



# The **CARE** that counts bundle

*Confidence building • Anticipating needs • Relationships & engagement • Every individual*

From Observation to Engagement QI programme



# From Observation to Engagement

*Supporting safer, more therapeutic care – led by our teams*


As part of the **Observation to Engagement QI programme**, we are working to review our observation practice. This is about creating safer, more therapeutic environments where meaningful engagement can thrive. We also know that observations can be experienced as a restrictive intervention and from our service user feedback, they do not always experience this as a supportive measure.

We are inviting teams to **develop & test the change concepts that make up the CARE that Counts Bundle**. In **Phase 1 of this work, these concepts have shown to help us provide alternative, safe and quality care that moves away from the use of observations** — safely, thoughtfully, and with full support. Your learning will help shape new, compassionate standards of care across our Trust.

- 💡 **Pilot tests** – these concepts have been tested on 9 pilot wards at ELFT
- ✅ **Prioritise safety** – always assess risk and clinical context
- 🤝 **Share learning** – so we can build confidence and clarity together

This work is fully supported by:

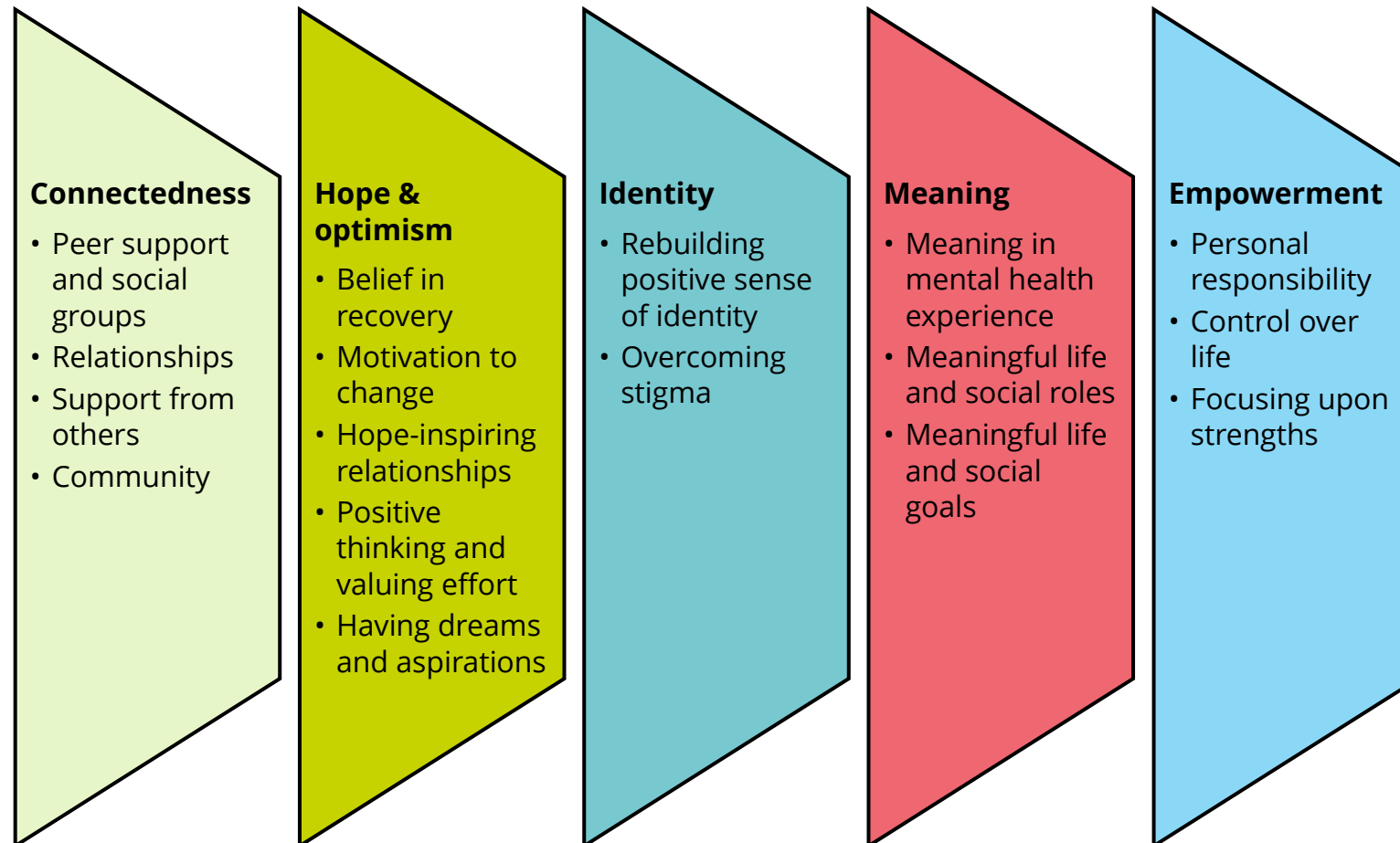
**Dr David Bridle- Chief Medical Officer, Claire McKenna- Chief Nurse**



# The CHIME Framework for Personal Recovery

There are five things that all people need in their lives, no matter who they are, how old they are or where they're from.

We call them **CHIME factors**:



# How to use this resource

The **Care That Counts Change Bundle** PowerPoint slides provide a high-level visual overview of the evidence-based ideas tested across our 9 pilot wards. To help your team move from "idea" to "action," we have provided an accompanying **Standard Operating Procedure (SOP) Booklet** in a Word document.

## The 'Turn to Page' System

Each slide in the PowerPoint Change Bundle is linked to a specific section of the SOP Booklet.

- 1. Browse the Bundle:** Identify a change idea that meets your ward's current needs or challenges.
- 2. Find the Reference:** Look for the **Page Number** listed on the slide.
- 3. Action the SOP:** Turn to that page in your SOP Booklet to find a detailed, step-by-step guide—including the required resources, staff roles, and measurement tools—exactly as they were successfully used by the pilot teams.

CHANGE CONCEPT: CONFIDENCE BUILDING		
Creating the conditions so staff have the permission, capability and resilience to both step-down observations and engage meaningfully with service users		
<b>Non-modifiable elements:</b>		
<ul style="list-style-type: none"> <li>Formal skill development: there must be a structured way for staff to learn &amp; practice therapeutic techniques</li> <li>Space for reflection: staff must have dedicated, protected time to discuss their experiences &amp; feelings about patient care without fear of judgement</li> <li>Permission to make decisions: the environment must clearly grant staff the "permission" to make clinical judgements, such as when it's safe to reduce or remove observation levels</li> </ul>		
Examples of local tailoring	Degree of belief	SOP booklet
On the Mother & Baby Unit in City & Hackney, staff were trained to lead baby yoga and massage sessions, which built confidence in therapeutic play.	Medium Staff report that this improved meaningful engagement & alongside other change ideas resulted in 59% reduction in obs	Page 2
Tower Hamlets Rosebank PICU delivered psychology led reflective practice and engagement training to increase staff confidence and skills in managing difficult conversations and building rapport.	Medium Resulted in 79% reduction in observations & staff report having better rapport with patients.	Page 2



CHANGE IDEA: PSYCHOLOGY LED TRAINING & REFLECTIVE PRACTICE		
<b>Please describe the change idea</b>	A full day, "hands-on" training session held off the ward. It uses role-play and scenario-based learning to help staff identify risk behaviours, navigate difficult conversations, and gain confidence in de-escalation techniques.	
<b>Why did the idea work?</b>	<ul style="list-style-type: none"> <li><b>Immersive Learning:</b> Moving off the ward allows staff to focus entirely on skills without clinical distractions.</li> <li><b>Role-Play:</b> Practicing "real-life" scenarios helps bridge the gap between theory and actual patient interaction.</li> </ul>	
<b>Where was the idea tested e.g., ward, community, other</b>		
Tower Hamlets Rosebank female PICU ward		
<b>What are the steps involved in this work?</b>		
<b>What</b>	<b>Who</b>	<b>When</b>
Provide upcoming training dates to ward managers	Psychology Team	Every 3 months
Identify staff needing training and secure their spots.	Ward Manager	Every 3 months
Participate in full-day immersive training.	Ward Staff	Scheduled date
Discuss skills and support needs.	Staff & Supervisor	During Supervision
<b>How will you know the idea is still working (measurement)</b>		
<ul style="list-style-type: none"> <li><b>Training Tracker:</b> Monthly update of the local training spreadsheet on SharePoint.</li> <li><b>Confidence Levels:</b> Staff reporting increased confidence in de-escalation during supervision.</li> </ul>		
<b>Changes to infrastructure (environment, policies, way people work, knowledge, skills)</b>		
<ul style="list-style-type: none"> <li><b>Resources:</b> Budget and time allocated for full-day "off-ward" attendance.</li> </ul>		

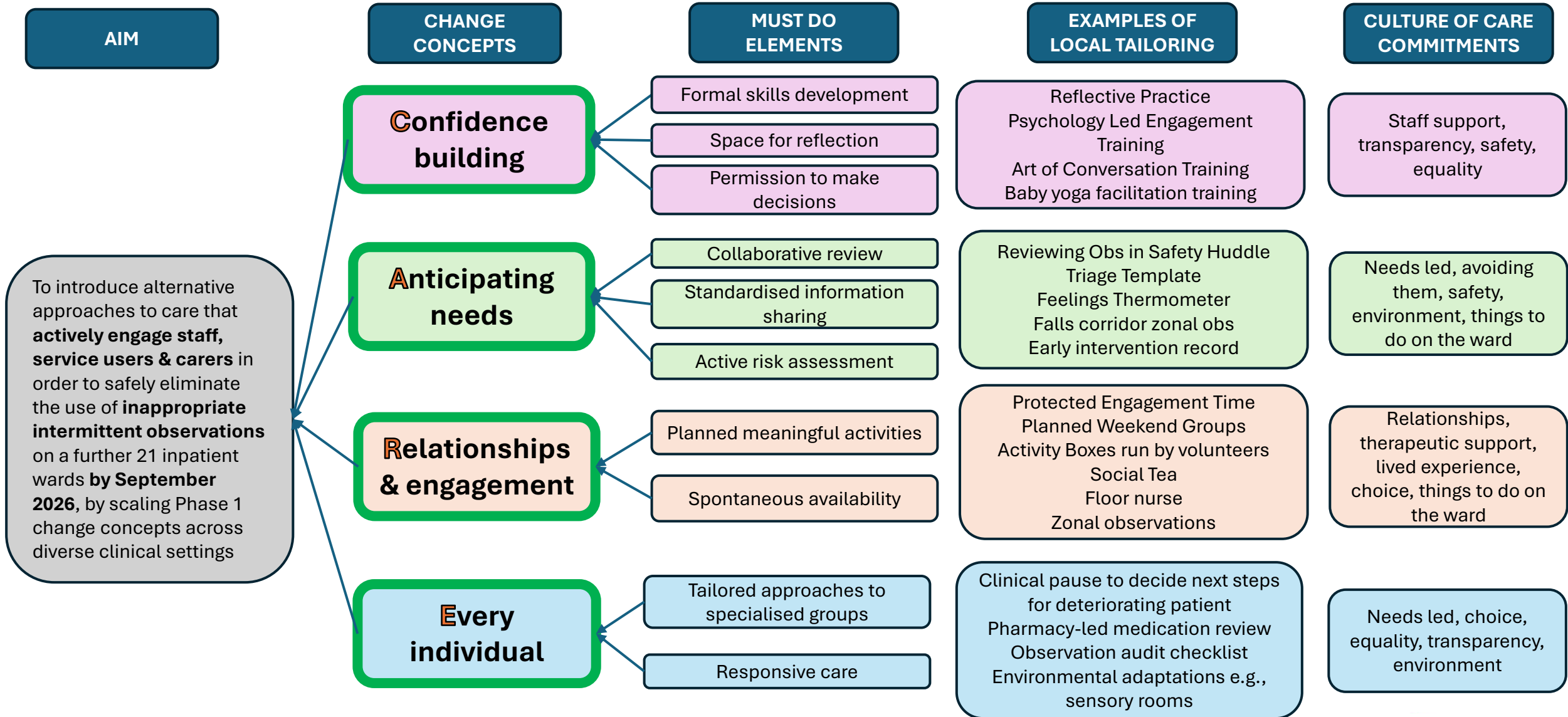
Think of the Bundle as your **Menu** and the SOP Booklet as your **Recipe Book**. Together, they provide everything you need to safely reduce observation practices and enhance therapeutic engagement on your ward.

# Glossary of terms

Term	Description
<b>Change concept</b>	A broad area for improving care that could help reduce unnecessary intermittent observations and increase meaningful staff–patient engagement.
<b>Must do elements</b>	The core parts of a change concept that must be done for it to work. These should not be changed, even if other parts of the process are tailored to fit your local setting.
<b>High degree of belief</b>	Strong confidence the change reduces unnecessary intermittent observations and improves meaningful engagement, supported by quantitative and qualitative evidence across more than one setting.
<b>Medium degree of belief</b>	Moderate confidence the change may reduce unnecessary intermittent observations or improve engagement, based on quantitative or qualitative evidence from one setting.
<b>Low degree of belief</b>	Early indication the change may help reduce unnecessary observations or improve engagement, based mainly on qualitative feedback from one setting.

# The CARE that counts bundle

Confidence building • Anticipating needs • Relationships & engagement • Every individual



Supporting structures: Leadership across all levels, MDT working, permission from leadership, safety bundle, observations 1.0, policy change

# CHANGE CONCEPT: CONFIDENCE BUILDING

Creating the conditions so staff have the permission, capability and resilience to both step-down observations and engage meaningfully with service users

## Must do elements:

- *Formal skill development*: there must be a structured way for staff to learn & practice therapeutic techniques
- *Space for reflection*: staff must have dedicated, protected time to discuss their experiences & feelings about patient care without fear of judgement
- *Permission to make decisions*: the environment must clearly grant staff the “permission” to make clinical judgements, such as when it’s safe to reduce or remove observation levels

Examples of local tailoring	Degree of belief	SOP booklet
On the Mother & Baby Unit in City & Hackney, staff were <b>trained to lead baby yoga and massage sessions</b> , which built confidence in therapeutic play.	Medium  Staff report that this improved meaningful engagement & alongside other change ideas resulted in <b>59% reduction</b> in obs	Page 2
Tower Hamlets Rosebank PICU delivered <b>psychology led reflective practice and engagement training</b> to increase staff confidence and skills in managing difficult conversations and building rapport.	Medium  Resulted in <b>79% reduction</b> in observations & staff report having better rapport with patients.	Page 2
Across all pilot wards, experts by experience from the Recovery College have delivered the <b>Art of Conversation training</b> to increase staff skills and confidence to have meaningful engagement with service users.	High  Being rolled out across all wards.	N/A

# CHANGE CONCEPT: ANTICIPATING NEEDS

Moving from reactive to proactive care by identifying risk early, responding to early warning signs and collaborative planning with service users and the multidisciplinary team

## Non-modifiable elements:

- *Collaborative review*: the MDT must discuss & review observation levels on a daily basis with clear plans for how to remove service users from observations
- *Standardised information sharing*: there must be a consistent way to collect and pass on vital information about new & high-risk service users to the whole team
- *Active risk assessment*: the team must regularly & intentionally look for early warning signs rather than waiting for an incident to occur

Examples of local tailoring	Degree of belief	SOP booklet
On Nova ward in CAMHS, in the <b>daily safety huddle</b> , the ward manager & medics ask the question “ <b>how will being on intermittent observations manage the risk &amp; what alternatives could be considered?</b> ”	High Resulted in <b>34% reduction</b> in observations	Page 4
On Bow female forensics ward a <b>daily review of observation levels</b> is done at each <b>safety huddle to share decision making</b> around observations	High Resulted in <b>100% reduction</b> in observations	Page 5
On City & Hackney’s Joshua & Gardner ward a <b>daily MDT review of observations</b> happens to <b>actively question the clinical need</b> for observations and make plans for reducing	High Resulted in <b>42% &amp; 48% reduction</b> in observations	Page 5

# CHANGE CONCEPT: ANTICIPATING NEEDS

Examples of local tailoring	Degree of belief	SOP booklet
<p>On Newham Ruby triage ward, staff used a <b>feelings thermometer</b> to help patients talk about how they are feeling and prompt early staff support.</p>	<p>Medium</p> <p>Patients can better express needs, and early “Red” status alerts enable staff to intervene therapeutically, reducing seclusions and rapid tranquillisation.</p>	<p>Page 6-8</p>
<p>On Tower Hamlets Rosebank ward, a female PICU, they created a <b>triage template</b> to summarise key needs for new arrivals to the ward.</p>	<p>Medium</p> <p>Resulted in <b>79% reduction</b> in observations &amp; staff report feeling more confident when accepting patients.</p>	<p>Page 9-10</p>
<p>On Sally Sherman Older Adult’s Ward they designated a <b>"Falls Corridor"</b> for zonal observations to provide continuous oversight for patients at the highest risk of falling.</p>	<p>High</p> <p>Resulted in <b>74% reduction</b> in falls</p>	<p>Page 11-13</p>
<p>On Bow and Ruby wards, the <b>"Identity Flower"</b> is used during Protected Engagement Time or group activities to help staff understand what matters to patients. By sharing backgrounds and leaving a petal free for the future, the group builds connectedness and a better understanding of individual needs.</p>	<p>Medium</p> <p>Staff felt this resulted in having a better understanding of patients &amp; supported care planning. Both wards saw reductions in observations.</p>	<p>Page 14-15</p>

# CHANGE CONCEPT: RELATIONSHIPS & ENGAGEMENT

Strengthening therapeutic contact through planned meaningful activity and ad hoc interactions

## Non-modifiable elements:

- *Planned, meaningful activities*: There must be a reliable, pre-planned schedule of activities so service users know what to expect
- *Spontaneous availability*: Staff must remain open to on-the-spot chats and support, outside scheduled activities & be visible on the ward floor

Examples of local tailoring	Degree of belief	SOP booklet
<p>On Bow ward, a female Forensics ward, they started <b>Social Tea sessions</b> to provide regular, informal opportunities for staff and service users to connect naturally in a non-clinical setting.</p>	<p>Low</p> <p>Staff and service users report enjoying this; however, attendance is inconsistent</p>	<p>Page 16-17</p>
<p>Sally Sherman ward, an older adult's ward in Tower Hamlets co-produced <b>Personalised Activity Boxes and recruited volunteers</b> to use the boxes to provide meaningful engagement for patients at high risk of falls.</p>	<p>High</p> <p>Resulted in <b>47% reduction</b> in falls and staff reported using fewer observations</p>	<p>Page 18-27</p>
<p>On Nova CAMHS acute ward, staff have a <b>planned weekend activity schedule &amp; photo board</b> that is shared back to service users to encourage engagement &amp; reduce reliance on observations.</p>	<p>High</p> <p>Groups are well attended by young people &amp; observations <b>reduced by 34%</b></p>	<p>Page 28-29</p>

# CHANGE CONCEPT: RELATIONSHIPS & ENGAGEMENT

Examples of local tailoring	Degree of belief	SOP booklet
<p>On Sally Sherman Older Adult's Ward they utilised a Dementia Environment Specialist to <b>redesign the ward layout with orientation aids like café-style dining</b> and door decals.</p>	<p>High</p> <p>Resulted in <b>74% reduction</b> in observations &amp; patients stopped pushing on exit doors to attempt to leave the ward.</p>	<p>Page 30</p>
<p>Ruby triage introduced an engagement suite of ideas to shift ward culture from observation to interaction through a <b>protected engagement hour, co-produced activities</b>, and <b>therapeutic conversation flash cards</b>.</p>	<p>High</p> <p>Resulted in <b>28% reduction</b> in observations</p>	<p>Page 31-35</p>
<p>Joshua and Gardner wards in City &amp; Hackney have been doing daily <b>Protected Engagement Hour</b> where staff prioritise being present with service users for purposeful conversation &amp; shared activities rather than doing administrative tasks.</p>	<p>High</p> <p>Resulted in <b>42% &amp; 48% reduction</b> in observations when combined with daily observation reviews</p>	<p>Page 36</p>
<p>On Clissold ward, a low secure male forensics service they used <b>zonal observations, using visible badges</b> to ensure staff are consistently present and engaging in specific patient areas.</p>	<p>High</p> <p>Resulted in <b>66% reduction</b> in observations &amp; has been shown to work in many settings</p>	<p>Page 37</p>
<p>At NHS Tayside, they introduced a <b>Floor Nurse</b> who provides visible oversight &amp; <b>'walk and talk' handovers</b> to staff, supported by a <b>Red/Yellow/Green Early Intervention Record</b> scoring wellbeing via 'How are you?' checks.</p>	<p>High</p> <p>Resulted in <b>96% reduction</b> in observations &amp; staff felt this was their highest impact idea</p>	<p>Page 38-40</p>

# CHANGE CONCEPT: EVERY INDIVIDUAL

Ensuring care is personalised through tailoring approaches for the individual and specialised groups

## Non-modifiable elements:

- *Tailored approaches*: approaches must be adapted for specific groups e.g., elderly care, neurodiversity, trauma-informed needs
- *Responsive care*: interventions must be “living” meaning they are adjustable based on how the person is responding today, rather than sticking to set routine

Examples of local tailoring	Degree of belief	SOP booklet
<p>On Sally Sherman Older Adult’s Ward they introduced a <b>Supportive Observation Audit Checklist</b> for shift coordinators to ensure observation records were accurate and clinically justified for each individual.</p>	<p>Medium</p> <p>Resulted in qualitatively reported reduction in observations &amp; managers said recording was more rigorous</p>	<p>Page 41</p>
<p>Sally Sherman Ward launched a pharmacy-led <b>medication review process</b> to identify and de-prescribe drugs that increase the risk of falls on admission for each person.</p>	<p>High</p> <p>Resulted in <b>74% reduction</b> in falls &amp; supported nurses to identify higher-risk patients and trigger pharmacy reviews.</p>	<p>Page 42-43</p>
<p>At NHS Tayside, if a service user was at risk of being put onto observations, they used a <b>clinical pause</b>, which is a deliberate stop for the whole team to look at an individual’s history &amp; preferences before changing their care level.</p>	<p>Medium</p> <p>Resulted in <b>96% reduction</b> in observations in one area.</p>	<p>Page 44-45</p>