SSG

Where Care Meets Tech

Bridging the Gap:

The true value of estates and clinical teams collaborating to unlock the full potential of nurse call systems

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The overlooked potential of nurse call systems

When most people think of a nurse call system, the picture that comes to mind is simple: an orange button by the bedside that a patient presses when they need help. For many clinicians, that's the full story. It buzzes, it disturbs, and staff come running.

But when I joined a recent advisory board on the future of nurse call systems, I realised just how much more there is to these devices, and the **opportunities we are missing** by not collaborating better across estates and clinical teams to unlock their true potential.

My role as a Medical Device Governance and Training Manager

As a Medical Device Governance and Training Manager, I sit in a slightly unusual position. My team sits within estates and facilities, but my work is focused on medical devices and how they're used by clinicians. That means I often find myself acting as a **translator between two very different worlds**.

Estates colleagues are focused on delivery: getting a system in place that works from an infrastructure point of view. Clinicians, on the other hand, want tools that make their day-to-day work easier and support patient care. Too often, these two groups don't get the opportunity to communicate effectively. And when that happens, nurse call systems are installed to the **bare minimum specification**, when in fact they're capable of much more.

The disconnect between decision-makers and end-users

Take a new hospital build as an example. The brief might simply say: "we need a nurse call system." Estates deliver on that request, but clinical teams rarely get asked what they actually need or shown what the system can do beyond the basics.

That gap in communication means systems are **underutilised**. Features that could enhance **patient safety**, streamline workflows, or capture useful data go untouched. Not because the technology isn't there, but because the people who need it don't know it exists.

It's not a matter of blame; it's a matter of **language and understanding**. Estates and clinical teams may often speak different ones, and without someone to bridge that gap, opportunities are missed.

How teams can collaborate more efficiently

So how do we fix it? There isn't a one-size-fits-all solution, as every hospital and trust is different. Some are fortunate to have people like me embedded in estates with enough clinical knowledge to bridge the divide, and others may have a lead nurse within estates and facilities who can provide that connection.

Where those roles don't exist, **procurement** is often a good starting point. They tend to know the key stakeholders across estates, clinical, and finance, and can bring them together early in the process.

What's vital is that clinical **voices are heard** before decisions are locked in, and that estate teams understand the **operational realities** of the clinical areas where these systems will be used. It's about moving away from a transactional "install a system" mindset and towards genuine collaboration, building solutions that deliver benefits for everyone and create hospitals that are **fit for the future**.

The value of data: what can nurse call events highlight?

Another area where I see real potential is in **data capture**. At my trust, nurse call data isn't collected routinely, beyond what comes out in nursing accreditation audits. And that feels like a missed opportunity.

The data could be hugely valuable, shedding light on **response times**, patterns of patient needs, and opportunities for workflow improvements. But there's a caveat: it has to be done thoughtfully.

The last thing frontline staff need is another stick to be beaten with. Data should **inform and enable**, not punish. And we also have to consider its reliability: is the patient pressing the right button? Do they understand what each button means? Are we capturing context, or just numbers? Without careful implementation, data risks becoming noise rather than insight.

Done well, though, it could be **transformative:** not just for estates and clinicians, but for patients too.

The true impact and value of the advisory board

When I was invited to take part in SSG's advisory board, I was genuinely honoured. You go about your day-to-day work without ever really thinking anyone's paying attention to your knowledge or experience, so to be asked felt like **recognition** and an opportunity to contribute.

The advisory board brought together eight healthcare professionals from across the UK, each with different perspectives on nurse call systems. We had people from critical care, infection prevention, midwifery, dementia care and more, all with their own experiences of using the systems in different settings. That **mix of voices** made for a rich conversation.

What surprised me most was discovering just how **versatile** nurse call systems can be. My own experience was rooted in clinical practice a few years ago, and like many colleagues, I thought of nurse call as that single orange button. To learn about the depth and breadth of what's possible was eye-opening and hearing how others used the systems differently in their areas gave me an even broader appreciation.

Together, we identified some clear areas for improvement. For example, the need for clearer displays at staff stations, distinctive alerts for urgent calls, and reducing noise in clinical areas by using mobile devices instead of alarms. **Training** also came through as a big gap: many clinicians simply aren't shown what these systems can do, so features go unused. We talked about developing standardised training programmes, "train the trainer" models, and on-demand e-learning to support staff in the long term.

Another big takeaway was the importance of involving the **right stakeholders at the right time**. Estate teams, ward managers, frontline HCPs, and even patient representatives all have valuable insights to bring. By hosting workshops and engaging widely, you end up with systems that don't just tick boxes but actually meet the **practical needs** of those who use them.

What made the experience stand out was the **freedom** we were given. No idea was dismissed as "too daft" or "out of scope." It was a **creative environment** where every possibility was explored, and only later tested for viability. That openness not only generated great ideas—it also reinforced the importance of bringing **diverse voices** to the table.

Looking ahead and reimagining the role of nurse call in the NHS

For me, the advisory board reinforced something I've long suspected: nurse call systems are part of a **wider digital ecosystem**, and we're only scratching the surface of what they can achieve.

They're often seen as "basic infrastructure," but they're at every **patient bedspace**. That makes them the perfect foundation for **safer, more efficient care** if we use them properly. With the capability to integrate with other technologies, nurse call has the potential to become part of the **digital backbone of the NHS**.

With the right design and integration, these systems can do more than raise an alarm. They can **improve safety** by connecting patients directly with staff, reduce stress on busy wards by routing calls more intelligently, and make the environment calmer by limiting noise to genuine emergencies. Staff could manage alerts on the move through mobile devices, avoid wasted steps, and get the reassurance that only the right messages will reach the right people.

The possibilities with data and analytics are huge too; tracking response times, call patterns, and even spotting trends that might help **predict patient deterioration** or anticipate staffing needs. Of course, the challenge isn't inventing new technology. It already exists. The challenge is **implementing it at scale**, training staff, and making sure the infrastructure is there to support it.

And that's why **collaboration** is so important. Systems like these need to be co-designed with the people who use them. When clinicians and estates are both part of the conversation, the solutions that emerge are clever, practical, usable, and far more likely to be adopted.

Closing thoughts

Collaboration is not a "nice-to-have", it's **essential**. Without it, estates teams will continue to deliver systems that meet the brief but not the need, while clinicians remain unaware of the tools at their disposal.

As a Medical Device Governance and Training Manager, I see my role as **planting seeds**, helping both sides understand each other a little better, and making sure the conversation keeps moving forward. Because when we get it right, the **benefits flow** not just to staff, but to the people who matter most: our **patients**.

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