You Care We Care To Call

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NHS
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CONTEXT

Lincolnshire: second largest county, high proportion of rural communities, 757 000 residents and poor public transport

ULHT recently came together with Lincolnshire Community Health Services NHS Trust

- 8000 staff within the 3 ULHT acute sites

- 4000 staff in the community

- 81 GP-run facilities

In a typical year:
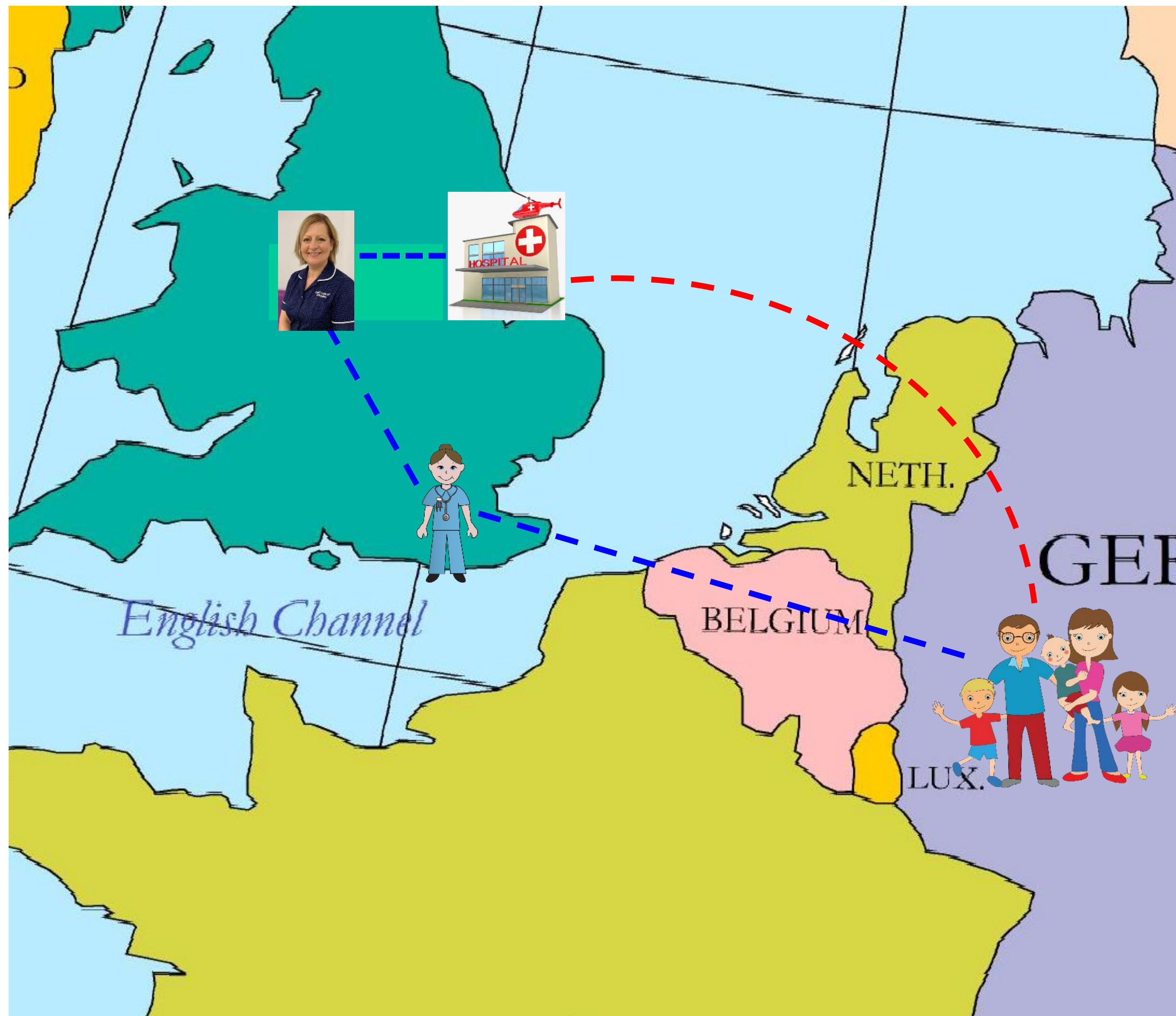
- 150 000 A&E patients

- 600 000 outpatients

- 140 000 inpatients

- 5000 births

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CATALYST FOR CHANGE

Majority of complaints to ULHT are about poor communications

Medway Trust had tackled the same challenge in 2021 and were happy to share information

Our project widened from changing individuals' behaviours and organisational culture, to include better use of technology

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PLANNING

DoN chaired initial meeting in April 22

- Analysis: wards ranked by complaints April 21 - March 22

- Framing the Problem: staff too busy to handle ad hoc calls so needed a planned process

- Addressing the Problem: who needed to be called; who best to make the call; what information required; how best to create an audit trail

Specific - 38 of 52 wards to be involved, 3 joining per month, in order to reduce complaints

Measurable - 50% reduction of complaints compared with the previous year

Achievable - appropriate resources were available

Relevant - supported improved outcomes for patients

Timebound - to be completed by 31 Mar 24

DELIVERY

Initial Steps

- Met ward staff to discuss the issue

- Comms package to ULHT management, ward staff, patients and NoK

- Briefed Patient Panel

- Ensured ward contact details correct

Evolution

- Supported clinical education events

- Monthly brief to the Working and Oversight Groups, quarterly report to Patient Experience Group

- Programme tracker for senior leadership

- Ongoing data gathering from staff, patients and NoK

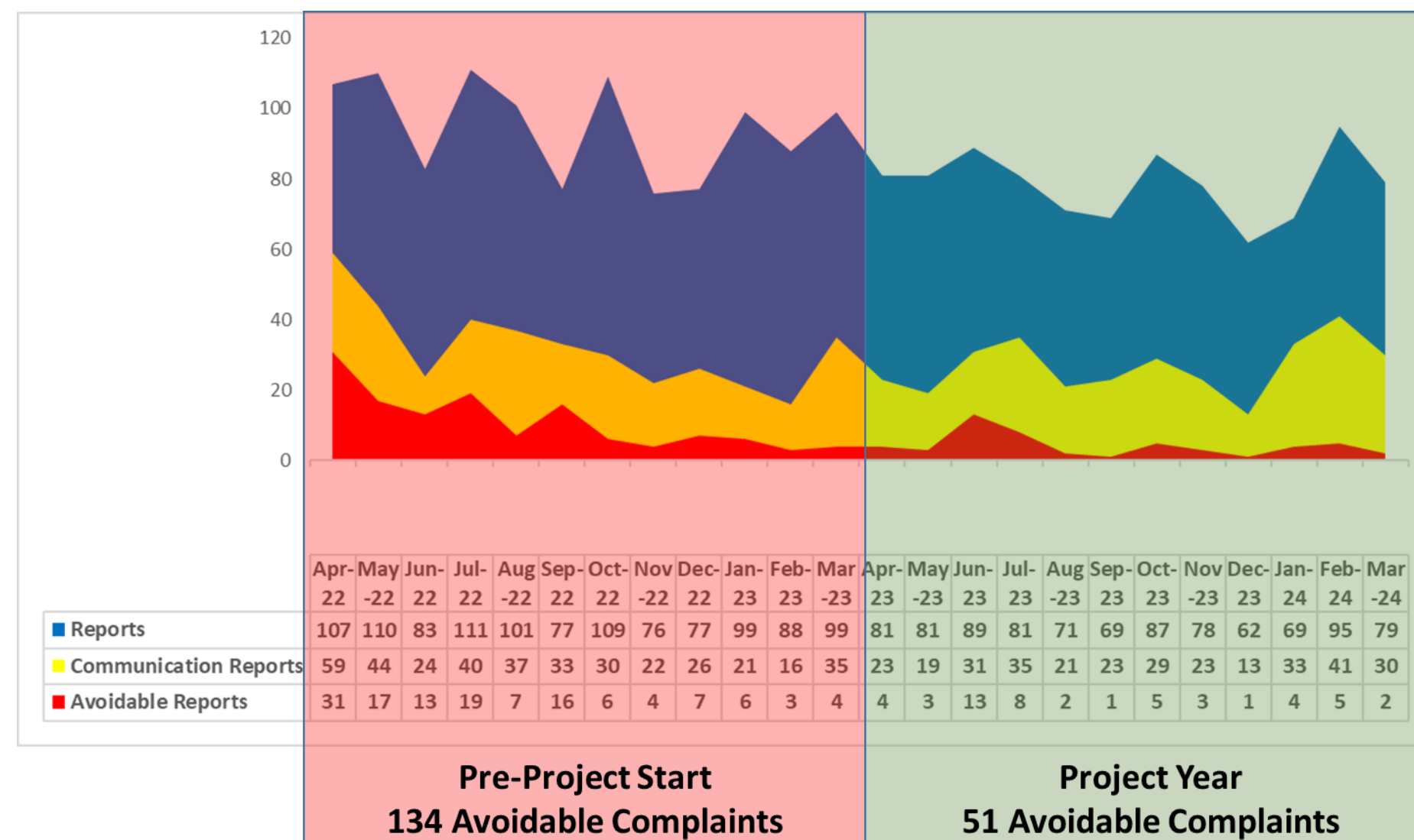- Re-defined data to be collected, in order to provide more targeted solutions

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OUTCOMES

Participation

- 38/52 wards directed to participate, 7 added, 7 volunteered

Quantitative Improvements

	Apr-May 22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-May 23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reports	107	110	83	111	101	77	109	76	77	99	88	99	81	81	89	81	71	69	87	78	62	69	95	79
Communication Reports	59	44	24	40	37	33	30	22	26	21	16	35	23	19	31	35	21	23	29	23	13	33	41	30
Avoidable Reports	31	17	13	19	7	16	6	4	7	6	3	4	4	3	13	8	2	1	5	3	1	4	5	2

Pre-Project Start
134 Avoidable Complaints

Project Year
51 Avoidable Complaints

Qualitative Improvements

- Need for calls discussed at board rounds and handovers
- Outbound/inbound calls recorded in patients' notes

Technical Improvements

- Three telephone switchboards working collaboratively rather than autonomously
- Call queuing + positional voice message introduced on ward phones

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MAINTENANCE OF PROGRESS

Accountability and Engagement

- YCWCTC now part of induction process and IIP

- Monthly review of complaints, refining data capture and engagement with relevant Ward Managers/Matrons

Continuous Improvement

- Widening involvement to other professional groups

- Encouraging a single point of contact for each patient

- Analysing call traffic data

- Trialling hands-free headsets for ward teams

- Encouraging everybody to answer a ringing phone

KEY TAKEAWAYS

- Data is key to driving evidence-based decision making

- Using an Agile delivery model allows emerging opportunities to be grasped and solutions to be adapted dynamically

- A SMART objective is key to focusing project analysis and delivery

- Senior buy-in is critical to project success, smoothing bumps along the way, and sustaining/evolving the project moving forward

- A comprehensive comms strategy and use of 'champions' makes project delivery easier

- It is important to recognise wards' different needs, the cultural factors of an ethnically diverse workforce and the challenge of driving organisational change
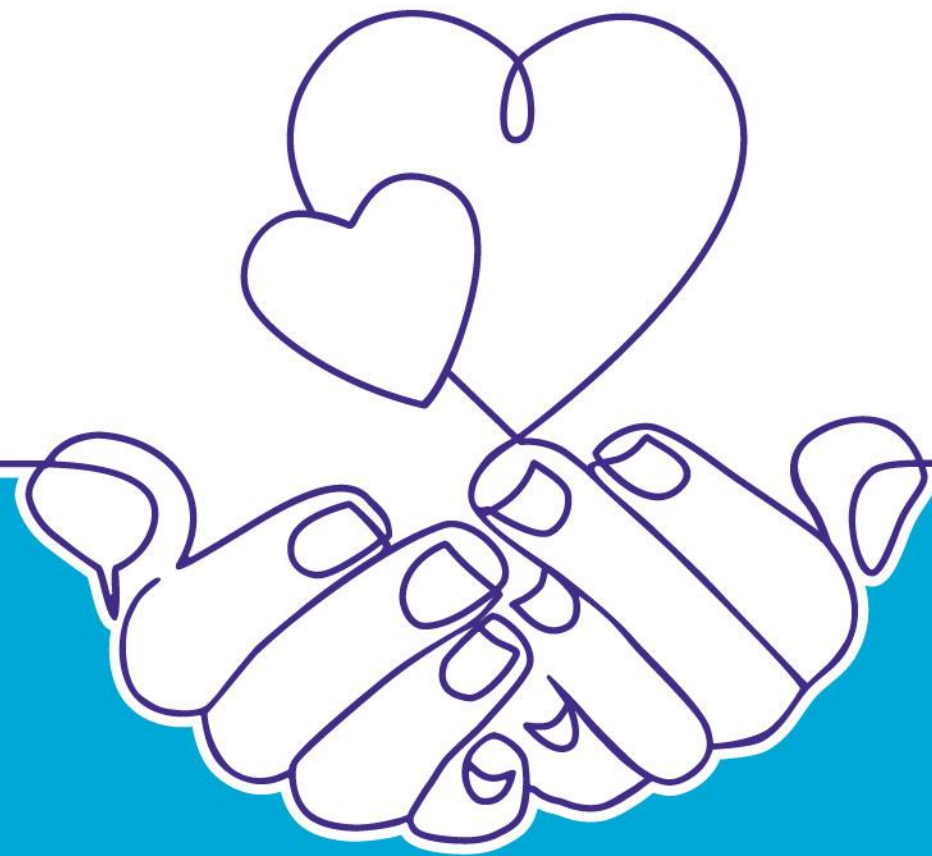
Questions or Comments

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