



POLICY ENHANCED NURSING SUPPORT

1. INTRODUCTION

- 1.1 The Trust aims to ensure that all patients receive high quality nursing care, provided in a way that suits our patient's needs. Some patients require more than general nursing observation, often with the primary aim of reducing risk and protecting the patient and on occasions other patients e.g. increased confusion, agitation, high risk of falling and sustaining an injury.

The policy provides information for staff on the Enhanced Nurse Support team in the adult in-patient areas which will supplement the current nursing care given to patients with a wide variety of medical conditions such as dementia, delirium and frailty. The Enhanced Nursing Support team will allow for a consistent process to be put in place to enhance the safety of the patient whilst simultaneously providing interventions to minimise distress or risk of harms caused by being within a hospital environment.

2. POLICY STATEMENT

- 2.1 The management of this process will be the responsibility of the Older Persons Matron, supported by the Older Persons Care Team.
- 2.2 The purpose of this policy is to ensure that all staff follow the correct procedure in order to assess, escalate and care for patients who require enhanced support.
- 2.3 This policy is aligned with the Trust's Proud to CARE values (Compassion, Achievement, Relationships, Environment). Further information on the Trust's values is available on the intranet.

3. DEFINITIONS

- 3.1 For the purpose of this policy the term "Enhanced Nursing Support" will be defined as increased care delivery to patients with a wide variety of medical conditions such as dementia, delirium and frailty.
- 3.2 The "Increased Nursing Supervision Care Bundle" is the nursing documentation package which is completed to assess, plan and evaluate the patients requiring enhanced support and to monitor and evaluate the patient's behaviour.

4. PROCEDURE

- 4.1 The Standard Operating Procedure (SOP) should be followed as per Appendix 1 for any patient who has been identified as requiring Enhanced Nursing Support for whatever reason. The SOP includes the following information:
- Clear identification for when a member of the team is required
 - How to request a member of the team
 - An understanding of the Enhanced Nursing Support teams role and responsibilities
 - The clinical area requesting the support of the Team to understand their responsibilities to the team member.

5. ROLES AND RESPONSIBILITIES

- 5.1 It is the ward Nurse in Charge along with the nurse caring for the patients responsibility to identify when a patient in the ward area may require enhanced nursing support and to implement the SOP accordingly in the first instance.
- 5.2 The Older Persons Matron, once contacted by the ward team, will allocate a member of the Enhanced Nursing Support team to the requesting ward subject to the highest clinical need, patient safety and staff availability.
- 5.3 Once allocated to the appropriate patient(s) the Enhanced Nursing Support team worker will follow the advice and guidance as detailed in the SOP.
- 5.4 The ward staff will continue to support the Enhanced Nursing Support team worker within the ward area in accordance with the SOP.
- 5.5 The Older Persons Care Team will review the patients who are receiving Enhanced Nursing Support on a daily basis and allocate/reallocate staff according to need. Ongoing support to the ward team will also be provided by the Older Persons Care Team within normal working hours. It is expected that the member of the Enhanced Nursing Support team will work as an integral part of the ward team for the duration of their shift, interacting and helping existing ward staff to develop their skills re caring for patients supported by the team
- 5.6 If an agreement cannot be reached regarding the requirement for the Enhanced Nursing Support team, then the Senior Matron must be contacted for further guidance.
- 5.7 Out of hours the Clinical Operations Matron should be contacted and the same assessment as outlined in the SOP should be followed.
- 5.8 Appropriate documentation must be completed as per the Increased Nursing Supervision Care Bundle (appendix 2).
- 5.9 If following a review by the Older Persons Care Team, a member of the Enhanced Nursing Support team is unavailable, then the ward staff must escalate to the relevant Senior Matron for further advice/support.

6. TRAINING REQUIREMENTS

- 6.1 There is no specific training required regarding this policy but it is expected that all qualified and unqualified nursing staff will be informed of this policy on induction to the Trust. It is also expected that individual ward Matrons will ensure existing staff within their own areas are fully conversant with the policy and associated documentation. Please also see Appendix 3 regarding the training and education plan re the Enhanced Nursing Support team.

7. MONITORING

- 7.1 The Older Persons Care Team along with the relevant Heads of Nursing and Deputy Director of Patient Care will monitor the effectiveness of the policy, any issues identified will be reviewed with the appropriate staff and any action necessary will be agreed upon.
- 7.2 The evaluation framework developed will review the following outcomes:
 - a) Reduction in falls no harm/harm, with no falls when patients are be cared for by enhanced support team
 - b) Reduction in the number of requirements for enhanced nursing support and reduction in unfilled shifts
 - c) Positive impact on staff, patient/carers experience
 - d) Staff well-being

8. KEYWORDS

8.1 Enhanced Nursing Support team, Increased Nursing Supervision.

9. RELATED POLICIES

9.1 Deprivation Of Liberty Safeguards Policy OP1.21 Chesterfield Royal Hospital December 2016

9.2 Falls Policy Chesterfield Royal Hospital February 2016

9.3 Integrated Care Pathway Guideline for the Detection and Management of Acute Confusion/Delirium in Adults MED317 Chesterfield Royal Hospital October 2015

Date ratified: Quality Delivery Group (February 2016)

First issued: February 2016

Version no: 1.0

Date issued: February 2016

Review date: February 2018

For review by: Deputy Director of Nursing and Head of Nursing Surgical Division

Director responsible: Director of Nursing and Patient Care

EQUALITY IMPACT SCREENING TOOL

APPENDIX 1

Please complete the following when screening your policy for potential impact on equality groups.

1. Name of lead	Bridget O Hagen
2. Directorate/ Department	Corporate Services
3. Name of policy	Increased Nursing Supervision-Enhanced support Team
4. Is this a new or existing policy?	New
5. Target audience e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	All NHS clinical staff
6. What are the aims of the policy?	To provide guidance on the implementation of Enhanced support
7. Does any part of this policy have a positive impact on our duty to promote good race relations, eliminate discrimination and promote equality based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.	yes
8. Could any part of this policy have an adverse impact on our duty to promote good race relations eliminate discrimination and promote equality based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.	No, this policy is designed to support all staff and patients who are required to use refer to this policy
9. Are there any factors that could lead to differential take-up, outcomes or satisfaction levels based on people's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.	No



STANDARD OPERATING PROCEDURE FOR THE ENHANCED NURSING SUPPORT TEAM

Title	Role
Objective	The aim of the Standard Operating Procedure (SOP) is to provide staff with clear steps when requiring a member of the Enhanced Nurse Support Team to nurse a patient within their clinical area.
Overall Aim	To provide a service to the inpatient areas that will support the current nursing care given and being able to provide enhanced support to patients with a wide variety of medical conditions such as Dementia, Delirium and frailty. The Enhanced Nursing Support team will help to ensure the safety of the patient whilst simultaneously providing interventions to minimise distress or risk of harms caused by being within a hospital environment.
Key principles	<p>SCOPE.</p> <p>The document is for Chesterfield Royal Hospital NHS Foundation trust, (CRHFT)</p> <p>OBJECTIVES.</p> <p>The objectives of the SOP are to ensure that CRHFT has the following:</p> <ol style="list-style-type: none"> 1) Clear identification for when a member of the Enhanced Nursing Support team is required. 2) How to request a member of the Enhanced Nursing Support team. 3) A Clear understanding of the Enhanced Nursing Support teams roles and responsibilities. 4) The clinical area requesting the support of the Enhanced Nursing Support team to understand their responsibilities to the Enhanced Nursing Support team member. <p>OPERATING PROCEDURE AND CRITERIA TO REQUEST A MEMBER OF THE ENHANCED NURSING SUPPORT TEAM.</p> <ul style="list-style-type: none"> • The Enhanced Nursing Support Policy and increased Nursing Supervision Care Bundle should be followed to determine if a patient requires one to one/one to two/bay observation nursing now called Enhanced Nursing Support. • If the patient meets the requirements according to the policy and the increased Nursing Supervision Care Bundle, the Older Person Team should be contacted in office hours 7 days a week by phoning ext. 3731, a message can be left or the team can be bleeped on bleep 905 (team) or 764 (Lead Older Persons Matron). If out of hours the Clinical Operations Matron (on site matron) should be contacted on ext. 3555.

- The Older Person Team will provide continuing support and assessment of the continued need for enhanced support on a daily basis.
- The Older Person Team / Clinical Operations Matron / message left should provide information of the requirement (this may be for 1:1, 1:2 or a cohort bay) and include details of the patient or patients, ward, patient names, hospital numbers and date of births. This should also include reasons why the enhanced care is required.

ALLOCATION OF THE ENHANCED NURSING SUPPORT TEAM.

- A member from the Older Person Team will attend the ward to review patients who require enhanced support and review with the nurse in charge etc. if required the Senior Matron will attend.
- The Older Person Team will allocate a member of the Enhanced Nursing Support Team to the requesting ward subject to the highest clinical need, patient safety and staff availability.
- If there are more areas requesting a member of the Enhanced Nursing Support Team the Older Person Team will determine who is allocated to which area base on clinical priority. The Older Peoples Team will discuss the need for additional staff to support other patients with the Senior Matron/Head of Nursing and the normal escalation process will be followed.
- The Older Person Team will allocate staff for the 24 hour period including weekends and bank holidays.
- Any unexpected requirements out of hours the on Clinical Operations Matron will determine where the Enhanced Nursing Support team members are placed.

This will be determined by referring to the Enhanced Nursing Supervision Care Bundle documentation, existing risk assessments and assessing the patient clinical need.

- If no enhanced support is required then the Older Person Team / Clinical Operation Matron will assess clinical areas need for extra support or allocate to an area for reminiscence or personal / group activity work.

RESPONSIBILITY OF THE ENHANCED NURSING SUPPORT TEAM MEMBERS

- Introduce themselves to the patient.
- Whilst providing Enhanced Nursing Support for a patient, it is expected that the HCA will undertake individualised essential care for that one patient including washing, dressing, nutritional support and toileting etc.
- They will be expected to take the patients observations and report them to the qualified nurse responsible for the patient.

- They will be expected to talk to and engage the patient being supported providing reassurance, orientation and providing therapeutic interventions such as walking, reading or activities of an interest to the individual being supported.
- They will liaise with relatives/carers involving them in the care and support needs of the patient; this will include completion of the 'This is me' document if appropriate.
- They will liaise with MDT members informing them of relevant care needs or concerns. They must communicate with the qualified nurse responsible on a regular basis identifying any change in behaviour or concerns and must seek help or advice if felt needed.
- The enhanced care team member will complete a handover delegation record in agreement with the qualified nurse responsible for the patient of any significant care needs/changes/triggers and complete a full verbal handover to the person taking over the care; this should be confirmed by the qualified nurse responsible.
- If the patient is transferred to another clinical area the enhanced care team member will follow them on that journey to provide consistency of care, using the SBAR tool.
- The Enhanced Nursing Care team members' should not leave the patient, they should follow the agreed level of support required unless they are relieved by a dedicated staff member, e.g. break, change of staff.
- To provide a level of support that would be beneficial to the individual which may not be common ward practice; this may be playing a game, going outside or listening to music.
- Complete the Increased Nursing Supervision Care Bundle documentation; this must be a minimum of hourly recording care given, activities performed and relevant behaviours demonstrated.
- The team member may be providing support for 1:1, 2:1 or a cohort of patients.
- The enhanced support team member should be aware of the care needs of their environment; this may involve interaction and support of other patients within their local environment but always under the guidance of the qualified nurse.

THE CLINICAL AREA ROLE AND RESPONSIBILITIES TOWARDS THE ENHANCED NURSING CARE TEAM MEMBER.

- The clinical area should welcome and greet the Enhanced Nursing Support team member.
- The Enhanced Nursing Support team member should receive a verbal handover from the appropriate qualified nurse with any significant care needs discussed, any care goals or changes of behaviour.

- The Enhanced Nursing Support team member should receive the clinical areas support and assistance in the delivery of the enhanced support.
- The clinical area should plan and involve the Enhanced Nursing Support team member with relief; to allow breaks, allow rotation of permanent staff if required and handover/changes of personnel within the enhanced support team.
- The Multi-disciplinary team (MDT) should communicate any changes in proposed care delivery to the Enhanced Support team member immediately.
- **THE QUALIFIED NURSE ALLOCATED TO THE PATIENT IS RESPONSIBLE FOR ALL CARE DELIVERY, CARE NEEDS AND CARE PLANNING OF THE PATIENT. THE ENHANCED SUPPORT TEAM WILL WORK USING THEIR ENHANCED SUPPORT TRAINING AND BEST PRACTICE PRINCIPLES BUT UNDER THE GUIDANCE OF THE RESPONSIBLE QUALIFIED NURSE.**



Chesterfield Royal Hospital
NHS Foundation Trust



Increased Nursing Supervision Care Bundle

Surname

Forename

Patient I.D. No

D.O.B.

Increased Nursing Supervision Risk Assessment

(Re-assessments must be done every 24 hours or with any condition change)

Ward..... Date of Initial Assessment.....									
Section 1: IMMEDIATE ACTIONS TO ASSESS AND REDUCE RISKS Please document – Yes or No				Reassessment					
Reassessment Date:									
Time:									
INDICATORS	Yes/ No	ACTIONS	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Recent medical review (within 48 hrs & must include review of current medication)		No: request review and document in care plan							
Is the patient displaying any of the following behaviour? e.g. pulling at tubes or lines, wandering and confused, unsteady and risk of falling, attempting to abscond or agitated &/or aggressive		Yes: chart behaviour / triggers on activity chart							
Have referrals been made to the multi-disciplinary team?		No: refer & document in patient's record							
Is there a clear multi-disciplinary management plan?		Yes: initiate plan No: refer to team							
Falls risk assessment and care plan completed?		No: complete risk assessment and update care plan							
Does the patient have a history of falls during this episode?		Yes: record no. of falls							
Is there a current substance misuse problem?		Yes: refer to medical team							
Have environmental concerns been considered? i.e. stimuli, side room available, needs observable position		No: consider environmental stimuli - move to a side room or to a more observable position							
Can the patient be nursed in a supervised bay?		No: document reason below							
Does the patient appear to have the capacity to make decisions about care and treatment?		No: ensure capacity assessment completed							
Is the patient expressing intent to / attempted self-harm or has suicidal ideation		Yes: inform medical team for immediate referral to Mental Health Liaison or CAMHS							
Does the patient require review by the Older Peoples Team (OPT)		Yes: refer to OPT							
Does the patient require an increased level of nursing supervision?		Yes: proceed to section 2							
Initial assessment by (print name and sign):		Initial							

SECTION 2: RISK REASON & SUPERVISION RECOMMENDATION

This should be completed and agreed by Nurse in Charge and Senior Matron/ Dementia Matron or Site Matron (out of hours) on initial assessment and reviewed daily by Nurse in charge. Any increase in supervision needs to be agreed by Senior Matron/ Dementia Matron/ Site Matron (Out of Hours)

Where the patient is unable to consent a capacity assessment must be completed and consider Deprivation of Liberty Safeguards			Recommended Level of supervision Must be Reviewed every 24 hours						
			Reassessment Date:						
Risk/Reason: tick the applicable boxes below and circle the level of supervision (assumed HCA supervision unless otherwise stated).			Time:						
1	Reduce risk of falls		1:1 / 2:1 / Cohort bay						
2	Confused and wandering presenting a risk to self and others (patient & staff)		1:1 / 2:1 / Cohort bay						
3	Pulling lines/tubes (tracheostomy, PEG, IV) that may result in significant harm		1:1 / 2:1 / Cohort bay						
4	Extreme/challenging behaviour violence & aggression: if not normal behaviour, for urgent psychiatry review		1:1 HCA consider 2 staff per patient						
5	Expressing intent or recently attempted to self-harm/suicidal ideation. Refer to policies: Management of children/adolescents who self-harm or management of adult patients who self – harm		Immediate review by medical & mental health liaison team/CAMHS consider 2 HCA or registered professional						
6	Other e.g. multiagency public protection arrangement (MAPPA)		1:1 / 2:1 / Cohort bay						
Initial			Initial						
Senior Matron/ Dementia Matron/Site Matron Initial			Senior Matron / Dementia Matron/ Site Matron Initial						

CARE PLAN FOR PATIENTS IN NEED OF INCREASED NURSING SUPERVISION

Identified need	Planned Care	Date / Initials	
		Commenced	Discontinued
..... needs increased nursing supervision	Communicate daily required level of nursing supervision to all members of the ward team as per daily assessment		
	Identify and record any triggers to behaviour on patient behaviour chart.		
	Use appropriate diversional therapy detailed below:		
	Ensure all referrals are made as indicated in risk assessment		
	Ensure behaviour is documented on activity chart: minimum hourly		
	Consider pain, comfort, fluids, toileting and ensure everything the patient requires is in their reach as per the intentional rounding chart		
	Document any agreed supervision/support provided by relatives: Name / relationship: Time of day/night:		

ACTIVITY CHART FOR PATIENTS IN NEED OF INCREASED NURSING SUPERVISION

Date _____

Please document in detail all patient movement and activity below throughout a 24 hour period

[illegible]

A minimum of one entry every hour must be recorded for the time the patient is having increased nursing supervision. Intentional Rounding is not required if Activity chart is being completed.

ACTIVITY CHART FOR PATIENTS IN NEED OF INCREASED NURSING SUPERVISION

Date _____

Please document in detail all patient movement and activity below throughout a 24 hour period

[illegible]

A minimum of one entry every hour must be recorded for the time the patient is having increased nursing supervision. Intentional Rounding is not required if Activity chart is being completed.

ACTIVITY CHART FOR PATIENTS IN NEED OF INCREASED NURSING SUPERVISION

Date _____

Please document in detail all patient movement and activity below throughout a 24 hour period

[illegible]

A minimum of one entry every hour must be recorded for the time the patient is having increased nursing supervision. Intentional Rounding is not required if Activity chart is being completed.

ACTIVITY CHART FOR PATIENTS IN NEED OF INCREASED NURSING SUPERVISION

Date _____

Please document in detail all patient movement and activity below throughout a 24 hour period

[illegible]

A minimum of one entry every hour must be recorded for the time the patient is having increased nursing supervision. Intentional Rounding is not required if Activity chart is being completed.

ACTIVITY CHART FOR PATIENTS IN NEED OF INCREASED NURSING SUPERVISION

Date_____

Please document in detail all patient movement and activity below throughout a 24 hour period

[illegible]

ACTIVITY CHART FOR PATIENTS IN NEED OF INCREASED NURSING SUPERVISION

Date _____

Please document in detail all patient movement and activity below throughout a 24 hour period

[illegible]

ACTIVITY CHART FOR PATIENTS IN NEED OF INCREASED NURSING SUPERVISION

Date_____

Please document in detail all patient movement and activity below throughout a 24 hour period

[illegible]

Title	Role
Objective	To provide bespoke ongoing high quality education, training and support.
Overall Aim	To improve the skills, knowledge and capability of the Enhanced Nursing Support team (ENST) to operate safely and effectively in this complex nursing intervention within CRHFT.
Key principles	<p>To assess the knowledge and the skill level of the Health Care Assistant HCA with regards to their abilities around the care of the person with Dementia, Delirium and frailty, their communication techniques and inter personal skills.</p> <p>To provide an ongoing but bespoke level of training; the training will encompass mandatory elements but will be flexible to the needs of the individual.</p> <p>To provide ongoing support to the ENST members performing this complex and flexible role.</p> <p>To show that we are proud to CARE and the ethos is at the heart of everything we do- looking after our patients and our each other.</p> <p>ALL HCA`s will receive corporate induction training before commencement on the ENST.</p> <p>ALL HCA`s will commence on the CRHFT Care certificate training this will involve the 15 care certificate standards as per care certificate policy as listed below.</p>
Training options	<ol style="list-style-type: none"> 1. Understanding of role. 2. Your personal development 3. Duty of care 4. Equality and diversity 5. Work in a person centred way 6. Communication 7. Privacy and dignity 8. Fluid and nutrition 9. Awareness of mental health, dementia and learning disability. 10. Safeguarding adults 11. safeguarding children 12. Basic life support 13. Health and safety 14. Handling information 15. Infection control. <p>This training is supported by the clinical educator and training practitioners, all HCA are expected to provide reflective accounts of care and involve the completion of competency workbook completion.</p> <p>All HCA will continue on to do the QCF level 2 clinical support training unless they already have completed the equivalent qualification, i.e. NVQ level 2.</p> <p>All HCA will have a 2 week supernumerary period to allow training for the Enhanced Nursing Care Team role.</p>

February 2016