WORKPLACE DESIGN | ISSUE 82 | FEBRUARY 2014 / £4.50

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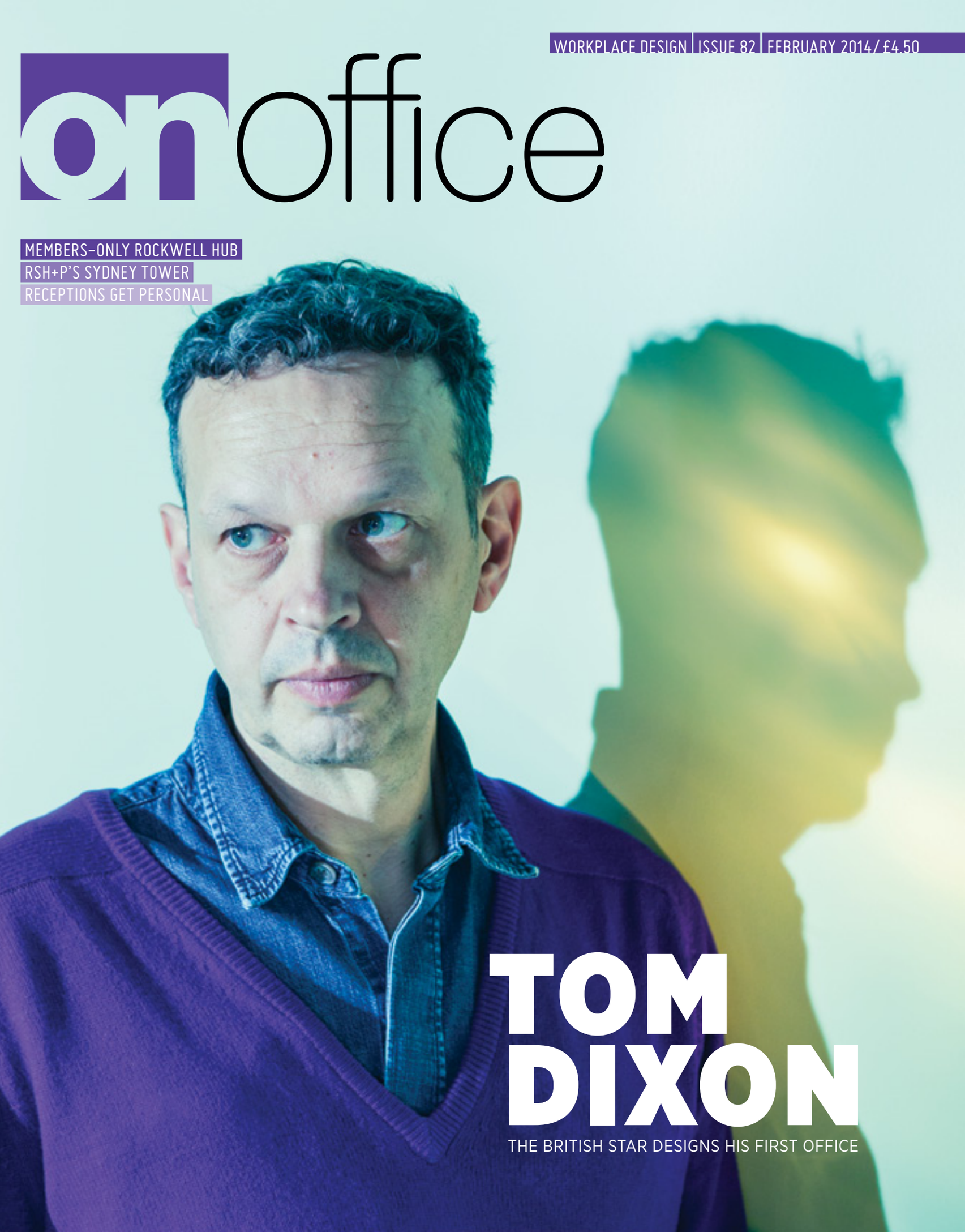
MEMBERS-ONLY ROCKWELL HUB
RSH+P'S SYDNEY TOWER
RECEPTIONS GET PERSONAL



TOM DIXON

THE BRITISH STAR DESIGNS HIS FIRST OFFICE

DESIGN IT BETTER

Q & A

In 2012, **on**office spoke to Tom Lloyd about PearsonLloyd's design implementations to reduce violence towards A&E staff. Its proposed mix of informative signage and better staff support has now been trialled with considerable success: here, Lloyd explains where it might go next

How were the three NHS Trusts involved in the trial selected? Did they have high instances of violence, or was there more to it than that?
They had relatively high instances of aggression and they were also planning redevelopment programmes within their departments. They also represented different demographic contexts: one was in a city, one was in a regional town with drunks on a Friday night, and one was… well, I am not sure about the difference between Chesterfield and Southampton. But they needed to be up for it.

You had designed products before, but this is a system. How did you change your approach?
To be honest when we pitched for this we didn't know what [it was going to be]. Previous projects we had done for the Design Council had always been much more targeted and specific, like the redesign of the commode. In the beginning it had set up separate territories – one was environment, one was product, one was service – that the Design Council asked people to pitch to. We threw that out, saying it would be disingenuous to choose one before we had done any work: we said, you'll have to trust us that we will go for it and make the right choices for you.

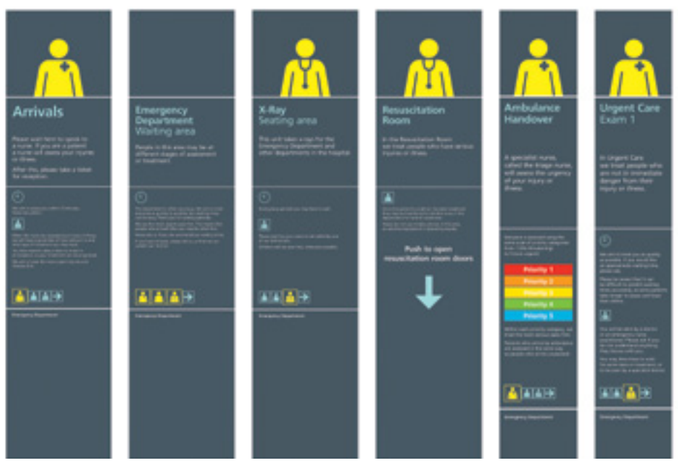
You worked alongside a consortium of interested parties – was this more of a listening exercise?
Although it was a design-led project, we needed to have a broad church. We partnered up with the Helen Hamlyn Centre for Design; we then connected to an A&E consultant in Bristol and pulled in a psychoanalyst from the Tavistock Institute in London, which helps organisations be healthy through their people.

Do any of the trial results stand out?
One thing that is striking is that aggression figures are down significantly. There is a permissive culture of being rude to people in an A&E department. Of course, they are stressful environments because everyone in there is in pain, but we thought that we needed to change the social mood. [The Tavistock Institute's] Julian Lousada was talking a lot about the collective mood. It was not just an individual we were targeting, but the atmosphere of the whole space.

How did you decide on the idea of a map that shows patients' progression?
Very simply, it came down to the idea that most the anger stems from frustration. And most of that frustration comes from either a lack of knowledge or not being told what you think you need to know. You don't know what the language means, like triage; you don't know why someone who arrived after you gets seen before you. There are very good reasons for all those things, but they are not communicated. We first drew out the process map in the office for ourselves, to understand what an A&E department did, but we realised if everyone understood the series of steps, they would feel more in control of what was happening to them.

Above Signage in every bay reassures patients by showing what to expect

Below The map aims to quell aggression by making the A&E process understandable



A BETTER A&E: THE RESULTS

Violence and aggression towards NHS staff is a costly problem. PearsonLloyd was commissioned by the Design Council and the Department of Health to look at how design could reduce the frustration that patients and their families feel in A&E. Its resulting approach – new signage to guide and reassure patients, plus a programme to better support affected staff – has now been trialled and evaluated. The results are encouraging, not least financially: for every £1 spent on the design solutions, £3 was generated in benefits. The evaluation also found that:

88% of patients said that the new signage clarified the A&E process

75% of patients said that the new signage made the wait less frustrating

Threatening body language and aggressive behaviour has been reduced by **50%**

Offensive language and swearing has reduced by **23%**

78% of patients said that the signage made them feel they could trust that the hospital staff knew what they were doing

Have you received any negative reactions to the project?
We did have one comment saying that it just means the government won't have to build a better service, which is kind of bullshit really. A&E departments were never designed for their peak usage, because you cannot have all these nurses waiting around for when it's icy and everyone breaks their ankle. By definition, there are always going to be stresses in the system.

Were you surprised at the positive response towards the guidance?
Yes. But that is not to say we didn't have a good solution. It was interesting: because we had more clinical and academic types on the team, their methodology was more evidence-based. Whereas ours is to observe, discuss and then make a judgment, all within the nice liberal arts processes that we were used to. This was a piece of speculation – if we made the process clearer, would it solve that particular problem? We thought rather that trying to solve the problem itself, if we try to make the experience better the side effect will be that people will feel less aggressive. The other thing that we were very keen on was that it was affordable, so you could retrofit it into any department in the country. We wanted almost a form of keyhole surgery where we could go in with a very specific but very bespoke, simple solution and feed it back into any situation that was already there.

How important was it in political terms?
If a hospital can say "we are spending £100,000, but we are going to save £300,000", that has a big impact. But for the Design Council, it was critical: its job is to promote the value of design to the public sector, so they need projects that can demonstrate the value of design.

'We wanted to change the collective mood; not just targeting an individual, but the atmosphere of the whole space'

What comes next?
Apart from the pilots, we have installed the system in three other hospitals: Norwich, Newham and Addenbrooke's in Cambridge. We have also launched a website, so rather than NHS Trusts coming to a design consultancy website, they can come to a much more explicit, service-driven portal if you like. Anyone who is interested comes there and gets the context and picture. In theory, it is a kind of open-source project. If someone wants to take it on with a graphic designer then we are not going to stop them. It is not a kind of IP thing in that sense.

Will it be implemented in different parts of the hospital, beyond A&E?
You could implement the principles in lots of different healthcare spaces and other spaces, and a couple of hospitals want it to go into other units. We hope they will, because of the [positive] evaluation, and we want to push it out there as an idea. And we are beginning to get contacts from new hospitals, where it can be really embedded into the fabric of the design. Also, when we originally did the project, there was a digital element – a hand-held app – and two or three hospitals are saying they would like to talk to us about that bit. We needed a client for it, because it will probably have to get some funding. But I think in a service-design context, this type of thinking and work is of interest to all of us.