a daily basis.

The multi-disciplinary team should make the decision to increase or decrease the level of engagement and supportive observation and have a plan in place to cover weekends and holidays. If the patient's own medical team is unavailable the observations can be reviewed and reduced by nursing staff in conjunction with the duty doctor. The consultant-on-call may be contacted if necessary.

The decision to increase the level of observation in an emergency can be made by the Nurse in Charge of the unit. This must be followed up with contact with the Duty Doctor.

Risk Management Plan

Patients must have a risk management plan that details the supervision requirements for that person. Those patients requiring continuous observation will have a Comprehensive Risk Management Plan completed

This plan must include: -

- The reason why a particular level of observation is required
- In what specific circumstances it be decreased
- Details of explicit therapeutic interventions and engagement required.
- Details of any restrictions placed on the patient; eg privacy to use bathroom/ toilet, use of other facilities.
- Details of review times and dates of observation levels
- A plan to cover weekends and holidays of responsible consultant.

Management of Observation

- There is a clear exchange of information pertaining to the patient's care when one worker is replaced by another, and a written entry is made in the observation record.
- The ward manager / nurse in charge must satisfy him / herself that the person assigned to carry out levels of observation possesses the requisite skills to do so, and that they understand the importance of the duty they are carrying out.
- No member of staff should accept responsibility for providing observations for individual patients without comprehensive knowledge of the patient, their diagnosis, symptoms and the rationale for the prescribed level of observation.

Continuous Observation Prescription Form (Appendix 4)

If a patient is commenced on continuous observation, a Continuous Observation Prescription Form must be completed and included in the patient's notes. This form should detail how observations will be implemented and reviewed, risk factors related to the observation level, known triggers which would increase risk, and rationale for reducing observation level. The Continuous Observation Prescription Form should also record any special circumstances or conditions, for example when the patient is in the bathroom or has visitors.

When Continuous Observation is discontinued, the Continuous Observation Prescription Form must be updated and signed by the staff members making this decision. The rationale for this decision must be documented in the patient's notes and on the Continuous Observation Prescription Form.

Continuous Observation Care Plan (Appendix 5)

All patients should have a care plan detailing the purpose of continuous observation, focusing on therapeutic input and personal responsibility, which the patient should be asked to sign to demonstrate their engagement in the process. The patient should receive a copy of this care plan.

Continuous Observation Recording Sheet (Appendix 6)

For any patient on continuous observation, every hour the observing nurse should document a summary of the care given during that hour, emphasizing the therapeutic input and highlighting any issues relevant to risk. This should be written on a Continuous Observation Recording Sheet, which must be filed in the patient's notes. This information will be used by the patient's named nurse in their summary report in the nursing notes every shift.

Appendix 1

Information for Patients on Engagement and Supportive Observation

When you come into hospital the doctor and nursing staff will discuss with you about the level of observation they feel you may require. They decide the level on the basis of information they obtain from your assessment, from your relatives and from yourself. . The main aims of observation are to help us get to know you, to support you and to keep you safe.

There are three levels of observations.

- **General Observation**

The first level (General Observation) applies to all patients coming into hospital. This will allow you to speak with the staff regularly about how you feel. Usually when you come into the hospital staff would prefer you to stay on the ward for a period until they get to know you, and understand your difficulties better. Staff will advise you when they feel it is okay for you to leave the ward. If you do plan or wish to leave the ward at any time you should always make the staff aware of this.

- **Intermittent observation**

The second level of observation means that staff will be observing you closer because they feel you need added support. This means that throughout the day and night a member of staff will check in with you from time to time to make sure you remain ok.

For this observation level to be effective it generally means you will remain in the ward at all times unless escorted by staff or a member of your family.

Staff may also ask you not to have anything on your person or near you that might cause yourself or someone else harm. If you do have something that could do this staff will take it and store it for you safely.

- **Continuous observation**

The third level of observation means that staff are with you day and night, within sight or sound and even in some cases with-in arms reach. This can feel somewhat uncomfortable especially if you go to the toilet or bathroom. This type of observation is to give you added support and to maintain your safety. Staff will ask you not to have anything on your person or within your room/ property that could harm you or someone else. If you have anything like this they will put it into safe keeping for you.

For this observation level to be effective it generally means you will remain in the ward at all times.

This level of observation will be reviewed daily by your hospital doctor and allocated nurse in consultation with yourself and any changes communicated as soon as possible.

Appendix 2

Information For Carers on Engagement and Supportive Observation

Introduction

When a person comes into hospital the doctor and nursing staff will discuss with them about the level of observation they feel may be required. They decide the level on the basis of the assessment carried out prior to admission, information from the patient and from you. The main aims of observation are to help us get to know them, to support them and to keep them safe.

There are three levels of observations.

- **General Observation**

The first level (General Observation) applies to all patients coming into hospital. This will allow your relative or the person you care for, to speak with the staff regularly about how they feel. Usually when they come into the hospital staff would prefer them to stay on the ward for a period until they get to know them, and understand their difficulties better. Staff will advise them when they feel it is okay for them to leave the ward. If they do plan or wish to leave the ward at any time they should always make the staff aware of this.

- **Intermittent observations**

The second level of observation means that staff will be observing them closer because they feel they need added support. This means that throughout the day and night a member of staff will check in with them a number of times each hour to assure themselves that all is ok.

If they wish to spend some time more privately with their carers / family without being disturbed you should discuss this with the nurse in charge of the ward. The nurse and doctor will wish to discuss this with you as the relative / carer to make sure that when they are in your company they are safe and well supported.

- **Continuous observation.**

The third level of observation means that staff are with your relative or the person you care for day and night, within sight or sound and in some cases arms-reach. This can feel somewhat uncomfortable for them especially if they want to go to the toilet or bathroom. This type of observation is to give them added support and to maintain their safety.

When the person you care for in under intermittent or continuous observation they will be required to remain on the unit unless escorted by staff or after discussion and agreement with the doctor and nurses responsible for their care.

Staff will ask your relative or the person you care for not to have anything on their person or within their room/ property that could harm them or someone else. If they have anything like this please make the staff aware and they will put it into safe keeping for them

This level of observation will be reviewed daily and your relative or the person you care for will be informed of the outcome.

Appendix 3

GENERAL OBSERVATION RECORD

B Bed - S/A Smoking Area - DN/R Dining Room - L Leave - C Corridor - D/C Day Care - O/W Out Walk - D Doctor - BTR Bathroom - R Room - INT/R Interview Room

TV/R T.V. Room - T/R Tea Room - F/R Family Room - ICU Intensive Care Unit - T Toilet - SH Shower - AD/R Admission Room - M/R Meeting Room - B/F Breakfast - L Lunch

Patient's whereabouts must be made clear at all times DATE:

Room No:	PATIENT'S NAME	7.45am	B/F	9am	10am	11am	12am	L	1pm	2pm	3pm	4pm	5pm	TEA	6pm	7pm
	Nurse Signature															

A member of staff and a member of night staff must both sign the sheet at handover times

Appendix 4

Continuous Observation Prescription Form

Name:		DoB:			Consultant:		
Please resond to all statements below		Yes	No	Sign/date	Update Sign/date	Update Sign/date	Update Sign/date
Patient to be within eyesight							
Patient to be at arm's length							
Nurse to remain during the night							
Observation when using bathroom	Visual						
	Hearing						

Date plan commenced: Time:

Medical Staff: Print Name: Signature:

Nursing Staff: Print Name: Signature:

Patient Signature:

Summary of risk factors relating to observation plan:

Rationale for observation level:

Known risk triggers / changes in behaviour which would increase risk:

What would be the rationale for reducing observation levels (e.g. visitors)?

Cessation of Continuous Observation

Rationale for decision:

Medical Staff: Print Name: Signature:

Nursing Staff: Print Name: Signature:

Date: Time:

Appendix 5

Continuous Observation Care Plan

Date:	
Name:	
DoB:	
Primary Nurse:	
Consultant:	

Identified Need
Increased risk of:

Identified Goal:
To promote a risk free environment which seeks to re-establish self-care and independence.

Planned Interventions, Nursing / Self

1. Place on continuous observations, complete Continuous Observation Prescription Form and provide information leaflet.
2. Introduce self to patient
3. Proactively initiate and encourage communication in order to build up rapport with the patient
4. Encourage meaningful interaction with _____ attempting to promote open and honest discussion re prescription of continuous observations as outlined in the Observation Prescription Form.
5. Explore precipitating factors leading up to this situation and encourage ventilation of fears and anxieties.
6. Together with _____ attempt to identify any stressors or triggers.
7. Discuss the above factors and try to find ways of lessening or avoiding their reoccurrence.
8. Recognise and negotiate the right to time for privacy, relaxation and rest.
9. Review the level of observations on a daily basis with members of the multidisciplinary team, emphasizing the promotion of responsibility, independence and therapeutic risk taking.
10. Consider appropriate use of medication and administer same as prescribed.
11. Encourage engagement in ward based activities where appropriate, involving Occupational Therapy and other key personnel.
12. Inform and involve relatives and carers in decisions regarding observations when practicable.
13. Ensure that all staff are aware of prescription of continuous observations and complete documentation accordingly.
14. Specific interventions to address this patient's particular difficulties.

Patient Signature: _____

If not signed, reason why: _____

Primary Nurse Signature: _____

Review Date: _____

Appendix 6
Continuous Observation Recording Sheet - Template

Patient Name:		DoB:	Hospital No:
Ward:		Primary Nurse:	Consultant:
Date:			

Time	Sign & Date	Print Name	Comments
0800 - 0900			
0900 - 1000			
1000 - 1100			
1100 - 1200			
1200 - 1300			
1300 - 1400			
1400 - 1500			
1500 - 1600			
1600 - 1700			
1700 - 1800			
1800 - 1900			

Time	Sign & Date	Print Name	Comments
1900 - 2000			
2000 - 2100			
2100 - 2200			
2200 - 2300			
2300 - 0000			
0000 - 0100			
0100 - 0200			

0200 - 0300			
0300 - 0400			
0400 - 0500			
0500 - 0600			
0600 - 0700			
0700 - 0800			

Western Health and Social Care Trust

EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

THIS IS A PUBLIC DOCUMENT

Title of Policy: Engagement & Supportive Observation Policy (Trustwide)		
Lead Manager: Linda Adams	**Title: Crisis Service Manager**	
Directorate: Mental Health	**Department: Grangewood**	
Contact details: Grangewood **Address: Gransha Park, Clooney Road, Londonderry BT47 1TF** **Tel: 028 71860261 Ext 217905** **Email: linda.adams@westerntrust.hscni.net**		
Short Description of Policy **The Key purpose of the engagement and supportive observation policy is to provide a period of safety for people during temporary periods of distress when they may be at risk to themselves or others. This is a Trust wide policy and applies to all Adult Mental health units and Primary Care and Older Peoples mental health wards.**		
Final Recommendations: (please tick as appropriate)		
1.	**GREEN: No equality issues/impact: no further action**	
2.	**AMBER: Minor equality issues/impact: actions identified**	✓
3.	**RED: Major equality issues/impact: full EQIA recommended**	
Please send draft completed form for quality assurance to equality.admin@westerntrust.hscni.net **For further information on quality assurance see page 3, section 3.**		
Final Approval Date:		

New ECNI Guidance: Please Note:

1. Why Equality Screen?

The Western Health and Social Care Trust is required by law, under Section 75, NI Act (1998) to have evidence that the following questions have been considered in relation to all policy development, strategic planning and general decision making. This template sets out a process that provides that evidence:

- What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 categories? (minor/major/none)
- Are there opportunities to better promote equality of opportunity for people within the Section 75 categories?

- To what extent is the policy likely to impact on good relations, between people of a different religious belief, political opinion or racial group? (minor/major /none)
- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

2. Quarterly Reports on Equality Screening on Trust Website

Under the new ECNI Section 75 Guidance, the Trust is required to provide quarterly reports on which policies/decisions have been equality screened. Both the policies and the completed screening form must be available for downloading from the Trust website, to the general public and staff. All consultees will be informed of the quarterly reports.

3. Quality Assurance

To ensure that the equality screening has been carried out appropriately, all equality screening forms need to be quality assured by the Equality and Human Rights Unit. The Equality and Human Rights Unit requires a minimum of 3 weeks to facilitate this. Please send the draft document to equality.admin@westerntrust.hscni.net.

4. Monitoring Compliance

Internal audit are now monitoring levels of compliance in relation to the Trust's statutory duty to equality screen policies/proposals.

5. Support and Assistance

Staff **MUST** attend Equality Screening Training (within the last 2 years) before undertaking equality screening. If you require further assistance or information on equality screening training, contact the Equality and Human Rights Unit (Tel: 028 8283 5278). There are also Equality Screening Guidance Notes available on the Trust Intranet under 'Useful Documents'.

Use the Guidance Notes to help you complete this document.

(1) INFORMATION ABOUT THE POLICY OR PROPOSAL

1.1 Title of policy or proposal:
Engagement &Supportive Observation Policy (Trustwide)

1.2 Description of policy or proposal

- What is it trying to achieve? (aims and objectives)

This policy applies to all Mental Health inpatient wards in the western Trust and includes adult mental health and Care of the elderly mental health wards. It also includes any person under the age of eighteen admitted to an adult psychiatric ward.

The Aim of the engagement and Supportive observation policy is to reduce the risk of harm to the patient and/others, to provide safe and supportive care, which sensitively takes into account issues of privacy, dignity and respect whilst taking into account the principles of least restrictive intervention in accordance with DHSSPS guidance regarding Deprivation of Liberation (DOL).

- How will this be achieved? (key elements)

The level of engagement and supportive observation will be decided on the basis of assess risk using the Promoting Quality Care: Risk screening tools.

Observation will be set at the least restrictive level, for the least amount of time within the least restrictive setting.

The use of levels of engagement and supportive observation will be conveyed clearly to patients and carers, so that the experience is seen as a therapeutic part of treatment.

Information from carers and other members of the team who know the patient well can be helpful in decision-making about the appropriate level and suitability of engagement and supportive observation.

- As far as possible the consent and understanding will be sought
- Consideration of the guidelines under (DOL) will be balanced against the need to maintain the individual's safety and the safety of others.

1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others. **Start to consider how you might involve them in the development of the policy/decision.** This will also help you to meet the Trust's obligations under Personal and Public Involvement (PPI).

Service users, families and carers.
General Public, Community & Voluntary Groups e.g. Foyle Advocates & Alzheimer's society.
Staff, Human Resources and Trade Unions.

1.4 Other policies or decisions with a bearing on this policy or proposal

- Deprivation of liberty safeguards. *DHSSPS 2010*
- Regional guidelines on the use of observation and therapeutic engagement in psychiatric inpatient facilities in Northern Ireland*. HSCB and PHA November 2011*
- Promoting Quality Care (risk assessments) *DHSSPS May 2010.*
- Operational policies for Ward 1 and 3 Waterside Hospital, L'Derry, Ash Villa, Oak A and Oak B Tyrone and Fermanagh Hospital Omagh *WHSCT 2012*
- Policy for the use of Restrictive Interventions with Adult Service Users November 2011
- Admission and Discharge Policy for Adult Mental Health
- Admission Treatment and Discharge of Children or Young Persons Under 18 to Adult Wards at TF Gransha Lakeview Hospital Protocol
- Operational Policies for Grangewood Crisis Service and Elm & Lime Ward in Tyrone & Fermanagh Hospital
- Human Rights Act 1998.

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

2.1.1 What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.

- Regional Guideline on the Use of Observation and Therapeutic Engagement in Adult Psychiatric Inpatient Facilities in Northern Ireland – October 2011
- Legacy Trust Policies – Foyle and Sperrin Lakeland
- Promoting Quality Care (risk assessments) *DHSSPS May 2010.*
- Consultation with Foyle Advocates & Alzheimer's society.
- WFP Stats
- Census 2011 Stats

2.1.2 How did you involve people?

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.
Consultation and Engagement Statement: In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

- Service users are consulted via Foyle Advocate.
- Consultation with staff throughout the organisation
- Draft policy sent to Foyle Advocates and Dementia Advocate for WHSCT, for consultation purposes.
- March 2013 draft version has been reissued to the relevant staff representatives and groups for comment and feedback.

Service users, carers and families have been involved in the consultation as well as staff and their representatives. Copies of the draft policy were sent out on the 18th of April 2013 for consultation until the 1/05/13. Prior to this the Elderly service had held two workshops 1st March 2013 in the northern sector and 14th March 2013 for the southern sector and inpute from these was included in final draft and recirculated. The policy went to staff side forum on 23rd October 2013.

2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup **(%)** of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

Category	**Service Users, etc.** Census 2011 states for Western trust area unless otherwise stated.	**Staff employed in Mental Health Wards in Western Trust** **Total staff across all wards: 239**
Gender	Male: 146,051 Female: 148,366 *(this includes under 18s also who do not avail of this service)	Female 170 Male 69
Age	18 – 19: 8,097 20 – 24: 19,865 25 – 29: 20,097 30 – 44: 61,230 45 – 59: 56,781 60 – 64: 15,380 65 – 74: 22,101	16-24yrs 3 25-34 yrs 38 35-44yrs 63 45-54yrs 101 55-64yrs 33 65+ 1

	75 – 84: 12,301 85 – 89: 2,878 90+: 1,333	
Religion	Catholic: 182,996 (32.16%) Presbyterian: 29,353 (9.97%) Church of Ireland: 37,154 (12.62%) Methodist: 4,900 (1.66%) Other Christian: 7,212 (2.45%) Other religions: 1,475 (0.50%) No religion: 12,199 (4.14%) Religion not stated: 19,128 (6.50%)	Protestant 42 Roman catholic 190 Not determined 7
Political Opinion	Based on first choice votes held by electoral office. Nationalist: 86,834 (53%) Unionist 61,995 (38.06%) Other: 14,025 (8.62%) Overall total: 162,854	Unionist 4 Nationalist 37 Other 14 Not determined 184
Marital Status	Marital Status: All usual residents aged 16 and over (229,329) Single: 87,557 Married: 106,383 In registered same-sex civil partnership: 161 Separated but still legally married: 9,678 Divorced or formerly in a same-sex civil partnership which is now legally dissolved: 11,063 Widowed or surviving partner from a same-sex civil partnership: 14,487	Married 162 Single 63 Other 14
Dependent Status	All families in households: 77,758 Households with no dependent children: 37,650 Households with children: 76,204 Residents who: Provide 1-19 hours unpaid care per week: 17,538 Provide 20-49 hours unpaid care per week: 5,859 Provide 50+ hours unpaid care per week: 9,096 Provide no unpaid care: 261,924	Yes 84 No 41 Not known 114
Disability	Long-term health problem or disability: Day-to-day activities limited a lot: 37,988 Long-term health problem or disability: Day-to-day activities limited a little: 26,351 Long-term health problem or disability: Day-to-day activities not limited: 230,078	Yes 9 No 137 Not known 93
Ethnicity	White: 290,923 (98.81%) Chinese: 486 (0.17%) Mixed: 740 (0.25) Irish Traveller: 251 (0.09%) Indian: 893 (0.30%) Other Ethnic Group: 294 (0.10%) Pakistani: 99 Black African: 115 (0.04%) Black Caribbean: 64 (0.02%)	White 198 Other 1 Not known 40

	Black Other: 58 (0.02%) Bangladeshi: 21 (0.01%) Other Asian: 473 (0.16%)	
Sexual Orientation	Rainbow Research (2008) estimates that approximately 10% of the population is LGB. This equates to approx. 29,442 people in the Western area.	Opposite sex 111 Same sex 3 Same and opposite sex 1 Not known 124

*Most stats are for all Trust residents not just those over 18 years.

2.3 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

	Needs and Experiences	
Equality Group	**Service Users, etc**	**Staff**
Gender	No identified issues	No identified issues
Age	No identified issues	No identified issues
Religion	No identified issues	No identified issues
Political Opinion	No identified issues	No identified issues
Marital Status	The Trust did not identify any needs, consequences or impacts that would be specific to people of different marital status. However, there is a need to keep partners/next of kin informed.	No identified issues
Dependent Status	Some service users will have carers/relatives who will need to be informed of the process. Some service users may have caring responsibilities themselves.	No identified issues
Disability	All the current clients have mental health problems or dementia and some have a range of other disabilities. The support and care needs that are specific to people with different disabilities will be carefully assessed and responded to as fully as possible. Any other client needs related to disabilities will be fully addressed . Service users will have information provided in appropriate formats including braille, sign language, large font; audit etc. and/or the policy can be explained to them by staff to ensure they are aware of it and the reason for it. Relatives/carers will also have information provided in suitable formats.	Staff who have a disability may require information in alternative formats e.g. audio, large font etc. The Trust will provide this and provide other support which a staff member with a disability may require e.g. reasonable adjustments in line with the Trusts guidelines.
Ethnicity	Should interpreters be required for service users/ relatives/ carers staff will arrange in line with Trust guidelines.	No issues identified
Sexual Orientation	No issues identified.	No issues identified
Other Issues: e.g. Rurality	No identified issues	No identified issues

2.4 Multiple Identities: When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

All the current clients have mental health problems or dementia and some have a range of other disabilities.

2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

Equality Group	Actions that promote equality of opportunity or minimise (mitigate) adverse impacts
Disability	All the current clients have mental health problems or dementia and some have a range of other disabilities. The support and care needs that are specific to people with different disabilities will be carefully assessed and responded to as fully as possible Any other client needs related to disabilities will be fully addressed . Service users will have information provided in appropriate formats including braille, sign language, large font; audit etc and/or the policy can be explained to them by staff to ensure they are aware of it and the reason for it. Relatives/carers will also have information provided in suitable formats.
Disability - Staff	Staff with a disability will be supported and accommodated as per trust policy.
Dependent Status	Some services users will have carers, others may have caring responsibilities. Carers and family members will be kept informed, in line with Trust policy.
Ethnicity	Should interpreters be required for service users/ relatives/ carers staff will arrange in line with Trust guidelines.

2.6 Good Relations

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

Group	Impact/Consequences	Suggestions
Religion	Not applicable	
Political Opinion		
Ethnicity		

(3) CONSIDERATION OF DISABILITY DUTIES

How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?
n/a

(4) CONSIDERATION OF HUMAN RIGHTS

4.1 Does the policy or proposal adversely affect anyone's Human Rights? Complete for each of the Articles.

Article	Positive Impact	Negative Impact -	Neutral Impact

		human right interfered with or restricted	
Article 2 – Right to life			✓
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	✓		
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			✓
Article 5 – Right to liberty & security of person	✓	✓	
Article 6 – Right to a fair & public trial within a reasonable time			✓
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			✓
Article 8 – Right to respect for private & family life, home and correspondence.	✓	✓	
Article 9 – Right to freedom of thought, conscience & religion			✓
Article 10 – Right to freedom of expression	✓	✓	
Article 11 – Right to freedom of assembly & association			✓
Article 12 – Right to marry & found a family			✓
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			✓
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	✓	✓	
1st protocol Article 2 – Right of access to education			✓

If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Question 5, 'Monitoring'.

4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.

Article Number	What is the negative impact and who does it impact upon?	What do you intend to do to address this?	Does this raise any further legal issues?* Yes/No
5	In order to protect their personal safety all service users subject to an enhanced level of observation would have restrictions on their ability to leave the unit unsupervised. This is assess based on comprehensive risk	Give clear understanding and rationale for need for restrictions. Encourage active participation in care planning	**No**

	assessment by multidisciplinary team providing care and as far as possible with the agreement of the service user.		
8	Dependent on level of assessed risk, may need to observe the patient subject to enhanced level of observation even whilst family is in attendance. This is to protect the individual and also other family members	Clear explanations of need for observation to maintain the safety of the patient and family members	**No**
10	If persons method of expression is detrimental to their health and wellbeing staff would intervene to ensure safety. E.G. pens, pencils which could be used as a weapon	Explanation of the Policy and need to maintain safety. Service user can access under supervision of staff.	**No**
1st Protocol	Dependent on level of assessed risk articles considered to be of danger to the patient or others would be removed for safe keeping.	Clear explanation of the Policy and need to maintain safety. All service users are advised in induction that certain items which could be used by themselves or others to inflict harm need to be sent home or removed for safety. This includes items such as phone chargers, lighters, matches and other sharp instruments. Service users can access these when required under the supervision of staff.	**No**

It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.

4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.

Provision of both information for patients and carers through admission and induction booklets. Each service users has one-to-one protected time with their named nurse each day where all issues can be discussed, reviewed and additional explanations given. The named nurse is also available to discuss with carers during visiting times. Ward meetings take place weekly when all service users have an opportunity to discuss issues with staff and foyle advocates attend the wards on a weekly bases and can liaison with staff on service users behalf

(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

How would you categorise the impacts of this proposal or policy? (refer to Guidance Notes for guidance on impact)

Please tick:

GREEN: No impact	
AMBER: Minor impact	✓
RED: Major impact	

Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?

Please tick:

Yes	
No	✓

Please give reasons for your decision. (See Guidance Notes, page 28, for sample paragraph).
The overall aim of the policy is to promote safety and ensure that the Trust has measures in place to reduce the risk of harm to patient and others and engage the individual in therapeutic and patient focused care, which sensitively takes into account issues of privacy dignity and respect.

Some adverse impacts in relation to Human Rights have been identified with the introduction of this policy but every effort will be taken to keep these to a minimum by ensuring regular review of assessed risk and the reduction of observations as soon as possible. Restrictions may be placed on the service user's freedom to leave the ward area or to use bathroom and shower facilities unsupervised. Some of the service user's personal items may be removed in order to ensure safely, items such as sharps, flammable liquids, and potential ligatures. These items will be available if required under supervision staff.

Information for patients and carers is provided through admission and induction booklets. Each service users has one-to-one protected time with their named nurse each day where all issues can be discussed, reviewed and additional explanations given. The named nurse is also available for discussions with families and carers during visiting times. Ward meetings take place weekly when all service users have an opportunity to discuss issues with staff and Foyle Advocates attend the wards on a weekly basis and can liaise with staff on a service users behalf.

Information will be made available in alternative formats for those with additional communication support needs e.g. large print, braille, interpreters, translations etc. as required, in line with Trust Guidelines and Policies.

- **NOTE: Equality and Human Rights Statement:** The policy/proposal that this screening relates to MUST include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust's Equality Screening Report.

(6) EQUALITY AND HUMAN RIGHTS MONITORING

What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?
Inspection reports from RQIA regarding patient's experience. Feedback from Advocacy Services. Feedback from Patient satisfaction questionnaires/dashboards. Complaints from the affected clients/families have been and will continue to be captured, monitored and responded to. The cycle of complaints will be followed i.e. logged, responded to, solution or outcome reached and learning adopted. Complaints, comments and incidents as a result of this change will be monitored closely. Review of incidents and Serious adverse incident recommendations.

Approved Lead Officer: **Linda Adams**

Position: **Crisis Service Manager**

Policy/Proposal Screened By: **Linda Adams/Joe Travers/Gene Gillease/Winifred O'Kane**

Date: **12/08/2013**

Quality Assurance: Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: equality.admin@westerntrust.hscni.net. **Quality Assurance can take up to three weeks.**

Directorate SMT Approval: The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

Quarterly Equality Screening Reports: When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.