

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board		
Held on	24 March 2021		
Agenda Item:	10		
Title:	Higher Level Supervision Guideline		
Summary:			
<p>The purpose of this report is to provide an overview and rationale for the review of the local Higher Level Supervision (HLS) Guideline (Appendix 1) and to set out recommendations regards approval, implementation and future review processes.</p>			
Author:	Susan Holland, Dementia Nurse Consultant		
Recommendations:			
It is recommended that the Integration Joint Board			
<ul style="list-style-type: none"> i. Endorse the reviewed HLS Guideline ii. Support the application of the reviewed guideline across community hospital settings within the South Ayrshire Health and Social Care Partnership iii. Agree the ongoing review of the guideline of a 3 yearly basis (or beforehand if required). 			
Route to meeting:			
Initial request made via Associate Nurse Director, Rosemary Robertson.			
Directions:		Implications:	
1. No Directions Required	<input checked="" type="checkbox"/>	Financial	<input type="checkbox"/>
2. Directions to NHS Ayrshire & Arran	<input type="checkbox"/>	HR	<input type="checkbox"/>
3. Directions to South Ayrshire Council	<input type="checkbox"/>	Legal	<input type="checkbox"/>
4. Directions to both SAC & NHS	<input type="checkbox"/>	Equalities	<input type="checkbox"/>
		Sustainability	<input type="checkbox"/>
		Policy	<input type="checkbox"/>
		ICT	<input type="checkbox"/>

HIGHER LEVEL SUPERVISION GUIDANCE

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an overview and rationale for the review of the local Higher Level Supervision (HLS) Guideline ([Appendix 1](#)) and to set out recommendations regards approval, implementation and future review processes.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board

- i. Endorse the reviewed HLS Guideline
- ii. Support the application of the reviewed guideline across community hospital settings within South Ayrshire
- iii. Agree the ongoing review of the guideline of a 3 yearly basis (or beforehand if required).

3. BACKGROUND INFORMATION

- 3.1 HLS practices have long been used across NHS Ayrshire and Arran hospital settings to ensure the safety of patients assessed as being at increased risk of harm to self or others, either within a ward environment and or/if the patient were to leave the ward.
- 3.2 In October 2019, a four week scoping exercise was undertaken to assess local HLS practices following concerns raised by Nurse Director Hazel Borland regards HLS decision making processes and the increasing number of requests for additional staff to support patients being cared for under HLS.
- 3.3 One of the recommendations from the scoping works was that a review of the current HLS guideline required to be undertaken.

4. REPORT

- 4.1 A guideline review was undertaken by the local HLS Steering group. This group is led by Susan Holland, Dementia Nurse Consultant for NHS Ayrshire and Arran. A summary of areas of highlighted concern and action are summarised as follows:

4.1.1 Scope of the Guideline:

Although the current HLS guideline is used to support HLS practices across Acute and Community Hospitals, the scope of the guideline in its current

context only extends to the “Higher Level Supervision of Patients in Acute Hospital Settings” (i.e. UHA and UHC).

Action Taken:

The scope of the reviewed guideline now extends to all general hospital settings across NHS Ayrshire and Arran (Acute and Community).

4.1.2 Terminology:

Confusion amongst staff regards approved levels of supervision and the use of unapproved HLS practices were highlighted during the scoping exercise. Terminology used within the current guideline to describe approved levels of HLS was found to be inconsistent and was felt to be a contributing factor to noted concerns.

Action Taken:

A full review of the terminology (and structure of guidance content) has been undertaken.

4.1.3 Risk Assessment

The risk assessment documentation which is aligned to the current guideline was not designed for the purpose for which it is being used. Consultation with Health and Safety colleagues confirmed concerns of the review team that this risk assessment documentation has no clinical validity in the context of HLS.

Action Taken:

A reviewed risk assessment framework has been developed and incorporated within the reviewed guideline. This has been ratified for use by the local Health and Safety team.

4.1.4 HLS Care Plan Documentation

There was no HLS care plan documentation found to be aligned to the current guideline.

Action Taken:

A new HLS care plan document and supporting exemplars have been devised. These have been approved by the local record keeping group.

4.1.5 Higher Level Supervision Checklist

The existing HLS Supervision Checklist which is aligned to the current guideline recommends the ongoing review of supervision status on a 24 hr basis. New national guidance recommends ongoing review on an 8-12 hourly basis. Scoping works also indicated that HLS status often changes between dayshift and nightshift.

Action Taken:

A review of the local HLS checklist has been undertaken. This is now designed to support ongoing review on a maximum of a 12 hourly basis.

5. STRATEGIC CONTEXT

- 5.1 The guideline review will support the IJB strategic plan objectives, by helping to reduce the risk of vulnerable adults coming to harm.

6. IMPLICATIONS

6.1 Financial Implications

- 6.1.1 No known financial implications.

6.2 Human Resource Implications

- 6.2.1 No known human resource implications

6.3 Legal Implications

- 6.3.1 If any legal action is raised in relation to the care of a patient receiving HLS, it is likely that adherence to the processes outlined in this document would be scrutinised.

6.4 Equalities implications

- 6.4.1 An assessment of relevance has been completed and this has highlighted that an equality impact assessment does not require to be completed ([Appendix 2](#)).

6.5 Sustainability implications

- 6.5.1 No sustainability implications noted.

6.6 Clinical/professional assessment

- 6.6.1 This guideline will support the clinical/professional assessment of HLS requirements within general hospital settings across Ayrshire and Arran.

7. CONSULTATION AND PARTNERSHIP WORKING

- 7.1 Feedback during the guideline review process has been gained from members of the Older People in Hospital Group. The reviewed guideline and supporting documentation has also been tested in Acute and Community Hospital Ward areas. Advice from NHS Ayrshire and Arran's Health and Safety Team and Equality and Diversity colleagues was also sought. Feedback gained during the

review process has been used to inform the design and content of the reviewed guideline and supporting documentation.

8. RISK ASSESSMENT

8.1. There are no risk identified.

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

None.

11th March 2021.