

**Change idea:** *Allocating staff on the tasks board to be 'on the ward'*

## Predictions

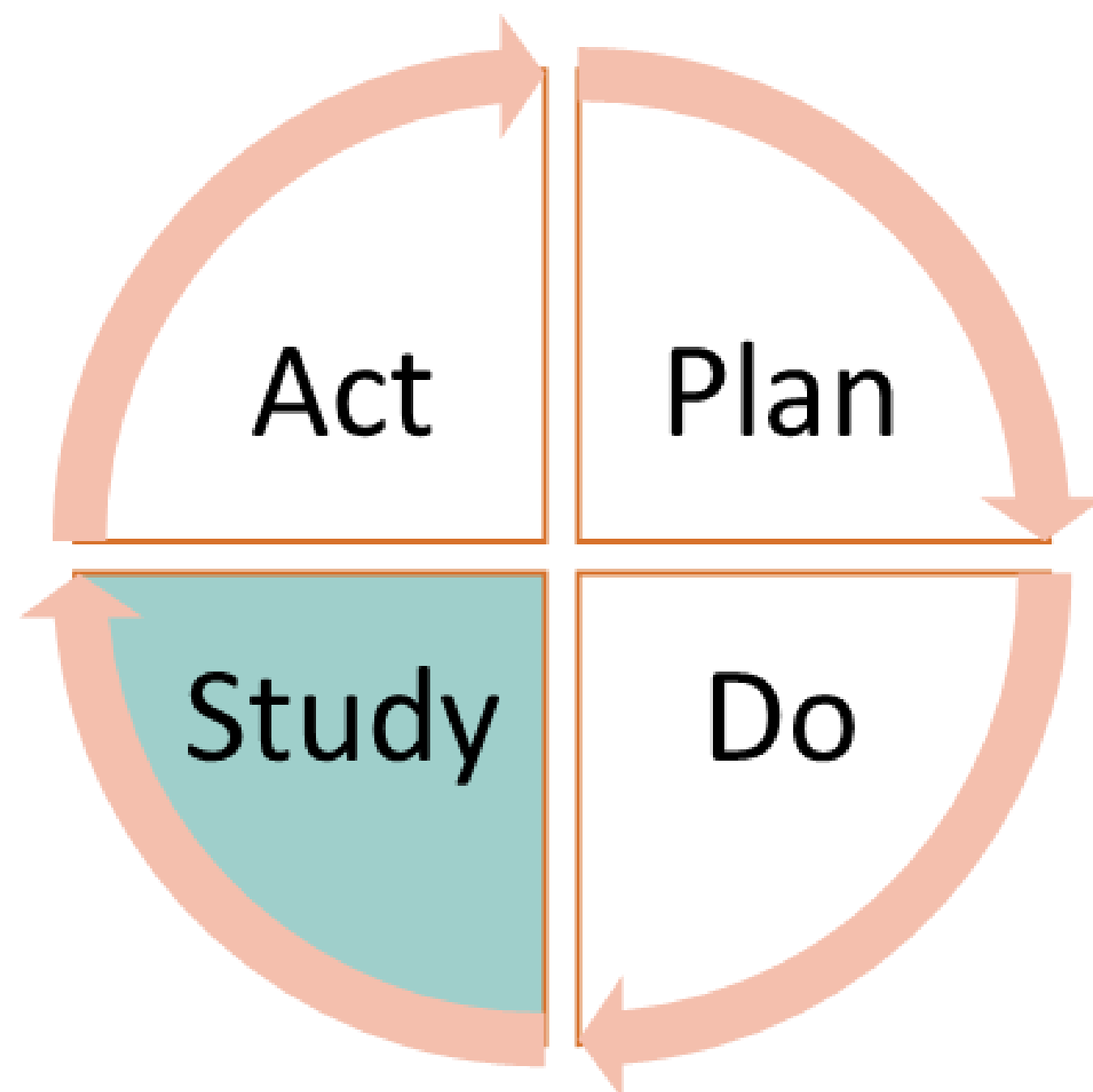
Our ward has a tasks board where every member of staff is allocated a role for the hour. When staff have a blank hour what do they do? By allocating them to the 'ward' would we see an improvement in engagement?

## Plan

Nurse in charge who allocates roles at the beginning of the shift to identify being out on the ward with a 'w'

## Do

Staff are more visible on the ward, easier to engage patients and recognise signs of a deteriorating patient. Safety cross data continues to be collected. Staff to collect Meridian data on patient experience.



## Study

Early days yet, but have learned that assuming a blank space allows staff time to engage in meaningful activity is not always accurate reflection of reality!!

Certainly reduced staff anxiety as they can concentrate solely on observing patients on increased levels, allowing another member of staff to support in a meaningful way.

## Act

This system appears to have had immediate benefits to the ward. Next steps may be to work on activities that can be utilised by the 'ward' allocated staff member to increase patient engagement.

## All teach, all learn

- Small changes, removing ambiguity improves staff experience and patient engagement.
- Need to think about meaningful activity plans...do we want sessions or small snippets? Are these perfect times to engage in PBS planning?

