

As far as possible your views must also be taken into account. As soon as possible, your psychiatrist or the doctor on call will be told of any decisions about increasing your intensity of observation, and decisions together with the reasons for using observation above the general observation will be written in your notes. Your observation will be reviewed by staff at least every shift.

Types of Observation

There are four types of observation depending on the assessed level of risk.

General Observation: This is the minimal observation for all people admitted to hospital. Staff will check on your whereabouts every hour but they don't have to be able to see you all the time. At least once during their shift, a nurse will check on how you are. This is the most common type of observation.

Intermittent Observation: This observation is used when staff are concerned about your level of risk, either to yourself or to others. Staff will check on where you are at specified intervals between 5 and 30 minutes. As far as possible, this must be done without disturbing you whilst respecting your privacy and dignity. At least once during their shift, a nurse will check on how you are.

If you are subject to intermittent observation, you will generally not be able to leave the ward environment without appropriate escort, unless this is part of your agreed and documented care plan.

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Therapeutic Engagement and Observation

Information for Patients, Relatives and Carers

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Introduction

The National Institute for Health and Clinical Excellence, or NICE, is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

NICE issued a Clinical Guideline - Number 25 - in February 2005, which contains instructions about how NHS organisations must implement the observation of mental health patients admitted to hospital. Information about observation for patients, drawn from NICE (2005a), is set out below.

What is Observation?

Observation is the welfare check carried out by staff on the ward. There are a number of reasons why a person could be on an increased intensity of observation. These include keeping vulnerable patients safe; to help prevent a person from harming themselves or others or because someone is physically unwell. All types of observation are a positive opportunity to talk to you and engage you in activities.

Deciding which observation is needed

You must be observed using the least intrusive observation possible. A balance must be struck between your dignity and privacy and the safety of yourself and those around you.

Decisions about your observation must take into account your current risks and mental health needs, your history and any medication you are on.

Within Eyesight: This observation will be used if there's a risk you could try to hurt yourself or another person at any time. Staff must keep you within eyesight at all times. This includes when you are using lavatory and bathroom facilities. If necessary, anything that you could use to harm yourself or others will be removed. Staff may need to search you and your belongings, though they must do this in a sensitive way and must keep your legal and human rights in mind. At least once during their shift, a nurse will check on how you are.

Within Arms Length: This observation means that one or more members of staff will stay close to you. This includes when you are using lavatory and bathroom facilities. This observation will be used if you're likely to hurt yourself or another person if you get the chance. If necessary, anything that you could use to harm yourself or others will be removed. As far as possible your privacy and dignity must be respected. You must be asked your opinions on different aspects of being under this type of observation (for example, would you prefer to be observed by staff of the same sex as yourself). At least once during their shift, a nurse will check on how you are.

What you can expect from staff

You can expect that nurses and other staff involved in your observation will have been briefed on your previous history, and must know about any particular needs you have or areas where particular care should be taken. They will try to engage positively with you, listen to what you're saying, and value you as a person. To ensure patient safety and best practice a formal process of review must be followed when reducing the intensity of observation.

Equality and Diversity

Your perspectives on engagement and observation, your gender and the member of staff providing the increased engagement and observation, must always be taken into account and the purpose of observation explained to you. When planning the needs for observation and engagement, any relevant aspects of equality and diversity issues should be considered, including Age, Disability, Gender & Gender Identity, Race, Religion & Belief, Sexual Orientation. You should be provided with information about why you are under observation, the aims of the observation and how long it is likely to be maintained; the aims and level of observation should, where appropriate, be communicated, with your approval, to the nearest relative, friend or carer (NICE 2005).

Keeping you informed

If your observation is increased or decreased, you should be given information about why this has happened, the aim of the change, and how long the observation is likely to last. Where possible you will be involved in the decision making process. Where it's possible, you must be involved in the handover between staff at the end of observation shifts so you know what is being said about you. More information about observation is available from members of staff.

References

National Institute for Health and Clinical Excellence (2005) Violence: the short-term management of disturbed/violent behaviour in inpatient psychiatric settings and emergency departments. Clinical Guideline 25. London: NICE

National Institute for Health and Clinical Excellence (2005a) Violence: managing disturbed/violent behaviour. Understanding NICE guidance - information for patients, their advocates, families and carers, and the public. London: NICE.