

Implementing the Family Liaison Practitioner role in Critical Care at Guy's and St. Thomas' NHS Trust:

A service evaluation proving the concept of an innovative new role to improve the experience of patients, families and staff

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Introduction

- The Family Liaison Practitioner (FLP) role was introduced as part of an 18-month charity-funded pilot project to assess role feasibility
- A service evaluation provided quantitative and qualitative data demonstrating a positive impact on patients, families and staff
- The FLP role has since been made substantive, thus proving role concept

Setting

- Specialist referral centre for multiple specialities, including Cardiothoracic surgery and ECMO
- Patients from all over the country
- 8 Critical Care units across 2 sites
- FLP role supports mainly patients on the emergency pathway

Local drivers

- Family feedback
- Complaints relating to communication
- Loss of communication expertise
- Loss of staff confidence
- Challenging situations
- Impact on staff wellbeing

Background – the literature

- Effective communication between clinicians, patients and their families is central to quality Critical Care (*GPICS v2*)
- A dedicated team of trained communication facilitators can enhance communication between families and the Critical Care team
- Evidence for such roles is lacking, particularly in the UK
- ICUs should identify staff to lead in supporting family care and developing this service (*GPICS v3*)

Vision for the FLP role

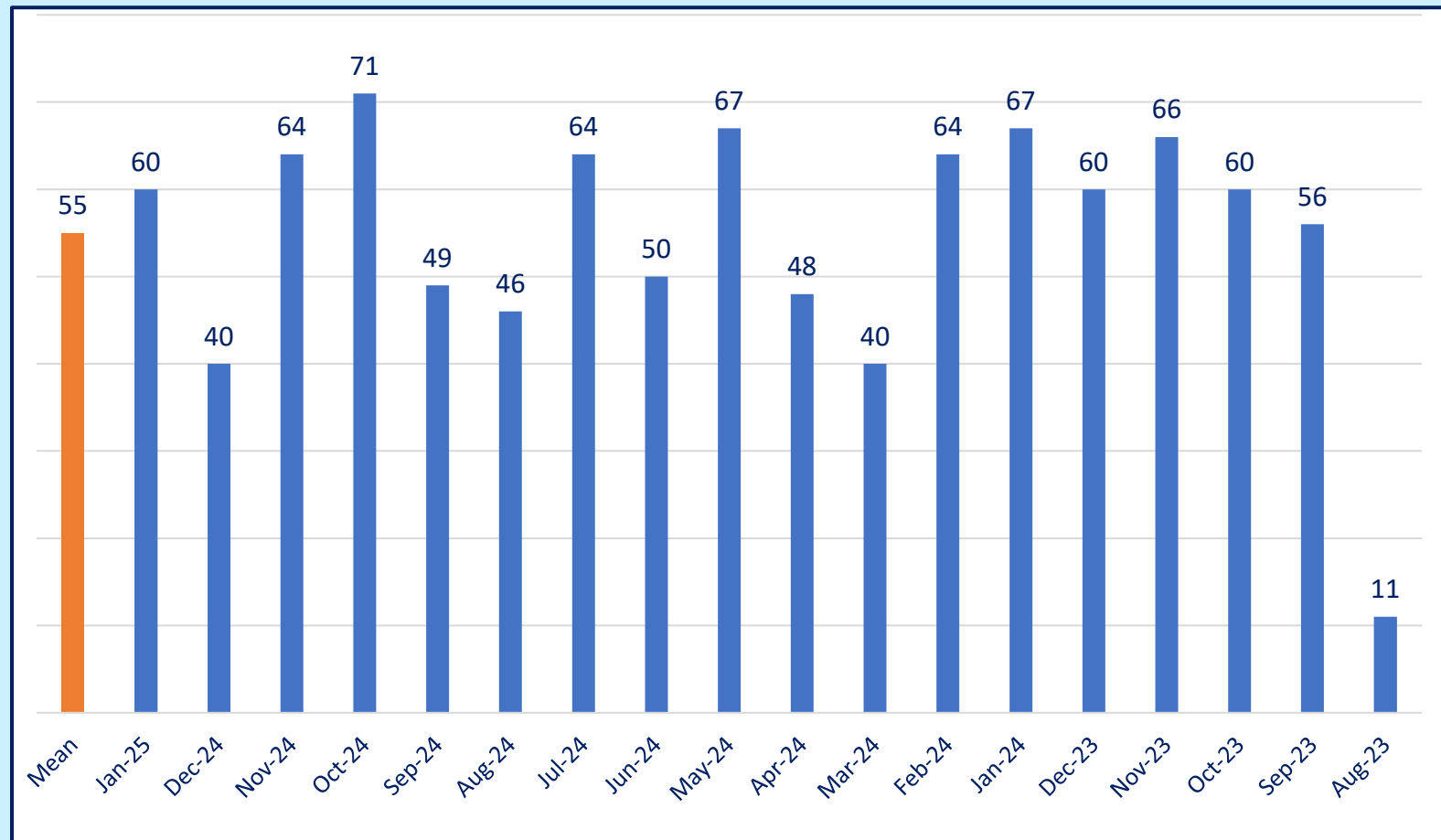
Enhance holistic patient- and family-centred care through:

- Advocating for patients, families and staff
- Facilitating continuity and consistency of communication
- Promoting shared decision-making
- Contributing to a positive culture of communication

Service evaluation - Methods

- Activity data
- Survey on family perspectives on the FLP role - Likert and free-text questions
- Survey on multidisciplinary Critical Care staff perspectives - Likert, multiple choice and free-text questions
- Email feedback
- Verbal feedback
- FLP reflections

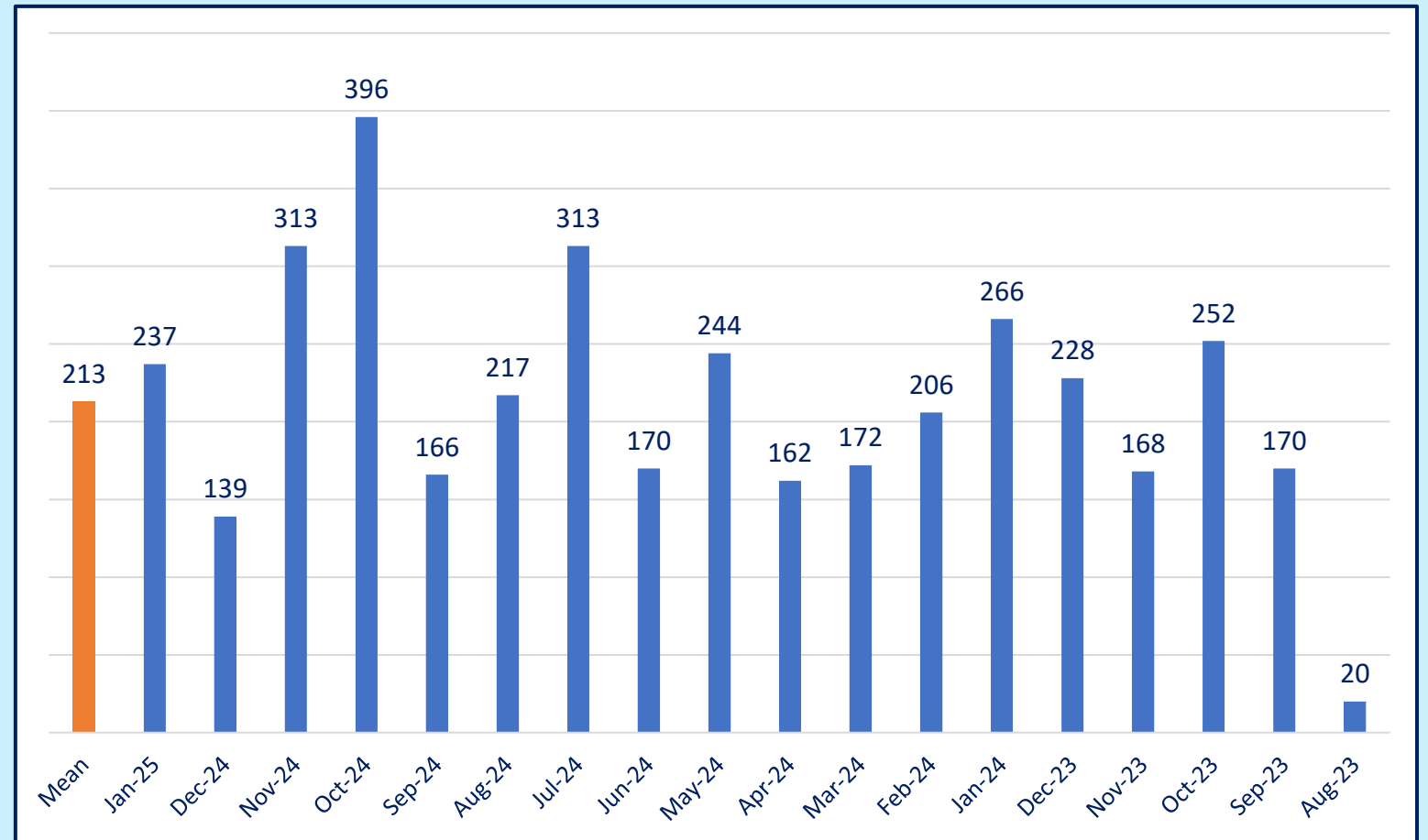
Number of families supported



We supported
644 families
between August
2023 and January
2025

Number of interactions

We had
3,840
individual
interactions
between August
2023 and January
2025



Interaction hours

35 to 91 hours per month (mean 57)

Family interactions categorised as:

- Information
- Communication
- Practical
- Emotional
- De-escalation

Interactions - details

- Check-ins – simple but valuable
- Best interests meetings
- Building relationships ensures shared understanding
- Communication strategies to ensure consistent communication
- Supporting staff with end of life care
- Supporting children
- Resource for families and staff

Wraparound hours

20 to 40 hours per month (mean 26)

Activities included:

- Accommodation
- Parking
- Letters
- Arranging MDT meetings

Likely to be an underestimate!

Family feedback

- 96% of families found FLP interactions very helpful

What was helpful?

- Support with difficult decisions and during grief or loss
- Conflict resolution and de-escalation
- Communication facilitation - bridging communication gaps, advocacy and clarification of information
- Practical assistance

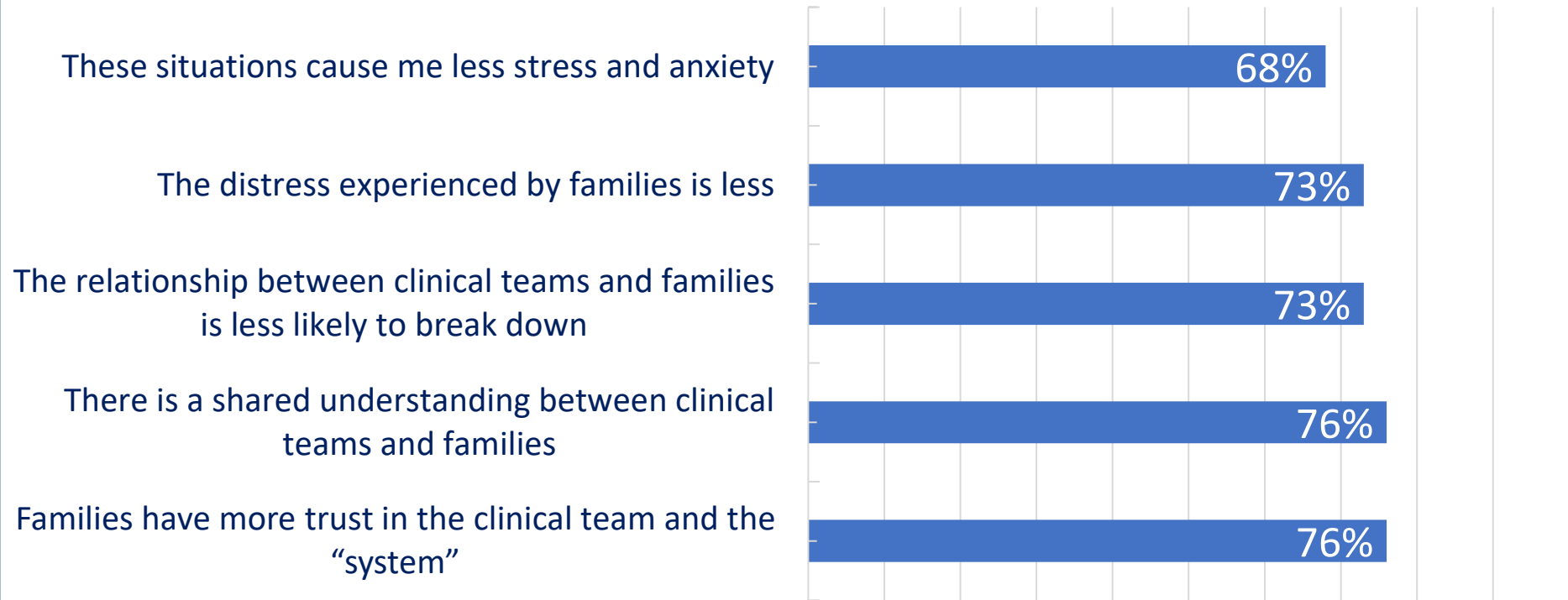
Family feedback

“Our family were truly lost until we met the Family Liaison Team. They helped us to navigate a completely new world. Our family went through such a torturous time, full of uncertainties & sadness. They were there to support us emotionally, explain medical jargon & ensure our voices were being heard. They went above & beyond to ease our suffering & without them our experience would have been so much harder. They brought a positive experience to what was only a negative situation. We will never forget them!”

Impact of the FLP role

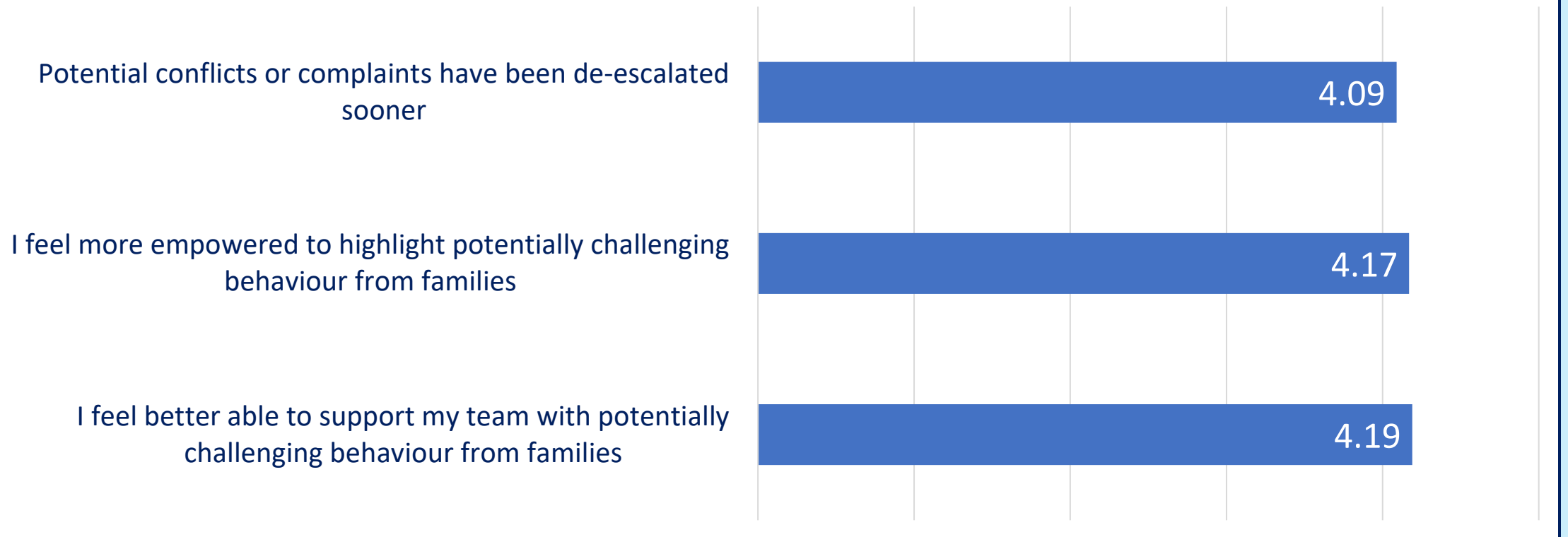
Figure 6: Since the introduction of the FLP role, what has been the impact of complex or challenging communication with families?

(Percentage of 100 participants who selected each answer; Multiple choice selection)



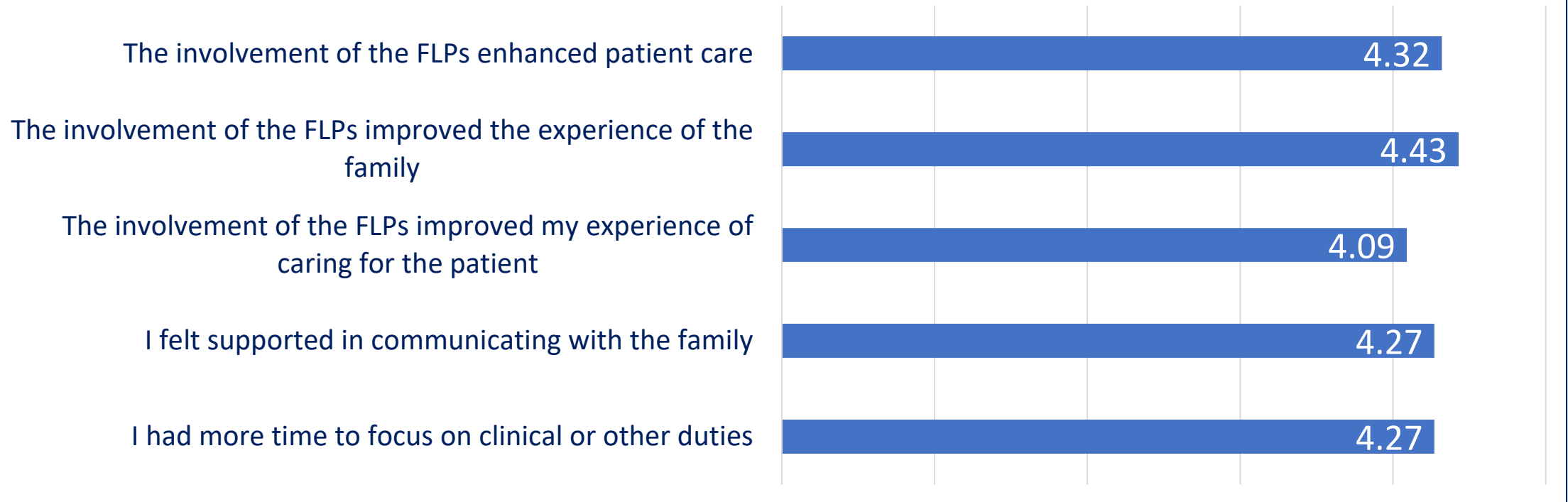
Impact of the FLP role

Since the introduction of the FLP role, how much do you agree or disagree?
(1 = strongly disagree; 5 = strongly agree)



Impact of FLP role

When the FLPs have been involved in supporting a patient or family, please indicate how much you agree or disagree with the following
(1 = strongly disagree; 5 = strongly agree)



Staff feedback

- Consistent communication
- Enhanced patient and family advocacy
- Enhanced interdisciplinary collaboration
- Support for medical and nursing staff
- Greater need for role clarity and awareness
- Perceived overlap with nursing roles
- A desire for role expansion

Staff feedback

“The FLP role has eased staff stress, and is a great consistent point of contact for family members when the nurses and medical team are changing daily.

Even when they aren't directly involved, they are a great source of advice, and a sounding board for addressing different family queries”

Other benefits

- Freeing up the time of clinical teams
- Reducing the stress experienced by clinical teams
- Reduced incidence of aggressive behaviour from families towards staff
- Increased patient and family satisfaction
- Improved staff wellbeing and improved staff retention
- Culture of positive communication

Do we save the trust money?

- Complaints - prevented/mitigated 25 complaints
- Legal cases – helped prevent 5 cases going to the court of protection
- Length of stay reduced by between 7 and 21 days each for 8 patients

Successes

- We went into the pilot seeking to evaluate the role
- We are not split between the FLP and other roles
- Being a small team allows consistency
- Band 7 role
- Knowing the units/teams and understanding Critical Care
- Extensive networking
- In-reach and visibility
- Clinical supervision in place from the outset

Lessons learned

- More time to scope need
- More time to understand staff expectations of the role
- It's difficult to say no, and demand is high
- Lack of a similar role outside Critical Care is a challenge
- Not like any other role – greatest similarity is to social workers
- Peer support is just as important as clinical supervision

Recommendations

- Greater role clarity
- Quantify unmet need
- Establish financial impact – complaints, length of stay, court of protection
- Expand services to support more patients and more Critical Care areas – not feasible without increasing the team

Wish list

- Secondment of band 6 nurses into the team – development and retention
- Focus on service development and education provision
- Social worker
- Chaplain
- Psychologist
- Administrative help

Final thoughts

“I am so proud of this role within our trust and I hope it continues and expands for the best of our patients, families, staff and our team as a whole”

Relevant reading

- Faculty of Intensive Care Medicine and Intensive Care Society (2022) *Guidelines for the provision of intensive care services*. London: Faculty of Intensive Care Medicine.
- Khandelwal, N., Benkeser, D., Coe, N. B., *et al.* (2016) Economic feasibility of staffing the intensive care unit with a communication facilitator, *Annals of the American Thoracic Society*, **13**(12), pp. 2190–2196. DOI: 10.1513/annalsats.201606-449oc.
- Naef, R., Massarotto, P. and Petry, H. (2020) Family and health professional experience with a nurse-led family support intervention in ICU: A qualitative evaluation study, *Intensive and Critical Care Nursing*, **61**. DOI: 10.1016/j.iccn.2020.102916.
- Shaikh, R. and Townly, T. (2024) A staff survey on communication within Critical Care to aid the creation of a Family Liaison Practitioner role in adult Critical Care, *Nursing in Critical Care*, **29** (S1): pp. 8-26

Thank you for listening

Any questions?

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