

The **CARE** that counts bundle

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

Standard Operating Procedures illustrating local tailoring of change concepts



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CHANGE IDEA: PSYCHOLOGY LED TRAINING & REFLECTIVE PRACTICE		
Please describe the change idea	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.	
Why did the idea work?	<ul style="list-style-type: none"> • Immersive Learning: Moving off the ward allows staff to focus entirely on skills without clinical distractions. • Role-Play: Practicing "real-life" scenarios helps bridge the gap between theory and actual patient interaction. 	
Where was the idea tested e.g., ward, community, other		
Tower Hamlets Rosebank female PICU ward		
What are the steps involved in this work?		
What	Who	When
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
How will you know the idea is still working (measurement)		
<ul style="list-style-type: none"> • Training Tracker: Monthly update of the local training spreadsheet on SharePoint. • Confidence Levels: Staff reporting increased confidence in de-escalation during supervision. 		
Changes to infrastructure (environment, policies, way people work, knowledge, skills)		
<ul style="list-style-type: none"> • Resources: Budget and time allocated for full-day "off-ward" attendance. 		

Mother and Baby Unit staff were trained to lead baby yoga and massage sessions

Link to story here: <https://qi.elft.nhs.uk/stories/how-rethinking-baby-observations-improved-quality-and-reduced-costs-on-the-city-and-hackney-mother-and-baby-unit>

CHANGE IDEA: STRUCTURED OBSERVATION REVIEWS		
Please describe the change idea	A structured, senior-led daily review of all patients currently on enhanced observations. The goal is to move beyond "keeping an eye on them" by challenging the clinical reasoning behind the observation level and identifying more effective, personalised alternative interventions.	
Why did the idea work?	<ul style="list-style-type: none"> • Senior Leadership: Having a Ward Manager and Doctor lead the review provides staff with the reassurance and education needed to manage risk differently. • Focused Dialogue: Moving the conversation out of the large MDT meeting into a smaller pre-handover session allows for more effective, honest decision-making. 	
Where was the idea tested e.g., ward, community, other		
CAMHS Nova (Coburn) acute ward		
What are the steps involved in this work?		
What	Who	When
Establish who is currently on enhanced observations.	Ward manager, ward doctor, ward nursing staff	8.45am weekdays before MDT handover, in the nursing office
For each SU, ask nursing staff for the specific risk reason that they are on enhanced obs and how does having them on obs mitigate the risk.		
If they say how using obs mitigates the risk (e.g. to 'keep an eye on them'), ask them what more effective alternative interventions they could use.		
Suggest alternative interventions if needed e.g. locked door care plan (CAMHS), personalised group timetable.		
Document outcome	Nurse in charge	
How will you know the idea is still working (measurement)		
<ul style="list-style-type: none"> • Total number of service users on enhanced observations (PowerBI) 		
Changes to infrastructure (environment, policies, way people work, knowledge, skills)		
<ul style="list-style-type: none"> • Knowledge/Skills: Nursing staff develop increased confidence in questioning traditional risk management. • Process: Establishment of a 15-minute "pre-MDT" huddle. 		

CHANGE IDEA: DAILY OBSERVATION REVIEW IN SAFETY HUDDLE		
Please describe the change idea	The formal review of all enhanced observations (1:1s and 15-minute checks) is incorporated into the thrice-daily Safety Huddle. The MDT asks specifically: "Does this patient need to continue on this level?" A nominated staff member then documents the review or termination using specific "R codes" and informs the patient immediately.	
Why did the idea work?	<ul style="list-style-type: none"> • Consultant Buy-in: Active involvement of the Consultant in huddle reviews ensures immediate authority to step down levels. • High Frequency: Reviewing three times a day allows for levels to be reduced as soon as the risk changes, rather than hours or days later. 	
Where was the idea tested e.g., ward, community, other		
In two City & Hackney acute wards – Gardner (female) and Joshua (male)		
What are the steps involved in this work?		
What	Who	When
Discuss every patient on enhanced obs during the huddle.	Shift Lead, MDT, CNM	3 times daily (Safety Huddles)
Agree to continue, reduce, or terminate the observation level.	MDT / Consultant	During the huddle
Document the review (using R codes) and inform the patient.	Nominated Staff Member	Immediately after huddle
How will you know the idea is still working (measurement)		
<ul style="list-style-type: none"> • Total number of service users on enhanced observations (PowerBI) 		
Changes to infrastructure (environment, policies, way people work, knowledge, skills)		
<ul style="list-style-type: none"> • Way People Work: Moving clinical decision-making into the "live" environment of the Safety Huddle. 		

CHANGE IDEA: FEELINGS THERMOMETER		
Please describe the change idea	The purpose of a feelings thermometer is to help individuals recognise, and communicate the intensity of service user emotions, usually in a visual and accessible way. Staff on observations check the thermometer as part of their rounds. A guidance chart is in the process of being made, which will prompt staff on how to respond to each "heat" level on the scale.	
Why did the idea work?	<ul style="list-style-type: none"> • Non-Verbal Communication: It provides a low-pressure way for service users to signal distress without needing to find the "right words." • Preventative De-escalation: By catching a "Red" status early, staff can have a therapeutic conversation immediately, which has successfully prevented seclusions and Rapid Tranquillisation (IM medication). • High Visibility: Ensuring it's stuck to the wall/door makes it a constant, durable part of the environment that cannot be easily torn down. • Timely Intervention: Helps staff to quickly and sensitively identify changes in mood or distress levels, allowing them to check in and start meaningful conversations with service users. It promotes self-awareness, encourages emotional expression, and helps staff provide timely support and intervention when needed. 	
Where was the idea tested e.g., ward, community, other		
On Ruby Triage Ward, a male ward in Newham.		
What are the steps involved in this work?		
What	Who	When
Explain the thermometer to service users in their Welcome Pack and Community Meetings.	Nursing Team	On Admission / Weekly
Check the thermometer status during general observation rounds.	Observation Staff	Hourly
If high risk, initiate the specific guidance chart protocol e.g., alert allocated nurse to give 1:1	Nursing Staff	Immediately
Incorporate thermometer readings into MDT discussions and RiO notes.	MDT	Daily
Daily shift allocation booklet - to take accountability and guide allocated nurses for meaningful conversations.	Nursing Staff	Day/Night Shift
How will you know the idea is still working (measurement)		
<ul style="list-style-type: none"> • Observation Data: Reduction in the total number of service users on enhanced observations (via PowerBI). • Incident Data: Reduction in seclusions and the use of IM medication for de-escalation. • Audit: Checking that the thermometers are being updated and discussed during MDT meetings 		

MY NAME IS

Feelings Thermometer

How are you feeling?



RUBY TRIAGE WARD SHIFT ALLOCATION DAY SHIFT

Date:

Shift Coordinator:	AM		PM	
Nurse in Charge:	AM		PM	

Staff on Duty:						
Students:						

Response Nurse:	AM		PM		Physical Health Nurse:	
Environmental Nurse:				Safety Huddle Nurse:		

Medication CD/ Fridge/Temp Check:		MDT:		WARD ROUND:	
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R-Code:		Menu:		Alarm/Swipe/Keys Sign In & Out:	
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Activities:		Therapeutic Hour:	ALL STAFF 15:00 - 16:00	72 Hour Follow Up:	
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Observation Allocation

Time:	Staff Names Gen/ Int Obs	Changes	1:1	Staff Breaks
08:00				Safety Huddle
09:00				
10:00				
11:00				
12:00				
13:00				
14:00				Safety Huddle
15:00				Therapeutic Hour
16:00				
17:00				
18:00				
19:00				

Patient Allocation

Completed Check IN Nurse has made therapeutic contact <i>and</i> documented it.	Attempted But Incomplete Service user declined, or interaction interrupted. Nurse must re-attempt.	Not Completed No contact made. Nurse in charge must be informed.	Not Applicable Not applicable Service user off ward / in seclusion / new admission.
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Handover	Physical Health													

CHANGE IDEA: TRIAGE TEMPLATE		
Please describe the change idea	A standardised Triage Form embedded in the DSN report. When a referral is received, the DSN sends this template to the referrer to capture detailed background on patient needs and risks. This information is screened by the DSN and the admitting ward <i>before</i> arrival to inform the initial observation level.	
Why did the idea work?	<ul style="list-style-type: none"> • Informed Risk-Taking: Better background data allows staff to make safer, more confident decisions about positive risk-taking. • Preparedness: The admitting ward knows exactly what to expect, reducing "surprise" escalations upon admission. 	
Where was the idea tested e.g., ward, community, other		
Tower Hamlets Rosebank female PICU ward		
What are the steps involved in this work?		
What	Who	When
Send Triage Form to the referrer via email.	DSN	Upon receipt of referral
Screen completed form for risks and needs.	DSN & Ward Staff	Prior to admission
Complete formal risk assessment with the patient.	Admitting Nurse	Upon ward arrival
Agree on the initial observation level.	MDT	Post-admission
How will you know the idea is still working (measurement)		
<ul style="list-style-type: none"> • Total number of service users on enhanced observations (PowerBI) 		
Changes to infrastructure (environment, policies, way people work, knowledge, skills)		
<ul style="list-style-type: none"> • Systems: Triage template integrated into the daily DSN report. • Knowledge: Staff better equipped to screen external referrals (e.g., PICU/Triage). 		

See next page for triage template.

Example of the triage template:

Section	Details / Notes
Name	
DOB	
Current location	
Current address	
Known to ELFT team	
Reason for referral	
Psychiatric History and Diagnosis	
Physical Health Issues	
Medication	
Social Circumstances	
Risks – Current To Self: To Others: From Others:	
Risks – Historical To Self: To Others: From Others:	
Risk Management Plan	
Accepted for Transfer	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHANGE IDEA: FALLS CORRIDOR FOR ZONAL OBSERVATIONS		
Please describe the change idea	<p>An alternative to individual observations where staff are assigned to a specific Zone rather than a specific patient. It creates a "managed environment" where patients have equal access to staff resources. It uses a color-coded system:</p> <ul style="list-style-type: none"> • YELLOW ZONE: Day area/dining room (Day focus). • GREEN ZONE: High-risk falls corridor (Night focus/flexible). Staff in these zones provide continuous oversight and engagement for all patients within that boundary, ensuring safety while maintaining greater privacy for the individual. 	
Why did the idea work?	<ul style="list-style-type: none"> • Resource Efficiency: One staff member can safely oversee multiple high-risk patients in a single zone, rather than requiring multiple 1:1 allocations. • Least Restrictive: It avoids having staff in close proximity to a single patient for long periods, which can be intrusive. • Structured Engagement: It mandates that observation must be "supportive"—meaning it includes meaningful activity and conversation, not just watching. 	
Where was the idea tested e.g., ward, community, other		
Sally Sherman ward, an older adult's mental health ward in Tower Hamlets. The ward faced high risks of patient falls.		
What are the steps involved in this work?		
What	Who	When
Delegate staff to the Yellow or Green zone via the nursing allocation.	Nurse in Charge	Every Shift
Rotate staff out of the zone to prevent fatigue.	Nurse in Charge	Every 1–2 hours
Maintain eyes-on the zone; staff must not leave the area and must have a pinpoint alarm.	Zone Staff	Continuous
Document patient whereabouts and wellbeing in the Zonal Observation Book.	Zone Staff	Every 30 mins
Review the needs of all service users in the zones.	Ward Manager / Deputy	Daily (Mon-Fri)
Formal review to continue or terminate the zonal approach.	MDT (Nurse & Medic)	Daily
How will you know the idea is still working (measurement)		
<ul style="list-style-type: none"> • Total number of service users on enhanced observations (PowerBI) 		
Changes to infrastructure (environment, policies, way people work, knowledge, skills)		

- **Way People Work:** Staff are "anchored" to a zone; they must liaise with other staff if a patient leaves their eyesight.
- **Equipment:** Use of bed sensors for all patients in the Green Zone (falls corridor).
- **Policy:** Implementation of the "Decision Making Checklist" to ensure a clear rationale for using the zone.

DECISION MAKING CHECKLIST

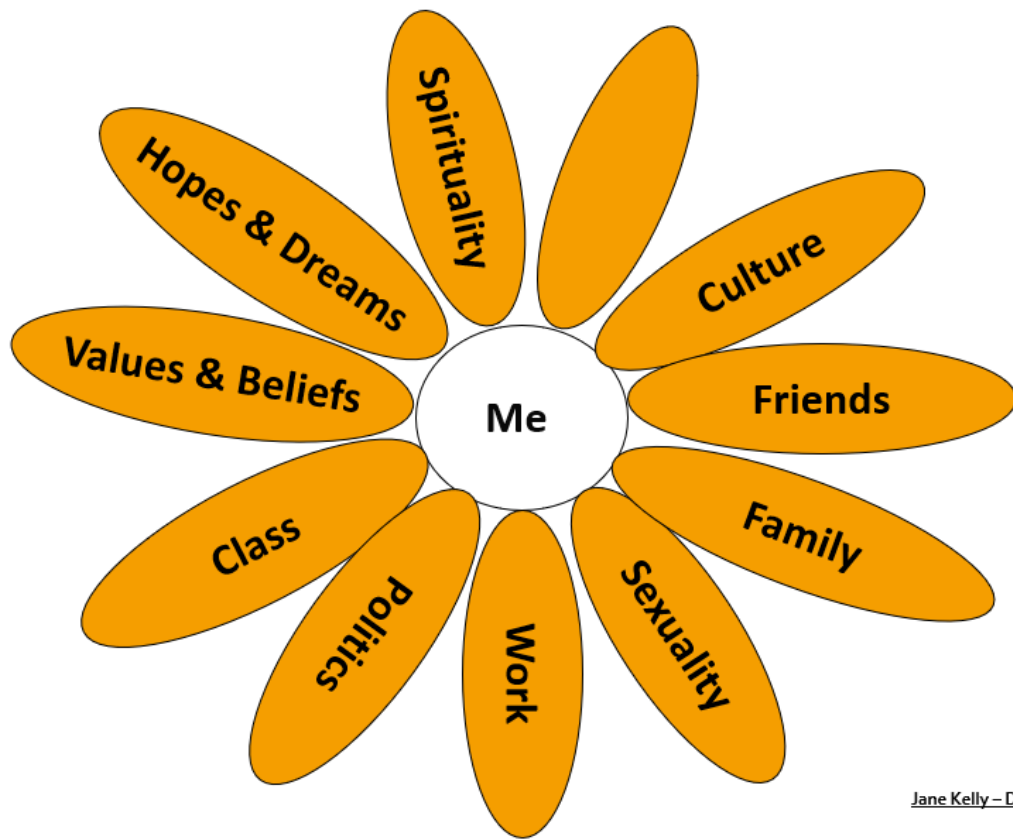
The ward area considering the use of zonal observations should have a clear rationale and implementation plan which covers the following area. The following checklist can be used to develop the plan:

Questions	Yes	No	n/a any other comments
Is there evidence of MDT discussion regarding implementation of zonal observation?			
Is there a clear rationale for the use of zonal observations?			
Is the use of zonal observation for: one individual, a particular group of service users			
Are there clear zones identified within the ward area?			
Is there an identified process for allocating staff to zones?			
Is there clear guidance as to times in which the zones will be operated			
Is there clear guidance as to how observation levels will changes as service users move between areas and at different times?			
Is there evidence that staff assigned have had clear guidance and instruction as to the use of zonal observations (including harm minimisation and safety planning)			
Is there evidence that the roles of all staff members have been clearly defined and that staff are clear on their roles and responsibilities? This includes bank/agency staff			

<p>Is there evidence of a process to escalate concerns regarding the use of zonal observations and it's effectiveness or lack of thereof.</p> <p>a clear process for discontinuing/terminating in cases of concern</p>			
<p>Is there evidence of a process to review use of zonal observations and discontinuing/terminating in cases of concern</p>			
<p>Is there evidence of individualised care/safety plans which identify how zonal observations will be used?</p>			
<p>Is there evidence that the service user(s) have been involved in the decision making process?</p>			
<p>Is there an activity plan for the service user(s) which identifies meaningful activity and planned time for engagement with allocated staff?</p>			

CHANGE IDEA: IDENTITY FLOWER GROUP SESSIONS		
Please describe the change idea	Using a visual "Identity Flower" diagram to facilitate a group session where patients share aspects of their lives and what matters to them (e.g., culture, family, values) while leaving one petal blank to represent their future aspirations.	
Why did the idea work?	<ul style="list-style-type: none"> • Promotes Connectedness: Patients find common ground and shared experiences, fostering a sense of community. • Humanises Care: Moves the focus from clinical diagnosis to the individual's unique story and personality. • Used to structure protected engagement time: • Enhances Engagement: The visual and creative nature of the task makes it accessible and less intimidating than traditional talk therapy. 	
Where was the idea tested e.g., ward, community, other		
On Ruby triage ward, a male ward in Newham & Bow ward, a female forensic ward.		
What are the steps involved in this work?		
What	Who	When
Provide each participant with a printed "Identity Flower" template and coloured pens.	Group facilitator	During protected engagement time, social tea or any other time when a group may benefit from this activity.
Explain the petals, emphasizing that one petal must remain free for "The Future."	Facilitator/patients	
Patients fill in their petals; facilitator moves around the room to offer support or "have a laugh" about light-hearted details.	Patients	
Participants who want to, share one petal they are proud of and what they might put in their "Future Petal."	Entire group	
How will you know the idea is still working (measurement)		
<ul style="list-style-type: none"> • Total number of service users on enhanced observations (PowerBI) • Qualitative feedback from staff and service users 		
Changes to infrastructure (environment, policies, way people work, knowledge, skills)		
<ul style="list-style-type: none"> • Skills: Staff training on facilitating identity workshops. • Environment: Pens & flowers available for people • Policy: Integrating "Identity Work" into the standard recovery program or therapeutic activity schedule. 		

See next page for flower template example (you can print this out and remove the writing)



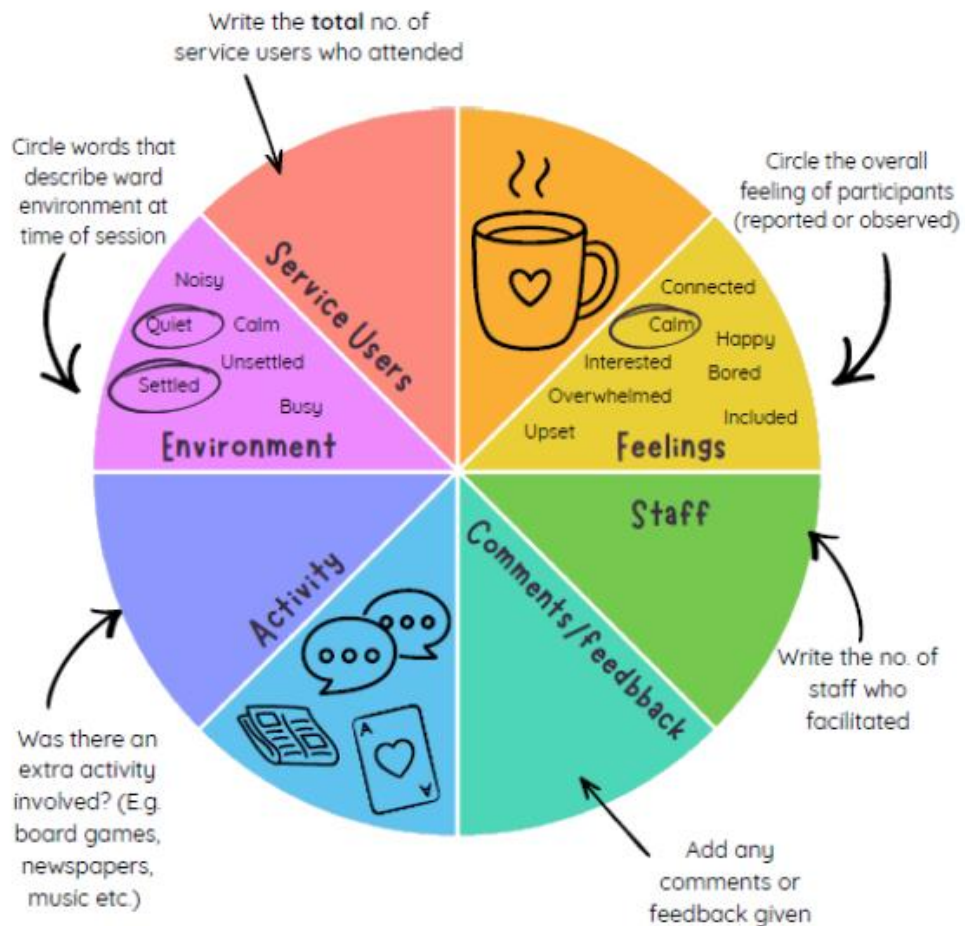
Jane Kelly - Directory of Recovery

CHANGE IDEA: SOCIAL TEA		
Please describe the change idea	A structured yet informal "Social Tea" held twice a week (Mondays and Fridays, 10:00–11:00 AM). Staff and MDT members sit in the most relaxing area of the ward with tea, coffee, snacks, and newspapers. The goal is "non-clinical" conversation. It serves as a natural opportunity for staff to gauge the ward's "temperature" and for service users to share feelings (e.g., anxiety about the weekend) in a low-pressure environment.	
Why did the idea work?	<ul style="list-style-type: none"> • Predictable Routine: Monday and Friday sessions act as "bookends" to the week. If a regular attendee suddenly stops coming, it serves as an immediate red flag for staff to check in. • Low Barrier to Entry: Service users who are intimidated by clinical offices often feel more comfortable talking openly over a cup of tea. • Proactive Risk Management: If a patient shares they are "feeling down" on Friday morning, staff can proactively plan engaging activities for them over the weekend before risks escalate. • Service-User Led Improvement: The informal setting naturally leads to conversations about what other therapeutic activities or changes patients want to see on the ward. 	
Where was the idea tested e.g., ward, community, other		
On Bow ward a female forensic inpatient service.		
What are the steps involved in this work?		
What	Who	When
Set the MDT/Staff rota for the quarter (3 months ahead).	Ward Manager	Every 3 Months
Distribute posters/leaflets and give verbal reminders to patients.	OT / Staff Lead	Weekly
Sit in the informal area for the full hour, regardless of initial attendance.	Staff Lead / MDT	Mon & Fri (10:00-11:00)
Use conversation starter cards or newspapers to break the ice.	Staff Lead	During the session
Record attendance, mood, atmosphere, and activities on the template.	Staff Lead	After each session
How will you know the idea is still working (measurement)		
<ul style="list-style-type: none"> • Total number of service users on enhanced observations (PowerBI) • The attendance tracker 		
Changes to infrastructure (environment, policies, way people work, knowledge, skills)		
<ul style="list-style-type: none"> • Environment: Identification and "softening" of a specific relaxing ward area (informal seating, non-clinical feel). 		

- **Budgeting:** Ensuring the ward budget specifically covers tea, coffee, and snacks to maintain financial viability.
- **Knowledge:** Introduction of "Prompt Sheets" and conversation starters to help staff who feel less confident in informal settings.
- **Planning:** Moving from ad-hoc tea to a 6-month pre-planned rota to ensure MDT availability.

Social Tea Attendance tracker

Date: _____



CHANGE IDEA: ACTIVITY BOXES & VOLUNTEER ENGAGEMENT		
Please describe the change idea	The creation of bespoke activity boxes. These boxes contain items tailored to a patient's life history and preferences. To ensure these boxes are used consistently, the ward recruited and trained a large cohort of volunteers to engage patients in these activities during every shift, particularly targeting those on 1:1 observations or at high risk of falls.	
Why did the idea work?	<ul style="list-style-type: none"> • Co-production: Boxes made with families ensure the activities are actually relevant to the person. • Volunteer Power: Using volunteers ensures that therapeutic activity happens consistently, even when the nursing team is busy with clinical tasks. 	
Where was the idea tested e.g., ward, community, other		
Sally Sherman ward, an older adult's mental health ward in Tower Hamlets. The ward faced high risks of patient falls.		
What are the steps involved in this work?		
What	Who	When
Create a bespoke Activity Box based on co-production with family and service user	Activities Team / OT	Once preferences are known
Onboard university volunteers with corporate and local training. Trust volunteer lead who is able to support with full set up of volunteers: rajia.khan@nhs.net	Trust Volunteer Team	Ongoing / Cohort basis
Use the boxes to facilitate meaningful activity with patients.	Volunteers	Every shift (Daily)
How will you know the idea is still working (measurement)		
<ul style="list-style-type: none"> • Record use of boxes and plot on chart to track consistency • Monitoring if meaningful engagement leads to a reduction in falls (PowerBI) • Number of service users on enhanced observations (PowerBI) 		
Changes to infrastructure (environment, policies, way people work, knowledge, skills)		
<ul style="list-style-type: none"> • Environment: Dedicated storage locations for activity boxes to ensure they are easily accessible. • Way People Work: Integrating volunteers into the daily ward routine and MDT learning opportunities. • Knowledge/Skills: Training nursing staff and volunteers on how to use reminiscence tools effectively. 		

See below for the role description Sally Sherman ward wrote for volunteers & the induction checklist for the volunteers.

Volunteer Role Description:
Sally Sherman Ward Eastham Care Centre

APPROVED by Volunteer Service Team	Team member: Signature: Date:
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Role Title:	Volunteer Assistant for 1:1 support and/or group sessions.
Location:	Sally Sherman East Ham Care Centre Sally Sherman Shrewsbury Road London E7 8QP
Site Supervisor:	Clinical Nurse Manager
Days:	Various - to be mutually agreed
Times:	Various - to be mutually agreed
Frequency of volunteering:	Various - to be mutually agreed, for a minimum of 6 months.
Brief service background:	Sally Sherman ward is a 19 bedded ward based at East Ham Care Centre.

	<p>The ward provides outstanding NHS continuing care to Newham, Tower Hamlets and Hackney resident's who have dementia with complex holistic needs.</p> <p>The multi-disciplinary team includes a Consultant Psychiatrist, specialist nursing team, pharmacists, support workers, speech and language therapy, activities team and dietician.</p> <p>The environment is dementia friendly and provides single en-suite facilities and exceptional care delivery.</p> <p>East Ham Care Centre also provides an Activity Service to service users. The Service provides person centred engagement and meaningful activities which all contribute to quality of life which improves general well-being and the experience of being in hospital.</p>
<p>Role Tasks/Skills</p>	<p>The role of the Volunteer Assistant is to assist the ward in delivering a service to the clients that caters for their social, mental and physical well-being, either through groups or one to one sessions.</p> <p>Under the guidance of the team, you will receive instruction on the group and the service user and what duties will need to be carried out.</p> <p>The role involves the following tasks:</p> <ul style="list-style-type: none"> • Interaction- As a volunteer you need to be able to talk to service users. This gives service users the opportunity to express themselves and to socialise. • Encouragement- When working as part of a group or on a one to one session some clients will need encouragement to complete tasks. • Assistance- Some clients may have physical impairments that might make it difficult for them to complete tasks so you may be asked to carry out these simple tasks for them. This does not include toileting or physically adjusting someone.

- Preparing the Environment- The environment activities are carried out in is an important as the activities itself. The team tries to create an environment that is welcoming and inspirational, this includes decorating the environment and setting up and clearing for groups.
- Preparing Refreshments: Whether as a part of a group session or a party you may be asked to assist with preparing and serving food and refreshments to service users.
- Volunteers can be matched with service users based on common interests / language(s) spoken.
- Volunteer support can be during weekday office hours / evenings / weekends – TBC dependent upon volunteer availability and ward preference.
- To spend 1:1 time with service users - for companionship, befriending and personalised therapeutic activities.
- To set up and run group sessions.
- Volunteers are encouraged to be creative and develop their own activities (deemed suitable for service users.)
- You will not be required to support with general care tasks e.g. personal care, toileting etc. Ward staff are responsible for this.

Essential Skills:

- To be over the age of 18 years old.
- To be physically able to carry out the work required.
- To be able to communicate clearly and have good interpersonal skills.
- To have good time management skills.
- The desire to help others and engage with therapeutic activities.
- Patience.
- Ability to remain calm and be a good listener.
- Reading aloud to service users.
- Speaking to carers/staff.
- Knowledge of dementia or willingness to learn about this diagnosis and its impact on the service user and their family/carers.

Desirable Skills (not essential):

- To have ideas that inspire creation.
- Have previous experience working in care homes or hospitals.
- Interest in music.

Language of Service Users	Various – languages of current service users include English, Bengali, Swahili, Greek and Turkish.
Benefits to Volunteers:	<p>This is an opportunity for people who have an interest in working with older adults who present with physical and / or mental health problems. You will be able to develop a sound and holistic understanding of this client group. You will be able to improve rapport and communication skills using a friendly, empathetic approach. You will be able to utilise skills of individual and / or group work in a person-centred manner. You can make use of peer support with other volunteers during your time supporting the residents. You will also be invited to attend a monthly team meeting with the ELFT People Participation Team.</p>
Benefits to Patients:	<p>You will help to improve the well-being and quality of life of care home residents. You may brighten their day by having a friendly chat or supporting them to engage in activities that takes their interest. The time you spend with them will be greatly valued.</p>
Benefits to Staff:	<p>Staff members at Sally Sherman and external partners will be grateful for your time spent with residents. Your input will help to provide out of hours support to residents that may otherwise prove difficult.</p>
Ward Induction details:	<p>A formal induction on the ward during regular office hours will take place prior to volunteers beginning their role.</p> <p>You will have the opportunity to observe group sessions currently taking place.</p> <p>You will be provided with information for your learning about dementia and invited to training sessions.</p>

	<p>You will receive continuous support from the ELFT People Participation Team as well as the ward team.</p>
<p>Development opportunities:</p>	<p>You will develop various skills in your volunteer role. You will also learn about physical and mental health conditions, relevant to the patients who you will support.</p> <p>You will receive continuous support from the ELFT People Participation Team as well as the ward team.</p>
<p>Available Vacancies in locality</p>	<p>There may be various patient facing roles within ELFT (qualification dependant for particular roles) that you are able to apply for.</p> <p>There may be roles directly within East London Foundation Trust that you can apply for.</p>
<p>Expenses:</p>	<p>Travel can be claimed for journeys to and from your volunteering base.</p> <p>A receipt is required/ bank statement.</p> <p>Car travel must be agreed with the volunteer supervisor beforehand and paid at the current rate per mile.</p> <p>Expenses for a lunch up to a maximum of £4 (reimbursed upon providing a receipt) can be claimed if volunteering exceeds 4 hours in one day.</p>
<p>Health & Safety, Confidentiality & Equal Opportunities</p>	<p>Volunteers must abide by the East London NHS Foundation Trust policies on Health and Safety, Confidentiality and Equal Opportunities.</p>
<p>Insurance</p>	<p>In the event of an accident whilst undertaking any part of the volunteer role on behalf of East London NHS Foundation Trust you</p>

	will be covered by the relevant Trust insurance policies as long as relevant health and safety procedures have been followed.
Volunteer Service Team	elft.volunteerenq@nhs.net https://www.elft.nhs.uk/get-involved/1-volunteer-service-landing-page-volunteer-service-team

LOCAL INDUCTION CHECKLIST FOR THERAPEUTIC ENGAGEMENT VOLUNTEERS

Where items are not applicable, please indicate.

1. Employee Details	
Name:	Department:
Job Title:	Start Date:
Service Area:	Manager:

	Tick Or N/A	Date completed and manager's initials.
2. Introductions		
Introduce to relevant colleagues/teams		
Dementia Services		
3. Facilities		
Tour of office work area		
Tour of Eastham Care Centre and services		
Restaurant/coffee facilities/staff room		
Staff facilities e.g. toilets, etc		

4. Health and safety		
Fire Safety/evacuation *		
Trust security alarms and personal alarms*		
Risk Assessment and current risk register.		
Incident Reporting/Datix Complaints and Compliments (PALS)		
VDU and work station assessment as required.		
Infection Control and spillage management. Covid guidance and correct use of PPE. Current visitor policy and restrictions.		
Waste Disposal		
Moving and Handling		
Reporting defects to G4S by phone/email		
Sharps injuries and occupational health (prevent)		
First Aid		
Slips/trips and falls.		
5. Terms And Conditions	Tick Or N/A	Date completed and managers initials
Complete any additional paper work.		
Hours of work		
Breaks		
Annual leave TOIL		
Sickness or other absence –notification procedures.		
6. Working Arrangements		
Issue of identification badge		

Policies in relations to working arrangement and health roster requests.		
Telephone system		
Photocopier access		
Stationary/Printing		
Expenses.		
Clinical Governance/Quality Management		
Department dress code.		
7.Communication		
Team Brief /Meetings/Safety Huddles		
Corporate induction		
8.Policies & Procedures		
Equalities and diversity		
Disciplinary and grievance		
Harassment and bullying		
Alcohol and smoking		
Whistle blowing and freedom to speak up guardian		
Confidentially		
Data protection		
Safeguarding Adult/Children		
Lone Worker Policy		
Standards of business conduct		
9. Staff Development and Training.		
Training and development department/ELA		
10. Personal Management		
Review role		
Discuss service and job objectives		

Arrange appropriate visits/work		
Arrange date for review of progress		
11. Local induction (additional items not already covered)		
Admission and discharge process		
Standard Operational Policy		
Handover of patient list and risk history.		
Role of duty senior nurse and on call manager. Radio system.		
Referrals: Tissue Viability/SALT/diabetic team/Physiotherapy/dietician/podiatrist/Palliative Care		

Signature of Staff Member: Date:

Signature of Line Manager: Date:

CHANGE IDEA: MEANINGFUL WEEKEND ACTIVITIES		
Please describe the change idea	A co-produced weekend activity plan where young people (YP) choose their preferred groups during a Monday community meeting. Nursing staff facilitate these groups, and engagement is captured via Polaroid photos (with consent), which are displayed on a ward board to celebrate participation and show visitors/carers the engagement opportunities available.	
Why did the idea work?	<ul style="list-style-type: none"> • Patient Ownership: Choosing activities on Monday gives YP something to look forward to. • Visual Evidence: Sharing photos on the ward board encourages others to join and builds a sense of community. 	
Where was the idea tested e.g., ward, community, other		
CAMHS Nova (Coburn) acute ward		
What are the steps involved in this work?		
What	Who	When
Discuss and choose weekend activities in the community meeting.	YP & meeting chair	Every Monday
Arrange materials/resources and inform the nursing team of the plan.	Band 4 LSRW / OT Support	During the week
Run the group and take a Polaroid photo of the engagement.	Nursing Team & YP	Every Weekend
Update the ward board with the new photos.	Band 4 LSRW	Monthly
How will you know the idea is still working (measurement)		
<ul style="list-style-type: none"> • Monitoring that weekend groups are happening on the ward notice board monthly 		
Changes to infrastructure (environment, policies, way people work, knowledge, skills)		
<ul style="list-style-type: none"> • Environment: Creation of a dedicated "Engagement Board" and storage for activity materials. • Resources: Procurement of Polaroid cameras, film, and group materials (requires budget approval). • Way People Work: Nursing staff taking an active role in facilitating therapeutic groups. 		

Example of the polaroid pictures and types of activities that are done on the ward



CHANGE IDEA: REDESIGN WARD LAYOUT WITH DEMENTIA SPECIALIST	
Please describe the change idea	<p>Using the King's Fund assessment tool, the team audited the ward to improve orientation and wellbeing. Key changes included:</p> <ul style="list-style-type: none"> • Environmental Camouflage: Using decals on exit doors to make them look like walls, reducing the urge for patients to "escape." • Wayfinding & Orientation: Transforming the dining room into a "café" and adding a post office façade to create familiar, non-clinical landmarks. • Visual Comfort: Adding local imagery to windows and planning for matte, non-reflective flooring to prevent falls caused by glare or "perceived holes." <p>Link to the King's Fund assessment tool here: https://adsdementiablog.wordpress.com/wp-content/uploads/2023/07/is-your-ward-dementia-friendly.pdf</p> <p>Link to wall mural company: https://findmemorycare.co.uk/product-category/wall-murals-window-cals/</p>
Why did the idea work?	<ul style="list-style-type: none"> • Reduced Visual Triggers: Making exit doors "disappear" stopped the cycle of patients pushing on doors and becoming distressed when they wouldn't open. • Familiarity: Familiar settings (cafés/post offices) reduce the "institutional" feel, lowering anxiety and agitation. • Proactive Safety: Addressing flooring glare directly reduces the risk of falls before a patient even takes a step.
Where was the idea tested e.g., ward, community, other	
Sally Sherman ward, an older adult's mental health ward in Tower Hamlets. The ward faced high risks of patient falls.	
How will you know the idea is still working (measurement)	
<ul style="list-style-type: none"> • Total number of falls 	
Changes to infrastructure (environment, policies, way people work, knowledge, skills)	
<ul style="list-style-type: none"> • Environment: Significant physical changes including door decals, window dressings, and room transformations. • Knowledge: Staff training on the importance of "dementia-friendly" design and orientation. • Lifecycle Planning: Ensuring future repairs (like flooring) follow the matte/non-reflective standards. 	

CHANGE IDEA: THE ENGAGEMENT SUITE
(PROTECTED HOUR + CO-PRODUCED ACTIVITIES + CONVERSATION FLASH CARDS)

Please describe the change idea

This is a three-pronged approach to shifting ward culture to engagement over observation:

- Protected Engagement Hour:** A daily office closure (3 PM – 4 PM) where all administrative tasks, staff breaks, escorted leave (S17), and visitors are paused to ensure staff are "on the floor & interacting with service users.
- Planned Group Activities:** A timetable of three structured activities per day, co-produced with service users during bi-weekly community meetings to ensure relevance.
- Engagement Flash Cards:** A set of prompt cards kept in the nursing office featuring different topics and questions to help staff and students initiate therapeutic conversations during the protected hour or other times.

Why did the idea work?

- **Structure for Staff:** Linking the protected hour (3-4 PM) to a scheduled activity means staff have the choice to join in with activities or have 1:1s depending on patient need.
- **Visual Nudges:** Using a "Visual Wheel" next to the Safety Cross helps the team track whether they are meeting their daily engagement goals.
- **Staff Champions:** Identifying "Therapeutic Engagement Champions" within the nursing team to nudge colleagues out of the office.
- **Low Pressure:** The flash cards remove the awkwardness for junior or student staff who might struggle to start a conversation with a distressed or withdrawn service user.
- **Co-production:** Service users are more likely to engage with activities (13 out of 15 on average) because they chose the activities themselves.

Where was the idea tested e.g., ward, community, other

On Ruby triage ward, a male ward in Newham.

What are the steps involved in this work?

What	Who	When
Community meeting to decide the week's activity schedule.	Service Users & LSRW	Mon & Thurs Afternoon
Remind the team of the 3 PM closure just before it happens.	Engagement champion or LSRW	Daily
Close the office; facilitate the groups, use cards for 1:1 sessions or utilise ward resources like board games and other activities.	All nursing staff	3:00 PM – 4:00 PM daily
Update the Visual Engagement Wheel and document engagement.		4:00 PM Daily

How will you know the idea is still working (measurement)

- **Visual engagement wheel:** Visual record each day showing whether protected engagement time has happened
- **Observation Levels:** Monitoring the total number of service users on enhanced observations via PowerBI.
- **Participation Rates:** Consistently seeing high attendance (e.g., 85%+) in afternoon activities.

Changes to infrastructure (environment, policies, way people work, knowledge, skills)

- **Policy & Time:** Shifting the Protected Hour from 11 AM to 3 PM to avoid clashing with MDT/Ward Rounds.
- **Visual Data:** Installing the Visual Engagement Wheel on the ward wall to track success.
- **Skill Building:** Using Away Days for therapeutic engagement role-playing exercises (e.g., doing the "Me Flower" exercise) & practicing therapeutic vs. task-focused approaches.
- **Resource Management:** Developing the "Engagement Flash Cards" & ensuring they are always available in the nursing office and not lost/damaged.

Example timetable for Ruby ward activities

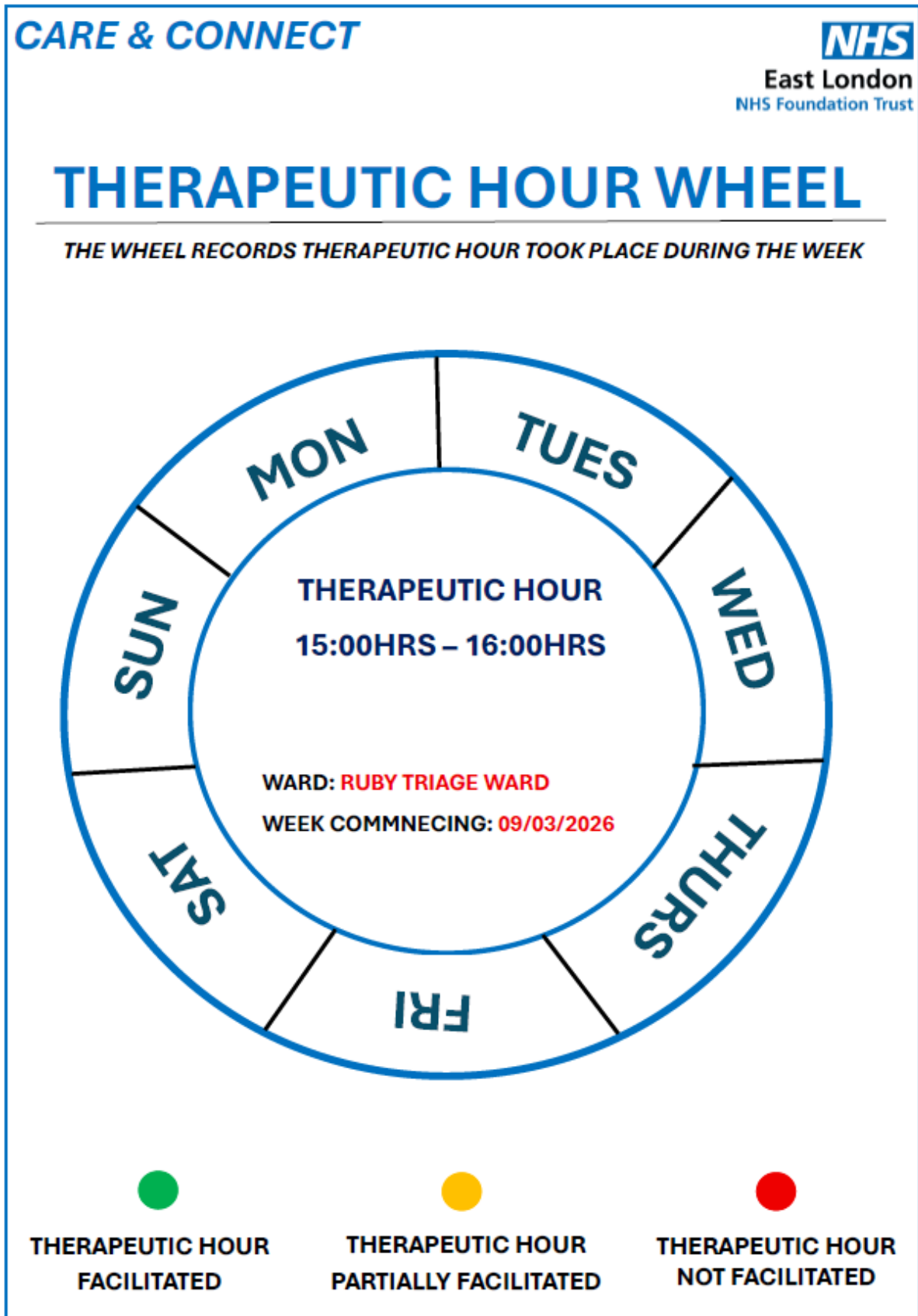
RUBY WARD ACTIVITY TIMETABLE 2026

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	WEEKEND
MORNING	 Walking Group Aida - OTT 10:00-11:00	 Money Management Aida - OTT 10:00-11:00	 Time to Talk Recovery College 10:00 - 12:00	 Understanding Emotions Mhairi - Psychology 11:00 - 12:00	 Community Group 10:00-12:00	 Breakfast Group Yemi - NA 09:00 - 10:00
LUNCH						
EARLY AFTERNOON	 Cooking Group Aida - OTT 14:00-15:00	 Personal Care Aida - OTT 14:00 - 15:00	 Gym Sports Therapist 14:30-15:30	 Self-Occupying Activities	 Laughter Yoga Claudia 14:00-15:00	 Self-Occupying Activities
LATE AFTERNOON	 Community Meeting Thamina - LSRW 15:00-16:00	 Arts & Crafts Thamina - LSRW 15:00-16:00	 Smoothie Group Thamina - LSRW 15:30-16:30	 Community Meeting Thamina - LSRW 15:00-16:00	 Fun Friday Thamina - LSRW 15:00 - 16:00	 Self-Occupying Activities

Puzzles, board games and art supplies are provided upon request

Updated: 23/02/26

Example of visual engagement wheel where staff on Ruby ward record whether engagement hour took place



Example of the engagement flashcards that are used on Ruby ward

Hope & Goals

"What's something you're looking forward to?"

"Is there a small goal you'd like to work toward this week?"

Follow-up: How can we support you with that?

"What does recovery look like for you?"

Self-Soothing & Emotional Regulation

"What helps you feel safe when you're feeling overwhelmed?"

"Can you think of a time when something helped you calm down?"

"What do you find comforting right now?"

Values & Beliefs

"What matters most to you in life?"

"Who has been a role model for you, and why?"

"What do you think makes a person strong?"

Safety & Comfort

"What helps you feel grounded when things feel too much?"

"Is there a place (real or imagined) where you feel most at ease?"

"What helps you feel more in control during difficult moments?"

Recovery & Growth

"What does recovery mean to you personally?"

"Have you noticed any small signs of progress in yourself lately?"

"What's one thing you'd like to learn or improve while you're here?"

Relationships & Connection

"Who has made a positive impact on your life, big or small?"

"What qualities do you value in a friend or support person?"

"How do you like to be supported when you're going through something?"

Mindfulness & the Present Moment

"What's something around you right now that feels comforting?"

"Can you name 3 things you can see, hear, or feel in this moment?"

"What helps you stay present when your mind feels busy?"

Identity beyond Illness

"What are some roles you've had in life (e.g., sibling, worker, and artist)?"

"What brings you a sense of purpose?"

"What's something about you that has nothing to do with mental health?"

Structure & Routine

"Is there a part of your daily routine that helps you feel more stable?"

"What's a small habit or ritual that brings you comfort?"

"Would you like help planning a calming routine for your day?"

Mental Health & Wellbeing

"What helps you feel calm when you're upset?"

Follow-up: Can you describe a time when that helped?

"If your feelings had colours, what colour would today be?"

Follow-up: Why that colour? What would you like it to be?

"What does 'feeling safe' mean to you?"

Follow-up: How can staff help you feel safer?

Identity & Self-Expression

"How would you describe yourself in 3 words?"

Follow-up: Have those words changed over time?

"What's something people often misunderstand about you?"

Follow-up: How do you wish they understood you better?

"What's something you've done that you're proud of?"

Coping Strategies

"What's something small that helps you get through tough days?"

"Do you have a grounding technique that works for you?"

Follow-up: Would you like to learn a new one?

"What kind of support feels most helpful when you're struggling?"

CHANGE IDEA: DAILY THERAPEUTIC HOUR		
Please describe the change idea	A designated "protected hour" each day where administrative tasks, staff breaks, escorted leave (S17), and visitors are paused. This creates a dedicated window for all available staff to be out of the office and "on the floor," engaging in meaningful activities (such as board games or table tennis) and therapeutic conversations with their allocated patients.	
Why did the idea work?	<ul style="list-style-type: none"> • Senior Visibility: Matrons and Clinical Nurse Managers (CNMs) remained present on the ward during the hour to ensure staff were out of the office and engaging. 	
Where was the idea tested e.g., ward, community, other		
In two City & Hackney acute wards – Gardner (female) and Joshua (male)		
What are the steps involved in this work?		
What	Who	When
Highlight the time of the Therapeutic Hour (e.g., 14:00).	Shift Coordinator	Daily (except community meeting days)
Pause all breaks, visitors, and escorted leave for the hour.	Shift Coordinator / Matron	During the allocated hour
Move to the floor/garden for activities and 1:1 interaction.	All Ward Staff	During the allocated hour
Capture meaningful engagement and themes in progress notes.	Ward Staff	Post-activity
How will you know the idea is still working (measurement)		
<ul style="list-style-type: none"> • TBC 		
Changes to infrastructure (environment, policies, way people work, knowledge, skills)		
<ul style="list-style-type: none"> • Way People Work: Cultural shift where administrative work is explicitly deprioritised for 60 minutes. • Resources: Utilisation of existing ward resources like board games and sports equipment. 		

CHANGE IDEA: ZONAL OBSERVATIONS WITH BADGE		
Please describe the change idea	A staff member is allocated to a specific "Zone" (communal/day area) for one hour at a time, 24 hours a day. To prevent the "Zonal Nurse" from being pulled away for other tasks (like meds or incidents), they wear a bright red laminated badge on a lanyard . This identifies them clearly to the rest of the team as the person who must remain in the zone to observe, engage, and provide early intervention.	
Why did the idea work?	<ul style="list-style-type: none"> • Patient Safety: Patients reported feeling safer with a consistent, visible staff presence in the day area. • Early Intervention: The zonal nurse identifies safeguarding issues or escalating behaviours immediately, preventing incidents before they happen. • Resource Efficiency: One zonal nurse oversees multiple patients, which reduces the need to increase individual 1:1 observation. • Response Speed: When incidents do occur, having a nurse already on the floor ensures a faster, more effective response. 	
Where was the idea tested e.g., ward, community, other		
On Clissold ward a male medium secure forensic ward		
What are the steps involved in this work?		
What	Who	When
Assign staff to the Zonal Rota for the upcoming shift.	Shift Coordinator	Start of shift
Pass the Red Badge and Zonal Clipboard to the allocated nurse.	Outgoing Zonal Nurse	Every Hour
Remain in the communal area; record notes on the template.	Zonal Nurse	Continuous (15-min notes)
Ensure the Zonal Nurse is not re-allocated to other tasks.	Shift Coordinator	Ongoing
Discuss all enhanced obs and zonal effectiveness in the huddle.	MDT / Doctor-led	Daily (Start of shift)
How will you know the idea is still working (measurement)		
<ul style="list-style-type: none"> • Total number of service user days on observations 		
Changes to infrastructure (environment, policies, way people work, knowledge, skills)		
<ul style="list-style-type: none"> • Identity Tool: Implementation of the Bright Red Badge and lanyard to guard the nurse's time. • Way People Work: Shift coordinators must actively "protect" the zonal nurse from being distracted by medicine rounds or ward "busy-ness." • Documentation: Use of a standardised clipboard template for taking zonal notes every 15 minutes. 		

CHANGE IDEA: FLOOR NURSE / EARLY INTERVENTION RECORD (PART 1)		
Please describe the change idea	A protected role assigned each shift to one staff member. Their sole focus is being visible and engaging with patients, rather than completing paperwork or clinical tasks in the office.	
Why did the idea work?	<ul style="list-style-type: none"> • Prevents Escalation: Problems are spotted and solved through "eye contact" before they become risks. • High Visibility: Patients feel safer and "seen" without the stigma of formal observation. • Better Data: Real-time feedback to the MDT on the ward's "temperature." 	
Where was the idea tested e.g., ward, community, other		
Acute mental health wards at NHS Tayside in Scotland		
What are the steps involved in this work?		
What	Who	When
Designate a staff member (any grade) to the role.	Nurse in Charge	Start of shift
Post the name of the Floor Nurse on the activity board.	Floor nurse	0-15 mins in
Meet patients; explain you are the "point of contact" for the shift.	Floor nurse	15-30 min in
Walk the floor, complete the early intervention record (see below)	Floor nurse	Throughout the shift
Conduct a "Walk and Talk" introduction to the next Floor Nurse.	Floor nurse	At handover of next shift
How will you know the idea is still working (measurement)		
<ul style="list-style-type: none"> • Number of service user days on observations (PowerBI measure) • Qualitative feedback from service users 		
Changes to infrastructure (environment, policies, way people work, knowledge, skills)		
<ul style="list-style-type: none"> • Infrastructure: Visual boards to identify the Floor Nurse. • Policy: A "Protected Role" rule—the Floor Nurse is not pulled for phone calls or meds. • Skills: Staff must be trained in "active engagement" and informal risk assessment. 		
CHANGE IDEA: FLOOR NURSE / EARLY INTERVENTION RECORD (PART 2)		
Please describe the change idea	A dynamic tracking tool used by the Floor Nurse to monitor the location and wellbeing of all patients. Instead of a simple headcount, it uses a " How are you? " approach rather than "Where are you?". Staff use a Red/Yellow/Green traffic light system to score patient interactions and trigger immediate, tiered interventions if a patient's mental state begins to deteriorate.	

Why did the idea work?	<ul style="list-style-type: none"> • Early Detection: Identifies "Yellow" (at-risk) status before it escalates to a "Red" incident. • Meaningful Contact: Mandates a brief therapeutic interaction rather than just visual observation. • Structured Response: Provides staff with a clear "if this, then that" protocol for interventions. 	
Where was the idea tested e.g., ward, community, other		
Acute mental health wards at NHS Tayside in Scotland		
What are the steps involved in this work?		
What	Who	When
Approach patient with "How are you?" to assess wellbeing.	Floor nurse	At intervals set by local protocol
Assign a colour (Red, Yellow, Green) based on the interaction.	Floor nurse	Immediately after contact
If Yellow/Red, provide 1-to-1 support or therapeutic activity.	Clinical team	Immediately upon scoring
Inform the Nurse in Charge of any Yellow or Red scores.	Floor nurse	Immediately
How will you know the idea is still working (measurement)		
Number of service user days on observations (PowerBI measure)		
Reduction of ward incidents (PowerBI measure)		
Changes to infrastructure (environment, policies, way people work, knowledge, skills)		
<ul style="list-style-type: none"> • Way People Work: Staff shift from "observing from a distance" to "brief therapeutic assessment." • Policy: Adoption of the Traffic Light System into the ward's daily observation protocol. • Knowledge/Skills: Staff must be trained in the specific scoring criteria (e.g., recognising "low-level symptoms of distress" as Yellow). 		

See next page for early intervention record template and red/amber/green descriptions.

CHANGE IDEA: SUPPORTIVE OBSERVATION AUDIT CHECKLIST		
Please describe the change idea	A shift-based "spot check" audit completed by the Shift Coordinator. The audit doesn't just check if the paperwork is signed; it involves a face-to-face check with the staff member carrying out the observation. They are asked to confirm the specific level (e.g., arm's length vs. eyesight) and, crucially, the clinical rationale for why that patient needs that level of care.	
Why did the idea work?	<ul style="list-style-type: none"> • Real-Time Assurance: It catches documentation omissions immediately rather than days later. • Staff Accountability: Staff (especially those new to the ward) are more rigorous when they know a random spot check will occur. • Shared Understanding: It ensures the person doing the "watching" actually understands the "why" behind the risk. 	
Where was the idea tested e.g., ward, community, other		
Sally Sherman ward, an older adult's mental health ward in Tower Hamlets. The ward faced high risks of patient falls.		
What are the steps involved in this work?		
What	Who	When
Mention the purpose and likelihood of spot checks during the shift change.	Handover Lead	Every Handover
Observe the staff member and ask: "What level is this, and why?"	Shift Coordinator	Randomly once per shift
Check the observation record for completeness and accuracy.	Shift Coordinator	During the spot check
Review observation record completion percentages.	Ward Administrator	Daily (Every morning)
Inform Ward Manager of any omissions for immediate follow-up.	Ward Administrator	Daily
How will you know the idea is still working (measurement)		
<ul style="list-style-type: none"> • Total number of service users on enhanced observations (PowerBI) 		
Changes to infrastructure (environment, policies, way people work, knowledge, skills)		
<ul style="list-style-type: none"> • Way People Work: The Shift Coordinator role now includes a formal "quality control" walk-around. • Documentation: A shortened, clarified audit form integrated into the shift routine. • Administrative Support: The Ward Administrator is repurposed to provide data oversight, freeing up clinical staff to act on the findings. 		

CHANGE IDEA: MEDICATION REVIEWS		
Please describe the change idea	<p>A pharmacy-led initiative to review every patient's medication on admission specifically through the lens of falls risk. It involves three main components:</p> <ol style="list-style-type: none"> 1. Clinical Reviews: Pharmacy-led reviews discussed in MDT meetings for deprescribing. 2. Electronic Flags: Annotating electronic medication charts with falls risk scores and "counselling points" (e.g., "omit if drowsy"). 3. Visual Aids: Educational posters in clinical areas to help nursing staff identify high-risk medications at a glance. 	
Why did the idea work?	<ul style="list-style-type: none"> • Proactive Deprescribing: Actively reduces polypharmacy rather than just monitoring it. • Point-of-Care Information: Putting risk flags directly on the medication chart ensures the nurse sees the risk <i>at the moment</i> they are administering the drug. 	
Where was the idea tested e.g., ward, community, other		
Sally Sherman ward, an older adult's mental health ward in Tower Hamlets. The ward faced high risks of patient falls.		
What are the steps involved in this work?		
What	Who	When
Evaluate falls risk related to medication for every new patient.	Pharmacy Team	On Admission
Flag falls risk and add "counselling points" to the electronic chart.	Pharmacy Team	On Admission
Discuss deprescribing and optimization options.	MDT / Ward Round	Weekly / Regularly
Create and display posters of medications commonly associated with falls.	Pharmacy Team	Ongoing
Spot patients on high-risk meds and request reviews.	Nursing Staff	Daily (during meds rounds)
How will you know the idea is still working (measurement)		
<ul style="list-style-type: none"> • Deprescribing Rates: Number of "high-risk" medications successfully reduced or optimized per patient. • Incident Reduction: Reduction in falls, particularly those occurring shortly after medication administration. 		
Changes to infrastructure (environment, policies, way people work, knowledge, skills)		
<ul style="list-style-type: none"> • Environment: Placement of educational posters in clinical/medication rooms. 		

- **Way People Work:** Integrating pharmacy reviews into the standard MDT/Ward Round agenda.
- **Knowledge/Skills:** Enhanced nursing awareness of "Red Flag" medications (e.g., sedatives, antihypertensives).

CHANGE IDEA: CLINICAL PAUSE		
Please describe the change idea	A formal, brief multidisciplinary review triggered immediately after an acute event or a "Red" incident. Instead of defaulting to continuous (1-to-1) observations, the team "pauses" to allow the patient time to respond to de-escalation or medication. The team reviews the care plan, risk assessments, and—crucially—the patient's and carer's views before deciding on the next level of care.	
Why did the idea work?	<ul style="list-style-type: none"> • Circuit Breaker: It stops the "knee-jerk" reaction of increasing observations after every incident. • Person-Centred: It prioritises the patient's advance statements and current views during a crisis. • Collaborative Decision Making: It moves the burden of risk from a single nurse to the MDT. 	
Where was the idea tested e.g., ward, community, other		
Acute mental health wards at NHS Tayside in Scotland		
What are the steps involved in this work?		
What	Who	When
Identify an acute event or "Red" score requiring review.	Any staff member	Immediately post-event
Offer medication/de-escalation; allow time for response.	Ward staff	Immediately
Brief meeting to review risks, patient views, and formulation.	MDT	As soon as clinically safe
Record the "Clinical Pause" and agreed interventions in the EPR.	Staff who identified risk	Immediately following review
How will you know the idea is still working (measurement)		
Number of service user days on observations (PowerBI measure)		
Reduction of ward incidents (PowerBI measure)		
Changes to infrastructure (environment, policies, way people work, knowledge, skills)		
<ul style="list-style-type: none"> • Way People Work: Cultural shift toward "pausing" and reflecting during high-stress moments. 		

Clinical Pause - Example

<u>Patient Details</u>	
<u>Date and Time</u>	

(Section 1)

Prompt for Clinical Pause (Circle all that apply)

Violence or aggression, self harm, threat to others, threat to self, deterioration in mental health, deterioration in physical health, other

<u>What are the concerns of the MDT Team?</u>

<u>What are the views of the Patient / Carer / Named Person (If applicable)</u>

Safety Plan

<u>Interventions</u>	<u>Person Responsible</u>

Safety Plan Review 1 (After 2 hours)

<u>What Worked Well</u>	<u>What Worked Less Well</u>
<u>Further Intervention Required? Yes / No</u>	<u>Interventions</u>

Safety Plan Review 2 (After 4 hours)

<u>What Worked Well</u>	<u>What Worked Less Well</u>

<u>End Time</u>	
<u>Completed by</u>	
<u>Role</u>	
<u>Signature</u>	