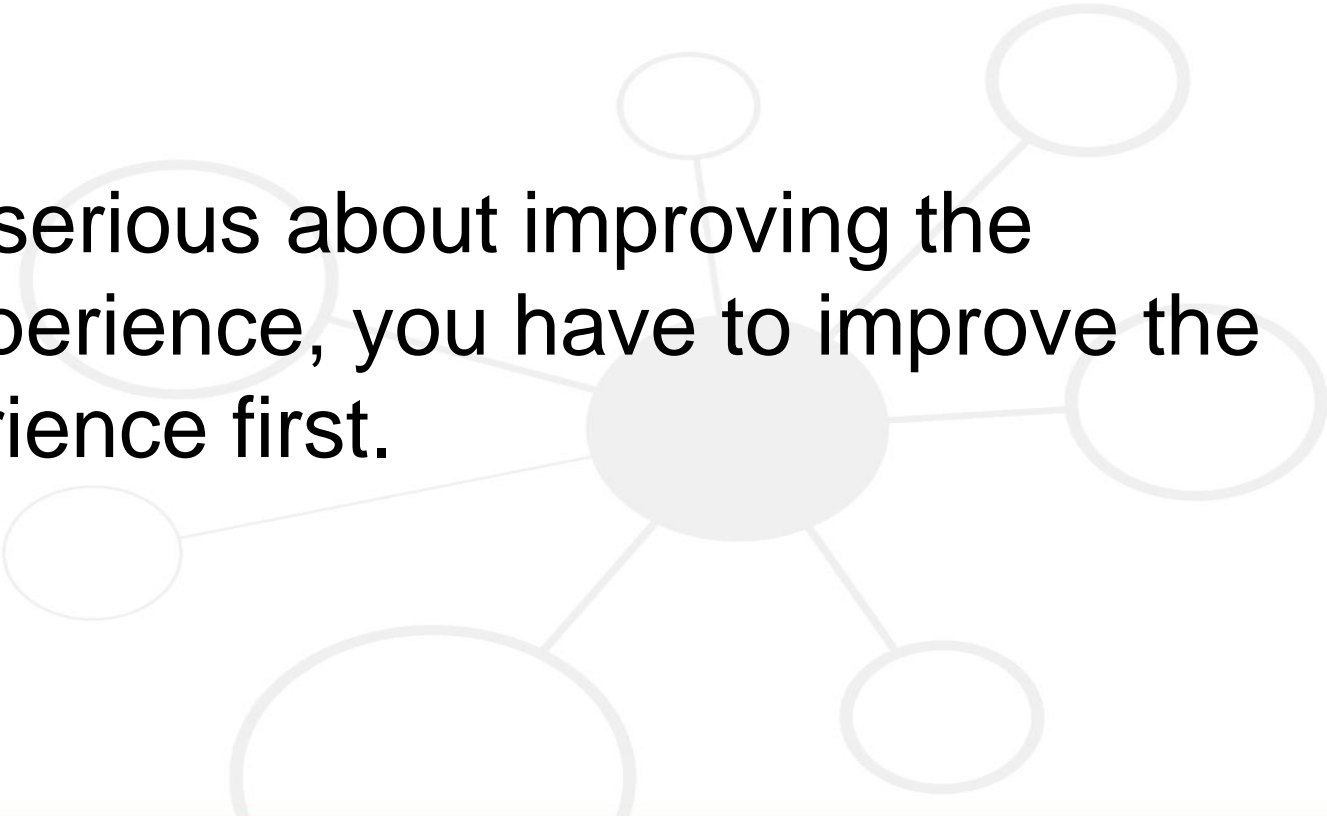


# Staff Engagement/Improving Staff Experience






Small Steps – Big Changes

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If you are serious about improving the patient experience, you have to improve the staff experience first.

# The ward

- 30 acute beds (funded for 28) Gastroenterology
- Vacancies – 6 / 8 WTE Band 5 staff nurses 
- Long stay patient impact 
- High incidence of Violence and Aggression 
- Red staff stress survey 
- Long established band 7 Sister 

# On the ward

It was clear that the staff's view of what the issues were, based on anecdotal evidence or on what they were seeing, mirrored what the data was reporting so...

- How could we get them to take ownership of these issues and empower them to make changes without the fear of retribution



...what if we encouraged the staff to act on this feedback in real time when improvements could be implemented quickly?

...when it didn't matter if the initiative only improved the experience of a couple of patients?

# So first, we had to

- Listen to what mattered to the staff
- Hear **their ideas** for improving **their experience** of working on the ward and
- Embed a culture of improvement for both the staff and the patients

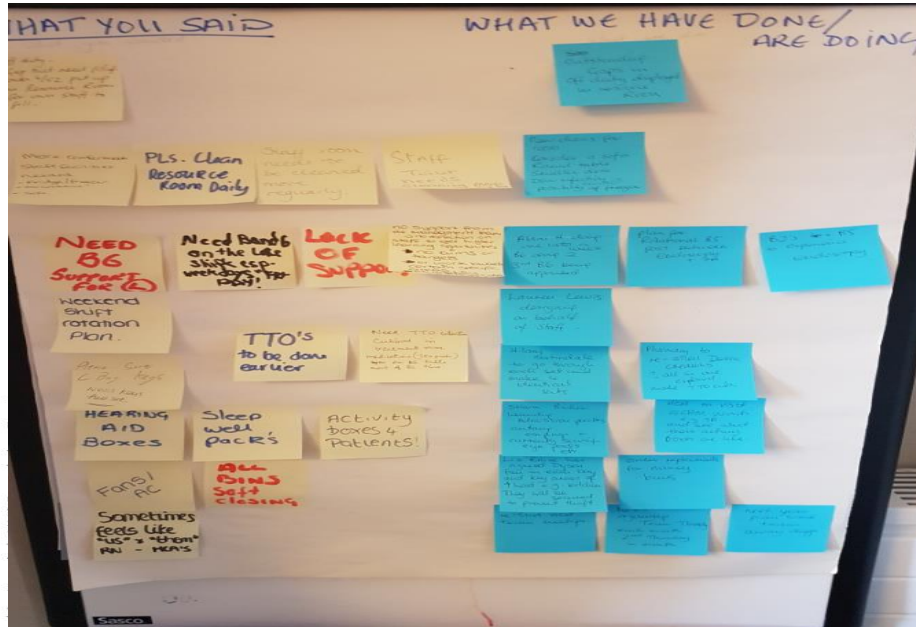
“Culture eats strategy for breakfast”





# A great opportunity for staff

- To make a difference
- To be heard
- To influence care
- To 'make it better'
- To be 'part of'
- To be special



- Using post it notes, staff came up with ideas that would improve **their experience**. These were anonymous but needed to be detailed so 'needs more support' had to be expanded with examples before we could action

- The ward Sister and Matron implemented as many suggestions as quickly as possible and gave reasons for those they couldn't action.
- When staff realised that we were serious about making things better, they came up with lots of ideas

We then asked for suggestions on how we could improve the experience of patients based on what they had observed and what patients were telling them



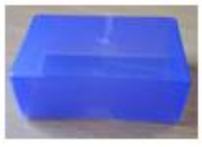

A working party of ward staff members and a member of the Patient Experience Team was set up to:

- To consider the suggestions with a view to supporting staff to implement as many as possible unless there was good reason why not

# Lots of quick wins

- Several projects were quick to implement and produced good results for the patients, the staff and the Trust



Intervention	Background
<p>Hearing aid boxes</p> 	<p>These were put in place as a result of complaints about hearing aids being lost, staff's awareness of the distressing effects for patients of losing a hearing aid and thus not being able to communicate with the staff caring for them, as well as a wish to save the Trust the considerable cost of replacing them.</p>
<p>Information boards</p> 	<p>The ward survey highlighted that patients weren't always given enough information about their condition or treatment so information boards have been created for three key conditions that are common on the ward, with racks beside them to hold information leaflets that patients and carers can take.</p>

## Intervention

### What matters to me tree



## background

The ward staff and some FFT comments identified communication problems between patients and staff and that patients were not able to find a staff member to talk with about their worries and fears. The ward set up a focus group to explore these issues in more detail. Patients in the groups said they felt that patients' preferences and priorities varied widely. The 'what matters to me' tree invites patients, carers and staff to write what matters to them on laminated 'leaves' that they stick to the tree. It was put in place to capture the range of things that are important to patients, carers and staff as well as to demonstrate that the ward culture is one that is open to hearing about patients' wishes and needs with a desire to make things better.



# Moving on

- We looked at insight from other sources and using the same process, initiatives were suggested and implemented by staff.

Focus groups  
FFT

Surveys  
Complaints

# Measuring the project

- Initial survey of patients prior the project
- Second survey at end of the one year project

Questionnaire item	Change in results
Q8 When you had important questions to ask a doctor, did you get answers that you could understand?	'Yes, always' increased from 50% to 56%
Q11 Were you involved as much as you wanted to be in decisions about your care and treatment?	'yes definitely' increased from 42% to 51%
Q12 Did you have confidence in the decisions made about your condition or treatment?	'yes, always' increased from 54% to 57%
Q13 How much information about your condition or treatment was given to you?	'The right amount' increased from 62% to 78%
Q21 Beforehand,(before operation or procedure), did a member of staff answer your questions about the operation or procedure in a way that you could understand?	'yes, completely' increased from 53% to 65%
Q23 After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way that you could understand?	'yes, completely' increased from 53% to 65%
Q10 In your opinion, did the members of staff caring for you work well together?	'yes always' increased from 68% to 74%
Q25 During your hospital stay, did you feel well looked after by hospital staff?	'yes always' increased from 73% to 77%

- No formal measurement of individual initiatives
- Staff encouraged to ‘just do it’ and to acquire the habit of making small changes where they saw the opportunity without having to adopt formal improvement methodologies and measurements

# Benefits of the project for the staff

- They feel able to influence care
- Make small steps of change
- Enjoy their work and socialise more – tombola/fundraising
- Have become a team and support each other

This project is now in other wards in all  
divisions

