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STRENGTHS

- Understanding users
- Communication
- Trialling solutions

PROJECT TITLE

Reducing violence and aggression in A&E, through better experience

CLIENT

NHS

DESIGN SUPPLIERS

PearsonLloyd Design Studio, London, UK and Design Council, London, UK

LAUNCH DATE

2010

USEFUL LINKS

www.abetteraande.com

Reducing violence and aggression in A&E

SUMMARY

A&E departments in England are dealing with severe strain in the delivery of services, which leads to negative experiences for both patients and staff due to tension, hostility and violence. The design team, led by PearsonLloyd, provided cost-effective design solutions that improved patient experience and reduced non-physical aggression.

INSIGHT

Hostile and aggressive acts pose potentially significant costs for the NHS in terms of staff absence, loss of productivity and additional security. A&E departments present complex, high-pressured and unpredictable environments, in which tensions and frustrations can easily arise and escalate, making A&E staff particularly vulnerable to hostile behaviour. Inhospitable environments, perceived inefficiencies, and a lack of understanding about process or operational pressures are all major triggers of hostility and aggression in A&E. Patients often feel forgotten about or that their needs are not being attended to.

APPROACH

The design team worked with the Design Council and three partner NHS Trusts to examine the typical patient journey through A&E, identifying major areas of frustration and potential triggers of violence and aggression. A set of design solutions emerged in the form of a guidance solution, clarifying the A&E process to patients, and a people solution, to aid frontline staff. To understand whether the design solutions would be successful at improving the patient experience and reducing tensions, they were piloted under controlled evaluation at two A&E departments.

OUTCOME

The design solutions have improved patients' experiences of A&E through clarification of the A&E process and improvement of the physical environment, thereby reducing frustration and hostility. This was further emphasised by reductions in complaints relating to communication and patient waiting times. Reduced non-physical aggression is experienced by both staff and patients, particularly around threatening behaviour. Additionally, the benefits of the solutions far outweighed their costs by a ratio of 3:1. In other words, for every £1 spent on implementing the design solutions, £3 was generated in benefits.