Improving care and safety of at-risk patients – from ‘specialling’ to enhanced care

What was the problem?
Many acute providers manage patients at high risk of harm (such as falls) by ‘specialling’ – one-to-one care involving close observation or monitoring. It is usually unplanned and unresourced; wards and departments rely on staff who may not have the specific skills or training needed to observe and safeguard frail and vulnerable patients. A review found the trust relied on temporary agency staff for specialling, with associated costs and considerable variation in practice.

What was the solution?
Staff set up an internal specialling team to provide the right number of enhanced care shifts per day by employing band 2 and 3 healthcare support staff trained for the specific role. They developed assessment criteria and a process for requesting, approval and daily review of ‘specials’ by senior nursing teams. The aim was an efficient, responsive and affordable service that ensured patients were consistently cared for by familiar, experienced staff, maintaining continuity and promoting safety and reassurance. The team:

- declines inappropriate referrals
- de-escalates care in under seven hours for some patients where it would otherwise have continued
- provides a service to all specialties
- has a dedicated staff member in the acute medical unit to help identify need and support patients on admission
- provides workshops for staff.

What were the results?
Early results indicate improved care quality and patient experience. Patients’ and carers’ feedback has been positive, and departments have had fewer incidents of harm in at-risk patient groups. The trust has reduced total expenditure, specifically on agency costs by:

- reducing additional shifts for ‘specials’ from 65 per day in April 2015 to 20 per day March 2016
- reducing agency staff used for ‘specials’ from 69% (April 2015) to 36% (March 2016); now trust’s own enhanced care team and its bank staff provide 64% of the care
- reducing agency spend from £311,000 in April 2015 to £149,000 in March 2016 (50% reduction).
What were the learning points?

- Continuously review, evaluate and monitor the change to learn and adapt.
- Keep the patient’s interest at the centre of any change initiative.
- Executive support and commitment are vital.
- Education and training of staff.

Find out more

Linda Abolins, Deputy Chief Nurse, linda.abolins@uhcw.nhs.uk
Diane Eltringham, Lead Nurse for Professional Standards, diane.eltringham@uhcw.nhs.uk

Contact us

NHS Improvement
Wellington House
133-155 Waterloo Road
London
SE1 8UG

T: 0300 123 2257
E: enquiries@improvement.nhs.uk
W: improvement.nhs.uk

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

This publication can be made available in a number of other formats on request.

© NHS Improvement (September 2016).