Safer staffing on elderly care wards

What was the problem?
Problems with recruitment, retention and morale in the trust’s four elderly care wards led to reliance on bank and agency nurses. Registered nurses (RNs) spent a third of their time on medications and documentation; healthcare assistants (HCAs) spent over two-thirds of their time meeting hygiene and toileting needs and helping at meal times. Call bells were a constant background noise, and responses were slow. Communication only occurred at the start and end of a 12-hour shift.

What was the solution?
The ward team identified and piloted a new workforce model to reduce reliance on agency staff, improve patient observation and experience and ensure patient safety. This decreased RNs during the day and night by one, and increased HCAs from four to six during the day and from four to five at night.

What were the results?
- RNs’ time spent on medications, shift handover and documentation decreased from 47% to 37%.
- RNs’ time spent on observing patients and communicating with patients and relatives increased from 9% to 15% and HCAs’ from 3% to 17%.
- Direct patient care from RNs increased from 89% to 92%.
- Time spent on patient communication increased by 9%.
- Patients acquired no category 3 pressure ulcers during the four-week trial and the next four weeks.
- Reconfiguring staff reduced cost by £3,000.
- Less bank and agency use saved £800 a week.
- Improved communication within the multidisciplinary team.
- Improved ward environment with less use of call bells and reduced background noise indicating faster response times.
- Staff reported feeling happier at work and able to do ‘the little things’ for patients.
What were the learning points?

- Staff engagement and communication are essential to people accepting change ideas.
- Have courage and confidence to try something different using improvement methods.
- Listen to the ward team’s ideas and suggestions – they often have the best solutions to local problems.
- Assess the baseline and continuously measure to see whether a change is actually an improvement.

Find out more

Dawn Parkes, Deputy Chief Nurse for Practice and Professional Development, dawn.parkes@midyorks.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).