Staff engagement and well-being on AMU

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**Aim**

- Assess the mood on AMU
- Identify reasons for dissatisfaction
- Improve feeling of staff control over their workplace development
- Improve staff mood

**Drivers**

- NHS staff survey 2017 showed 40% of staff stressed due to work
- Feeling under-appreciated or a lack of control are factors in burnout
- Staff in acute medicine described as ‘over-stretched and unloved’, ‘worn-out’¹

![Penny for your Thoughts box](image)

**Methods**

- Assessing the mood using our Penny for your Thoughts box
- Digging deeper into what is affecting the mood with the Little Box of Bothers and Bright ideas
- Sharing the monthly ideas/issues raised via posters in a high pass staff area
- Keeping staff in the loop with ‘You Said, We Did, Patient Benefit’ posters each month
- Unit staff collectively choosing their priority issues and leading on actions for change

**You said....**

<table>
<thead>
<tr>
<th>Can we have criteria for admission to AMU?</th>
<th>Admission criteria drawn up and agreed with the Emergency Department and copies with the nursing and medical staff.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can the latest patient admission sheet be on the top of the clipboard?</td>
<td>Implemented and in use for the last week</td>
</tr>
<tr>
<td>Could nursing staff take GP referrals to surgery?</td>
<td>Agreed with surgical team, trial to start mid-Sept</td>
</tr>
<tr>
<td>Can we improve communication of the action plan?</td>
<td>If nurse unavailable, trial of using a ‘nursing job box’</td>
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</tbody>
</table>

**Benefits for patients**

- Avoids multiple moves, makes them feel safe and welcome on arrival to AMU
- Reduces risk of patients having delay in arrival observations or review
- Ensures nursing staff are aware of patients’ needs pre arrival
- Avoids delayed stat doses of medications. Initial nursing feedback positive.

**Results**

- Asking about mood created an immediate buzz and feeling of appreciation
- High volume of ideas and issues shared, from a range of staff, with much cohesion of concerns
- Nursing staff often felt in the dark about wider Trust projects, such as the future unit redesign

**Staff survey:**

- 100% staff knew of the bothers/ideas box and felt able to share their thoughts
- 89% felt their voice was now heard by seniors
- 50% confident of change, 40% unsure, 10% did not feel change would follow
- 40% had already seen change based on feedback

**Next Steps**

- Consider Fab-O-Meter app for real-time measurement of mood
- Support from quality improvement/change team to facilitate team development discussions
- Keep the focus on bottom-up change, where staff own the feedback and the actions – changing to ‘We Said, We Did’ posters
- Linking staff engagement feedback with patient and relative feedback

**References**

1. Nick Scriven SAM press release 21.05.18