The Mid Yorkshire Hospitals NHS Trust is using the Always Events® framework to improve their patients’ experiences of maternity services, the acute respiratory ward (G45) and surgical gynaecology services (G34). This case study focuses on their journey to improve the experiences of those patients on the acute respiratory ward, G45.

Understanding what matters most to patients

The Trust introduced a new quality strategy for 2015-19 and one of the key expected outcomes was that ‘people who use our services are at the heart of everything we do’.

To help understand the priority areas for improving patient experience, the Mid Yorkshire Hospitals NHS Trust work with Picker every year to triangulate data from the national surveys, the Friends and Family Test (FFT), NHS Choices and complaints. The 2016 review highlighted the need to improve care on the trust’s acute respiratory ward as survey data and complaints indicated that some patients were receiving a poor experience of care.

A key element of the Always Events approach is to deeply understand what is important to patients. The point of care team undertook a review of complaints received in the previous six months. This highlighted a need to improve communication in order for patients to feel safe and cared for.

During March-May 2017 a number of interviews were carried out with patients and their relatives on ward G45 in order to better understand what matters most to patients and to seek ideas on how to improve care. The interviews were carried out by ward staff, members of the trust’s patient experience team, the palliative care team and volunteers. One of the main suggestions for improvement from the interviews was a need for staff to respond quicker to call buzzers. Other key themes included more timely medications and improved communication.

“When I press the call button sometimes I have to wait what sometimes seems an awful long time. It’s stressing for patients. Once I was really breathless and I admit I was panicking cos I’d taken my inhaler and it didn’t seem to be working so I rang the bell and it seemed an awful long time before anyone came.” [Patient]

Following discussion by the team, which includes two patient representatives, it was felt that patients on an acute respiratory ward could suffer significant distress if they had to wait an unreasonable length of time for a response from staff to a call buzzer. Some observational work was carried out on the ward by staff to explore the common reasons that patients use their call buzzer. These included a need for help with toileting, clinical reasons (e.g. non-invasive ventilation mask on and off) and for requests for help with undressing, completing food menu, opening a bottle and changing bed/table position.
Implementing changes

To improve the time it takes staff to respond to call buzzers, the following change ideas were tested on G45:

**Allocating a member of staff to answer buzzers at mealtimes**

Staff recognised that if all available staff were involved in giving out meals and supporting those who needed help to eat their meals, patients could be waiting a long time for buzzers to be answered at mealtimes. A staff member is now allocated each mealtime to answer call buzzers.

**Controlled medications given prior to the medicine round**

Some patients were pressing their buzzers due to waiting for their pain medications. In order to reduce delays and the need for patients to use their buzzer, controlled medications were given prior to starting the general medicines round (these are mainly pain relief medications which are administered on a regular basis throughout the day).

**Splitting the ward in two**

G45 had 54 beds managed by a large number of staff. The length of the ward was very long due to many of the rooms being single occupancy with en-suite facilities. The majority of nursing staff do 12-hour shifts making it difficult to communicate with each other when there is only a short handover period and meetings are cancelled due to low staffing levels.

A decision was made by senior management and frontline staff to split the ward into two wards, each with a separate ward manager and nursing teams. This made it easier to allocate staff into teams with the aim of improving communication and more timely handovers and medications rounds.

**Releasing time to care by organising ward areas**

It became apparent that staff were struggling to answer call buzzers in a timely manner due to staffing shortages and the need to have extra capacity beds open during winter pressures. A decision was taken by the point of care team and senior management to temporarily postpone Always Events meetings and testing further changes so that adequate focus could be given to providing patient care. The patient experience team had observed that poorly organised documentation drawers resulted in both medical and nursing staff taking longer to search for the relevant information. It was agreed that the patient experience team would support staff by sorting and organising ward areas such as documentation drawers and store cupboards in order to release time to care.

Observations were carried out before and after the changes were made to the drawers to record the length of time it took staff to find the information. This showed that for almost all drawers, the number of seconds it took to find the information had been noticeably reduced. For example, the time it took for staff to find the ‘End of life care plan’ reduced from 24 to 4 seconds.

**End of life care items**

At this time the ward also became a pilot site for trialling new items to support better care for those patients at the end of life. The ward tested a number of products and established a drawer system for quickly identifying these products.

This initiative was a finalist in the Patient Experience National Network Awards (PENNA).
Measuring impact

The aim statement for this Always Event was:

*By 31st March 2018, 90% of patients will state that when they used the call button it was answered within one minute*

To measure if this target had been met, the project team downloaded screenshots of the electronic call panel data for G45 on various dates across five months. This outcome measure showed there had been an increase in the percentage of buzzers being answered within one minute after the Always Event activities had been implemented, from 32% to 38%. However, the percentage was still considerably lower than the target of 90% of buzzers being answered within one minute. Furthermore, a breakdown of the data by month of data collection showed the improvement had not been sustained; only 35% of buzzers had been answered in April 2018 compared with 40% in February 2018.

Why did the change ideas not lead to a sustained improvement?

At the time when key ideas for testing change were agreed, the ward was suffering from low staffing levels and winter pressures. This hampered their ability to run team meetings and engage with staff in order to communicate fully about the initiative. The changes tested did not alter staff behaviour enough, or overcome the workload of additional patient numbers and a high acuity of patients in winter months. Whilst the initial changes were maintained, and have been received positively by staff, there is a need to understand more about what the barriers are to answering call buzzers promptly in order to know what change ideas might have more of an impact on patient experience.

Although the target set in the aim statement was not achieved, there have been other positive impacts of the initiative:

- improved staff experience due to ward split and organisation of documentation
- raised awareness of the difficulties staff are experiencing
- raised profile of the ward by being involved in a national initiative
- staff more aware of the Always Event approach to support improvements in patient experiences
Key learnings

The key learnings for the team from piloting an Always Event on G45 are:

- **The target set in the aim statement needs to reflect what is important to patients.** The aim for call buzzers to be answered within ‘one minute’ emerged from an interview with a member of staff; the interviews with patients showed that while some mentioned the importance of staff being responsive to buzzers, most did not specify a time period for buzzers to be answered.

- **The change ideas need to be co-designed with patients** and not just reflect what staff think are the ‘solutions’. It requires a shift from ‘doing for’ to ‘doing with’ patients which can be challenging.

- **The change ideas need to be focused on changing approaches and practices** which reflect the Always Event vision and aim statements rather than on one-off transactional changes. During the Always Event, new mouth products, syringe driver and ring/property bags for patients were trialled on G45. Radios and clocks were also purchased to better entertain patients. Whilst these improved patient experiences the impact was not evidenced in the main outcome measure (i.e. call buzzer data).

- **It is important to test the change ideas** before implementation through a series of Plan-Do-Study-Act cycles. **Process measures** need to be used to understand the reliability of implementing the changes.

- **Project support is required.** It is difficult to progress the Always Event approach without the support of additional staff/expertise for engaging with patients and staff, data analysis and presentation, administrative tasks, and communication.

- **Consider what other priorities and pressures ward staff are facing.** There was a need to seek further support from senior management to postpone progress on the project due to significant additional pressures that the ward faced.

- **Consider all available sources of patient experience feedback.** There is a wealth of information already available at ward level (e.g. Friends and Family Test, complaints, NHS choices, PALS, CQC) which can be used to identify key themes for improvement.

- **Ensure that all staff in the pilot unit are involved and agree** that the changes can be achieved. Although staff agreed that the aim was worthy of achieving, it became apparent that most health care support workers felt it was unachievable due to staffing pressures.

- **Agree a communication plan.** Waiting to share information at team meetings can mean delays in the project and staff feeling disillusioned and that changes are ‘being done to them’ if they are left out of the communication loop.

Further information

If you would like more information about The Mid Yorkshire Hospitals NHS Trust Always Event journey, please email: Ann.Wathall@midyorks.nhs.uk

For more information about the Always Events programme, please visit: https://www.england.nhs.uk/always-events/