RCN Development Programme: Transforming Dementia Care in Hospitals

Evaluation Summary Report

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Key findings of the External Evaluation

Between March 2013 and March 2014, the RCN worked with senior clinical nurse leads responsible for dementia care within nine NHS Trusts providing acute hospital care. The project aimed to improve the experience of care for people with dementia and their carers in hospital by enhancing clinical practice. The following Trusts were successful in gaining a place on the programme:

- Basildon & Thurrock University Hospitals NHS Trust (Basildon Hospital)

- Cambridge University Hospital NHS Foundation Trust (Addenbrookes Hospital)

- Nottingham University Hospital Trust (City Campus)

- Royal Devon & Exeter Foundation Trust (Wonford Hospital)

- Kings Lynn NHS Foundation Trust (The Queen Elizabeth Hospital)

- The Shrewsbury & Telford Hospitals NHS Trust (Princess Royal Hospital and Shrewsbury & Telford Hospital)

- Salford Royal NHS Foundation Trust

- Walsall Healthcare NHS Trust (Manor Hospital)

- Betsi Cadwaladr University Health Board (Ysbyty Glan Clwyd)

The Association for Dementia Studies (ADS) at the University of Worcester was commissioned to undertake an external evaluation of the effectiveness of the programme in developing practice and supporting improved outcomes for people with dementia, family carers and staff.

How the programme was received within Trusts

1. Providing support to clinical nurse leads in acute hospitals through a structured development programme was a catalyst to achieving positive outcomes for patients and family carers of people with dementia.

2. Involvement of senior nursing staff, including dedicated dementia posts, was essential in ensuring that changes were relevant, credible and visible.

3. The inclusion of senior management from outside the nursing directorate enabled changes to have broader influence and raised the profile of dementia care.

4. Achievements appeared most successful where project teams had support from the Trust/senior management, which was filtered through to dementia champions working directly within clinical settings.

5. All nine Trusts reported that the objectives of the development programme were either fully or partially achieved.

6. The majority of Trusts felt learning outcomes were 'greatly' or 'partially improved'. Most improved areas were: developing effective networks, skills for leading and managing change, and supporting partnership working.

7. 85% of actions identified by Trusts were fully or partially achieved through the course of the development programme. Each Trust made significant progress in improving care for patients with dementia in hospital.

8. Over the course of the programme, all Trusts showed a statistically significant increase in scores for each of the 5 overarching RCN SPACE principles [1] (as rated on a 5 point scale). The average increase was 45%.

9. Most improved overarching areas were: 'Partnership working with carers' (53%), 'Care plans which are person centred and individualised' (51%) and 'Environments that are dementia friendly' (50%).

10. The Triangle of Care for dementia [2] and observational tools, including Sit and See [3] and Dementia Care Mapping [4], were useful in assessing quality of care and progressing carer engagement.

Outcomes for participants and NHS staff

Involvement in the development programme offered a number of benefits for staff including:

1. Providing a focus and structure for making changes.

2. Acting as a 'catalyst' in moving developments forward at a faster rate.

3. Equipping participants with strategies and confidence to change practice

4. Encouraging partnership working and raising the profile of dementia care within organisations.

5. Enabling useful networking opportunities and sharing of ideas to support practice.

6. Helping to validate changes in practice.

7. Boosting morale and confidence of staff as well as offering a sense of achievement.

8. Helping to support staff to develop engagement with family carers.

Many Trusts that participated in the programme developed and implemented training for their staff in various aspects of dementia care and were encouraged to evaluate this in practice. Examples of improvement included:

- In one Trust, among 607 staff trained in dementia care, measures of confidence showed statistically significant improvements from 11% pre training to 57% post training and knowledge in dementia scores indicated a significant increase from a median score of 12 – 14.
- In another Trust 83% of 12 staff who undertook training found it helpful and also thought their practice had changed as a result of attending training.
- In another evaluation of training for 78 non-clinical staff, the proportion of participants who felt that they knew 'enough' or 'a lot' about dementia rose from 8% pre-training to 99% post-training.
- In one Trust, following training of 190 staff in mental health and dementia awareness, a number of actions were identified such as involving relatives in patients' care and using the Abbey Pain assessment tool
- 63% of staff who had received dementia training across two wards said they were 'very confident' or 'confident' in their skills for caring for patients with dementia

Outcomes for patients and carers

It is difficult to measure outcomes for patients and family carers as part of routine practice. However, the majority of participating Trusts managed to do this using a range of measures. Examples of improvements included:

- One Trust surveyed patients and reported that 100% of respondents felt involved in their care.
- In one Trust the use of personal profiles for relevant patients increased from 26% to 66% over a 12 month period.

- In another hospital, dementia care mapping was used and showed significantly higher 'well-being' scores for those supported in a dementia activity room, compared with usual care.
- In one hospital area there was a reduction in complaints relating to dementia care from 10 to 1 over a one year period.
- One Trust surveyed families and 100% of carers felt their relatives were being treated with dignity and respect.
- In another Trust, 63% of carers were offered a carers information pack as a result of the programme.

Conclusions and next steps

All nine Trusts felt that organisations should invest in development programmes such as this to support improvements in the experience of care for people with dementia and their families. Four key areas were recommended for future consideration:

1. Improving opportunities for networking between Trusts as a way to spread good practice

2. Improving access to on-line resources to support learning

3. Ensuring content of development programmes is tailored to support individual learning needs

4. Developing regional development programmes

Overview of the Evaluation

Context

Patients with dementia in acute hospitals experience poorer outcomes for all types of admission, stay longer in hospital and are more likely to be discharged to a care home rather than returning home [5,6,7,8]. In 2011, the first National Audit of Dementia [9] identified a mismatch between hospital policy and front-line practice and reported that the hospital workforce receives little dementia specific training. In 2013, the second report of the National Audit of Dementia [10] found that, while some improvements have been made in hospital care for patients with dementia, there was still a lack of training in two out of five hospitals; it called for further education programmes and for specialist dementia nurses to be employed in all hospitals.

Since 2011 the RCN has been active in facilitating a national project, supported by the Department of Health, to influence and guide the provision of dementia care in acute care settings [11,12,13]. It was within this context that the RCN Development Programme was conceived, funded and supported by the RCN Foundation. Under the leadership of Rachel Thompson, the project aimed to improve the experience of care for people with dementia and their carers in hospital by enhancing clinical practice in dementia care within NHS Trusts providing Acute Hospital Care.

Overview of programme

The programme aims and objectives were to improve the experience of care for people with dementia and their families within hospital settings by:

- supporting participants to develop effective partnerships with patients and carers and other key professions and organisations involved in the delivery of care

- facilitating the learning and development of staff in delivering positive approaches to dementia care in the hospital setting

- supporting participants to develop practice and lead on quality improvements in the care delivered for people with dementia and their families

- facilitating the evaluation of quality improvement initiatives which focus on patient/ carer experience

During December 2012, hospital sites from across the UK were invited to apply for a place on the development programme. Applicants were asked to submit an initial action plan based on areas for improvement and were required to demonstrate:

- Support from their Trust Board including the Director of Nursing

- Willingness to commit to a series of development days

- Evidence of commitment to the principles of engagement/collaboration with patients and carers.

Following a selection process in February 2013, places were offered to nine NHS Trusts who nominated three key clinical leads with responsibility for dementia care in their organisation.

The programme ran from March to December 2013 and included attending 3 facilitated development days and a site visit by RCN staff and expert carers to support progress. Resources to support learning included RCN SPACE principles, Triangle of Care for dementia, and a range of outcome measures for patients, carers and staff.

Programme Evaluation

An external evaluation was undertaken by the Association for Dementia Studies (ADS) at the University of Worcester. ADS is a specialist team that brings a broad range of relevant experience and knowledge to this evaluation including expertise in dementia care, clinical practice, academic leadership, patient and user engagement, qualitative and quantitative research methods, and dissemination to diverse audiences. The team presented a detailed breakdown of their proposed evaluation methods, were engaged by the RCN in October 2013 and delivered a final report in May 2014.

A bespoke online questionnaire was completed by all participating Trusts. The questionnaire was designed to assess the impact of the development programme and gain feedback regarding the programme and its content from participants. The programme facilitation team asked course participants to complete a scale based on the SPACE principles at the beginning and middle of the programme, in June and November 2013. This scale was also included in the online questionnaire (January 2014) in order to obtain a third measure for comparison. For each principle, participants rated the extent to which these were being achieved in their Trust.

In addition, independent site visits were carried out by Senior Lecturers and Researchers from the University of Worcester, and an independent Carer Representative. The Carer

Representative visiting each Trust had previously taken part in the site visit by the RCN to the same Trust as part of the programme. Site visits comprised an initial discussion with programme participants around a clinical based scenario of a patient with dementia and their carer, which enabled participants to share examples of work they had achieved from their action plan. Further bespoke questions were developed by the evaluation team based on the results of the questionnaire each Trust had completed. Following the discussion the evaluation team visited the ward or unit where changes had been implemented. The team were also able to meet and have discussions with carer representatives, volunteers and key staff members in some of the Trusts visited. The site visit concluded with a discussion focusing on the impact of the development programme on the Trust.

The site visits had the benefit of triangulating the self-assessment data with other data forms to provide a richer data set. Evaluation was based on collation of staff, patient and carer outcomes from participating hospitals and changes in practice. This included analysis of evidence changes, and delivery of action plans including measured outcomes for staff, patients and carers submitted by each participating hospital.

Programme participants

There were 31 programme participants overall across the nine Trusts. The majority of programme participants were Senior Nurses, including Consultant Nurses, Matrons and Practice Development Nurses; project teams at five Trusts consisted solely of Senior Nurses with six Trusts including dedicated Dementia Nurse Specialists. The involvement of senior nursing staff in the project team appeared to be essential in ensuring that changes were relevant, credible and visible. However, the wider inclusion of senior management from outside the nursing directorate enabled changes to have broader influence and was helpful in terms of raising the profile of dementia care at a higher level. The achievement of the programme goals appeared to be most successful where project teams had effective support from the Trust/senior management which was then filtered right through to dementia champions working directly within clinical settings.

The most common areas of specialism for course participants were 'Older People' (12 participants) and 'Dementia' (6 participants). On average participants reported that 10.6 hours per week were allocated by their Trusts for the development of dementia care in their role (range 0 – 37.5). However, in practice 16 hours per week were on average spent (range 1.5 - 50) on the development of dementia care. On average, whole project teams had 38.8 hours per week set aside for the development of dementia care (range 0

– 112.5) and actually spent an average of 48.2 hours per week altogether on this area (range 4 – 120).

Programme participants' feedback

A majority of participants rated the development days as being 'very good', with all being rated as at least 'fairly good' by all participants. Networking and/or sharing ideas with other Trusts was consistently rated as being a key learning outcome from each development day. Almost half (47%) of participants rated the session on the Sit and See tool as being a key learning outcome of the day, with 80% rating this session as 'very' or 'fairly', useful although some Trusts were already aware of the tool or using different observation tools. The world café event on the third development day was particularly popular with programme participants, who commented that it was an excellent opportunity for them to network and share the work they had been doing with other Trusts.

The majority (56%) of participants reported that the site visits from the RCN fully contributed to the progression of their project, with only one Trust reporting that it had not contributed at all to project progression. Most participants reported that the visits enabled them to evaluate and validate what they had achieved so far, and that they gained valuable feedback and advice, which helped them to structure and focus future development.

The support that programme participants received from the RCN was a particular strength of the programme, with eight out of nine Trusts identifying that programme facilitation was fully supportive.

Participants reported a number of ways in which the programme had a beneficial impact on themselves as individuals. For example, it boosted morale and confidence, gave participants a sense of achievement, and equipped them with the skills and strategies to implement further change in the future.

The impact of participation on the Trusts

It was reported that Trusts would have made the changes set out in their action plan if they had not been on the programme, but that they would have happened at a slower rate and may have been more problematic to implement. It was also felt that the programme provided the focus and structure for Trusts to make changes, and supported actions through equipping participants with the strategies and confidence to change

practice. In addition, it encouraged partnership working within organisations, provided networking opportunities, and helped to raise the profile of dementia care in Trusts.

However, participants recognised other factors which had facilitated change aside from the programme, including support from senior staff within the Trust and the implementation of dementia-related CQUIN targets. Externally, links with local groups and other hospitals and the high national profile of dementia care (including the Dementia Action Alliance and National Dementia Strategy) were identified as helpful.

Project teams reported that as colleagues started to see the benefits of the changes being rolled out for patients with dementia, they were keen to become involved. For example, programme teams developed links with specialist pain nurses, the nutrition team, the audiology department, porters, housekeepers, health care support workers, security staff and mental health teams. These additional staff members also benefitted from the project team's involvement in the programme: for example, programme participants reported that they were able to identify staff with an interest in dementia care and to cascade their learning to colleagues throughout the Trust.

Participants reported that the programme gave status and *'kudos'* to the changes they were implementing, as the fact that they were working with the RCN was seen as prestigious by colleagues and senior staff. The programme enabled project teams to gain support for changes, which helped them to overcome any barriers encountered and empowered them to challenge practice. Some participants reported that senior staff accepted changes more readily because the project teams had committed to achieving their action plan with the RCN, which gave the work credibility.

The realisation that other Trusts were experiencing the same problems gave programme participants confidence to tackle these issues and to implement changes. Project teams reported that they felt empowered to present their case for change to senior staff, and to challenge existing practice.

Tools for Change

Five out of nine Trusts reported that they had used an observation tool to assess quality of care. In discussions during evaluation site visits, three Trusts mentioned using the Sit and See tool in particular, with one Trust using an in-house tool and another utilising Dementia Care Mapping. Trusts reported that they found the Sit and See tool to be a way of highlighting positive work rather than just focusing on areas of poor practice.

Four out of nine Trusts said that they had used the Triangle of Care assessment tool, and all who used it rated it as useful. One Trust explained that since the introduction of the Triangle of Care there had been more of a focus on ensuring staff identify and pay attention to the needs of carers.

One Trust mentioned that the SPACE spider diagrams (5 point rating scale using the RCN SPACE principles) were very useful in assessing progress and identifying areas to focus on. The project team planned to continue to complete the spider diagrams every six months to keep focused on the changes they are aiming to implement.

Programme Objectives and Learning Outcomes

All nine Trusts said that the objectives of the development programme were fully or partially realised. The majority of Trusts felt that they had greatly or partially improved in respect of all the learning outcomes of the programme.

Of the learning outcomes, most improved was the '*ability to develop effective networks internally and externally for the dissemination and sharing of good practice*', with five Trusts reporting that they had greatly improved in this aspect.

The learning outcome felt to be least improved was the ability to use '*appropriate patient outcome measures to evaluate quality of care experienced by people with dementia and their carers/ families.*'

Progress on SPACE Principles

All Trusts participating in the programme showed an increase in their overall SPACE scores between June 2013 and January 2014. The average increase in scores was 45%. This increase in scores for each of the five overarching SPACE principles was statistically significant. The range of increase over the seven-month period was 13 - 84%. The most improved overarching areas were: 'Partnership working with carers' (53%), 'Care plans which are person centred and individualized' (51%) and 'Environments that are dementia friendly' (50%).

Those principles that showed a lower rate of improvement may reflect that there were areas that programme participants had little control over. For example, 'clinical reviews of antipsychotic medication' was an area that had relatively low improvement as it was not under nursing control. Another area that showed low improvement was the 'inclusion of the perspectives of people with dementia and carers in training'. Teams

said they had difficulties with identifying suitable people to help deliver training. In addition, training sessions were often too brief to include patient or carer stories.

Progress on Trust Dementia Action Plans

Overall, participating Trusts identified 211 objectives as part of their action plans. 85% of these were fully or partially achieved through the course of the development programme. Each Trust reported making significant progress in improving care for people with dementia and family carers in hospital. Examples of innovative projects included:

- Dementia Friendly Bays in A&E;

- Family Carers Feedback Workshops and improvements;

- Patient Passport system to improve personalised care;

- Education programmes (induction and specialist) throughout the Trust;

- Facilitated Activity Centre for in-patients with dementia;

- Reduction of ward moves and improved quality of moves;

- Pain assessment and management;

- Carers' passport to improve staff-carer engagement;

- Bay nursing for patients with dementia with activities and dining table.

Further examples and details of innovative practice are provided within the case studies on page **14-18.**

Trusts identified a number of key factors which influenced the achievement of their action plan objectives. These included staff engagement, funding, availability of space and staff time, and carer engagement.

Maintaining Change

In all cases, participants felt that objectives they had achieved would be sustained over the next 12 months.

Many Trusts had made specific plans for future additional improvements, which often included the roll out of changes made as part of the programme to a wider area within the hospital or Trust.

The programme itself appeared to be helpful in sustaining future change in two main ways: firstly by raising the importance and profile of dementia care within Trusts, and secondly by equipping participants with strategies for the future.

Participants reported that the programme provided a starting point for change. They predicted that changes would continue as staff became aware of and enthused by work already carried out, which had raised expectations for the future.

Changes in staffing were seen as a potential barrier to the sustainability of the work achieved. For example, it was viewed as vital that key roles were given continued funding, and that staff leaving should be replaced with someone with equal enthusiasm and passion for dementia care. It was also acknowledged that the delivery of changes should not be solely dependent on the project team, but needed to be more widely adopted in the Trust to ensure sustainability.

Conclusion

The structured development programme was successful in helping clinical leads achieve some very positive outcomes for patients in acute hospital settings over a relatively short period of time. Project teams reported that although much of the work they were doing in relation to dementia care had started prior to the programme, it acted as a 'catalyst' in moving developments forward at a faster rate. The majority of programme participants reported that the development days and site visits from the RCN contributed to the progression of their project. It was felt that the programme provided the focus and structure for Trusts to make changes, and supported actions through equipping participants with the strategies and confidence to change practice. In addition, it encouraged partnership working within organisations, provided networking opportunities, and helped to raise the profile of dementia care in Trusts.

Case Studies of Innovation

The evaluation found that much positive and innovative work had been achieved in relation to the action plans set by each Trust, examples of which are presented in the following case studies:

Case study 1: Dementia friendly bays in A&E

Four bays in A&E were designed specifically with patients with dementia in mind. The bays are spacious and relatively clutter-free, with appealing pictures of local scenes on the walls and big clocks with time and date information. A secure area had been created so that patients could walk around the area without being sent back into their own bay. It was observed that A&E did not have the 'clinical' feel expected, but was light, airy and calm. Anecdotal evidence suggests a reduction in incidents involving behaviour that challenges. A&E staff (including security staff) attended dementia training, and now increasingly see things from the patient's perspective. Further improvements are planned in the department, including the installation of new signage, and making books and activities available.

Case study 2: Carers' feedback workshop

A carers' workshop was held so that Trust staff could get feedback on the needs of carers while their relative was in hospital, which was very enlightening. Carers who attended were given 'five pounds' to spend in Monopoly money and asked where they would put their money to change things. Some carers wanted to be more involved in their relative's care while they are in hospital, and reported that they sometimes found it difficult to get information about their relative over the telephone. Other issues raised included the cost of parking and restricted visiting times.

In response to this feedback staff now use a simple checklist to check which aspects of the patient's care carers want to be involved in. Cards have been created for carers to carry which give them permission to visit their relative as required, and also give a 10% discount on food and drink at the hospital canteen. If carers give staff the registration details of their car, parking staff are informed that they are entitled to park for free. A password system has also been implemented, which enables staff to share more information with carers over the telephone. It is planned that the carers' workshop will be repeated when the changes that have been made are embedded, to look at how further improvements can be made.

Case Study 3: Patient passport

An existing patient passport has been adapted to make it more person-centred, and it is now used for patients with dementia. Carers can complete the passport on behalf of their relative, so that staff have relevant information to enable them to provide

personalised care. As the passport has become embedded in practice some patients who are re-admitted to A&E may already have a passport, which is very useful. Completed passports are scanned into the system in case patients do not bring their paper copy with them on admission. There has been a culture change around the use of patient passports, and staff now realise that making sure the passport is completed is not just extra work, but can actually help them do their job. Carers are also becoming more aware of the passport, and now remind staff to look at it. Funding has been obtained so that blank copies of the patient passport can be provided to local care homes, and passports have now started moving back and forth between the hospital and the care homes, which has been very helpful and reduced the number of phone calls needed.

Case study 4: Dementia awareness training

Dementia awareness training has been implemented at staff induction with the aim that at every point through the hospital staff will be aware of the needs of patients with dementia (including receptionists, porters, etc.). This training is extended to agency staff as part of their mandatory induction. 219 staff across four elderly care wards have attended more in-depth dementia training, which has covered communication with patients with dementia and carers, psychosocial interventions, person-centred care and behaviour that challenges. The project team have considered getting carers involved in the delivery of training in the future so that they can tell their story. In addition to formal training, mental health liaison workers pass on a lot of useful information to other staff.

The training has contributed to a shift from the medical model to a more psychosocial model of care. It has made a big difference to how staff respond to the behaviour of patients with dementia, as it has increased understanding and awareness. For example, there is now a greater focus on occupying patients with activities to reduce behaviour that challenges, and staff are now seen to be walking around with patients with dementia who are wandering when previously they would have told them to sit back down.

Case study 5: Activity room

An activity room has been created between two elderly care wards where activities are provided every day (morning and afternoon sessions) for patients with dementia. The room is run by an activity worker who previously worked as a health care support worker and has had dementia training. There was no funding for this role, so the ward released funding for one of its staff: this has proved to be a win-win situation as the activity room frees up the time of staff on the ward. Activities include painting, word-searches, dominoes, watching films, hand massage and manicure. Patients can choose to eat their lunch in the activity room or go back to their bed if they prefer. Dementia care mapping has been carried out in the activity room, and a considerable difference in wellbeing scores was observed between patients in this room and those on general wards. Incidence of falls on the two wards has reduced from 19 in the six month period

before the activity room opened, to 9 in the six month period after.

Case study 6: Reduction of ward moves

There is an aim to minimise ward moves for patients with dementia and to ensure that if a patient needs to be transferred to another ward that this is done during the day. A formal list of patients recommended for no ward moves is generated on a Friday afternoon in preparation for the weekend, as it was recognised that out of hours was a key time when a patients were moved between wards. This list is sent to all the executive teams and heads of nursing, and if staff want to move a patient on the list this needs to be approved by the mental health liaison team. Ward moves are built into the Trust Key Performance Indicators, and if a patient on the list is moved it is raised as a clinical incident. This list is also given to the security manager so that security staff and porters are aware of it. Porters and security staff have attended dementia awareness sessions, and feedback from this has been very positive. The training has brought them closer together with medical staff, and they are pleased to be engaged and to understand more about dementia. They are now much more empowered to question staff about whether a patient should be moved, and it has been observed that they now engage with patients much more whereas previously they may have seen their role as just moving a patient from A to B. Implementation of the new list has reduced patient moves considerably.

Case study 7: Piloting of a pain assessment tool for patients with dementia

The team carried out a survey of adult nursing staff to explore what would help improve their assessment of pain in patients with dementia who have difficulty communicating. They conducted a literature review to identify potential pain assessment tools, and formed a multidisciplinary working group to decide which tool would be most suitable for use within the acute hospital environment. A number of pain assessment tools were evaluated, and the PAINAD (Pain Assessment in Advanced Dementia) tool is currently being piloted, with staff feedback obtained via evaluation surveys. New questions have been added to the 'About Me' document, which is for carers to complete on behalf of patients with dementia, asking carers to outline signs that their relative may be in pain and what may help to ease pain.

Case study 8: Carers' passport

A carers' passport has been implemented which aims to value the contribution carers make in caring for a person with dementia and ensure that staff recognise that the carer can make a difference to the experience of the person while they are in hospital. The passport allows carers to visit their relative at any time, and is pre-signed by the Director of Nursing so that there is no longer any inconsistency whereby different nursing staff allow different visiting practices. This scheme is publicised by posters outside the ward area, and carers are encouraged to approach staff and ask for a passport. This facilitates a discussion between the carer and ward manager about how best to plan the care of the patient, which helps nursing staff to recognise that the carer is an expert in the care of their relative and prompts them to engage more with carers. This conversation also enables nurses to ask carers whether and how they want to be involved in supporting their relative's care whilst they are in hospital, and this can then be planned to suit the carer. Carer feedback on the passport has been very positive, and they particularly value being able to stay with their relative in hospital whenever needed, and the opportunity to engage with nursing staff.

Case study 9: Bay nursing for patients with dementia with activities and dining table

Bay nursing for patients with dementia has been implemented on two wards, with plans for wider roll-out. One nurse is responsible for each bay, which has enabled staff to get to know a smaller number of patients and their families well. There is a table in each bay which enables patients to eat together and to take part in activities such as bingo, scrabble or puzzles. It has been recognised that bay nursing has made a huge difference to patients and staff. For example, there has been a reduction in falls and in the number of patients needing 1:1 nursing, as there is a nurse present in the bay at all times. Staff satisfaction, morale and sickness levels have all improved, and there is a plan to measure improvements in length of patient stay. Although additional nurses needed to be recruited to implement bay nursing, this has been partially offset by a reduction in 1:1 nursing costs.

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