



Norfolk and Suffolk
Integrated Care Board

Norfolk and Suffolk ICB

NHS Continuing Healthcare Commissioning of Enhanced Therapeutic Observations & Care (ETOC) Policy

Document Control Sheet

This document can only be considered valid when viewed via the ICB's intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one online.

Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

Name of document	NHS Continuing Healthcare Commissioning of Enhanced Therapeutic Observations & Care Policy.
Version	0.1
Date of this version	April 2026
Produced by	Head of Nursing for Clinical Services
What is it for?	This policy describes the way in which the ICB will commission and make provision for equitable, safe, and effective care for individuals who may require enhanced observations.
Evidence base	Relevant national guidance (see references) and principles set out in the NHS Constitution.
Who is it aimed at and which settings?	NHS Continuing Healthcare team, care providers, people who are eligible for funding.
Consultation	Policy based on regional best practice, stakeholder feedback and feedback from people in our communities
Impact Assessment:	See appendix 1
Other relevant approved documents	ICB NHS Continuing Healthcare Equity and Choice Policy
References:	<ul style="list-style-type: none"> • National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care • Mental Capacity Act, 2005. • Human Rights Act 1998 • Equality Act (2010 • NHS Choice Framework (2014) • NHS Constitution for England, Department of Health (2013) • NHS England » Enhanced Therapeutic Observations and Care programme
Monitoring and Evaluation	Review of Policy every two years. Continuous evaluation using feedback from service users, carers, staff, and subject matter experts as appropriate.
Training and competences	As per NHS Continuing Healthcare clinical roles and professional registration.
Reviewed by:	To be completed
Approved by:	To be completed
Date approved:	To be completed
Signed:	To be completed
Dissemination:	[to be completed by Corporate Governance]
Date disseminated:	[to be completed by Corporate Governance]
Review Date:	April 2028 or before if statutory change is required.
Contact for Review:	Head of Nursing for Clinical Services

Version Control

Revision History	Summary of changes	Author(s)	Version Number
N/A	N/A	N/A	N/A

Contents

1. INTRODUCTION	5
2. PURPOSE.....	6
3. SCOPE.....	7
4. DEFINITIONS	7
5. ROLES AND RESPONSIBILITIES.....	7
6. POLICY DETAILS	9
7. EQUALITY	17
8. MONITORING AND REVIEW	17
9. DATA PROTECTION	17
10. ASSOCIATED DOCUMENTATION.....	17
11. REFERENCES	17
Appendix 1: EQUALITY IMPACT ASSESSMENT	19
Appendix 2 Enhanced Observations Commissioning Agreement.....	23
Appendix 3: Enhanced Observations Review Document.....	25

1. INTRODUCTION

- 1.1. Some individuals in receipt of NHS Continuing Healthcare (NHS CHC) require support across a 24 hour period for the purpose of meeting their identified health and care needs. A proportion of these individuals have high levels of risk, associated with the nature of their needs, which can require closer monitoring and supervision to manage.
- 1.2. Individuals may require closer supervision due to, for example, a high risk of harm to themselves or others, extreme property damage, unstable clinical symptoms, a very high risk of falls or a high risk of choking (though these reasons are not exhaustive). For these people, they, their care team, or representative may suggest or identify a need to increase their level of support, which may require additional funding to facilitate, following a risk assessment.
- 1.3. This policy provides a framework to guide decision making relating to the requirement for enhanced observational support as part of an individual's care package/plan. This policy aims to comply with the laws set out under The Mental Capacity Act and Deprivation of Liberty Safeguards and compliments the NHS Continuing Healthcare Equity and Choice Policy.
- 1.4. For the purpose of this policy, "enhanced observations" refers to: "One or more designated healthcare staff member who is knowledgeable and trained about the person's care plans and risk assessments, assigned to one that person for attentive, continuous observations during a set period of time". These staff members must have immediate access to the individual at all times as per the observation agreement signed by the ICB and the care provider.
- 1.5. Enhanced observations abbreviations explained:
 - **1:1** – ratio of 1 staff member to 1 individual
 - **2:1** – ratio of 2 staff members to 1 individual
 - **3:1** – ratio of 3 staff members to 1 individual
 - **4:1** – ratio of 4 staff members to 1 individual ... and so on

Levels of intensity for enhanced observations

- 1.6. There is various guidance available regarding levels of enhanced observations, some of which are specific to inpatient hospital units. For the purposes of this policy and CHC commissioning, the two main levels of enhanced observations are:
- 1.7. **Distanced/within eyesight** – This observation is for individuals assessed to be at the highest level of risk, but who can be safely supervised within eyesight. As a rule, the individual must be always kept within sight during the agreed hours. This can only be done following comprehensive risk assessment and care planning, mental capacity assessments, best interest decisions and DoLS applications.
- 1.8. **Close/within arm's length** - This observation is for individuals assessed to be at the highest level of risk. Issues of privacy, dignity and consideration of gender in allocating staff need to be discussed and incorporated into the care plan. Observation will be maintained when using lavatory or bathroom facilities (unless otherwise risk assessed). The care plan must make clear the number of staff and the distance each is expected to maintain.

- 1.9. The individual becomes the assigned staff member(s) responsibility for the duration of the commissioned hours and no other individual assigned to them during that period, unless stated within the agreement with the ICB / care plan. Rest breaks of the staff member should be covered, which is the responsibility of the care provider.
- 1.10. The purpose of the enhanced observation should be to minimise the identified risks as evidenced within risk assessments, care plans and care records. The implementation of enhanced observations should only be considered when all other less restrictive options have been tried and failed. It should be in place only where clinically justified according to a thorough needs-based risk assessment and evidence within care home documentation. Enhanced observations may at times be intrusive, and as far as possible should be balanced with maintenance of the individual's privacy and dignity. Wherever possible, the individual should be involved in the decision making about the level of observation they are subject to and must be informed of the reasons why enhanced observation is occurring. Enhanced observations should only be in place if identified as the least restrictive option possible to maintain the safety of an individual.

2. PURPOSE

- 2.1. The purpose of this document is to advise and provide guidance on the assessment, review, implementation and use of enhanced observations for individuals whose care is commissioned by CHC. This policy aims for all additional monitoring arrangements to be ethical, equitable, necessary and proportionate, person centred, safe and reasonable.
- 2.2. This policy is in place to support providers to request additional support appropriately to receive a timely response. It informs of the expectations of the ICB upon considering, agreeing, reviewing, reducing and withdrawing any additional funds for enhanced monitoring.
- 2.3. This policy provides a clear pathway and process for requesting and implementing additional/enhanced observations in a fashion which adheres to local and national policies as noted in section 10.
- 2.4. This policy aims to reduce the risk of restrictive interventions being used unnecessarily or disproportionately and to ensure effective and equitable commissioning for those in receipt of NHS CHC funding.
- 2.5. This policy is in place to ensure that all requests for enhanced observations adheres to the NHS Continuing Healthcare (2022) framework which states "the need for a clear clinical rationale and evidence to support any subjective judgement in relation to resident needs to enable the commissioning of an appropriate care package".
- 2.6. This policy is intended for use by the Norfolk and Suffolk ICB Continuing Healthcare team. It will apply to all providers caring for individuals in receipt of CHC funding, in a range of environments, including residential homes, nursing homes, supported living placements and people's own homes.
- 2.7. This policy is also intended for sharing with individuals in receipt of CHC funding, their families or representatives, and local health and social care services, including the acute hospital teams for planning and discharge purposes.

3. SCOPE

- 3.1. This policy applies to all employees of the ICB, including fixed term employees when working within the ICB and whilst on ICB business. It applies to all agencies and persons providing care to those commissioned by Norfolk and Suffolk ICB via NHS CHC funding. It is to be used as a reference and guide for all enhanced observations being delivered.
- 3.2. This policy will be incorporated by reference in contracts with care providers commissioned by NORFOLK AND SUFFOLK ICB and funded via NHS CHC funding.

4. DEFINITIONS

- 4.1. The table below outlines the definitions

Abbreviation / Item	Definition
CE	Chief Executive
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
NHS	National Health Service
SC	Social Care
We	The ICB
NHS CHC	NHS Continuing Healthcare
PHB	Personal Health Budget
ETOC	Enhanced Therapeutic Observations and Care

5. ROLES AND RESPONSIBILITIES

ICB staff:

- 5.1. Staff within the CHC team have a duty to familiarise themselves with this document. Appropriate training and guidance will be provided to staff to ensure that they are clear on the use and implementation of the policy for those we commission care for.
- 5.2. CHC staff should support providers to access this document (either via the ICB website or direct sharing) and ensure that all enhanced observation arrangements and reviews comply with this policy.
- 5.3. CHC clinical staff have a duty to carefully review and consider all requests for enhanced observations. They are also responsible for identifying the need for enhanced/additional observations upon new and review assessments.
- 5.4. All CHC staff have a responsibility to approach a senior CHC colleague for advice and support in cases that are complex or unclear, to ensure the needs of the individual are considered and at the forefront of all decision making. In addition, CHC staff should approach specialist services (dementia services, falls teams etc.) for advice and guidance where necessary, to ensure all less

restrictive options are considered before implementation of enhanced observations.

Care Providers & Budget Holders:

- 5.5. Providers have a responsibility to become familiar with this document and should ensure that staff working with individuals are aware of this guidance and the expectations of the ICB for those being considered for or receiving enhanced monitoring & observations.
- 5.6. Providers must follow the enhanced observations pathway when requesting funds for increased monitoring of a person in receipt of NHS CHC.
- 5.7. Providers have a responsibility to liaise with the CHC team if there is any part of this policy which is unclear, or they need support to implement it.
- 5.8. Providers must ensure that they have understood the expectations set out within this policy before signing the commissioning agreement form.
- 5.9. Providers have a responsibility to access support from local services to ensure the needs of those in their care are met. A request for enhanced observations should not be in place of care and support interventions which the remit of the care arrangement should provide as standard.
- 5.10. Providers have an obligation to inform the CHC team upon any changes to a person's needs which may affect their need for enhanced observations. This should be done regardless of whether a formal review of those observations is due. By withholding information regarding a change of need, providers may be at risk of fraud, in line with NHS commissioning rules.
- 5.11. Providers have a responsibility to keep accurate, detailed and legible records of the interventions delivered via a person's enhanced observations. They are responsible for creating a robust enhanced observation care plan to demonstrate the clinical reasoning for the supervision and how it will be delivered.
- 5.12. Providers should send copies of records, assessments and care plans to CHC within 1 week when requested to allow for ongoing review of the enhanced observations.
- 5.13. Providers should inform CHC if an individual is admitted to hospital. Their enhanced observations should not automatically go with them during an admission; authorisation is required from the ICB.

Collaboratively

- 5.14. CHC and providers should always uphold effective and respectful communication and cooperation with one another and ensure that all discussions and decisions are made with the patient at the centre.
- 5.15. All correspondence relating to enhanced observations commissioned by CHC should go via the dedicated email accounts, for Norfolk please email nwicb.chcclinicalteam@nhs.net and for Suffolk please email CHC@snee.nhs.uk, these are monitored during the team working hours of 09.00 – 17.00 Monday – Friday (excluding bank holidays). Emails should not be sent to individual CHC staff members to avoid delays in the event of staff leave.

6. POLICY DETAILS

Planning, Delivery & Quality of Enhanced Observations

- 6.1. All enhanced observation arrangements commissioned via Norfolk and Suffolk ICB CHC funding are to be delivered in a personalised manner, in accordance with the individual's needs.
- 6.2. Enhanced observations can be both beneficial and disadvantageous to the person receiving them. The way these observations are a) considered and planned and b) delivered, can make a significant difference in their effectiveness and success.
- 6.3. The below lists, albeit broad and not exhaustive, outlines what enhanced observations should be, and what they should not be.
- 6.4. Enhanced Observations **should:**
- Be used to meet specific, clinically evidenced needs
 - Be delivered in a proactive way
 - Be delivered in the least restrictive way in accordance with The Mental Capacity Act & Deprivation of Liberty Safeguards, which means they must be necessary and proportionate.
 - Aim to improve a person's safety and quality of life and provide therapeutic intervention
 - Be structured and care planned, keeping the person and their wishes and feelings at the centre
 - Have a process for documenting the interventions that are provided
 - Maintain a balance between intrusion and safety
- 6.5. Enhanced Observations **should not:**
- Be simply a 'watch and wait' arrangement
 - Be used for other service users or residents, unless specifically agreed by CHC
 - Be used to restrict a person disproportionately to the risk their needs present
 - Be requested or used to cover staff shortages
 - Be assumed as a permanent or ongoing arrangement, as they will be subject to ongoing review
- 6.6. There will be situations where enhanced observations are not suitable and can be counterproductive. Being closely observed, followed or having someone within personal space for prolonged periods can create additional distress and agitation for individuals, especially those with severe cognitive impairment who may view this provision as frightening. This should be carefully considered by the provider before requesting and during the provision of enhanced observations.
- 6.7. All arrangements are agreed on a case-by-case, person-centred basis and therefore the above table is by no means exhaustive. The CHC team understands the importance of individualised care commissioning. All enhanced observations should be robustly care planned before they commence (except in exceptional or urgent circumstances).

Procedure for Requesting Funding for Enhanced Observations

- 6.8. The Mental Capacity Act states "before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way

that is less restrictive of the person’s rights and freedom of action.” This principle must be considered when requesting enhanced observations for an individual who lacks capacity to consent to these arrangements. It is crucial for different methods of support, de-escalation and treatment to be tried before considering enhanced monitoring, which is an invasive intervention.

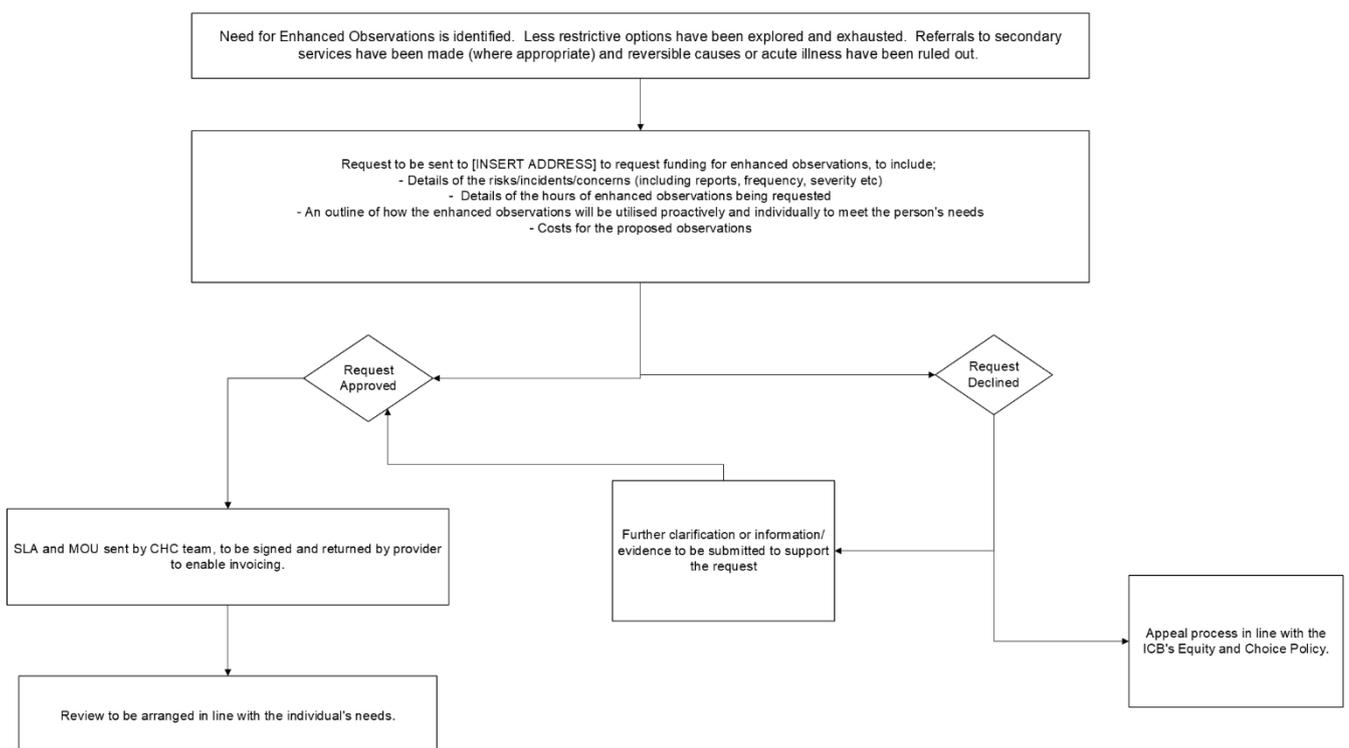
6.9. Before considering submitting a request for enhanced observations, providers are expected to have addressed the needs of an individual in less restrictive ways, utilising local services. Consider the following:

- What has been tried so far? Have all other less restrictive options been tried and failed?
- Risk assessments: assess and rate the level of risk and harm and the type of harm and likelihood of that harm occurring.
- Begin monitoring charts; ABC charts, incident reporting, falls logs, food diaries etc.
- Has the person been referred to, assessed or supported by a specialist service (such as ? For example, if there is a falls risk, have they been assessed by a physiotherapist or frailty team? Or if the risk is behavioural or related to a person’s psychological state, have they been referred to or seen by the local mental health, learning disability or autism service?

6.10. Involvement of the person, their family, representative or advocate should be considered in all instances. It may also be appropriate to involve the person’s care team in the process of requesting increased monitoring, for example, their mental health team or care coordinator.

6.11. The ICB requires evidence that the principles of The Mental Capacity Act has been followed prior to the request for enhanced observations. This evidence should include a Mental Capacity assessment, Best Interest documentation and DoLS application. This ensures that not only has the individual’s legal rights been considered, but placed at the heart of the decision-making process, which has been carefully considered, weighing up the type and level of need in relationship to proportionate responses and the likelihood and seriousness of harm.

Flowchart for care providers requesting enhanced observations via NHS CHC:



- 6.12. When submitting a request for enhanced observations, the care provider should include:
- A care plan / clear statement of needs and risks
 - Be specific about timings of the one-to-one being requested: For how long? How often? What time of the day or night?
 - What would the purpose of the one-to-one be? (for example: the 4 hour one-to-one between 18.00 – 22.00 would be to support Mrs Smith during evening hours when she becomes particularly distressed and disorientated which leads her to destroying property and self-injurious behaviours.
- 6.13. Providers should expect a response during normal CHC working hours of 09.00 – 17.00 weekdays (excluding bank holidays). Requests after 16.00 may not be responded to until the next working day. Where there is an urgent need for enhanced observations, providers have a duty of care to put this in place as soon as possible and this should not wait for commissioning confirmation in those circumstances. A funding request with evidence to support the implementation of the enhanced observations should be sent to CHC as soon as possible and will be considered within working hours of the team.
- 6.14. The CHC team will authorise enhanced observations for an agreed period, depending on the nature and acuity of the individual's needs. The review period will be clarified and agreed upon the funding decision. Funding within the ICB is subject to approval via a financial authorisation panel request and in some circumstances, is discussed within a high cost and complex case meeting, held monthly involving a panel of stakeholders. Very high-cost funding requests may have a longer response time, due to the internal escalation process for approval.
- 6.15. At the point of authorisation, the agreement form found in appendix 2 of this document, is to be completed by both the care provider and CHC team. The CHC case management team will monitor the number of enhanced observation provisions being funded and ensure all reviews are facilitated.
- 6.16. Where a provider makes a request for enhanced observations for a settling in period, for example, upon hospital discharge, these will be considered by CHC for a maximum of 2 weeks, but often shorter, to ensure that restrictions are not embedded within a person's ongoing care arrangements without clear evidence. Upon consideration of the request, the CHC team will be clear on how long the observations have been approved for. Responsibility sits with the care provider to ensure that, during this period, high quality documentation and recording is completed and shared with CHC in line with the approval agreement. Without these, the enhanced observations will cease at the end of the approval period.

Procedure for Agreeing Enhanced Observations

- 6.17. Norfolk and Suffolk ICB CHC team will only agree to commission enhanced observations where there is clinical justification and robust evidence that they are required.
- 6.18. If a provider requests an enhanced hourly rate, over and above the average rates paid for these provisions in the area, there should be clear clinical reasoning behind this, for example, due to staff needing additional training or expertise to carry out the observational role. Providers are welcomed to share evidence of this additional training with the CHC team as

necessary.

- 6.19. Once the steps outlined in the procedure for requesting funding have been addressed and where CHC approve funding for enhanced observations where suitable, a commissioning agreement (appendix 2) will be sent to providers for signing and returning. This is to ensure the following agreements are carried out:
- Thorough documentation kept and provided by the care home, which may include, but not exhaustive: monitoring charts; intervention charts; incident reports; ABC charts; or any other documentation relating to the care and interventions provided to the person.
 - The provider and the ICB will maintain open lines of communication which allows the exchange of information and documentation as required, in a timely fashion, to ensure funding is seamless and care plans are followed with the person at the heart of all interaction.
 - As above, the provider and ICB will work together to ensure that visits and meetings can be facilitated where appropriate, to review and monitor enhanced monitoring arrangements being funded via CHC.
 - The above documents provide the evidence for which the decision will be based upon, when making decisions about commissioning enhanced observations.
- 6.20. In any instance where an individual or their family/representative wishes to implement additional care or monitoring where clinical evidence is not available, this will not be authorised by the ICB. However, an individual/their family can make private contractual arrangements for care outside of the assessed need, but this must not include any core services/costs funded under contract by the ICB.
- 6.21. Requests for enhanced observations to manage falls risks will be carefully considered. Best practice and NICE Guidelines (161 (2013)) advise on the use of assistive technology to manage this risk. Multifactorial assessment and interventions and involvement from local frailty and falls services should also be considered, prior to requesting enhanced observations for falls management.
- 6.22. All persons in receipt of funding for enhanced observations will be reviewed regularly. The frequency and length of this will be reviewed and the review dates will be agreed upon approval of the request and following subsequent reviews. Providers have a duty to facilitate reviews as agreed and should be aware that payment of these interventions depends on the evidence provided for its purpose by the provider.
- 6.23. A variety of documentation and evidence may be requested by CHC. This could include staff timesheets and rotas to provide evidence of hours worked to cover the enhanced care hours.
- 6.24. The following points should be noted by the care provider in relation to staffing of the enhanced observation:
- In all instances, the first option for staffing these provisions would be via the workforce of the care home/ establishment where a person's care is being delivered already.
 - If staffing numbers cannot stretch to this provision, in most circumstances it will be the responsibility of the care home/provider to source agency or temporary staff to provide this input. The ICB will pay the core fee, in addition to the fee for the additional monitoring, directly to the care home/provider, for the agency arrangements to be

managed by management directly with the external source. The external staff member would be required to work under the jurisdiction, insurances and standards of the care home/main provider and should receive appropriate induction and access to the person's care plan at the commencement of each shift.

- It will be the responsibility of the care home/provider and their agreement with the external agency to ensure that the enhanced observations carer is working within the agreements of the individual's care plan. This carer should not be used to bolster general staffing numbers within the core care arrangements and should be designated to the person's care only, or as agreed between the provider and the ICB.
- Providers/care homes must ensure, in all cases, that the staff member providing the enhanced monitoring is rostered in as additional support specifically for this provision and do not count as part of the core healthcare staff on duty for other individuals.

6.25. It is the expectation of the ICB that in cases where external agencies are used to staff the enhanced observations, that these agencies are Care Quality Commission (CQC) registered and keeping sufficient and succinct records as per the commissioning agreement and are aware of this policy.

Procedure for Reviewing Enhanced Observations

6.26. All enhanced observation provisions are subject to regular review; they are a restrictive practice and one which should only be in place in a person's best interests. Many arrangements for enhanced observations can be safely reduced over time, to ensure that an individual is not unlawfully deprived of their liberty and right to privacy. CHC will only continue to fund enhanced observation arrangements where there is clear clinical evidence and justification that they are required. This means that robust documentation and reporting is crucial for the continuation of funding to be considered.

6.27. Once CHC approve funding for enhanced observations, a service level agreement (SLA) and memorandum of understanding (MOU) is sent to the provider for signing:

6.28. SLA – a document which outlines the weekly cost of the care provision, including the start date, time information and invoicing details. This needs to be signed by the provider and returned to the ICB for invoicing to take place. Providers can expect to receive an SLA within 1 working day of financial authorisation.

6.29. The enhanced observation commissioning agreement, found in appendix 2 of this policy, is a document sent to all providers caring for someone who has enhanced observations in place, in line with this policy. This document needs to be signed by the provider and returned to the ICB for invoicing to take place for these arrangements.

6.30. Norfolk and Suffolk ICB CHC team and care providers have an equal responsibility to ensure that any enhanced observations remain suitable for the individual they are commissioned for.

6.31. CHC maintain a tracker of all enhanced observations they commission. This allows the team to review these provisions; there is no set frequency for these to take place, this is decided by the team, in line with a person's individual needs and likelihood of their needs changing.

6.32. Providers should not wait for CHC to contact them about a review if there has been a change in a person's needs or risk profile. Providers should also be proactively monitoring the enhanced observations to ensure that they continue to meet the needs of that person.

Providers should instigate any urgent changes to enhanced observations and gain retrospective commissioning approval, to safeguard those in their care. Any routine or non-urgent changes should be done with prior consultation and agreement with CHC.

- 6.33. When an enhanced observation is due for review, a member of the CHC team will send an email to the care provider to advise of this. This email will be to request copies of documentation to support the review. Providers can expect these to include:
- The person's most recent enhanced observation care plan
 - Notes from the staff members who are providing the enhanced observation (which helps CHC to understand the types of input they are providing and risks they are managing/mitigating)
 - Risk assessments (relating to the specific risks that the enhanced observations are in place to reduce)
 - Incident and accident reports (with any associated body maps, for example)
 - In some circumstances CHC may request staffing rotas to demonstrate that commissioned arrangements have been provided
 - Views of the care provider on how the enhanced observations have impacted on the initial risks that they were put in place to reduce; their views on whether this provision could be safely reduced or where it may need to remain (or be increased) and outcomes of any attempts to reduce the observations (where appropriate)
 - Details of any input the individual has had with secondary or specialist services (such as community mental health teams) or any acute admissions or illnesses to be considered
- 6.34. CHC will also request within this initial email that the care provider informs the person's next of kin, representative or advocate (where appropriate), that the review is taking place. A person/their representative is welcome to share their views for the purpose of the review, though it must be clear that all decisions made need to be clinically justified and clearly evidenced through the above-mentioned documentation.
- 6.35. In line with the signed MOU, CHC will expect a response from the care provider, containing the above documentation, within 1 week of the email being sent. If a care provider foresees this timescale being an issue (for example due to administrative issues, acute hospital admissions), they should inform CHC as soon as possible to prevent the following escalation process from commencing:
- 6.36. If a response has not been received by CHC from the care provider within 1 week of the initial email, CHC will attempt to contact them and send a second, reminder email, to advise that a review is due to take place and to request that the documentations are sent.
- 6.37. If CHC has not received any response or communication from the care provider after 1 week of the second email being sent, and, in the event that there has been no evidence received from other professionals involved in a person's care that the enhanced observations should continue, CHC will send a letter to advise that funding for this arrangement will cease. This letter will contain details of the contact attempts made by CHC to the provider (or other professionals involved in a person's care) and refer to the agreement signed by the provider within the MOU, which have not been followed.
- 6.38. Norfolk and Suffolk ICB CHC team have a standardised enhanced observations review form which is completed by a health or social care professional or those with delegated

responsibility, experienced and trained to do so. The review document can be found at appendix 3, so that those consulting this document know what to expect from the process. In summary, the CHC enhanced observation review will include:

- A summary of the individual's needs and their current care arrangements
- Details of when the enhanced observations started and why
- A summary of previous reviews, past increases/decreases/changes to the enhanced observations

A succinct summary of incidents since last review, relating specifically to the risks that the observations were put in place to reduce, which should outline:

- Any themes or triggers
- Any notable patterns
- The nature of the incidents
- The frequency of the incidents
- The interventions that have been delivered to manage those incidents
- The views or perspectives of the service user involved (where possible)

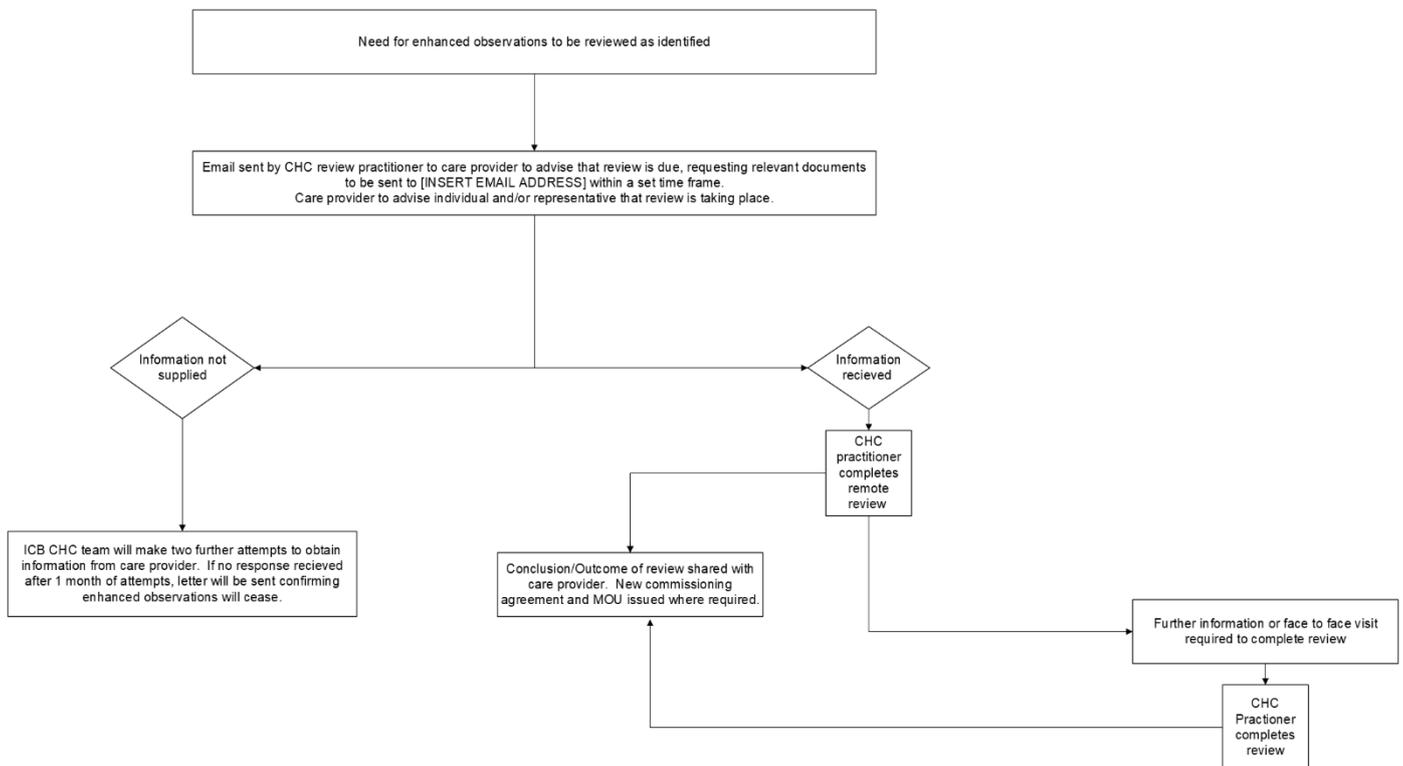
An outcome/decision in respect of the provision, which could be:

- That the enhanced observations are to remain in place, with the current duration, frequency and care plan
- That the enhanced observations remain in place, but with changes to the timings or care plans
- That a reduction in the enhanced observations will commence
- That a trial of distanced observations will take place with a follow up review arranged
- That the enhanced observations will cease

6.39. Norfolk and Suffolk ICB CHC team will review most enhanced observations remotely in the first instance, using the documentation and views of the care provider and patient/representative. CHC may request further information or documentation or arrange a meeting to clarify details to assist with the review. If the current and ongoing needs of a person remains unclear, a CHC practitioner will arrange to visit the person and their care provider to complete the review process.

6.40. A copy of the completed enhanced observation review will be sent to the provider for onward sharing with the individual or their representative. Depending on the outcome of the review, CHC will confirm with the care provider when any changes to funding will commence. A new SLA and MOU will be sent to the provider if enhanced observations remain in place, but the number of hours has changed.

6.41. **Flowchart for review of enhanced observations.**



6.42. Individuals can appeal review decisions made by CHC under the ICB’s Equity and Choice policy.

Procedure for Reducing and Removing funding for Enhanced Observations

6.43. Norfolk and Suffolk ICB CHC can only continue to commission enhanced observations when there is clear clinical, evidence-based rationale for it. As mentioned in section 6.3, a review of the observations may result in the reduction or removal of the provision.

6.44. Following completion of a review by CHC, the review practitioner will confirm the outcome via email to the provider. For most cases, if enhanced observations need to be reduced or ceased, this should happen from the next working day to ensure that an individual is not unlawfully deprived of their liberty. However, the ICB appreciates the contractual and staffing considerations that may be in place for some arrangements. Notice periods are considered on a case-by-case basis and at the discretion of the CHC and contracts team and always with the individual’s needs at the centre of all decisions.

6.45. In some circumstances, following a review, the CHC practitioner may recommend:

- A trialled reduction in enhanced observations (for an agreed period, with more regular reviews and contact between provider and CHC)
- Trialling distanced observations (for example reducing the type from ‘arm’s length’ to ‘within eyesight’)

6.46. Any specific recommendations made by CHC will be explained in full by the practitioner and agreed in collaboration with the provider.

Training

- 6.47. The care provider should seek training opportunities, where required, to ensure implementation of enhanced observation is therapeutic and meaningful for the individual in accordance with their care plans and risk assessments.
- 6.48. For providers and their staff who are working with individuals who have identified risks should be able to access support from their management teams and appropriate supervision and reflection opportunities. Providers may also wish to consider additional training for staff, such as the Positive Behavioural Support training module provided by the Association for Psychological Therapies, for example. Other suggested training could be in relation to delirium, depression, emotional dysregulation and de-escalation. Some providers may access physical intervention training depending on the types of individuals they support. Training and regular support can increase confidence in staff and management teams and organisations and enhance quality of care and experience for individuals.

7. EQUALITY

- 7.1. In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the [Equality Act \(2010\)](#); age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.
- 7.2. An Equality Impact Assessment is included in Appendix 1

8. MONITORING AND REVIEW

- 8.1. This Policy will be reviewed biannually by the NHS Continuing Healthcare Team or sooner if necessary due to guidance/legislative change(s).

9. DATA PROTECTION

- 9.1. In applying this policy, the ICB will have due regard for the [Data Protection Act 2018](#) and the requirement to process personal data fairly and lawfully and in accordance with the data protection principles. Data Subject Rights and freedoms will be respected, and measures will be in place to enable employees to exercise those rights. Appropriate technical and organisational measures will be designed and implemented to ensure an appropriate level of security is applied to the processing of personal information. Employees will have access to a Data Protection Officer for advice in relation to the processing of their personal information and data protection issues.

10. ASSOCIATED DOCUMENTATION

- 10.1. NHS Continuing Healthcare Equity and Choice Policy.

11. REFERENCES

Nottingham and Nottinghamshire CCG (2019) One to One Observations Policy for Fully Funded NHS Continuing Healthcare Residents in Care Homes 2019 – 2022

Mid Essex CCG (2019) Safe and Supportive Observation Policy, MECCG143

Stockport NHS Foundation Trust (2017) Making Additional/Special Observations Meaningful for Patients Living with Dementia, Burdett Trust for Nursing, FoNS.

NICE Guideline 10, available via:

<https://www.nice.org.uk/guidance/ng10/chapter/1Recommendations>

NICE Guideline 161, available via: <https://www.nice.org.uk/guidance/cg161>

www.icaredementia.org

[the-framework-for-enhanced-health-in-care-homes-v2-0.pdf \(england.nhs.uk\)](#)

[NHS England » Enhanced Therapeutic Observations and Care programme](#)

[nccmh---nsft-therapeutic-observations-policy---july-2021.pdf](#)

Walter B, et al. (2025): 254 J Nur Prim Health Car: 2025(1): 100114 DOI: 10.71010/2997-6138/JNPHC-114

Appendix 1: EQUALITY IMPACT ASSESSMENT

Step 1: Aims and purpose of the proposal / policy being assessed (This should reflect what the policy is intending to achieve and how it seeks to achieve, it is this intention that the assessment seeks to measure, consider who benefits and how and who doesn't and why, also consider the impact of associated aims).

Policy Aim: The aim of the policy is to provide a consistent, fair and least restrictive approach to the commissioning of enhanced therapeutic observations and care (previously known as 1:1 care.)

Step 2: Screening process for relevance to equality & diversity issues. Does this proposal / policy have any equality & diversity relevance in the following areas? (This should be considered in relation to the formulation and application of the policy. As far as possible engagement with the relevant staff network groups should take place to identify any potential areas of relevance).

General statement: The policy aims to ensure commissioning for people who may require enhanced observations is fair, equitable and is the least restrictive option. While this policy does not include or exclude any individual based on protected characteristics, it is important that our policy and processes challenge any barriers to care commissioning decisions by putting in place good practice and reasonable adjustments around managing areas including consent, language, communication methods and physical/digital accessibility.

Characteristic	Implications
Age	See general statement. It is noted that older people are more likely to experience poor health that might lead them to more likely to require enhanced observations.
Disability	See general statement. It is noted that barriers may also include assumptions about the capacity or autonomy of the person, and that people with a disability are more likely to be eligible for CHC, and therefore more likely to be impacted by this policy.
Gender reassignment	See general statement. It is also noted that care should be given to the name, identity, and language used by the individual at the centre of care commissioning arrangements.
Marriage and Civil Partnership	See general statement. It is noted that consideration should also be given to consent and confidentiality between partners where relevant.

Pregnancy and maternity	See general statement
Race	See general statement. It is noted that barriers might include cultural attitudes towards both where an individual should be cared for and my whom.
Religion or belief	See general statement
Sex	See general statement
Sexual orientation	See general statement
Other issues	Emotional impact and information overload can both be common issues faced when making decisions about care and support. This may be especially challenging for those with more complex communication needs or people experiencing trauma

Step 3: If you have answered, “Yes”, to any of the protected characteristic boxes in Step 2, a full impact assessment is required

Are any of the protected characteristic boxes in Step 2 marked “Yes”? Yes. All protected characteristics are relevant to the policy as it relates to the care commissioning policy. This is an operational policy that guides decision-making around the funding of NHS CHC commissioned enhanced observations. This is based on the assessment of clinical needs and not personal characteristics. It supports a consistent and fair approach as well as making clear references to the protection of human rights and the need for personalisation of care where fair and appropriate.

Step 4: Examination of available information (sources can include but are not restricted to – ESR data; MI relating to Recruitment /Employee Relations/Attrition; Industry best practice; legal overview; research articles; matters arising from judgements tested during consultation; consider four-fifths rule to assess difference).

This policy is based on regional best practice, with a view to supporting a consistent approach to case management and decision-making.

- [Your rights under the Equality Act 2010 | EHRC](#)
- [Professional Standards: Barriers to complaints and how we can break them down](#)
- [NHS England » Enhanced Therapeutic Observations and Care programme](#)

Step 5: Full Impact Assessment Process

Step 5a: Consultation Log

Where are the consultation records stored? N/A

Date of consultation	Method	Who was consulted	What was the outcome
-----------------------------	---------------	--------------------------	-----------------------------

N/A	N/A	N/A	N/A
-----	-----	-----	-----

Step 5b: EIA Action Plan: Workforce Impacts (internal). Potential issues or impacts (positive and negative)

Positive/negative	Description of issue/impact	Mitigating actions	Risk (Low/Medium/High)	Outcome
Positive	Policy supports team to commission enhanced observations in a fair and equitable way in line with the Mental Capacity Act (2005)	N/A	Low	Socialisation and embedding of policy.
Positive	EIA highlights areas of wider impact in terms of accessibility and experience of people engaging with the policy.	Awareness raising and access to resources for the team.	Medium	Continuous development of skills and best practice.

Step 5c: EIA Action Plan: Service Delivery Impacts (external). Potential issues or impacts (positive and negative)

Positive/negative	Description of issue/impact	Mitigating actions	Risk (Low/Medium/High)	Outcome
Positive	Policy supports a consistent and equitable approach to commissioning of enhanced observations.	N/A	Low	Socialisation and embedding of policy.
Positive	Reasonable adjustments must be made to support people	SOPs to support best practice.	High	Personalised and equitable application of policy.

	to engage with the policy.			
--	----------------------------	--	--	--

Step 6: Monitoring and review arrangements

How will the implementation of the proposal / policy be monitored, and by whom?

It will be monitored by the NHS Continuing Healthcare senior leadership team, through feedback from staff, patients and families (complaints/appeals/compliments/survey feedback)

What is the timetable for monitoring (with dates)?

Review biannually (April 2028) and this review should consider any feedback received. The policy will also be monitored as part of BAU with management oversight.

Is there a plan to undertake an evaluation of this policy (with dates)?

BAU as part of policy review schedule or in response to any changes in legislation, best practice guidance, or learning from internal review.

Step 7: Public availability of reports / result

N/A

Appendix 2 Enhanced Observations Commissioning Agreement

ENHANCED OBSERVATIONS COMMISSIONING AGREEMENT

This form is for use and completion by the care provider and CHC case manager for the provision of enhanced therapeutic observations and care.

This form is only to be completed once the following steps have been followed:

1. A member of the CHC team have confirmed that the enhanced observation request has been approved;
2. The provider has read the Norfolk and Suffolk ICB Enhanced Observations policy.

Once completed, please return via secure email to the following email addresses, for Norfolk please email nwicb.chcclinicalteam@nhs.net and for Suffolk please email CHC@snee.nhs.uk.

Please note that funds for the enhanced observations will not be released until this form is returned to the CHC team.

DETAILS

Category	Information Required
Name	To be completed
Address	To be completed
Date of Birth	To be completed

CARE PROVISION DETAILS

Category	Information Required
Address of placement/home	To be completed
Name & designation of person requesting funding	To be completed
Date funding requested	To be completed

DETAILS OF ENHANCED OBSERVATIONS

Category	Information Required
Number of hours	To be completed
Time frame	To be completed
Purpose (summary)	To be completed
Provider	To be completed
Latest CQC inspection date & rating	To be completed
Hourly Rate	To be completed (£)
Total weekly rate	To be completed (£)
Date 1:1 agreed by ICB	To be completed
Name of CHC staff member completing the agreement	To be completed

DOCUMENTATION

This section MUST be completed in order to secure funding (please provide copies)

Category	Information Required
Enhanced observations care plan in place	To be completed
Monitoring charts in place?	To be completed
Family / representative aware of arrangements?	To be completed
Capacity Assessment completed? Date:	To be completed
Best Interest Decision completed? Date:	To be completed
DoLS submitted/updated? Date sent:	To be completed
Date of next planned review:	To be completed

COMMENTS / OTHER RELEVANT INFORMATION

i.e. joint funding, additional monitoring charts etc.

Please detail here

Declaration:

1. I have read and understood all sections of the Norfolk and Suffolk Enhanced Observations Policy.
2. I understand that for payment to be processed, documentation and monitoring forms need to be completed by the care provider and accessible for sharing with the CHC team.
3. I am aware of my duty to inform the CHC team of any changes to a person's needs which may impact on their requirement for enhanced monitoring.
4. I accept the terms, conditions and expectations of the Norfolk and Suffolk ICB Enhanced Therapeutic Observations and Care policy.

Date of next enhanced obs review:

Signature of provider representative -

Print name & designation -

Date:

Signature of CHC representative -

Print name & designation -

Date:

Appendix 3: Enhanced Observations Review Document

Enhanced Therapeutic Observation and Care (ETOC) Review)

1. BASIC DETAILS

Category	Information Required
Name	To be completed
Address	To be completed
Date of Birth	To be completed
NHS Number	To be completed
Gender	Female/Male/Other
Telephone Number	To be completed
Date enhanced observation commenced:	To be completed
DoLS status	To be completed
Date:	To be completed

2. PERSON COMPLETING THE ASSESSMENT

Category	Information
Name	To be completed
Job Title	To be completed
Clinical Background	To be completed

3. DIAGNOSIS

Please detail diagnosis here

4. CURRENT ARRANGEMENTS (to include Hours, frequency of the enhanced observation. Reason why the enhanced observation was implemented)

Please detail current arrangements here

5. CURRENT PRESENTATION (Behaviour, orientation, falls, risk, medical problems impacting on presentation)

Please detail current presentation here

6. DOCUMENTATION/EVIDENCE (For example: ABC charts, Incident reports, One-to-one notes, Risk assessments, DoLS application, Care plans, MAR charts - Obtain copies)

Please include Documentation/Evidence here

7. PRN MEDICATION (What is prescribed? For what? How frequently is it needed? Are there compliance issues? Covert medications?)

Please detail PRN Medication here

8. INPUT FROM SPECIALIST SERVICES (List any input or reviews from services such as mental health team, falls service.)

Please detail input from specialist services here

9. RECOMMENDATION

Please detail the recommendation here

10. BEST INTEREST DISCUSSION (where required)

Does this remain the least restrictive option to manage this person's care needs?

Have alternative arrangements to manage the needs been considered?

11. ASSESSOR SIGNATORY

Signature –

Print –

Date:

Date of next enhanced observation review:

Please consider whether this review should prompt a full CHC eligibility review. Liaise with review team colleagues in this instance.