

Challenges Associated with Clinical Culture Change

Chatsworth Ward



Royal Hospital for Neuro-disability

A national medical charity

Why the need for change

- **Largest ward in the hospital, set up in same way as all other wards**
- **Heavy workload on staff**
- **Poor patient outcomes**
- **Low staff morale**



Ward structure

- **One ward manager**
- **One ward sister/charge nurse**
- **Ward view as a single entity**



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Staff workload

- **High number of patients per HCA/Nurse**
- **High acuity of patients**
- **Staff burn out**
- **High attrition rate with staff**



Patient care/outcomes

- **Care was task oriented due to pressures on time**
- **'No time' for humanised and person centred care**
- **High number of patient related Datix reports**
- **High number of informal concerns and complaints**



Staff Morale

- **Low morale amongst all staff**
- **Divisions developed amongst the staff**
- **Bullying culture became apparent**
- **High absenteeism**



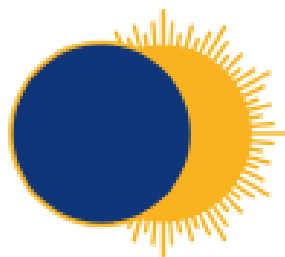
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What next?

- **Needed to give staff a voice and opportunity to be heard**
- **Needed to rebuild trust between staff and leadership in hospital**
- **Needed to rebuild ‘the team’**
- **Needed deal with all the concerns that were raised by staff**
- **Everyone on same page with need for change**





Royal Hospital for
Neuro-disability

Introduction

Redesigning and splitting a ward in two,
how we are operationally able to better
provide Team Nursing and meet the needs
of patients in a busy ward.

Background

Chatsworth ward was opened by HM the Queen back in May 1976. It is home to 34 residents and was managed as a single unit ever since. The layout of the ward; 4 long corridors, makes it difficult for staff to provide care for residents as well as observe residents who are already up and about. Handover takes approximately an hour, as there is a lot of information needed and staff have to remember a huge amount of information about each resident.



Plan to split the ward

Back in late 2017, a proposal has been put together to manage the area in a different way which puts patient safety and high quality care at the heart of the service that is being provided. It will also free up Nursing and HCA time so that they can spend this with the residents rather than at handover and on documentation.



Proposal

The ward to be split into two teams; yellow and blue team and staff would be allocated to a team. Each team will then be responsible for the care of the group of residents and will only need to receive handover etc. for their team. This will ensure staff are familiar with the patients they care for and continuity will be maintained.



Proposal cont

The ward will continue to be managed by a band 7 ward manager. There will then be 2 x band 6 ward sister / charge nurse who will have responsibility for each team. A band 5 post will be converted to a band 6 post to accommodate this and lessen the cost of the creation of a new post.



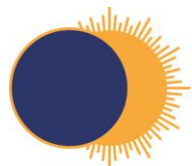
Proposal cont

The proposal to split the ward should also have a positive effect on staff. This will ensure staff are not burnt out as their clinical roles have reduced and they have more time to spend with patient. For example, handovers to finished half an hour early and staff gets to go home on time.



Staffing Changes

An increase in the budget of 1 wte RN. This means two Charge Nurse for each of the team compared to just one prior to the split. To aid this proposal to go ahead, the money for the first 6 months will be offset from the vacant specialist nurse post. However, this is a vital post for the RHN so the money must not be given up.



Review of the ward split

It has been six months since the ward divided in to two teams. Regular staff meeting have been undertaken every 3 months to understand the changes and the impact on their working lives. Families and residents have also been asked for their views. Staff reported they had more time with patients as a result of shorter handovers. We also saw an improvement in staff retention.



Review of the ward split cont

There were also noticeable improvements such as less patient incident reported on Datix compared to the same period last year. Staff expressed better working environment due to having a smaller group of patient their responsible to look after. Patient and families had positive feedback on the changes as well. Such as there is a added layer of the Charge nurse on both teams apart from the Manger they can speak to.

