

# Improving the patient experience on the front line



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# The problem

**Gloucestershire Hospitals NHS Foundation Trust runs two major acute hospitals in Gloucestershire. It employs more than 8000 members of staff and sees in excess of 700,000 patients every year.**



Improving patient experience has an inherent value to patients and families. The Emergency Department (ED) is unique, with many differences from other departments / ward areas:

- We have new patients attending 24/7
- Patients are mostly unscheduled; they are frightened and for many, it is their first time in an acute hospital
- They may arrive with life-threatening conditions requiring immediate medical interventions or they may be experiencing a mental health crisis
- Patients move through the department on their journey and do not stay for any length of time. Recently due to demand in the hospital this is leading to protracted time in the ED, impacting on the patient experience.

All of these presents a challenge in ensuring that their experience is as good as it can be and will set the tone for the rest of their stay.

# The problem

**During 2021, like other Trusts, we experienced a large increase in the number of patients attending ED for a variety of reasons.**

This was at a time when staff absences increased due to COVID-19 isolation rules or sickness. Volunteers, who usually provided much needed pastoral support to patients, were also isolating at home. This led to:

- **Poor experiences for patients**, as shown in the increase in the number of complaints and the number of concerns raised via PALS.
- **A low FFT score** the positive FFT score was just 61% in October 2021 compared with 83% in the same period pre covid

- **Poor communication**: as relatives were not permitted into the unit, the number of phone calls to the department increased with anxious relatives desperate for news on their loved ones. Sadly these often went unanswered whilst staff concentrated on maintaining safety of the department.
- **Our Trust switchboard** could not keep up with the number of calls and many relatives struggled to get through
- **Poor staff morale**: staff are aware of the strong link between good patient experience and good medical outcomes but were unable to give the time necessary to ensure that this experience was as good as it could be.

This meant that a different approach to patient experience was needed.

# The solution

**A new role – a dedicated emergency department Patient Experience Lead could help address many of these problems.**

- This person would also identify engagement opportunities and contribute to the development and delivery of patient experience improvement projects through the department.
- As the role would be based in the emergency department working alongside the medical staff, they could identify immediately areas where small steps of changes could be implemented to improve the experience of both the patients and their loved ones
- This role was quite distinct from patient experience leads in other specialities because of the uniqueness of the department



# The solution

**Joel Bonner was appointed and his new role had an immediate impact on the service.**

Led by feedback regarding the department, and using the Small Steps methodology, the priority was to improve immediate communication with relatives.

- As the new full time Patient Experience Lead, Joel is both responsive and proactive in calling families to update them - on a daily basis if necessary.
- His mobile number is given to relatives to call him if they were concerned
- Role modelling in the department to staff the importance of communication and the ability to deescalate complaints / concerns
- Anticipate and pro actively intervene to avoid the need to complain and manage the situation in real time





# The solution: other improvements

## Joel and team put other small steps of improvement in place:

- Support a team of volunteers back into the department and active recruitment into these roles
- Setting up of a patient experience group with staff and patient representative
- Ensured that all patients who had been in the unit for some time were offered something to eat and drink as appropriate.
- Sourced, costed and arranged for a water machine to be installed
- Providing charging points for mobile phones so that patients could stay in contact with their loved ones
- Sourced single-use newspapers for patients
- Worked closely with a team of volunteers to ensure regular hot drink rounds were available for staff and patients
- Liaised with members of outside support groups such as Carers UK so that they had a point of contact in the department
- Develop plans for Dementia friendly space in the department
- FFT comments are read on a weekly basis and interventions made where possible at the earliest opportunity - for example blankets and pillows in air conditioned area at night
- Mental health support in form of Samaritans in the dept, mental health cards
- Care Packages – Eye covers / Ear plugs, toothbrush, paste, spray wordsearch and pen
- Translator Books and cards

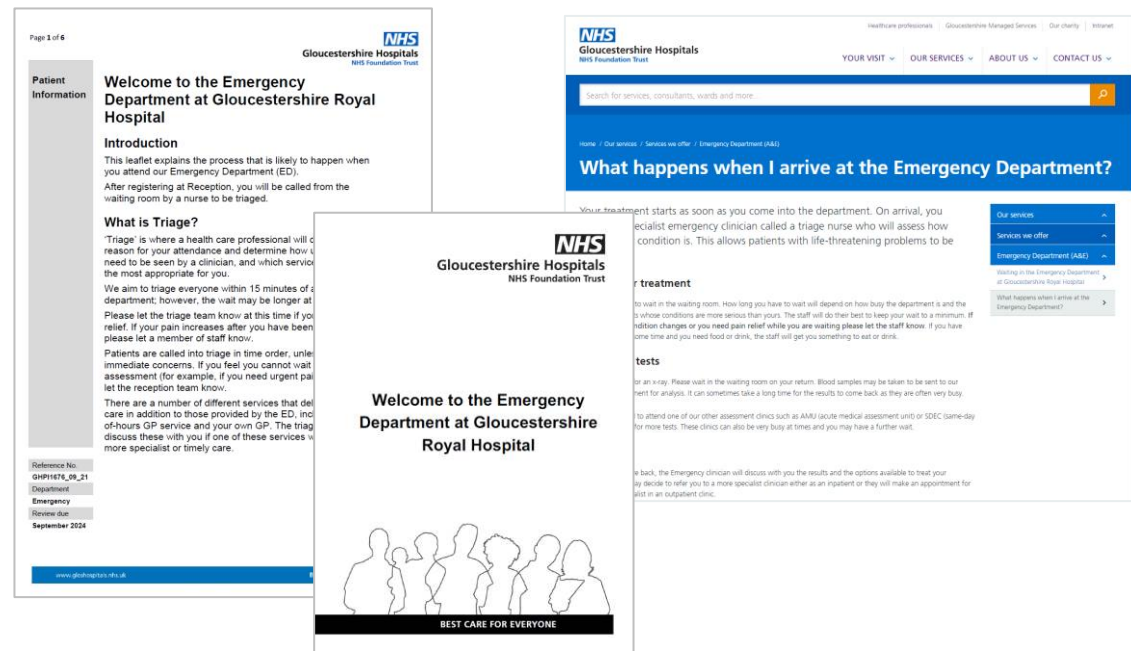


**SAMARITANS**

# Patient journey

Working with an ED consultant, Joel is actively involved in a project to inform patients of their journey through the department.

A large wall vinyl takes them to detailed patient information explaining their journey to support to manage expectations from entry to discharge into the department.



# Results

**We have seen a gradual increase in FFT score.**

This is now maintaining despite the challenges in the department and with COVID-19.

FFT positive score trend, %





# Testimonials

## Patients say:

*“My mother has been in Glos Royal A&E after being transferred from another hospital, After phoning the switch board and being put through to a connection that rang and rang only to be transferred back to the switch board which went on for about 1 hour ! I was finally put in contact with Joel in A&E and he was very professional and kept me updated during a time when I thought my mother was at end of life”*

*“All the hospital staff were very kind and I was given a mobile number of a young gentleman who I was in touch with at various times during the day. He was most helpful and updated me with messages and later told me that blood tests had been taken and I could ring in about 2 hours for results”*

# Testimonials

## The CQC said (November 2021):

*“The department had employed a patient experience lead whose focus was on supporting patients in the department. All staff we spoke with told us of the positive impact this had brought, freeing up the time for nursing staff to focus on their role, as well as improving the patient experience. The department managers confirmed this had led to a reduction in the number of complaints received in the department.”*



# The future

**The success of this project has secured the role of Patient Experience Lead in the Emergency Department; it has more than exceeded expectations.**

Several other Trusts have approached us for more details of this role, and the impact it has had in the unique setting of an emergency department.



# Summary

## In summary:

- This project was **innovative** in that it was started from fresh with no foundations to build on.
- The **Leadership** style was initially democratic and as the project grew, turned into a more transformational collective leadership.
- The project was **effective**; the experience of the patients during a very stressful time in their lives has improved; the staff are better able to treat each patient holistically, paying equal attention to their medical and personal needs.
- This project's success has been **measured** by the increase in positive FFT scores, a reduction in concerns to PALS as well as letters complimenting the department.
- This project will be **sustainable** as our teams have seen a real improvement in the morale of patients and loved ones because of the improved communication that this role has enabled.
- We will **transfer and disseminate** the project across the Trust as well as sharing information with other Trusts



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# Thank you