

## **First impressions, lasting quality / NHS Management Executive.**

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First impressions,  
lasting quality.





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Detail of information station at Stepping Hill Hospital. Nurse auxiliary Joan Wright answers a patient's questions concerning treatment. The background is a mural of familiar local sights.



# Introduction

The hospital services described in this booklet have one thing in common – they put patients first.

The eight departments – four outpatient and four accident and emergency – form the second wave of national quality demonstration projects. The first projects are described in the forerunner to this booklet, *Demonstrably Different*.

The Department of Health invested £2.5 million in these quality projects. The NHS Management Executive hope they will inspire others to improve their services and act as models of good practice.

The projects all looked at the needs of patients – better information, less waiting, a friendly welcome and comfortable surroundings – and came up with ideas and innovations to provide them.

Some of the changes, such as redesign and rebuilding, were relatively costly. Yet others, such as more efficient appointments systems, cost little or nothing. A friendly and helpful attitude among staff is free, yet can be invaluable to patients.

The key to the success of all the projects was the motivation of staff. Without exception, the eight departments had been planning improvements to their service well before project funds became available. Staff were, however, helped by advisers. In particular, NHS Estates and the British Healthcare Arts Centre have played an important role in ensuring the environmental improvements are of the highest quality.

These quality projects offer a wealth of experience and ideas for others to use. The project teams say patients and staff are now benefiting every day from the improvements they have achieved. Their enthusiasm is catching.



# Cumberland Infirmary

Carlisle



Carlisle Castle.



The conservatory replaced the run-down, narrow entrance below.

"The entrance could be brighter"

"It's like a prison."

"Everything seems lighter and brighter. It's much more comfortable, yes it's a vast improvement."

Staff at Cumberland Infirmary's outpatient department were embarrassed by patients' first impressions of the department. Crossing a large courtyard to the outpatient building, patients had to struggle to find the narrow, dark entrance. Once inside they were confronted by nothing more welcoming than double fire doors in a gloomy corridor.

Major refurbishment of the department has changed all that. Staff are now proud of a department that is not only open and welcoming to patients but is also visually striking.

The core of the project team was formed by a Personal Services Initiative (PSI) group which already had plans to improve the service when they were granted project funds. The PSI group included a wide range of



staff – nurses, porters, telephonists, radiographers and receptionists, as well as patients.

This broad input helped the team identify changes that would mark a real improvement for patients and staff. The team's ideas were backed up by a patient survey carried out by the Community Health Council. As a result of what they found the team concentrated funds on these areas:



- a new entrance;
- a welcoming, efficient reception for patients;
- imaginative decor to create a comforting and cheerful atmosphere in the waiting areas;
- better information for patients;
- customer service training for all outpatient staff.

The outstanding problem was that the outpatient entrance was not clearly signed and difficult for patients to find. It was also dark and gloomy. Outpatients manager Sister Dot Arthur said a partially-sighted patient on the PSI group highlighted the difficulties this caused: "The fact that it was gloomy for us meant *be* was in almost total darkness."

The team appointed a group of architects already working elsewhere in the hospital and who were sensitive to the nature of the work. Their solution to the entrance problem was to build an attractive blue and white conservatory onto the building. The new entrance is large and welcoming and immediately seen by patients entering the hospital grounds.



Patients go straight through into an open reception area.

The conservatory, while being an eye-catching addition, has been designed in sympathy with the original building. The entrance has wide, automatic doors which are far easier to use than the old single door and it is lighter and brighter (at night the conservatory is lit by a ring of pedestal lamps). The project team furnished the conservatory with seats and plants and it now provides patients with a warm, covered area to sit while waiting for ambulances or other transport.

The improvements inside the department were no less dramatic. The architects' redesign of the building meant that the narrow corridor which patients had to negotiate is gone. Now, patients go straight through into an open reception area which has been decorated to produce a stunning effect.



New signage guides the patients around the outpatients department.

Three huge ceramic murals depicting the countryside, buildings and life of Carlisle are mounted on the wall of the reception area. They are the first things patients notice on entering the building. Site services manager Miles Timperley, explained why the team thought it was important to invest in art for the department:

"When patients come into hospital they are always a little anxious.

***Art helps to make the environment a little more restful, not so clinical – a friendlier area to come into.***

The artist's brief contained two key points about the department:

- patients and relatives may enter the building feeling nervous or uncertain;
- for staff, it is the place they work day in, day out.

The team believed that because of this, it was important that in tone and spirit the artist's work should be positive and engender a feeling of well-being. They also wanted something with strong meaning for local people.

From a choice of artists' work that included textiles, wood and glass mediums, the team chose the ceramic work of Christine Constant both for the visual quality of her work and because patients and visitors could touch it, as well.



Detail of the three ceramic murals on the wall of the reception area.



# Cumberland Infirmary

The three murals which Christine created depict the Solway Firth, the city of Carlisle and the Cumbrian mountains, with Hadrian's Wall running through them. The work draws on Carlisle's cultural identity in terms of its history, people and surrounding landscape. In an imaginative move to make sure staff were fully involved in the improvements, the team also commissioned Christine to hold a series of workshops for staff to create smaller art works for the redesigned department.

The aim of commissioning art for the department to create a friendlier, more welcoming place, was echoed in the redesign of the reception. The project team put a great deal of thought into the design of the reception desk.

**"We wanted it to be open and welcoming,"**

said Miles. "But at the same time we had to take patient privacy into account. Some people felt that at an open desk they could be overheard if there was a queue of people behind them."



Reception booths allow patients to discuss their case in privacy.



Main waiting area before refurbishment.

The design they chose as a result is a clever compromise. A long desk is divided into four individual booths. The first three booths are for patients booking in or out and the fourth is an information desk. The desk, and the receptionists in plum coloured uniforms, looks professional and attractive, while the booths provide privacy and help to enhance one-to-one attention.

The materials and colours used for the reception desk – light ash wood and a mauve-pink interior – are echoed in the main waiting hall. A major part of the project was the total refurbishment of this hall and the smaller waiting area used by X-ray patients.

In both these areas carefully coordinated furnishings and lighting combine to create a spacious, light, airy atmosphere. The rooms are carpeted and softly lit by globe pedestal lights. Attractive lattice wood screens



Main waiting area showing globe pedestal lights and carefully coordinated wood, furnishings and carpets.

which are dotted with houseplants divide the main hall and the X-ray area. Here, removing old louvre doors from the reception hatch has made it more open and accessible.

"The facilities are so much better for patients now," said Dot. "There's a new refreshment bar and an improved play area for children. Takings in the coffee bar went up in the first week!" One patient on a return visit said:

***"You used to sit on a bench in a corridor – if you were lucky. This is a huge improvement. It's fantastic."***

The project team were determined to carry the improvements through to the service provided by staff. PSI Coordinator Janice Moscrop was in charge of training staff in customer relations, telephone and communication skills.

Groups of staff attended workshops which used individual training, exercises and group work to train them in how to project an open and friendly manner and to be clear and concise.





Outpatient department manager Dot Arthur.



Receptionist Kath Dickson said: "The training helped a lot. It made you think about things you hadn't considered before. Like if you get an awkward patient at the counter, which we do, the way we approach the patient can create a worse situation."

Janice hopes eventually to extend the training, described in more detail in the highlight, to the entire department, including nursing and medical staff.

A further key element of the project was the introduction of a clear and comprehensive patient leaflet. "Patients only got minimal information about the department on their appointment letter," said Miles. "The letter didn't use the right language to make it easily understandable."

The project team recruited a wide range of staff to write a new outpatient leaflet. The leaflet helps prepare patients for their visit. It explains that they may need tests, such as X-ray or blood tests, that they may not see the consultant, although he or she will be monitoring their progress and it suggests what to bring. There is a useful section on the department's facilities, including important direct telephone

### CUSTOMER SERVICE TRAINING

When Janice Moscrop was put in charge of customer service training for outpatient staff she chose a local training agency both for their reasonable cost and their lively programme.

The workshop-based programme trained groups of staff together using role play and practical exercises to increase their awareness of patients as the customers of a service they are providing. Janice, who went on a course herself, said: "It helped staff develop a professional attitude and not join in if a patient was being difficult, which only makes things worse."

"Although some staff were reluctant to go on the courses at first because they didn't feel they needed it, the ones who went really enjoyed it and helped spread the word."

One important element of the training was to look at the way staff dealt not only with patients but with each other to create a good working environment.

***"The patient isn't our only customer," said Janice. "We're also each other's customers and it's important to remember to encourage and praise your colleagues."***

Because it was impractical to send the entire reception team together, staff were sent in mixed groups which included receptionists, nurses, porters and domestic staff. Janice said this had unexpected benefits.

"There were porters who I'd never spoken to before who came to me afterwards and said they wanted to change their picking up times to the ideal times they had worked out."

***That led to a better service, and it came about as a result of them getting to know me. It is helping us to work as a team."***

numbers for hospital transport and changing appointments times.

"We've got a lot more ideas on how to improve things," said Dot.

***"These changes are just the beginning."***

### FUNDING

- £110,000 Department of Health
- £26,000 Carlisle Hospital
- £2,500 Northern Arts
- £1,000 Carlisle City Council
- £1,000 Cumbria County Council

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# Hull Royal Infirmary



The Humber Bridge.



The new accident and emergency department for children.

A pioneering accident centre for children at Hull Royal Infirmary is showing the way forward in hospital design and paediatric care. The project created an area within the existing accident and emergency department that was designed and equipped for the needs of young patients. It marks the first phase of a £2 million scheme to improve the whole department – for children, adults and staff alike.

The Infirmary's accident and emergency department sees about 80,000 patients a year, a quarter of whom are children. Before the project, children had to wait alongside adults in a cramped and dingy waiting room, with poor play facilities. "It was often crowded and noisy in there," said consultant Paul Grout. "We didn't have any separate treatment facilities for children either, so you could have someone swearing in the next door cubicle, which could be very upsetting for a child."

The benefits of treating adults and children separately have long been recognised within the accident and emergency services. This was amply borne out by a patient survey commissioned by the project team: a large majority of respondents said witnessing the distress of children who were injured and in pain was one of the most upsetting things about waiting in the department. More than two thirds of those surveyed said separate facilities would be better for adults and children.

The solution was to build onto the back of the department an area totally dedicated to children. There was also a key advantage in positioning the children's area next to the main department: it allows families who have been injured in the same accident to remain close together while they are being treated.







Children's waiting area with reception desk and nurses station.



The well-equipped, cordoned-off play area.

The new children's area represents a huge step forward in child care. It provides a waiting area with an exciting playspace, overlooked by a nurses' station, four treatment cubicles plus a quiet room and a fully equipped paediatric resuscitation room.

The centre was designed by an architect who worked closely with staff, incorporating their ideas into the scheme. "We talked to a lot of people about what they thought should go in there

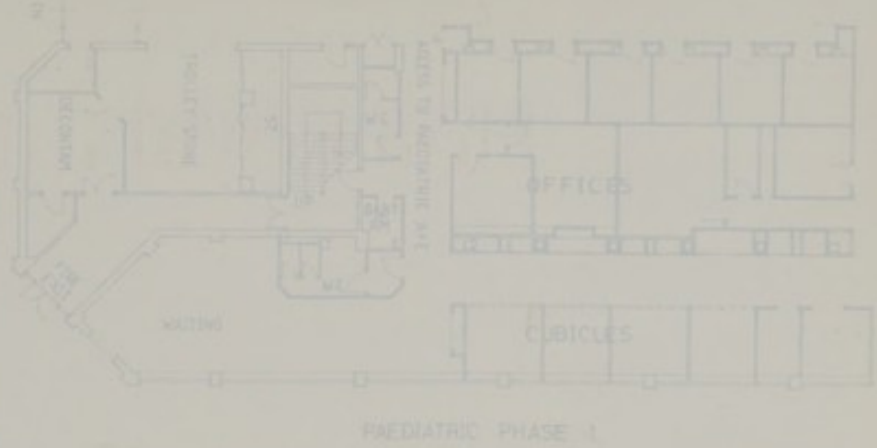
**- every member of staff had a chance to contribute. The architect lived off their ideas."**

said Dr. John Gosnold, clinical director.

**"They said try and keep it as unclinical as possible. So it doesn't look like a hospital,"**

added business manager Di Bradley.

The result is like a giant splash of colour on an otherwise grey and featureless building. The entrance, which leads directly off the main accident department, is large, bright and welcoming. Children go down a short corridor decorated with blocks of primary colour and eye-catching friezes on the walls.



The waiting room is full of light from full-length windows and has a well-equipped, cordoned-off play area. "Kids find it an exciting playspace," said John. "If they want to take toys out they can. If they want to go down to the treatment area on the back of a tractor they can.

***The doctor can see them on the tractor if that's what they want. That's the whole philosophy of the place."***

Planned decor was an integral part of the building design to create the right kind of environment for children:

- the treatment cubicles which lead off the waiting area are colour-coded throughout from a marker outside to chairs, trolleys and cupboards inside. This is so young patients can choose which room to be seen in - red, yellow, blue or green;
- the project team commissioned a textile artist to produce a series of 3-D friezes and kites for the walls and ceilings;
- a 'brave bunny' logo was designed for the department and features on badges which staff hand out to children.

"The environment is a huge improvement," said Di. "It is important that it should be comforting for children. Here they have everything they need to make them feel at home and the clinical area is not at all frightening.

"It's a superb playroom.

***Some of the kids scream their heads off, not when they're coming in, but when they're going out."***

Paul Grout added:

***"It's also easier for us to treat children when they are relaxed in a nice environment."***

Artist's impression of proposed building design.



Children's area entrance from the accident and emergency department.





# Hull Royal Infirmary



Two of the colour coded treatment cubicles.



Project coordinator  
Gaye Harison.

At the end of the line of treatment cubicles a fifth room, which is decorated in muted pastel colours, offers privacy and quiet. The team included this room in their design for two important purposes. One was to treat noisy or distressed children. The second was to offer a place of peace and privacy for bereaved parents.

The new area has cut waiting times for children and eased the burden in the main department. One mother with her young daughter said:

***"It's wonderful, I am really impressed. We were in straightaway, no waiting."***

Her daughter Joanne added: "The nurses are good, aren't they?"

Project funds provided six nurses for two years to ensure the new area is adequately staffed. After that, the posts will be funded by Hull Health Authority. There are no fixed staff arrangements, however – everyone in the department gets a chance to work in the new area.



Consultant Paul  
Grout.

The project team see the new children's area as part of an ongoing drive to improve the department for all its users. Further elements of the project were designed with this aim in mind.

- Sorting patients according to their needs and priority has been an important part of this drive. Dr. Gosnold explained:

***"A few years ago we had no triage, no sorting out. Everyone was lumped in together and we saw patients basically in time order."***

Now, children are shown straightaway to their new area and a 24-hour triage system means all patients are assessed on arrival. The project also funded two nurse practitioners who offer alternative treatments for patients with certain injuries. The way the nurse practitioners support and enhance the service is described in the highlight.

- The project extended throughout the department a computer information system which was developed by one of the doctors. This 'real time' system records events – a patient's arrival, triage, treatment and so on – as they actually happen. Dr. Gosnold described its value in running the service efficiently:

***"We always know at any given time where a patient is and what is happening to them."***

As the information builds up about what is happening in the department, we can also analyse it to help plan our resources – for example if you see an area that is overworked and causing delays to patients. That helps improve the care of the patient and the lot of the staff:

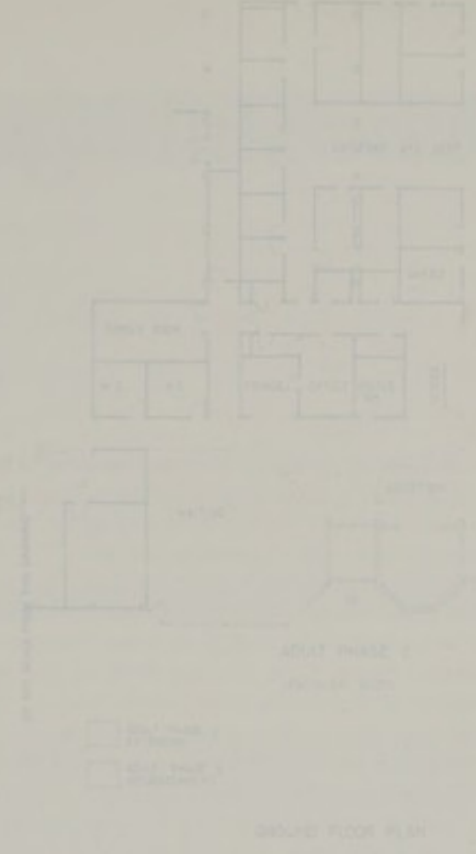
- The quality of the service is kept to a high standard both by special training days and by small 'quality circles' of staff who are dedicated to overcoming problems and making progress on areas identified for action.

**A quiet room offers peace and privacy to bereaved parents.**





The resuscitation room combining soft decor with functionality.



## NURSE PRACTITIONERS

The use of nurse practitioners who see, diagnose and treat certain patients without reference to a doctor is an exciting innovation for accident departments.

The Hull project paid for two nurse practitioners for the department. They represent another important step in the development of the hospital's accident care.

The types of injury or illness a nurse practitioner may deal with is governed by strict protocols. Every patient arriving at the hospital is assessed by a triage nurse, who refers suitable patients to a nurse practitioner.

*"As an alternative to doctors, they help speed patient flow through the department,"*

said Dr. John Gosnold.

As well as cutting down on unnecessary waits to see a doctor, nurse practitioners also introduce an element of health education and accident prevention that isn't normally taken on by doctors.

Consultant Paul Grout explained the sort of work they may do: "If someone comes in with a burn having done nothing but rub butter into it, or if a child pulled over a cup of hot tea onto himself, there's scope for education. The nurse would talk to the patient about basic first aid or home safety.

"These are the kinds of things that could reduce future attendances to the department.

"Nurse practitioners have also helped reduce the burden on junior doctors.

*There are no two ways about it – they are a real step forward."*

Both the district and regional health authorities helped fund the building of the children's area. Yorkshire Regional Health Authority have also agreed to fund a second phase of improvements which will bring the main adult waiting and treatment areas up to a similar standard.

The project team carefully researched what action was needed with a comprehensive staff survey. The department also commissioned one of the largest patient surveys undertaken in any accident and emergency department in England. The findings have significantly influenced the design of phase II.

## FUNDING

- £410,000 Department of Health
- £500,000 Yorkshire Regional Health Authority
- £200,000 Hull Health Authority



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# The Hillingdon Hospital



Heathrow Airport, terminal 4.

Hillingdon Hospital's project team faced the twin problems of rising outpatient numbers and a clerical staff turnover of 110%. Their solution went to the very root of the way the department was run.

The team – nurses, administration staff and doctors – were convinced the staffing structure of outpatients needed reform. "Low job satisfaction was built into staff roles," said chief executive Philip Brown. "If it was your job to pull out patients' case notes, you pulled the case notes day after day after day. You never saw what went on after you had done your bit, and you had no idea of the impact if you failed to get a full set of notes to the consultant. On the other hand, the consultants expected a stream of patients to turn up at their door complete with notes, and had no idea how they got there."

This isolated way of working led to deep-rooted problems:

- the work of administration staff was limited and routine;

- they had minimal contact with patients;
- nurses had too many clerical duties, which stopped them from using and developing their specialist skills;
- doctors were isolated from the organisation of their clinics;
- staff couldn't see or understand the impact of their actions on others.

The department had already begun to break away from this organisation when project funds became available and allowed them to speed up and develop their plans.

These were to create small outpatient support teams – the medical team, the obstetrics team and so on – which would be jointly responsible for running entire clinic services. The aim was to draw in all members of staff to a greater involvement with patients and the organisation of their clinics.

Reception area 6 with team leader Paulina Odongo, centre, and two of her healthcare assistants in their new uniforms. Soft lighting and photographs of local beauty spots add to the relaxed atmosphere.







The ground floor children's playroom.

"It's a bit like the Volvo car story," Philip Brown explained, "so that instead of having people who spend all day bolting on the wheels, you set up teams who build the complete car. They have a much better perspective and much better motivation. So you get a better quality product."

Project funds were used to train staff as their roles changed. In particular, administration staff and nursing auxiliaries were trained for an entirely new role in the service, that of health care assistant.

The creation of this post, which combined administrative and nursing tasks in a unique way, lay at the heart of the reorganisation.

Teams were structured with a coordinator (called a team leader), who was nurse, a couple of trained nurses and several healthcare assistants. The idea is that within a clinic each doctor is linked to a health care assistant (HCA). As well as helping to organise the clinic, the HCA helps directly with patients: for example in the diabetics clinic HCAs will book in patients, weigh them, take blood pressure and make other important checks. Dr. Rowan Hillson found their work led to a dramatic increase in the number of patients screened fully, to almost 100%.

There were other benefits too. The use of HCAs left nurses free to develop their specialist skills. Dr. Hillson described how this benefited diabetic patients: "Nurses now have the time to educate patients based on their skills, to do the complicated dressings and to advise on lifestyle. Now, some of the nurses have very specialist roles."

Nurses also have greater patient contact and freedom to take their own decisions. Paulina Odongo was a cardiac clinic nurse for ten years before the changes. "It was pretty boring – calling patients in and doing clerical work," she said. Now, as team leader of the medical team, she is using her nursing knowledge and skills.

"Instead of being stuck in a room I am out everywhere in the clinic and can see what is going on with the patients. If there is an emergency, I am there on the spot.

***"The doctors give you more recognition – they see qualities in you which they didn't know you had, like management."***

## OUT-PATIENTS CLINIC

Reception 1	Orthopaedic Clinic	1st Floor
Reception 2	Children's Clinic	1st Floor
Reception 3	Dental Clinic	
Reception 4	ENT/Eye Clinic	
Reception 5	Medical/Surgical Clinic	
Reception 6	Medical/Surgical Clinic	1st Floor
Reception 7	Medical/Surgical Clinic	1st Floor
Reception 8	Medical/Surgical Clinic	1st Floor
Admissions & Day Care		1st Floor



### HEALTHCARE ASSISTANTS

The job of healthcare assistant (HCA) underpins the new teams which now run Hillingdon Hospital outpatients department. Receptionists and auxiliaries were specially trained to combine nursing tasks with clerical duties.

Dr. Rowan Hillson's diabetes clinic was a pilot for the scheme. She describes how it led to greater job satisfaction for staff and improved the service: "Sue Farren, who was a clerk and now works in the teenage diabetic clinic, is a good example. She began to ask questions, she weighed the patients and learned how to look at diabetics' feet for signs of infection. The first time she took a patient's blood pressure her hands were shaking.

"She now runs my clinic and has saved at least one young woman's foot by noticing a dangerous infection which the patient had concealed.

***"This shows her progress from clerical assistant to what is virtually life-saving work."***

Dr. Hillson now has five trained HCAs and only three nurses. Some consultants feared that fewer nurses would restrict their work with patients, but in practice doctors often gelled strongly with their HCA.

Obstetrics consultant Julie Price says her HCA Sue Miller is invaluable. "She knows just by looking at a patient's notes when I need a scan to be ready, for example, and she is kind and understanding to the patient, which is half the battle."

The department's accredited training scheme leads to National Vocational Qualifications (NVQs) for health care assistants who successfully complete training and assessment. The NVQs are being nationally developed for the care sector, including the NHS.

The greater variety and interest of the job has helped cut staff turnover at Hillingdon outpatients dramatically – from 110% among clerical staff in 1989 to around 20% after the project.



# The Hillingdon Hospital



Reception area 5 with nurses station to right. Spacious and airy waiting areas are in foreground and background.



The central nursing station.

The project team believed the old department failed to use the skills of its personnel. They found that the very process of giving staff greater variety and responsibility helped deliver a better medical service to patients. Dr. Hillson said: "Now the teams are responsible for the flow of everything in their clinics, they are much better run and staff take a greater interest in patients."

The organisational changes were supported by striking improvements to the environment. The design of the hospital meant that corridors were the main waiting areas for outpatients, with reception divided over two floors. Major structural work and refurbishment has now been carried out, so that each outpatients team has its own attractive reception and waiting area.

The building work affected ten clinics so the schedule had to be carefully phased to minimise disruption. The entire department was re-located to other parts of the hospital in one weekend, and clinics were moved back in stages as individual clinic areas were completed.



Before the changes, one of the waiting areas.



Patients are now told on their admission letter which clinic reception to report to. Instead of narrow corridors, they are greeted by receptionists at open desks in airy, spacious waiting areas. The walls, carpets and comfortable seating have been cleverly coordinated in colour and texture. Soft lighting adds to the relaxed atmosphere which has been created, while framed photographs of local beauty spots offer patients a local link in each waiting area.

Our regular patient said: "It's lovely – it feels just as if we belong." Another patient added:

***"It's really comfy. It's not like being in a hospital at all."***

Outpatient development manager Wanda Shafer said patients have been delighted with the improvements:

One of the smaller waiting areas off the main corridor.



"The other week a doctor came to tell me that for his entire clinic patients had nothing but good things to say?"

The project also created a central nursing station which provides a focal point for the nursing service as well as an information point for patients, and a large, bright children's playroom on the ground floor.

***"The outpatients department has a different profile now," said Wanda. "Instead of just a long queue, it's a real service."***

The improvements were reflected in a patient satisfaction survey carried out in Dr. Hillson's clinic. It showed a very positive response by patients to information, privacy, comfort and how they felt they were treated by staff.

Philip Brown said:

***"We've got a new culture in outpatients. It's definitely focused on the patient."***

It has a much greater emphasis on good quality and a determination to deliver it."

#### FUNDING

- £200,000 Department of Health
- £30,000 Hospital Trust

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# Peterborough District Hospital



Peterborough Cathedral.

The project team at Peterborough aimed to combat the limitations on the service imposed by an out-of-date building. The redesigned department was more comfortable and attractive for patients and allowed better communication between staff and patients.

The chief problem was that the accident and emergency department, which dated from the 1960s, was arranged in boxed-in rooms that were cut off from another. This made staff communication difficult and led to feelings of isolation for patients.

Consultant Dr. Robin Glover had a clear idea of what he wanted to achieve. He said:

*"I had wanted to do something about it for years.*

I knew the department would work much better if important areas like reception, patients' waiting rooms and the nurses' station were linked up physically. Then receptionists, patients and staff could easily communicate with each other and see what was going on.



The drab and cluttered reception area before refurbishment.

"That would improve patient flow through the department and create a more comfortable environment for patients and staff." Before the improvements patients arrived at a reception hatch in the wall, with an unkempt notice board beside it. They were then sent next door to a gloomy corridor where a triage nurse assessed them in full view of others. Planning and administration manager Sue Friend said:

*"The department was built before the concept of triage, so it wasn't designed to give privacy to patients while the triage nurse was seeing them.*

That was the sort of problem we had to overcome."

Patients encountered similar conditions throughout their passage through A&E. Once they had been assessed, patients would go to the main waiting area which was the other side of reception. It was a drab and dingy room with rows of hard bucket seats.

This design meant the receptionist was blocked off from both the triage and waiting areas, while the nurses' station was a long way down a corridor. Doctors and nurses worked either in the treatment cubicles or, for serious cases, in the main resuscitation room, both of which were out of view of reception.

Sue described some of the problems this arrangement caused: "Patients used to wait in this little box, then in another, all cut off from each other. If, say, five road traffic accident patients came in, the receptionist would have no idea they had arrived. So she couldn't inform relatives who rang in, and she couldn't let patients waiting know what was causing the delays."

Nurse manager Mike Lilliman added: "The old department was very off-putting to a lot of patients. And the waiting room was awful, with paint and plaster falling off the walls."

Dr. Glover sketched out his plans for improvements, and found the expertise in the local health estates office to develop the plans.

The new reception area with the specially designed desk.







Behind reception: the nurses' station overlooking the resuscitation room and treatment cubicles.



The nurses' station before the changes.



Architect Bill Nicholas, the district director of estates, interpreted these plans and his staff drew them up. A&E staff, who already held bi-monthly meetings to discuss improvements to the service, were involved in the plans from the start.

The builder from the district estates office, John Seaman, suggested moving the entire accident and emergency department to a vacant outpatients clinic in the hospital while major building work was carried out over five and a half months.

*"The staff were wonderful in maintaining the standard of care,"*

said Dr. Glover. "Because they were enthusiastic for the changes."

The redesigned accident department now has a reception office which acts as a focal point and link between staff and patients. The open reception desk overlooks the main waiting areas, so the receptionist has a good view of patients and they can see there is someone checking they are all right.

On the other side, the reception office is back to back with a new central nurses' station, where doctors also write up notes and study X-rays. This means nursing and medical staff can also see through reception to where patients arrive and wait and can monitor patients' conditions.



# Peterborough District Hospital



The new reception area with the glass pendant lighting, new seats, artwork and childrens' play area to the right.

Nurse Manager  
Mike Lilliman with  
one of the lino-cut  
artworks.



The nurses' station leads directly on to the treatment cubicles and resuscitation room, so reception can keep in touch with ambulance cases as well as patients who arrive on foot. Finally, the reception is linked by a hatch to a new triage room where patients are seen in privacy.

Receptionist Jo Dobbs, who has worked in the department for 18 years, said:

***"It's more cheerful for the patients and I have better contact with them and with staff."***

Enrolled nurse Claire Reilly added: "We always had a good relationship with reception, but we used to be shouting across corridors. Now it's easy to talk and keep in touch."

The old reception area.



One of the most striking decorative improvements has been to the reception and waiting area. The entrance doors have decorated with beautiful etched and laminated stained glass, and lead to a spacious, well-lit waiting room.





The wooden engine cab in the children's play room.

The waiting area has been attractively decorated in soft pink, with glass pendant lights suspended from the ceiling. But the lights weren't chosen only for their attractive design. Dr. Glover said: "They are pretty to look at, but they also give out excellent light and are good to work in."

For young children, a tempting-looking playspace was built off the waiting area. This features artwork specially designed to keep children amused and happy. The waiting room has also been dramatically improved for adult comfort with new seating and a television set recessed in the wall. Patients with minor injuries who wait longer than others are kept informed of waiting times by a dot-matrix display.

Nurse Reilly said:

*"Patients love the waiting room and they are always commenting on it, especially the telly in the evening, when there are fewer staff and they may have to wait longer."*

One father with two young children said: "It's so much better than it was before. It's much more comfortable and children are well catered for."

The team took advantage of the rebuilding to get as many benefits as possible for patients. Sue explained: "We were able to re-plan the way we used the space and rooms so there were more facilities for patients."

There are now two new treatment rooms which offer total privacy, as well as the curtained treatment cubicles, and a redecorated relatives's room. Baby changing facilities have been built into the relatives's room and there is a new lavatory for the disabled.

Nurse manager Mike Lilliman said: "Dr. Glover and I started from the premise that patients wanted the best medical and nursing treatment and they wanted to be welcomed. I think we have achieved all we set out to achieve."

#### FUNDING

- £145,000 Department of Health
- £30,000 Friends of Peterborough Hospital
- £4,000 Eastern Arts Association
- £2,000 National Association for the Welfare of Children in Hospital.

The etched and laminated stained glass display in the entrance doorway.

#### ART IN HOSPITAL

The choice of art which the Peterborough project team made shows how varied and imaginative its uses can be in a hospital department. The team set aside £4,000, matched by the Eastern Arts Association, to spend on four pieces.

The work they commissioned from a number of local artists:

- enhances the environment;
- provides a talking point with strong local interest; and
- engages children's interest.

The team commissioned a panel of coloured glass set into the entrance doors. It depicts aspects of Peterborough familiar to local people, in a striking and unusual way. The glass was etched and laminated to create an impression of depth. As day light filters through the glass it casts pools of coloured light on the walls; a changing effect throughout the day.

The local theme is continued in two large lino-cut prints hanging on the walls of a previously dreary sub-waiting area. Planning Manager Sue Friend said: "We wanted something that would mean something to patients and visitors. This has got everything – the cathedral, the bikes, the funny-shaped fountains in the shopping centre. You can go on looking and looking."

Two works of art were commissioned for the children's play room. On the back wall a large, bright, panelled picture of trains entices children in to the play area. Inside, a wooden engine 'cab' has been built with knobs, dials and levers for children to 'play trains'. Sue says the art has already had a powerful effect. "Even as the artists were fitting the glass at the entrance doors people were stopping to look – it was sparking interest and conversation."

*I can't be enthusiastic enough about it."*

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# Kent and Canterbury Hospital



Canterbury Cathedral.

"It was like a cattle market down there. Patients were being seen by the doctors six at a time in this big room. They were told to come in an hour before clinics even started.

***The service was run around the needs of staff, not the patient."***

Carrol Moore, senior nurse in the trauma unit, explains her frustration with the way the fracture, orthopaedic and rheumatology clinics were run at Kent and Canterbury Hospital.

Carrol headed the project team which reorganised the clinics so they revolved around the needs of patients. New organisation was closely linked to physical improvements to the department so that together they gave patients privacy, comfort and an efficient service.

The obstacles to a good quality service started right at the entrance door. The nature of the clinics meant many patients arrived on crutches, in wheelchairs or with other disabling injuries. Yet the entrance gave no consideration to this. A heavy swing door which patients had to lean on, or push hard to open, led to a well caused by a ramp which had sunk in use.

Wheelchair users came up against further problems once inside. The toilet for disabled users in the ladies was, bizarrely, blocked to wheelchairs by a protruding internal wall. And there was no emergency alarm for patients to summon help with if they got into difficulties.

With project funds, the team at last had a chance to redesign the building to cater for the needs of patients. They started by rebuilding the entrance so that an easy-rising pavement leads to automatic doors. Clear, simple signs and an attractive garden and wrought-iron bench make the approach to the department cared-for and welcoming. And to help keep it that way, an electronic voice politely asks smokers entering the building to stub out their cigarettes.

The protruding internal wall in the ladies' was removed, and new trellises in front of the entrances to the lavatories offered some privacy from the main waiting area. Here, the atmosphere was made far more relaxed with curtains, carpets and soft lighting. The old rows of seats were replaced with new circular tables ringed by chairs, so that patients could sit, relax and have a drink from the League of Friends shop next door.

The team tackled the untidy fracture clinic reception which backed directly onto accident reception and which gave a poor first impression of the department. "It was a glory hole – there were notes and boxes everywhere," said Carrol. "We put in a new desk, set back in a recess, and a lot of pigeon-holes to tidy it up. It actually looks very professional now."

But the problem which sparked the greatest number of complaints from patients was the lack of privacy and confidentiality in the treatment area. "There was one big clinic room used by two doctors and up to six patients at once," said Carrol.

The new entrance to the fracture clinic.





# X-RAY



The reception area with curtains, carpets and comfortable seating. The trellises in front of the entrances to the lavatories provide privacy.



The new reception desk with "Patient Information" cube at top right.



The old reception area with rows of chairs and harsh strip lighting.

"A patient might have had problems stemming from their injury which they would have liked to discuss in privacy – but you could overhear everything that was being said. And if you were standing at the reception desk, you could see right through to the treatment area. I just wanted to take a pneumatic drill to it."

Consultant orthopaedic surgeon Martin Conybeare added that while the fracture clinic service was good overall, he did have reservations about the lack of privacy: "I was uneasy about the discussions doctors were having with patients in front of others."

***Fracture clinics have been notorious for this because people think it's only broken bones you're dealing with, whereas in fact it could be very embarrassing at times.***

The reception desk before the changes.





# Kent and Canterbury Hospital



Sister Pamela Gelman receiving a patient into the sub-waiting area.

The project team improved privacy by converting the area doctors were using to see patients into two sub-waiting areas, each with three separate consulting rooms off it. Instead of curtains, the rooms had doors with glass vision panels built in so patients would not feel boxed in. The plan was for a consultant to work to three rooms, and a registrar to work to the other three.

The new design led to several important benefits. It gave patients total privacy without compromising clinical efficiency. It also allowed one of the six consulting rooms to be dedicated to children, who had previously been mixed in with adults.

June Panayides, who was a sister in the clinic 20 years ago and returned as a consultant to the project, emphasised another benefit of the new arrangement. "When I came back to the department I sat with the patients as they waited and went through to the doctor. I noticed that it was patients who had to move around a lot – from the waiting room to the



One of the two sub-waiting areas with the consulting rooms to the right.

consulting area and then into a cubicle. The new system means they are shown to a cubicle and the doctor comes to them."

Some of the department's doctors feared the new arrangement could limit their teaching opportunities because it was more closed off. But the project team persuaded them patient privacy was a greater priority and that it would still be easy to call in other doctors to see a patient who presented an interesting case.

***"We all get on very well. That is a huge asset in organising something like this,"***

said Mr. Conybeare.

In parallel with the building redesign, the project team reorganised the clinic's appointment system to one which put the patient first.

***"I realised we were getting patients in at 9am, yet the clinic didn't start till 10am. That was so the consultant wouldn't be kept waiting!"***



Carrol Moore, Senior nurse, trauma unit.



"Also, some patients needed to have an X-ray before the doctor saw them but no prior appointment had been made with radiology. They just took their turn with all the others waiting for X-rays from other parts of the hospital. So you could wait an hour to get an X-ray and then wait another hour to see the doctor."

A third problem with the appointments system was that patients had no notice of who they would see when they arrived for their appointment. This was because doctors waited until the day of the clinic to decide which patients would be seen by the consultant and which by the registrar.

The project team took the following steps to reduce waiting times:

1. The first patients are booked in for the actual clinic start time, not half an hour or an hour before.
2. Instead of having one big sheet with all the patients on it, the clinic is split between the consultant and the registrar. This means patients know in advance who they are going to see. It also leads to greater efficiency since patients can be given appointments with the relevant doctor in mini blocks of 15 minutes.
3. The clinics were linked up with the X-ray department. The team asked them to set aside an hour between 10 and 11am for fracture clinic patients. So anyone who needs an X-ray is given a clinic appointment during this hour, when they can be seen without having to queue with other hospital patients.

Carrol describes the benefits of the new system: "Before, patients could be waiting three hours. Now we could tell them within half an hour when they would be seen.

***This is planned care.***

The final problem the team tackled was clinic finishing times. Clinics were regularly over-booked and over-ran, which led to afternoon sessions being pushed back and further delays for patients. The team and the department's consultants looked critically at the need for return appointments, and found many were unnecessary.

"There were numerous examples," said Carrol. "If a patient didn't live in Canterbury, could we send them back to their local hospital for their next appointment? People who didn't bother to turn up – instead of sending out another appointment, we wrote to their GP and said your patient didn't attend. All this led to a more streamlined clinic." Mr. Conybeare added that while the project team had made significant headway with the appointments system, it was important to remember that the unpredictability of fracture work meant no appointments system could be perfect. He said: "We have made improvements, but we are still keeping an eye on things to see what else can be done for the benefit of patients."

**FUNDING**

- £70,000 Department of Health
- £7,000 Hospital Estates Fund.



The central room for consultants and registrars before the changes.



After the refurbishment, in the central room showing the individual consulting cubicles on left and right.

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# Royal Preston Hospital



The Harris Museum and Art Gallery, Preston.

Four guiding principles inspired Preston's project team in the improvements they made to their accident and emergency service.

They believed patients wanted:

- a short and comfortable wait;
- to be kept informed;
- the best medical and nursing care;
- to get home and back to normal as soon as possible.

With these four aims constantly in mind they planned a wide range of improvements.

Preston was the first accident department in the UK to provide a triage 'phone-line' for the local community. Project funds bolstered and improved the scheme, which is described in the highlight.

Nurse manager Ethel Buckles emphasised two major benefits of getting patients to telephone the triage nurse:

*"It means our patients get immediate professional help and it ensures they are not kept waiting around in the department unnecessarily."*

The project team knew, however, that some patients would inevitably face waits in the department; they were determined these should be as comfortable as possible and set about a top-to-toe upgrading of the department.



"We started at the entrance, with new doors and signs and our own department logo, and took it right through to the accident ward," said project design manager Mark Greenwood.

Before the project patients arriving at the department formed a queue at a reception hatch in a corridor. Now they are greeted at an attractive, open reception. The spacious and carpeted waiting area provides a place where patients can sit in comfort and watch television.

## *"The small touches mattered,"*

said deputy general manager Cath Galaska. The project team's meticulous attention to detail brought benefits to all patients. The improvements included:

- specially commissioned comfortable seating;
- colour-coded seats designed for those who have difficulty getting up from chairs – 50mm higher than standard and with arm rests;
- setting the television on wall brackets to make it visible from anywhere in the waiting room
- mother and baby facilities;
- photos of old Preston researched by staff in the local newspaper's archives, enlarged and framed;
- the department's own logo, designed through a competition in the community;
- beautifully planted gardens for patients in the accident ward to look at;
- redecorated accident ward and relatives' room.

The attractive, open reception with the wide, specially constructed desk for greeting patients.





The children's magic kingdom with the magic carpet and mobiles.



Reception area before the refurbishment. Specially commissioned comfortable seating with colour-coding has replaced the old style bucket chairs.



Children, for whom a hospital visit can be a frightening experience, were given special thought and attention.

*"Children can be very anxious and worried and need special reassurance,"*

said Ethel. "We used to have a play area and treatment beds for children before the project, but neither were properly defined or separated from where adults waited and were treated."

The project improved the play facilities by building a separate room for children within the main waiting area. "Now they have their own room, instead of just a cordoned-off area that anyone could wander into, children are making much greater use of it", said Ethel.

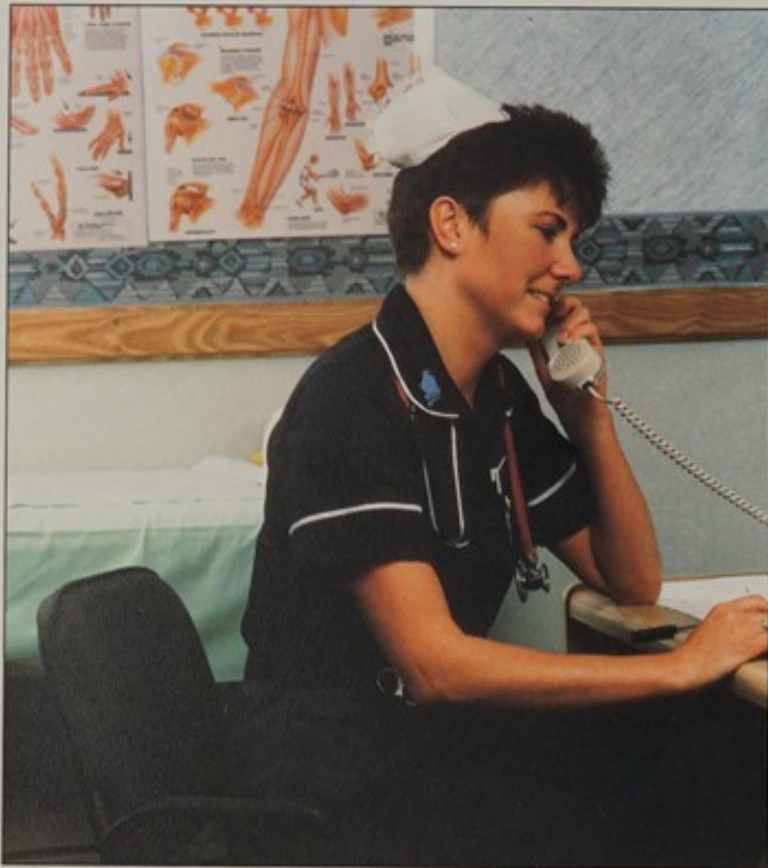
The team's solution for a children's treatment room was particularly imaginative. They had a wall built across the end partition of the treatment area to form a room and commissioned a specialist team of health care artists to transform it into a 'magic kingdom'. Children enter the kingdom through an arch in the wall and land on a magic carpet – a springy, inlaid floor panel – where they can make a secret wish.

The new room helps young patients through their hospital visit by providing an element of fun and interest during their treatment. But, just as important, it provides a segregated area in which children can be treated – to the benefit of adults and children alike.





# Royal Preston Hospital



Triage nurse Cath Taunton is able to give immediate advice to patients over the telephone.

Making sure patients were well-informed was a vital part of the project plans. On arrival patients are now handed a leaflet which sets out clearly how the department operates, which members of staff patients are likely to see, and what facilities the department offers.

"Research shows information is highly valued by patients," said Cath Galaska. "They know what to expect and what is likely to happen. We also have a noticeboard displaying waiting times,

***and if we get a major accident which is going to lead to delays we let patients know. If they know what is going on they are less likely to get anxious or agitated."***

The team was aware that it wasn't just patients who needed to be kept informed. "Relatives can get very anxious if the patient they are with has to undergo lengthy treatment," said Ethel. To help calm relatives' worries the team was granted funds to employ two healthcare assistants.

Their job is to liaise with medical and nursing staff and make sure friends or relatives are kept informed of a patient's progress. "This has been a very successful scheme," said Ethel. "It can be a very demanding job – sometimes the healthcare assistants will help bereaved relatives who may be too distressed to cope with making 'phone calls by themselves for example. It's an enormous help to our visitors."

As a final element to the project, funds went towards a new computerised patient record and information system. This system will allow staff to provide up-to-date bulletins on trends in the community, such as road traffic accidents, assaults, injuries to children and so on.

This vital information will be useful to staff, but will also be used for health education in the wider community.

## TELEPHONE TRIAGE

A system of triage by telephone, believed to be the first in the country, is easing the workload and leading to a better service for patients at Royal Preston Hospital's accident and emergency department.

Staff thought up the imaginative scheme to reduce excessive waiting times for patients (a host of other benefits also resulted – see summary). Although a triage nurse usually assessed patients within minutes of their arrival, those with minor injuries could nevertheless wait up to five or six hours for treatment.

This is how the scheme works:

A press and poster campaign in the community encourages patients and GPs referring patients to telephone the triage nurse first. The nurse gives immediate advice and decides whether patients should.

- come in straight away for treatment;
- come in later if the department is busy; or
- be referred elsewhere.

One of the children's treatment areas.







The day ward overlooking the landscaped gardens.

The system cut down waiting times for patients by allowing them to stay at home until staff were free to see them. It also helped cut the workload by about 3% by referring inappropriate attenders to their GPs or elsewhere.

An analysis of callers over one week in 1990 showed 41% were asked to come in, 15% to attend later on and 26% were referred to their GPs.

The project team were granted funds to extend and improve the service. The project provided:

- a minicom telephone for deaf people which allows them to communicate with the triage nurse;
- separate telephone lines for GPs and primary health care workers;
- funding for two additional nurses for a year to ensure the work of the triage nurse was not interrupted.

Clinical manager Ethel Buckles believes the scheme is the way forward for busy accident and emergency departments to provide a better quality service.

She said:

***"This system helps us control our workload because we know in advance who is coming in and when."***

We can manage the flow of patients and if we are busy, they can stay at home until things are quieter.

***"It has been a great success here and we have had enquiries from all over the UK and abroad."***



Deputy general manager Cath Galaska.

## TELEPHONE TRIAGE SUMMARY

### Advantages

To patient:

- a telephone call begins personal care
- more convenient, less waiting.

To GPs:

- better access to accident and emergency
- questions answered
- better response for individual patient.

To hospital:

- financial savings
- more efficient service.

To accident and emergency:

- lighter workload
- better control
- more satisfaction, less aggravation.

To community:

- more efficient patient care service
- better perception of how the public can help themselves; and
- how accident and emergency can help them.

### To make telephone triage successful

- experienced, well-informed nurses
- good face-to-face and telephone skills
- adequate medical and nursing staff so the triage nurse is not distracted.

### FUNDING

- £170,000 Department of Health.

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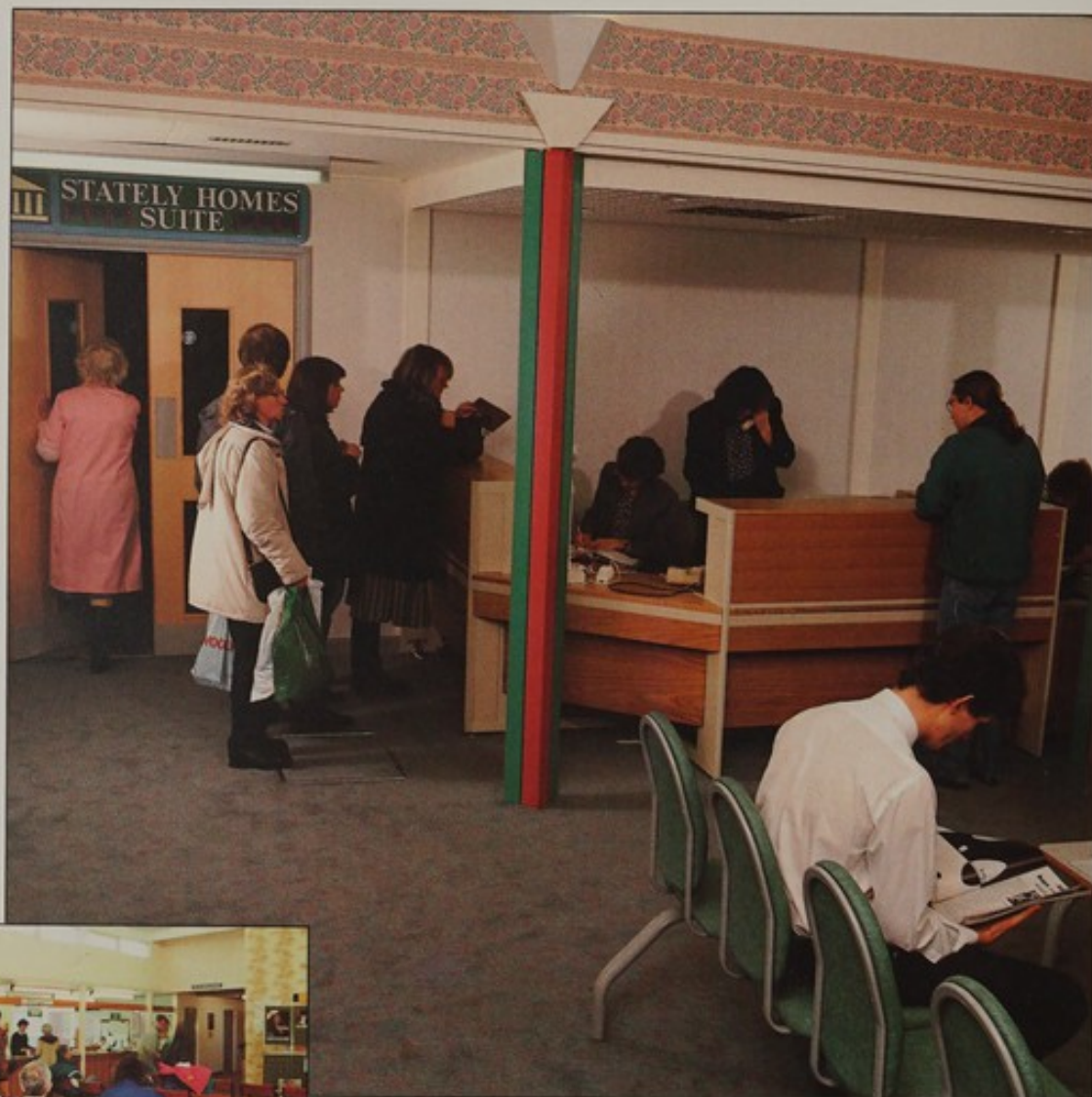


# Stepping Hill Hospital

Stockport



Stockport Viaduct.



The new reception area showing new chairs, carpeting and decor with the entrance to the Stately Homes Suite to the left.



The reception area before the innovations.

“People arriving at Stepping Hill Hospital outpatients reception may well find themselves being directed to the Historic Houses Suite. Or they may be asked to wait in the Industrial Heritage Suite, where fascinating photographs and artefacts celebrate Stockport’s past industries, hatting and the cotton mills.

This highly original idea of transforming the department’s clinical waiting areas into distinct suites is typical of the project team’s achievement: a fresh approach that is nonetheless rooted in the experience of Stockport people. “We wanted to find something that would be relevant to people from Stockport, to make them feel more at home,” said project member Frances Holmes.





The same waiting area as below left before refurbishment.



Waiting areas with crisp, new decor.

It's a huge contrast to the old waiting areas – three parallel corridors with consulting rooms off them. Business manager Linda Hulson explained:

*“We just had patients lining the walls,*

*and there was a lot of traffic up and down the corridors. The lighting was poor and the decor was very old fashioned and grim.”*

The team widened the waiting areas in the corridors and found a theme for each (the third is the Country Parks Suite) to provide a comfortable and interesting place in which to wait. Team members went out researching in libraries and museums for ideas for the suites. With the help of Arts for Health, logos, stencils and pictures were used to give each area its distinct character.

Themes were carefully matched with clinics so they would be appropriate for patients. The eye clinic, for example, is in the Industrial Heritage Suite. “This clinic has a lot of elderly patients who can remember the old mills or hatting,” explained Linda. Similarly, the paediatric clinic is in the Country Parks Suite. The team commissioned a large applique mural of baby animals for the clinic's children's area, which provided something interesting for parents to talk to their children about.

Children now have an improved play area within the Country Parks suite. It is more spacious than the old one and the team have stocked it with toys, such as a Lego tray which folds down from the wall, that

provide interest without causing a hazard in the corridor.

The redesign of the clinical waiting areas is part of a package which has dramatically improved the service and revived the fabric of a building that had outlived its use. The change to reception is one of the most striking improvements.

Under the old system the reception desk was divided into sections for named consultants, and patients' medical records were kept there. This often led to unequal queues. “You could have two patients waiting at one section and twenty at another,” said Linda. Further delays were caused because the receptionists were also responsible for finding missing notes and answering the telephone for ambulance bookings.

Nurse manager Delia Oldham described the impression this made on patients arriving at the department: “We had five receptionists, but they kept leaving to look for notes. So we had a long queue almost out the door, maybe just one person manning the desk and the 'phone ringing and ringing. You can imagine what that looked like.”

The team completely reorganised the reception system:

- receptionists are dedicated solely to receiving patients;
- someone has been put in charge of answering the ambulance 'phone, which has been relocated away from the desk;
- medical notes are held with nurses in a mini-reception at each of the clinics.

*“There is a much smoother flow of patients through to the consulting areas now,”*

said Linda. “And because the notes aren't held at the desk it is uncluttered. It's a very simple procedure.”

Nurses entering the main reception area from the Country Parks Suite. Mother duck at bottom left is a theme that leads children through to their play area.





# Stepping Hill Hospital



The main reception area and WRVS shop.

of a hexagon, is spacious for staff working there and offers a welcoming impression to patients.

One patient commented:

*"It's a bright pleasant place to visit.  
It helps you feel at ease."*

Another visitor said:

*"The colour scheme is lovely – it's restful  
and cheery."*

The project team weren't content to review only isolated aspects of the service. "We wanted to know how outpatients fitted into patients' lives – how they got here, which parts of the service they used, what happened when they left," said Frances. "We did it with bits of flip-chart paper blue-tacked all over the walls, because there were so many different ways



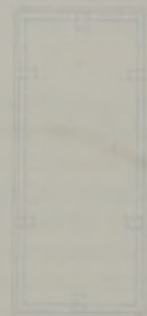
The old main entrance.

The reception area has also been redesigned and redecorated. The decor is homely, bright and cheerful and the reception desk is immediately visible from the two entrances to the department. A delegation of project team members, nurses and receptionists specially chose the purpose-built desk. The shape, half

The new entrance with the welcome signs in different languages.



The second new entrance to the department.



VERTICAL LOU  
SCALE 1:20





Nurse auxillary Joan Wright answers patients' questions in the information station.



Estates manager Michael Vernon and nurse manager Delia Oldham with the ceramic mural at Stepping Hill.

### PATIENT INFORMATION CENTRE

Staff at Stepping Hill have found a new way of tackling a problem common to outpatients' consultations: the difficulty patients often have in absorbing what the doctor has told them. The department now has a permanently staffed information centre prominently sited in reception. Here patients can talk in privacy about any queries, problems or worries they have.

"It's often not until a patient leaves the consultant that they realise they haven't understood what was said or they forgot to ask something important," said project member Frances Holmes. "Before, they would leave dissatisfied, but our information centre will now catch them and offer help before they go."

The team chose nursing auxiliary Joan Wright to staff the post because of her qualities as a sympathetic listener and a good communicator.

"It's important to have someone who is well-informed and who can judge what level of information individuals need," said nurse manager Delia Oldham.

As well as dealing with patients' queries, Joan directs people to any statutory or voluntary services they may need. "They may need to know about a stoma. They may need a health visitor, or it could be the bus fare home," said Delia.

The information centre also operates on another level – as a display point for health education material. A management team formed to run the information centre plans to produce leaflets on a variety of health topics. These will be used both as specific information for patients who need it and for changing displays on health themes such as nutrition or immunisation.

people could come here and so many things could happen to them. Once we'd done that, we could come up with solutions to the problems patients were facing."

This meticulous planning and attention to patients' needs was applied to every point of contact patients had with the service.

- The information sent to patients' homes with the appointments card was rewritten after 100 face-to-face interviews asking what patients wanted to know. Inserts containing specific information are added to the new leaflet when relevant.
- The entrances and approach to the department were improved on the basis of results from a transport survey. This was carried out by local schoolchildren. There are now two entrances, one for patients on foot and one for cars. Disabled parking, a bright red covered walkway and wheelchairs have been provided.
- The team plotted out the ways patients could arrive at the hospital and the different paths they could take around the hospital. The local council has agreed to erect new signs from the main A6 road, and a group of staff are planning to improve signs within the hospital.
- A striking ceramic mural was commissioned for the foyer of the department. The artist who created it involved patients and staff by getting them to model figures depicting the people and life of Stockport.
- Customer care training is being carried out for all staff in outpatients, including records staff, nurses and paramedics.

If proof were needed of the project team's enthusiasm, it lies in the landscaping of the courtyards and gardens surrounding the department to provide a more cheerful outlook for patients. Team members came in themselves on Saturday mornings to do the work and badgered staff for donations. Nurse auxiliary Joan Wright said:

*"We've just got to sell our enthusiasm to others."*

### FUNDING

- £240,000 Department of Health
- £112,000 Regional Health Authority
- £80,000 Stockport Health Authority

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# Southend General Hospital



Southend Pier.



The new reception area showing the carpets, slatted blinds and wide, open reception desk. A contrast with the old reception area, below.

"I'm hospital born and bred and I think we just get used to the idea that hospitals look horrible. I decided they didn't need to."

Janet Porter, consultant in charge of Southend Hospital's accident and emergency department, describes how staff can become immune to a harsh and clinical hospital environment. When funds became available, she and other members of the project team seized the chance to improve their department.

They aimed to get maximum benefit for patients and staff from the project by concentrating on three areas:

- a welcoming, comfortable reception and waiting area;
- better heating and ventilation; and
- an innovative post-treatment information scheme for patients.

The outstanding problem was replacing a ramshackle heating and ventilation system which left patients waiting in a cold, draughty area yet the treatment room was unbearably hot and stuffy. "Replacing the old system was a boon", said Janet. "Staff now work in cool, bright treatment cubicles, and patients don't sit and shiver."



Southend  
Health  
Authority



The project team also focused on patients' first contact with the service – the reception and waiting area. An interior designer advised them on improvements. He suggested a radical change from conventional hospital furnishing by using carpets, slatted blinds and light, warm colours. But with an average of 400 people a day moving through the department, this was a risk. Stephen Walsh, unit general manager, believes it was a risk worth taking.

He said: "In the past we have always erred on the side of practicality and durability instead of appearance and comfort.

***But this scheme was an opportunity to give new ideas a try."***

Now the draughty doors, vinyl floor, harsh lighting and hard bucket seats have gone. Patients arrive through self-opening doors at a spacious, warm, carpeted area with comfortable, squashy seats. They immediately see the wide, open reception desk where they can sit while they are booked in.

The transformation is so complete that on the first day of operation one man walked in, walked out, looked at the sign just to check it said 'accident and emergency'; and walked back in again.

Stephen believed that a key element of the changes was the design of the reception desk. He wanted to replace the forbidding perspex windows with a low, open desk that would be more accessible to visitors. But the risk of violence against staff in an accident and emergency department meant this was a controversial idea.

The reception team were very nervous about the removal of what they saw as a safety barrier. In an effort to reassure them, Stephen invited in the chief receptionist from nearby Rochford Hospital, which had successfully operated an open desk.

The receptionists were also trained by clinical nurse specialist Kate Burgess to diffuse potential trouble. Staff were shown how certain situations in an accident and emergency department might provoke violence, such as anxiety, prolonged delays, alcohol, pain or lack of information. They were also trained in how a welcoming and sympathetic manner, good communication skills and the right body language which avoided threatening gestures, could calm a difficult or aggressive person.



The open reception desk with the triage entrance to the left.

The training gave receptionists confidence to deal with potentially threatening situations and also helped equip them with skills to maintain a welcoming atmosphere in reception.

So far it has been a great success. Chief receptionist Jane Allard said:

***"We were very worried about removing the screen but, if anything, people are behaving better because we are more approachable?"***

"I think the improved waiting area helps reduce tension", Stephen added.

***"Patients have said it is a friendlier place***

and the open desk eliminates barriers between staff and patients. It used to be terribly cut off. Now it's easier for staff to monitor patients, so that if someone is in a lot of pain or their condition deteriorates, we can offer help straight away."





# Southend General Hospital



Consultant  
Janet Porter

The improvements were especially striking to patients who had visited the department before the project. One mother with a young son said:

***"It's much more homely, less like a hospital."***

I just walked in and thought 'have I come to the right place?'"

The project team stress the value of outside professional advice to get the greatest impact from improvements. This was particularly true of the art chosen for the scheme, commissioned from local artists. This included:

- a scenic box in the playroom which children can alter and move with levers;
- seafront photography in the waiting area, designed to soothe and relax;
- an intriguing ceiling collage in the suture room replacing a harsh strip light.

***"Employing professional artists took it much further than simply putting pictures on a wall;"***

said Stephen. The photographic ceiling collage, for example, is designed so cleverly that patients won't be able to help getting engrossed in trying to work it out, which will help distract them from their treatment.

Every day now patients at Southend are taking home a tangible example of the changes that have taken place. After treatment, they are given a personalised fact sheet telling them more about their injury and how to help themselves. The post-treatment information system, which is described in more detail in the highlight, was the final element of the project.

"It's the last thing patients get before they leave," said Stephen.

***"It leaves them with a feeling that this is a department that actually cares about them – the quality and value of it helps build confidence in the service"***

Stephen says the improvements to the department have been so striking they now show up more starkly areas which haven't been seen to. But staff are determined to take these on next. He said:

***"I hope this will be the impetus and incentive to other departments and health authorities to give it a go,***

because if Southend can make it work, so can they."

Janet added: "We have achieved more than I expected. We've got a better department – it was always good, but now it's better."



Ceiling collage in the suture room.

## PERSONAL FACT SHEET

One of the most imaginative aspects of the Southend scheme is to send patients home with a personalised fact sheet about their injury and treatment.

The computer-produced sheet has the patient's name at the top and lists:

- details of their injury
- the doctor and nurse who treated them
- any drugs prescribed
- advice on how to help speed recovery.

Consultant Janet Porter had already introduced several injury fact sheets, but was convinced that more personalised information would be much more valuable to patients. She found the computer system she wanted in the USA.

The scenic box for children in their specially designed play area.





Open treatment area with cool comfortable treatment cubicles.

A nurse simply selects the relevant paragraphs from a database on different medical conditions, different drugs and so on, and feeds in the patient's personal details. A fact sheet tailor-made for the individual patient is printed out.

Staff nurse Samantha Evans described one of the benefits: "Just after an injury patients can't take in what you tell them verbally,

*so it's excellent to be able to give them something they can take home and absorb in their own time."*

The information also leads to greater efficiency: because it tells patients how to look after themselves, what sort of recovery to expect and warns of possible side effects from drugs. It also cuts down on unnecessary calls to the hospital or home visits from a GP.

## SUMMARY

### Before

- cold, draughty waiting room
- no refreshment facilities
- badly fitting entrance and ambulance doors
- cut-off reception hatch
- hot, stuffy treatment area
- cold and clinical suture room.

### After

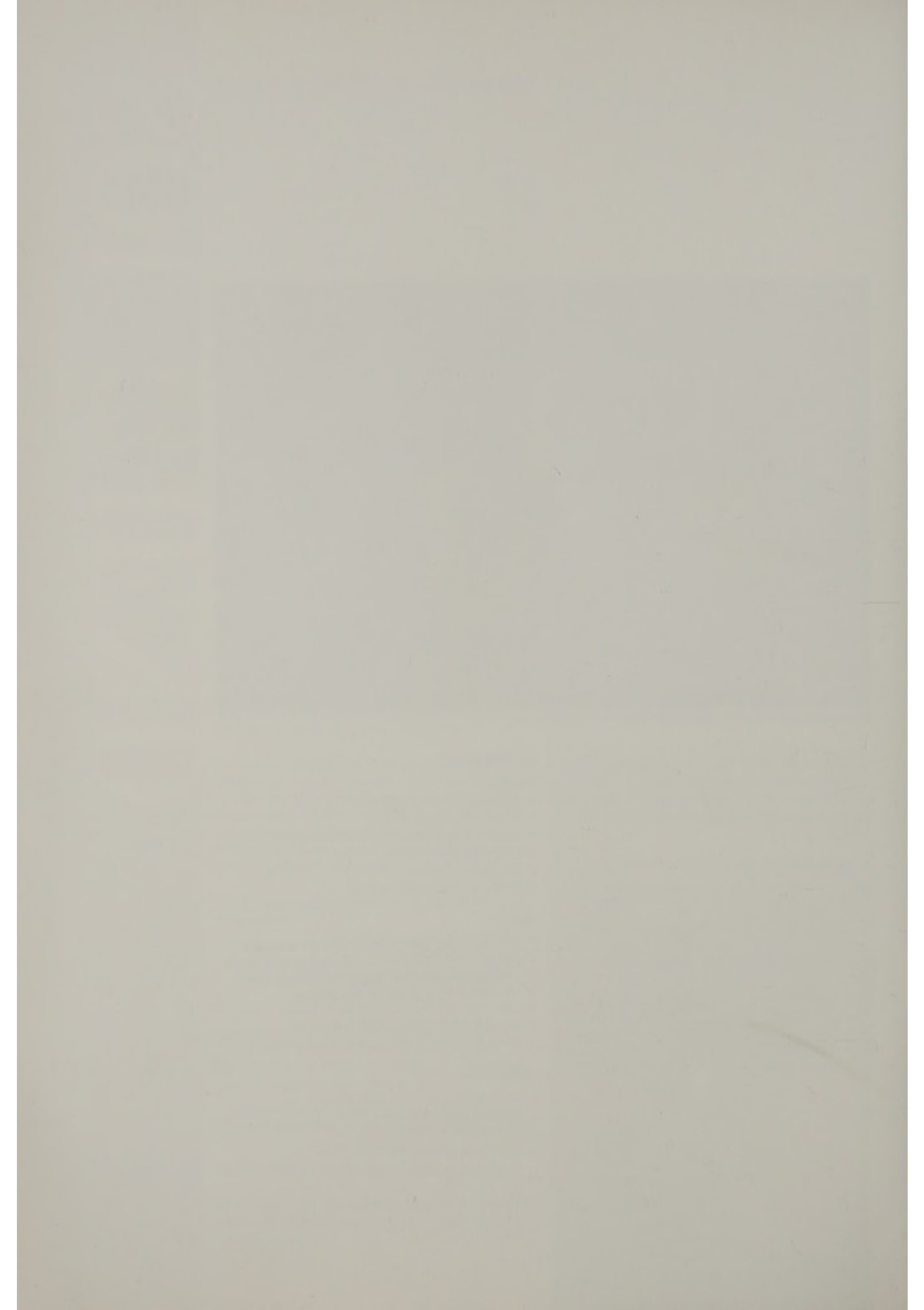
- open, welcoming reception desk
- trained reception team
- comfortable and attractive waiting area
- interactive 'scenic box' for children
- cool and comfortable treatment cubicles
- use of decor to distract from treatment
- innovative personalised patient information.

## FUNDING

- £100,000 Department of Health
- £2,000 Eastern Arts Association
- £4,000 Hospital Trust Funds
- £15,000 Southend Healthcare Trust.

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