



PEN National Awards 2016

Re:thinking the experience

CATEGORY: FFT and Patient Insight for Improvement

FFT - Accessibility

Leicestershire Health Informatics Service	Friends and Family Test (FFT) Mobile App Solution, Including Patient Experience and Equality & Diversity!
The Ipswich Hospital NHS Trust	FAB - Frailty Assessment Base

FFT - Champion

CMFT NHS	Perfect Dining Week at Central Manchester University Hospitals
Derby Teaching Hospitals NHS Foundation Trust	Making Your Moment Matter
Nottingham University Hospitals NHS Trust	Think Drink Project

FFT - Other NHS Funded

East London NHS Foundation Trust	Collect, Review, Do.
Staffordshire & Stoke on Trent Partnership NHS Trust	Using FFT for Improvement
West Leicestershire Clinical Commissioning Group	Designing Non-urgent Patient Transport Services

FFT - Primary Care

Leicester City Clinical Commissioning Group	Engaging With Asylum Seekers and the Homeless to Commission a New Primary Care Service
Pulborough Medical Group (PMG)	Initiative to Design Educational Sessions Supporting our Non Clinical Staff (Practice Receptionist and Admin Staff) in Making Decisions

FFT - Staff

Bolton NHS FT	Integrated Staff & Patient Metrics
Northumbria Healthcare NHS Foundation Trust	Compassion Based Training - Maternity Services
Tees Esk and Wear Valleys NHS Foundation Trust	Staff FFT Initiative

FFT & Patient Insight WINNERS	
Access	
The Ipswich Hospital NHS Trust	FAB - Frailty Assessment Base
Champion & Overall Winner	
Nottingham University Hospitals NHS Trust	Think Drink Project
Other NHS Funded	
West Leicestershire Clinical Commissioning Group	Designing non-urgent patient transport services
Primary Care	
Leicester City Clinical Commissioning Group	Engaging with Asylum Seekers and the Homeless to Commission a New Primary Care Service
Staff	
Northumbria Healthcare NHS Foundation Trust	Compassion Based Training - Maternity Services



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Bolton NHS Foundation Trust

Integrated Staff & Patient Metrics

Category

FFT and Patient Insight for Improvement (Staff)

Bolton 

NHS Foundation Trust

Organisation

Bolton NHS Foundation Trust is a combined Acute & Community Trust within the Greater Manchester area. We have 5,200 staff who work across one main hospital site (Royal Bolton) and various Health Centre locations across the locality.

The Trust went into turnaround in 2012/13, but was successfully led back out of special measures by our CEO Jackie Bene. In Autumn 2015, Monitor announced we had been taken out of special measures. Trust Performance has continued to be strong; we announced a financial surplus for 2015-16 and on target for a similar outcome in 2016-17.

As part of our organisation improvements, we have re-invested in staff engagement to help enhance our patient experience even further. In the 2015 NHS Staff Survey, our Staff Engagement score had climbed to 3.89 which placed us in the top 20% of Trusts.

Summary

Our early work in 2015 to correlate staff metrics and patient metrics was recognised when we achieved Runner-Up in the Staff FFT category of the NHS FFT national awards. It was also featured as a good practice case study by NHS Employers (March 2016). We have continued this work to incorporate the use of iPads on our hospital wards to capture live patient & staff feedback. Using our Staff FFT question set, we have been able to prove that specific elements of our staff experience have a more significant influence on the patient experience. This has been a significant breakthrough in understanding the nature of the relationship between the two at local level. It has enabled us to identify the factors we need to focus more on as part of our efforts to continue to strengthen staff engagement. Working with our technology suppliers (Optimum Contact) and our Patient Experience colleagues, we loaded our full Staff FFT question set (11 items) onto the Meridian iPads in May 2016. An initial 6-month pilot allowed Ward staff to familiarise themselves with the devices and begin to record their own Staff FFT responses on a monthly basis. The early staff feedback from Meridian also helped us in our efforts to further explore the nature of the staff/patient experience correlation that was hypothesised by our initial metrics work in 2015. The initial pilot period was provided free of charge by our suppliers as a proof of concept. It would enable us to determine whether it would be worth investing in an iPad solution to develop integrated staff & patient metrics for the longer term.

Impact

We promoted use of the new Staff FFT questions on the Meridian iPads through our Divisional Nurse Directors, Matrons and Ward Managers. Initial uptake during the 6-month pilot has been light, as the ward staff are still adapting to the use of iPad technology to gather feedback. However, we have generated sufficient staff data that we have been able to use Meridian results for two wards in our correlation work for Q2.

The addition of monthly Staff FFT feedback at Ward level has enabled us to refine our initial findings from 2015. We have now concluded that two of our Staff FFT items, together or apart, have more of a significant influence on patient satisfaction and patient complaints, these are:

- Q3, I am able to make improvements happen in my area of work
- Q6, I receive recognition and appreciation from my line manager

When these Staff FFT items are more positive, the corresponding quality of the patient experience appears to be higher. Wards where one or more of these items are negative, tend to see lower patient satisfaction and more complaints. The Meridian pilot has now given us the confidence that we understand the local correlation between staff experience factors and the patient experience at Bolton. This positions us well in terms of future staff engagement support for those Wards with lower scores on Q3 and Q6.

What Makes Us Special??

This work commenced in 2015 from an inherent belief that staff engagement can make a positive difference to patients. Over a 12 month period, we have explored the nature of any correlation and now introduced technology that allows fully integrated staff & patient metrics to be realised. We are using our extended Staff FFT question set in an innovative way to gather monthly feedback at the Ward level; we are not aware of any other Trust who are deploying the Staff FFT in this way to enable real-time feedback & analysis around the staff/patient experience.

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Central Manchester University Hospitals NHS Foundation Trust

Perfect Dining Week at Central Manchester University Hospitals

Category

FFT and Patient Insight for Improvement (Champion)

Central Manchester University Hospitals 

NHS Foundation Trust

Organisation

Central Manchester University Hospitals NHS Foundation Trust is one of the largest hospital trusts in the United Kingdom, with 5 main hospitals on the main Manchester City Centre site and a further two under Trafford Hospitals. These are: Manchester Royal Infirmary, Manchester Royal Eye Hospital, Royal Manchester Children's Hospital, Saint Mary's Hospital, University Dental Hospital of Manchester and Trafford Hospitals (including Trafford General Hospital and Altrincham Hospital). With roots back to 1752, the hospital became a Foundation trust in 2009. We treat over a million patients annually & have over 13,000 staff employed across the organisation within primary, secondary, tertiary and community care services.

Summary

Patient Experience feedback provides a rich source of data to support continuous improvement of the Trust's services. Patient feedback is sought continuously by the Trust through a range of formats and findings inform improvement activity at strategic and local level. The intention of the Perfect Dining Week was to deliver a perfect personalised dining experience to all patients at every meal throughout the week and beyond. This project was the first of its kind at CCMFT to look in detail at all aspects of the food service and delivery, working in partnership with the external organisation which provides this, as well as all levels of staff in the organisation, both clinical and non-clinical. The cross-divisional working allowed colleagues to understand each areas' individual responsibilities for the delivery of food and drink services, as well as highlighting issues and concerns in a safe and receptive environment which promoted the ability to change what had been in place. Staff engagement as a result was very high, with each of the Hospital's divisions taking part, and having 'champions' to help with the momentum of the event, as well as incident reporting as the week progressed. A Trust wide review of the process and quality standards for the Breakfast service were identified, as well as a review into the ordering process for Bonne Santé and Bulk meals which were provided on the main hospital site. A re-launch of 'protected meal times' is planned as a result of patient feedback as well as changes to the portion sizes for children and young adults in the Children's Hospital. A Patient Environment of Care Steering Group has been formed and will plan a 6-12 month improvement programme.

Impact

The Perfect Dining Week generated a vast amount of both qualitative and quantitative data. In total, 5872 patient experience audits and 1175 process audits were completed. In addition over 900 postcards were distributed to patients asking the question "If you could Change-1-Thing about your dining experience what would it be?" Results provided an initial basis for quality improvement initiatives relating to the food service, such as the processes which took place on each ward, to increase patient experience levels for the next mealtime. A 'score' was provided for each individual area depending on the patient and process surveys, allowing areas to seek improvement over the course of the week, and an overall 'trust' score for each mealtime. The final 'trust' score demonstrated an improvement in the overall quality score for each meal compared to the baseline data. The trust is aware that every member of staff who is involved in the meal delivery process at the hospital would be paramount to this project and from the start it was acknowledged that all levels should be involved in the planning meetings. As a result of staff involvement, colleagues were extremely enthusiastic about the week and the teamwork and commitment displayed was palpable. Comments from staff who were involved in the Perfect Dining week were captured for example: "*The Perfect Dining Week is a perfect opportunity to give the patients a voice*" (Hospital housekeeper). The overall Quality Score achieved during the PD Week exceeded initial targets, and reached 90% or above throughout the week. Extremely positive feedback was received, with actions taken to enhance the service provided at the following mealtime.

What Makes Us Special?

This initiative was unique at Central Manchester and required high levels of planning and testing with colleagues across all levels involved to ensure that it would be successful. 62 wards and departments took part in the project, of which 7 were at one of our satellite sites (8 miles away) and 1 in a NHS Facility within a private facility in Gorton (1.5 miles away). Technology allowed communication in real time across the organisation allowing comparison and differences between different levels of service to be analysed. It can be very difficult to personalise the dining experience due to the intricately personal opinions of each patient and family member at our hospital. However, the data demonstrated that despite the size of the organisation, and the different opinions of patients, the overall experience improved on a daily basis



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demonstrating the level of understanding and commitment from all of the staff involved.

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Derby Teaching Hospitals NHS Foundation Trust

Making Your Moment Matter

Categories

FFT & Patient Insight for Improvement (Champion)

Derby Teaching Hospitals 
NHS Foundation Trust

Organisation

Derby Teaching Hospitals NHS Foundation Trust (DTHFT) provides both acute hospital and community based health services, serving a population of over 600,000 people in and around Southern Derbyshire. We run two hospitals: the Royal Derby Hospital, which incorporates the Derbyshire Children's Hospital, is a busy acute teaching hospital situated in Mickleover, Derby; London Road is the Trust's Community Hospital and is situated in the city of Derby. The Royal Derby has the only roof-top helipad in the East Midlands and its busy emergency department sees around 385 patients every day and we see around 2,500 in our outpatient departments every day. The hospital has a total of 1,200 beds. DTHFT has an annual budget of £450 million and is one of the largest employers in the region with more than 8,000 staff. Clinical excellence and compassionate care lie at the heart of the services we provide. Staff pride themselves on delivering high quality patient care, winning the Health Service Journal's first national 'Compassionate Patient Care' award. Our vision ensures that we continue - Taking Pride in Caring.

Summary

Where did it all begin? We wanted to understand the things that make the difference to our patients and we called this Making 'Your Moment' Matter. So that we can continue to promote compassionate care, we decided to develop five simple pledges for our patients and their families. The pledges are based on results of a consultation involving patients, the public, staff, Governors and Trust members (around 3,000 in total).

The consultation led us to five top things people would always expect from us, which we translated into pledges as follows:

- We will treat you as a person, not just a patient, with dignity and respect at all times.
- We will do everything we can to give you the best treatment.
- We will understand your needs by listening, empathising with you, and keeping you informed.
- We will make the place you are treated in clean, safe and caring.
- We will give you information in a way you can understand so you can make decisions about your care.

The patient experience team, led by the Associate Director of patient experience and facilities management developed a 2 year awareness/training programme that was implemented to ensure across the Trust and was embedded with all our staff and they owned this approach and strove to make the patient experience a positive one. These, now famous across the Trust, five pledges are consistently referred back to in senior and clinical presentations and are displayed across the Trust as our "5 Making Your Moment Matter Pledges" (MYMM).

To build on this 2 year campaign the patient experience team are in the early stages of delivering a training package that builds on MYMM called MYMM 'Local'(detailed in section 6). This package uses the 5 pledges but looks at the successes and challenges areas face locally and what their patient and staff data say about their ward/area. This will result in actions for staff and teams and will empower them to take control of these actions and be accountable for them.

Impact

The MYMM campaign was delivered across the Trust from April 2014, data analysis of the FFT feedback from our patients was then closely monitored over the next couple of years, in relation to the 5 MYMM pledges. This was done using the 11 themes on the back of our FFT cards that were added to the card purposefully to ensure progress against the five MYMM pledges could be realised. Supporting information was provided showing (1) graphs showing the positive impact of the MYMM campaign that immediately followed and (2) that demonstrates that the pledges have been embedded in the Trust and the success has been sustainable.

What Makes Us Special?

MYMM is special because: It is nurturing a compassionate culture within our Trust, that reiterates that the patient is at the heart of everything we do and therefore drives quality improvements within our Trust. The staff have been key to this project's success, in that we have a compassionate workforce that is committed to delivering the best care possible. The guiding principle is to treat all patients, their families, carers, visitors, employees and others who use the Trust's services as they would wish to be treated which is building on our C.A.R.E. guidelines (Compassion, Attitude, Respect and Equality). We believe in taking pride in caring. It can be adapted to various wards and departments but also can be adapted and



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delivered to different groups e.g. Trent Barton bus drivers.

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East London NHS Foundation Trust

Collect, Review, Do

Category

FFT and Patient Insight for Improvement (Other NHS Funded)

East London 
NHS Foundation Trust

Organisation

East London Foundation Trust (ELFT) provides a wide range of community and inpatient services to children, young people, adults of working age, older adults and forensic services to the City of London, the London Boroughs of Hackney, Newham, Tower Hamlets, and to Bedfordshire and Luton. We provide psychological therapy services to the London Borough of Richmond, as well as Children and Young People's Speech and Language Therapy in Barnet. In addition, the Trust provides forensic services and some specialist mental health services. The specialist Forensic Personality Disorder service serves North London and the specialist Chronic Fatigue Syndrome/ME adult outpatient service serves North London and the South of England. The Trust's specialist Mother and Baby Psychiatric Unit receives referrals from London and the South East of England. The Trust provides local services to an East London population of 820,000 and to a Bedfordshire and Luton population of 630,000. We provide forensic services to a population of 1.5 million in North East London. East London is one of the most culturally diverse parts of the country but is also one of the most deprived areas. Both areas (East London – culturally diverse & Bedfordshire – rural/affluent & deprived) pose significant challenges for the provision of mental and community health services. The Trust is the only mental health and community trust in London and the East Of England to have been awarded an 'Outstanding' rating from the CQC.

Summary

East London Foundation Trust's (ELFT) 'Collect. Review. Do.' approach to patient experience embodies our action orientated approach to quality assurance. It provides the structures and systems to empower its staff to own the feedback of those who have used their services, making small improvements that have a big impact. This initiative's innovative nature is not only attributable to the use of technology at all stages to improve data quality, but also the quality improvement methodology it is grounded in. Feedback is now accessible in a tailored manner to all members of the organisation and all action is based on statistical indications of change, ensuring an evidenced-based approach to patient experience across the Trust. The combination of these factors and the use of distributed, networked leadership throughout the organisation to drive this forward has led to a bold step toward a sustainable action-based approach to patient experience. Early wins have led to the transferring of this work to other assurance functions within the Trust, however the work involved in this project is unprecedented and measurements of success will evolve as changes in the culture of the organisation are achieved.

Impact

Real-time patient feedback is now collected electronically through our automated system within 85% of services across the Trust. Workload reduction has been achieved by removing the requirement of inputting data and freeing up time to focus on making changes that matter. Workload reduction has been achieved within the central team of 140 hours per month enabling them to utilise this time to facilitate the development and implementation of change ideas from patient feedback. Response numbers in our mental health services are set to statistically increase in December, following eight months of response numbers above the average. In community settings quality improvement work is now in place to better understand the challenges here and address them to increase response rates. Patient experience data can now be viewed at a trust wide, directorate and team level via online dashboards. Change plans are now also developed at a team level, informed by service specific results, helping staff to take more control over improvements made within their services and utilise their local expertise to make real changes to patient's experience of our services. We also centrally collate all change ideas, monitoring the numbers generated and progress against them; this follows the formal introduction of Patient Experience Action Trackers. The dashboards provide data in SPC and run charts to allow teams to change practice and accept improvement based on a scientifically validated approach. This has led to more informed changes to services & more confidence in the data. Service users informed on actions via 'You Said We Did' boards.

What Makes Us Special?

The adoption of quality improvement methodology, the use of technology and the central monitoring of actions taken from patient feedback all ensure this approach is one that is exceptionally robust. Our approach truly empowers staff at all levels by both supplying centralised and localised data. Senior leaders are able to more intelligently drive momentum and frontline staff can identify areas of improvement in areas they are able to control. The involvement of audit leads in the



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administration and leadership of the process goes beyond the traditional champion role and signifies strong buy-in across the organisation. Merging the use of Quality Improvement and patient experience data also supports the evidence-based improvement of services, ensuring value for money & correctly directed effort of staff members, realising real impact for patients.

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Leicester City Clinical Commissioning Group

Engaging with Asylum Seekers and the Homeless to Commission a New Primary Care Service

Category

FFT and Patient Insight for Improvement (Primary Care)



Leicester City

Clinical Commissioning Group

Organisation

Leicester City Clinical Commissioning Group (CCG) was formed in early 2011 after the Health and Social Care Act announced the abolition of primary care trusts and introduced new organisations led by GPs. Initially operating in shadow form under the guidance of the outgoing primary care trust, the CCG officially took over responsibility in April 2013 for planning and managing health care for Leicester city's population, which is almost 330,000 people. Leicester City CCG looks after a budget of around £469 million per year, to plan and manage healthcare for the local population and work with partners to address poor health in the city. The services that it is responsible for include primary care, hospital treatment, rehabilitation services, urgent and emergency care, community health services, mental health and learning disability services. Based in the centre of Leicester, it employs approximately 90 staff.

Summary

Some of Leicester City CCG's most rewarding engagement activity to date has been for the asylum seeker and homeless primary care services which took place in two phases; between September 2015 and May 2016. In two separate engagement periods patients from these marginalised communities were actively involved in shaping the future plans of the health services they access, using a wide range of different methods to reach out to individuals who often struggle to have their say. With the use of a wide range of networks which included street pastors, charities, voluntary sector and provider organisations we reached out to service users using surveys, workshops, face to face discussions, an interview booth and drop in sessions. Working with patient representatives to access these communities we were able to gain an in-depth level of understanding of the complexities faced by individuals which we would not have previously considered. A video compiled of key interviews from both communities was presented to the board bringing individual patient stories to life. The project is already being used internally as a success story, demonstrating the power of the patient voice and highlighting the work we have done to engage with these harder to reach communities.

Impact

A combination of the feedback gathered through surveys, interviews and videos gave us an in depth overview of the current service, wants and needs of the service users and risks to any changes to the current service. We considered our response rates as a successful example of our engagement activity. In total we received 342 completed surveys over the 2 engagement phases from both groups and spoke to many more homeless and asylum seekers over the course of 8 months during face to face discussions. The health needs analysis conducted by Public Health at the same time complimented and validated the engagement activity to give a comprehensive view of Leicester's asylum seeker and homeless population. The feedback has helped us to develop the service specification and make important adjustments such as the addition of outreach clinics and arranging separate contracts for each service due to their considerable differences. We also evaluated our engagement in the following ways: • Demographic representation of our members; • % members active in our activities; • Number of people involved in engagement activities; • Number of letters/comments/calls; • Number of attendees at events; • Number of comments per engagement activity; • Number of published articles and social media mentions; • Nature of decisions taken as a result of feedback; • Evaluation of specific events and activities

What Makes Us Special?

Historically the NHS in Leicester has worked with a wide range of communities but this was the most challenging, diverse and harder to reach group we had yet to engage with. The homeless and asylum seeker groups tend to be quite closed groups of people, so the main challenges were gaining trust, getting them to understand who we are and what we wanted to do as well as explain why we wanted to involve them and how important their ideas and experiences are. The key elements for success include the early input from the PPG Chair at both practices, who gave us a good foundation of information about their patient demographic. Secondly networking played a vital role, working with the British Red Cross, Voluntary Action Leicester, City of Sanctuary and Council of Faiths to contact people and ask them to take part. We were



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all on a journey together; patients, ourselves and our partners, we had no pre conceptions of what to expect from patients. This made it different from other projects as we tend to be aware of the challenges patients face through our other general feedback mechanisms. Some of the information we collected surprised us. For example we assumed that any materials should be in their language, in fact many asylum seekers want to improve their English & asked for materials in English.

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Leicestershire Health Informatics Service

Friends and Family Test (FFT) Mobile App Solution, Including Patient Experience and Equality & Diversity!



Category

FFT and Patient Insight for Improvement (Accessibility)

Organisation

Leicestershire Health Informatics Service (LHIS) provides IT support, innovative new products and services, and training to all the major NHS hospitals in the region, and other public and private sector organisations around the UK. As a mature Information Management and Technology (IM&T) provider situated within the NHS, with years of experience supporting and developing IT solutions for healthcare organisations, they pride themselves in taking this experience and creating pioneering solutions to meet the needs of their customers and push the boundaries of health IT. www.leics-his.nhs.uk

Summary

1. Innovation – LHIS developed an online and offline mobile app FFT solution (off-line where no internet connection), a web desktop application and a way of collecting paper responses into the same database, providing flexibility for service users to interact. The addition of branded QR codes, Patient Experience Questionnaires, Equality Diversity Monitoring and feedback reporting tools. **2. Leadership** – The objective was to increase submissions and make FFT more accessible. All decisions were made collaboratively with the Trusts patient experience leads. Regular communications such as project updates and marketing resource is included. **3. Outcomes** – The Trust who have seen an average of 300% increase in submissions. Administrators can be notified of extreme responses i.e. 'Extremely Unlikely/Extremely Likely', for appropriate action to be taken if necessary. **4. Sustainability** – Embedding FFT into the Trust has had a positive impact on the service user as they feel they are being listened to and valued around the care they receive. It has also had a massive positive impact on service user's mood. **5. Transferability & Dissemination.** FFT can easily be rebranded for different healthcare settings. GP practices are live with our FFT using kiosks in waiting rooms. LHIS are now promoting to acute, dentists, pharmacy, opticians.

Impact

The project has not only received great feedback from the initial rollout within LPT, the trust has also seen an average of 300% increase in responses. LHIS have received feedback direct from the mental health crisis resolution team that introducing this into their service has had a positive impact on their service users. Improvement plans are being put into place currently in relation to individual's services feedback on their directorate by allowing ward matrons and team leads to access their own feedback data. Action has been taken in the Trust when they are notified of any extreme feedback, whether that be positive or negative responses.

What Makes Us Special?

We are particularly proud of the level of engagement our IT staff have had with the clinicians, service users and patient experience leads in developing the FFT solution and PEQ/EDM questionnaires, and championing FFT to improve response rates. We also feel that our service offering is special due to the tailored approach we have taken, adapting the user interface by service (by applying variants to the interface such as responding to age, implementing a language conversion, awareness of a mental health audience). What makes our FFT offering different is that we don't just offer a product; we offer a service which includes unlimited support to our NHS colleagues, including project rollout support, training, marketing material and brand creation and social media engagement. We listen to feedback and if required, rework our solution accordingly. A recent example of this is our 'easy read form' uses weather symbols instead of smiley faces as it was identified that some users saw the green face as sick instead of smiling. The additional pictures to explain the question have made the form easy to understand by service users who have previously struggled. LHIS also understand the NHS's requirement for reporting and where the FFT/PEQ data may end up, such as using this for CQC inspections, revalidation / appraisals of clinicians and / or one day, contribute to the patient record. This experience adds value at the concept stage and aids discussions with patient experience leads as they may have not considered the impact collating this kind of data may have in future requirements of shaping the NHS. As an NHS organisation, LHIS embeds naturally into the staff's core



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values that we always have the patients best interest at the heart of everything we do even though we are an IT provider who has little interaction on a day to day basis with service users. The service user has the ability to select 'no thank you' to responding with our offering, this therefore provides the trust with a new set of data that has not been captured before. Those who were offered and declined. This flexibility, this additional service wrapper has absolutely contributed to the success of this solution and this is that makes us different to some of the non-NHS Commercial offerings.

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Northumbria Healthcare NHS Foundation Trust

Compassion Based Training - Maternity Services

Category

FFT and Patient Insight for Improvement (Staff)



Organisation

Northumbria Healthcare NHS Foundation Trust is one of the top performing health Trusts. It covers the largest geographical area (some 2500 square miles) of any health Trust in England and provides integrated health and social care to over 500,000 people living in Northumberland and North Tyneside and employs over 9000 staff.

Summary

In September 2014 we identified variation in the quality of the care experience for one of our maternity sites. We analysed all the free text comments given by 201 women in Friends and Family cards, complaint feedback and posts on social media. We also conducted face to face interviews with 30 women who had recently experienced care on the unit. Analysis of all free texts comments revealed a much higher proportion of negative themes than we were used to - with only 62% of statements about care being positive and 38% negative. Within the 137 statements about care that were negative – 67 of these (49%) were associated with relational aspects of care. It became clear where we needed to focus our improvement efforts. Our improvement programme was supported at the highest level with on-going patient experience results tracked through Safety and Quality Committee and Board. Results illustrate how compassion training, delivered by a highly skilled practitioner, has completely transformed the experience of care for women on the unit. There is a noticeable difference in staff's attitude: enhanced buoyancy, enthusiasm and a higher 'feel good' attitude among the team and a strong sense of pride in the care they now offer.

Impact

91% of participants identified that their knowledge and confidence in applying compassion skills increased. 80% of participants identified that any fears related to compassion had been reduced. No participants reported an increase in fears about compassion. At the end of each workshop, participant were asked the question 'what would you pledge to do, add, or change in your practice that would be noticeable to yourself or others from tomorrow, based on your thinking and learning today?'. Pledges were written on two post-it notes, one to be kept by participants. Feedback reflected adherence to the compassion model illustrating the learning that had taken place. Our maternity programme has only reinforced our belief that if you want high quality, safe and compassionate care, then you have to promote a climate of care where the needs of both patients and staff are listened to, supported and prioritised. The turnaround in the patient experience is striking. See statistically improvement in every domain of patient experience compared to a baseline position in 2014. Since the compassion training, women accessing maternity care are reporting statistically significant changes in the following areas :-

- Coordination and consistency of care and team working;
- Involvement in decision making;
- Responsiveness to pain;
- Kindness and compassion;
- Communication about medicine and side effects;
- Overall score

As well as the obvious improvement in real time measurement there has been a significant change in what women are now saying about the service. In June 2015 we repeated the thematic analysis of all qualitative data recorded about the service at Wansbeck. We analysed feedback from 378 women between Nov 14 and May 15. This generated 1187 statements about care sourced from NHS Choices; Patient Opinions; Complaints; Social Media (Facebook/Twitter); 2 Minutes of your time and real time measurement, which were then themed. The results make clear just how far the team had moved to alter their practice and approach. Relationships on the ward had changed significantly for the better. Positive themes had increased by 14.5% meaning that the positive to negative split was now 77% : 23 % which meant the maternity unit was no longer an outlier when compared with other wards. Where previously almost half the negative comments related to poor relationships, this had fallen from 49% to 18%. Specifically the absence of kind, empathetic staff as an area of concern had fallen from 10 % to just 2%. Finally the 3 main reasons women were now happy with the service were all relational :-

- the quality of the staff;
- the personalised nature of care and;
- the kindness and empathy of the staff.

What Makes Us Special?



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1) The way this programme engaged staff and secured their commitment; 2) The quality of the compassion training; 3) The robust measurement of patient experience that firstly allowed us to detect we had a problem and then to use this measurement for improvement; 4) The focus on staff experience and self compassion as a key intervention; 5) The support of all staff in embracing, promoting and maintaining a culture that upholds compassion in care, dignity and respect for all.

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Nottingham University Hospitals NHS Trust

Think Drink Project

Category

FFT and Patient Insight for Improvement (Champion)

Nottingham University Hospitals 
NHS Trust

Organisation

Nottingham University Hospitals is in the heart of Nottingham and provides services to over 2.5 million residents of Nottingham and its surrounding communities. We also provide specialist services to a further 3-4 million people from across the region. We employ around 14,500 people at QMC, Nottingham City Hospital and Ropewalk House. QMC is our emergency care site, where our Emergency Department (A&E), the East Midlands Major Trauma Centre and Nottingham Children's Hospital are located. Nottingham City Hospital is our planned care site, where our cancer centre, heart centre and stroke services are based. Ropewalk House is where we provide a range of outpatient services, including hearing services.

We have 82 wards and around 1,700 beds and carry out 50,000 operations annually.

Summary

The project is a simple but innovative project which aims to minimise fasting times for our patients to improve patient experience and outcomes. Complications of excessive fasting are a patient safety issue; minimising fasting times reduces dehydration, hypoglycaemia and potentially reduces the incidence of electrolyte imbalance and acute kidney injury. Implementation has been made possible by the inclusivity of all staff, students and patients through education and training. This has been achieved by developing and adopting specific eating and drinking guidelines and an approved drinks list and incorporating 'Think Drink' moments in theatre briefings in order to enhance decision making and communication. Education and training of staff, students and patients has been undertaken across the whole of the organisation by credible and enthusiastic champions to promote engagement. The success has been measured by improved feedback and audit data; fasting times have reduced from 9 hrs to 3.5 hrs. More importantly for sustainability, there appears to have been a cultural shift. Wards are more aware of prolonged fasting, and theatres are more comfortable with shorter periods of fasting. Other organisations across the NHS have shown interest in the project, challenging long held perceptions is not easy and requires persistence and credible champions. Think Drink initiative was established in 2015 at NUH. The cause and extent of the problem was identified through audit data of fasting times for patients' waiting for surgery and valuable Patient Public Involvement feedback from patients about their experiences. The audit data indicated excessive fasting times for patients across the trust, an average of nine hours; this coupled with some negative feedback from patient, saying they were very thirsty and kept without fluid for long periods prior to their surgery. The overall aim of the initiative is to minimise fasting times for patients across the trust thus improving patient outcomes and experience, reducing dehydration and morbidity.

Impact

The Projects efficacy has been measured by improved patient feedback; this has been collated in a number of ways. One of the ways in which this has been collated is in the form of PPI feedback, the feedback received thus far has been exceptionally positive. Another measure used to assess the impact of the project is audit data of fasting times for patients across the Trust. This has reduced from 9 hours to just 3.5 hours which is a huge improvement especially given the size of NUH and the enormous culture change required. We continue to gather feedback and have seen a reduction in negative comments regarding excessive waits; however on-going comments have enabled us to focus on continuous improvement.

What Makes Us Special?

- Think Drink Is a very special project, it is not a difficult concept it is about a change in culture that has been longstanding across not only Nottingham University Hospitals but lots of hospitals across the NHS.
- Such a simple idea has had such a positive and wide spread impact on improving our patients' experience; the project has encompassed all wards and departments and really is Trust Wide.
- Changing the longstanding culture of 'nil by mouth from midnight' has had minimal cost implications for us as a



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Trust and makes such an immense difference to our patients experience and outcomes.

- In terms of contributing to the project's success, it would not have been made possible without increasing awareness of the benefits of shorter periods of fasting to both staff and patients. Improving communication between theatres and ward staff with the development of specific guidelines and algorithms to simplify the process of fasting.

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Pulborough Medical Group (PMG)

Initiative to Design Educational Sessions Supporting our Non Clinical Staff (Practice Receptionist and Admin Staff) in Making Decisions

Categories

FFT and Patient Insight for Improvement (Primary Care)

Organisation

Pulborough Medical Group, Pulborough GP Surgery

(part of NHS Coastal West Sussex Clinical Commissioning Group (CCG)) is delighted to be able to submit their application for consideration of a 2016 PENNA Award.

Our work was conducted as part of our application for a PACE SETTER Award which is the Quality Mark for Children and Young People's NHS Services (<http://coastalwestsussexccg.nhs.uk/pacesetter>)

Background on our General Practice – A Practice list size of 13,000 spread over a 250,000 square mile rural area. We are based in the same building as health visitors, community nurses and a pharmacy. With a strong patient liaison group which hopes to address/review challenges regarding access to appropriate care in the best place.



Summary

In terms of our local initiatives, we decided to focus specifically on two areas for our PENNA Award application:

1. Receptionist (Non Clinical Staff) Training (using a Red / Amber / Green (RAG) traffic light method) – (Slide set for energetic Receptionist Workshop available)
2. Online video for young people – to improve patient experience and access for young people

We saw the PACE SETTER Award as an opportunity to reassess and engage our services for young people and children so we can improve upon them in a patient-centred way. At our practice, for our engagement with families, we undertook 5 hour session of telephone interviews comprising over 1.5% of population by the lead GP. This coupled with engagement with our staff lead us to focus on 2 initiatives: 1) Ensuring our current appointment systems whilst timely were also robust and safe so that staff and patients could be confident that patients were being seen in the right time frame and in the right place. Therefore we focused on training our non-clinical staff (receptionists) on the key features of patient contact that would raise concerns and led to a more prompt review or advise to call 999. To simplify this process symptoms were ranked into Red, Amber or Green categories by the receptionists (with the doctors only allowed to listen in) based on the risk of a severe problem. 2) On talking to our young people it became clear that a significant proportion had been deterred from attending appointments due to unfamiliarity with the practice and process of having an appointment at the surgery. The message from young people was very clear that the preferred forum for sharing information regarding this was online. This led to the development of a 'walk through' video showing the practical and key aspects of attending an appointment, from what to do with a prescription to issues around confidentiality. This project led on to a dedicated sister site for young people with useful information available related to their concerns and needs. (Link to video is: <https://coastalwestsussexccg.nhs.uk/pace-setter-pulborough-medical-group-pulborough>)

The Panel letter received when we received the PACE SETTER Award states "Your application was particularly strong in the RAG Educational Receptionist Training Exercise. The way this was further corroborated by the thorough patient engagement exercise, which underpins this Award, is highly to be commended. This idea and the lessons learned in designing and implementing it will likely be of considerable interest to many other practices so this is great and innovative too."

Impact

The training project has had great impact on the working of the GP team in terms of patient safety as well as team working and communication. Feedback regarding the website and video has been positive from our younger patients and is leading onto further project ideas.



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What Makes Us Special?

- Many practices do not accept that their front line/reception staff need to undertake a level of prioritisation in booking patients into appointments but the interest from our front line staff and the confidence in their ability to undertake their work has been remarkable. Pulborough Medical Group may be ahead of their time in terms of seeking to boost the confidence of staff & their own fulfilment/ experience of working as part of our practice team.
- Our practice is all about Safety and we believe the whole patient experience should be as high quality as possible for the good of patients, their families and staff. This includes the first encounter that patients have with the practice team when they ring in or attend at the front desk.

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Staffordshire & Stoke on Trent Partnership NHS Trust

Using FFT for Improvement

Staffordshire and 
Stoke on Trent Partnership
NHS Trust

Category

FFT and Patient Insight for Improvement (Other NHS Funded)

Organisation

The Trust provides a range of community based services, through three operational divisions. Our core community services are provided to a broad range of people within the communities we serve – from the new born to the elderly with services being delivered in a number of different locations. Our Integrated Local Care Teams provide both nursing and social care to the people of Staffordshire in their own homes, whereas other services are delivered in our community hospitals, health centres, or GP practices. We employ 5,894 staff, including doctors, dentists, nurses, allied health professionals, social workers, managers, and support staff. We cover a geographic area of around 1,012 square miles from the Staffordshire Moorlands in the North, down to the Black Country and this area contains a population of 1.1 million people. We also provide Sexual Health Services in Leicestershire and the Rutland.

Summary

The Trust has captured FFT for the last four years and in 2015/2016 identified a 33% increase in the reporting for users 29,408 and carer responses of 7,451. Areas of innovation have been continually implemented so the model can be transferred and disseminated across 142 Community Health and Adult Social Care Teams e.g. district nurses, AHPs, dental services, Social Workers, Sexual Health Services, and Community Hospitals. As a Trust, we can demonstrate reliable outcomes in our performance through the set monthly sampling which is accurately reflecting the Trusts FFT score of 97%. The Trust captures data in many different formats to gain sustainability and to ensure that people who have a disability, impairment, or sensory loss get information that they can access and understand. Health or Adult Social Care Professionals identify the appropriate survey on their initial assessment to meet the individuals communication needs e.g. easy read/picture, large print, electronic surveys, telephone, interpreters, or an alternative language survey. We continually monitor to ensure that individuals are not treated differently or less favourably, on the basis of their specific protected characteristic. The Trust captures experience outcomes at Trust Wide, divisional and at team level. Alongside the FFT, four local experience questions have been developed with users, carers, operational teams and CCG Commissioners. These are incorporated in the Trusts monthly contractual requirements for every operational team. An early warning system has been developed which immediately escalates when users and carers are providing negative feedback on any of our health and Adult Social Care Community. Suggestions for improvements are captured monthly from our users and carers and reported internally and externally using a wide variety of media. Users and carers suggestions of improvement are aligned and triangulated with the Trusts complaints and PALs investigation outcomes. The Trust has implemented an Independent Complaints Review Panel which is independently chaired by members of the voluntary sector. The purpose of this panel is to review the Trusts organisational outcomes and learning from the feedback for our users and carers experience. The Trusts bi-monthly User and Carer Forum review all the trends and themes and implement task and assurance groups to work in partnership with the operational teams. From the triangulation of experience data a deep dive, quality visit or Mystery Shopper initiative is triggered for operational teams who are under performing to gain further s detailed analysis of the users and carers feedback. Every month the highest scoring operational teams are acknowledged by receiving gold, silver or bronze experience awards from the Director of Nursing and Quality, published internally and monitored by the Trust Board.

Impact

Success is measured through the monthly outcome measures of the FFT and experience to monitor sustainability regarding the users and carers' experience of the service. Suggestions of improvement along with compliments will be



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monitored monthly along with actions of improvement. Improve the experience of carers by providing useful, accurate, accessible information. Following the implementation the Trust has received no further comments regarding bereavement information. Users and Carers are able to shape the future service of health and Adult Social Care Services. The Experience Outcomes are included in every Operational Teams KPI's for sustainability and transferable learning across the Trust.

What Makes Us Special?

Experience outcomes have been embedded within the operational service delivery across the Trusts contractual requirements for health and Adult Social Care Teams. All initiatives have been implemented and can be monitored for sustainability. The Head of Service User and Carer Experience continually provides leadership to drives changes and works in partnership with external voluntary and third party sectors. Actions of improvement are piloted and tested through innovative ideas and the Trusts ambitious to constantly change to provide high quality services.

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Tees Esk and Wear Valleys NHS Foundation Trust

Staff FFT Initiative

Category

FFT and Patient Insight for Improvement (Staff)

Tees, Esk and Wear Valleys 

NHS Foundation Trust

Organisation

Tees, Esk and Wear Valleys NHS Foundation Trust provides mental health, learning disability and eating disorders services around County Durham, the Tees Valley, Scarborough, Whitby, Ryedale, Harrogate, Hambleton and Richmondshire and the Vale of York. We employ over 6000 employees.

Summary

Following the success at the NHS England FFT Awards in 2016 we felt a further submission was necessary to show case the areas we have introduced since the event and how we are working to further embed the use of the Staff FFT results within our teams. The Trust's Executive Management Team (EMT) in June 2016 agreed to several recommendations that have helped increase both the awareness and use of this valuable feedback. In April 2016 a quality improvement event took place with eighteen delegates in attendance from across the Trust and across disciplines. These included HR representatives, clinical team managers, admin support and housekeepers. We requested nominations from the Locality Managers as the decisions made on the day ultimately impacted everyone and we needed the input from those who regularly complete the survey to be involved. The event was a huge success and eleven recommendations were developed. A report was submitted to the EMT meeting and all the proposals were agreed.

Impact

Following the event Managers are now expected as a minimum to share and display the FFT results in their area. The manager must discuss the results in their team meetings and ensure the results are visible for staff and, if they wish, for visitors to access. They must also ensure that the results are discussed during supervision sessions and included in appraisals.

Those teams that score less than 60% in any of the questions are required to identify actions to try and address these areas. Support is offered from the HR Manager (Staff Experience) Kerry Jones as well as signposting to the OD team.

During the quality event individuals raised that some staff are still unaware of what the Staff FFT is and what happens with the information. It was agreed that a guidance leaflet should be produced. There is evidence that following a visit from the HR Manager and the guidance leaflet being explained more team members have been happy to share their opinions. It was also agreed that the Staff FFT should be a standard agenda item at meetings. The ward managers must update everyone present on their teams' results and whether any improvements have been reported. There have been huge developments in partnership with our external commissioner Picker Institute on the information they produce for us. More senior teams are requesting more detailed statistics so that they can identify areas of concerns and best practice. An example of this is the demographic reports at locality level. A further recommendation from the report was to develop a reward and recognition scheme for those teams that have seen an improvement in their results or have seen an increase in their response rate. This is in the process of being formalised. We continue to produce over 200 individual team reports as well as produce case studies on the areas that have done well. This is proving to be very popular amongst managers wanting to highlight the excellent work of their teams as well as share good practice.

We are working with Picker Institute to help develop a reporting tool to identify 'Themes' from the free text comments received. The Trust Board are particularly interested in receiving these and are fully engaged in the information the Staff FFT provides them with. The Trust's overall results are published on the Trust's website for the public and potential employees to access. We encourage transparency and are proud that approximately 3,000 staff still embrace the



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opportunity to share their views. The Trust employs approx. 6,500 staff and has achieved 50% and above in its response rates since the survey began. Initiatives of how the survey can be promoted further and the data utilised are Kerry's top priorities. Following the event in April we also 'rebranded' the Staff FFT and tried to prevent the use of the word survey, as feedback suggested that staff didn't wish to continue to complete surveys. We refer to the Staff FFT as a quality improvement tool.

What Makes Us Special?

The Staff FFT data is used amongst various groups across the Trust, it continues to be recognised as a valuable tool of obtaining up to date information by managers and staff which we feel is one of the reasons why individuals continue to complete it. The data is used in so many ways and we continue to think of other ways it can be utilised. Whilst staff have increased responsibilities and conflicts on their time they still complete the survey when they receive it. Whilst not all the responses we receive are positive we have pledged as a Trust to act on the information and identify areas/teams that require additional support.

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The Ipswich Hospital NHS Trust

FAB - Frailty Assessment Base

Category

FFT and Patient Insight for Improvement (Accessibility)

The Ipswich Hospital 

NHS Trust

Organisation

Acute district general hospital + 3 community hospitals and some community health services. Catchment of more than 330,000 people living in and around urban Ipswich. Remainder of the population is rural and quite isolated. 500+ beds + community beds; Annual turnover £200+ million; 3,500 whole time equivalent staff. Older catchment population than the England ave with a greater proportion over 55. Population served is aging one (one of the fastest growth rates of very elderly people – over 80s – in the country), increasing levels of complexity of care including dementia, learning and other disabilities, co-morbidities; increasing population non-English reading/speaking; alongside older patients there are older family carers.

Summary

The service – FAB – Frailty Assessment Base - brings together the whole system to address the frailty needs of older people in one place by a multi-disciplinary team; reducing admissions, increasing confidence, enabling patients to go home. FAB has proved to be successful in its ambitions to make an impact on individuals and the system. Based on evaluation of evidence, best practice; involving key stakeholders and led by senior clinicians, specialists in their fields, FAB enables the pooling of expertise within a clear framework and objectives to improve the patients experience, reduce admissions and increase the system's ability to manage frailty. FAB was piloted and has been so successful it is now (12 months later) being relocated to a specially designed and refurbished area with increased capacity. Recognised at the HSJ Awards, the project has communicated its ethos and success widely which provides evidence and ideas for others to use. The positive outcomes for patients and across the system has demonstrated its sustainability which will now continue to grow.

Impact

The FAB opened in Oct 2015 and the data below is for the first six months (pilot). Patient experience was a key outcome for the service: • 85% response rate and 100% would recommend the service (94% rate extremely likely to recommend). **Other measurements:** • 88% of patients assessed avoided immediate admission and were discharged to the community with 58% returning home, a further 24% returning home with increased support and 6% transferring to an intermediate care bed; • 12% required acute admission following assessment but had received a front loaded geriatric assessment and the average length of stay for these individuals was 1.35 days below the average length of stay for age matched individuals admitted through existing pathways. **Staff satisfaction (re: patient experience):** 82% of staff involved in the FAB across the system reported being satisfied with the quality of care they were able to give with most also being happy to recommend working in the FAB. System wide improved outcomes (in recognition that frailty and inappropriate admissions is a system wide issue with system wide consequences): • Support for self management - Explanation, advice, Shared Care Plans; • Patient empowerment; • Falls assessment waiting time - reduced from 3 months to 3 days. The service also aims to raise the awareness of frailty in the local healthcare community. Each patient is scored on the Rockwood Clinical Frailty Scale and this is communicated to GPs. **System wide efficiencies:** • Best use of GP time – easy access; • Consultant telephone advice and triage; • No waiting lists; • Front loaded CGA for those admitted – saves time; • Reduction in admissions 274; • Reduction in bed days 1,918; • Cost of service £225k; • Net saving to CCG £500k; • Net saving to Trust £300k. **Case study 1** – patient via ED. • 88 year old man attending ED with "funny turns", • 12 months before FAB had 27 ED attendances & 8



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acute admissions; • Seen in FAB October 2015 & 6 months after FAB – Attended ED once. Full data analysis currently underway but: 931 patients in our first year, 90% of which we were able to get home (with or without a change in care/support). The breakdown is similar to the pilot with 58% home, 32% returning home with increased support. 3% were transferred to another supportive environment eg. rehab hospital or respite care placement whilst 7% were admitted to acute hospital for medical input. Over 50% of the patients seen were in the mild to moderate frailty groups. 14% were severely frail or above.

What Makes Us Special?

The FAB is a one stop shop pulling together a range of people and services with the sole aim of ensuring the needs of frail, elderly patients are addressed without the need to resort to a lengthy stay or repeated visits. FAB speaks for itself in terms of its results (outlined above) and especially in the feedback from patients and carers: *“It was good to have some explanations for a possible cause rather than being discussed just as elderly”, “I have been so impressed with the wonderful treatment I have received. Nothing could possibly improve all the help and advice I have been given.”* Consultant geriatrician Julie Brache said: *“The proactive approach of the new FAB aims to provide a friendly and comprehensive assessment in a day which helps to maximise independence and avoid the risk of harm from an overnight admission if this is not required.”*

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West Leicestershire Clinical Commissioning Group

Designing Non-urgent Patient Transport Services

Categories

FFT and Patient Insight



Leicester City

Clinical Commissioning Group

Organisation

West Leicestershire Clinical Commissioning Group (CCG) is an NHS organisation which commissions health services for a population of 370,255 covering North West Leicestershire, Charnwood and Hinckley and Bosworth. We employ 70 staff and plan and purchase acute and community hospital care along with mental health care. We also co-commission local primary medical care services. The CCG is responsible for leading the procurement of non-urgent patient transport services (NEPTS) in Leicester, Leicestershire and Rutland (LLR) on behalf of all three local CCGs.

Summary

NEPTS is integral to the NHS for eligible patients. Their experiences of the NHS end when they are back in their home, rather than when they leave an NHS building. To successfully commission NEPTS that are safe, appropriate and timely, we needed an understanding of what mattered most to patients and stakeholders by hearing their experiences. We believe no qualitative research into NEPTS had been previously done into how it impacts on the lives of people and their ability to keep well. Led and managed by a programme board consisting of a multi-disciplinary team, we communicated with our wide stakeholder base; with their support collected and analysed the problem from a '5D perspective' providing holistic business intelligence informing our NEPTS specification and influencing patients' discharges from hospital. The business intelligence formed a 'golden-thread' through our specification including performance measures and once awarded will also shape the contract, measured using a person-centred approach to the services sustained through the contract life. The successful project is used as a benchmark and blue print in our organisation for co-designing services and the learning can be transferred across all health and social care services.

Impact

The impact and results are on three levels: **Knowledge:** • Positive feedback surprised stakeholders and gave us a good news story. As a result, the negative press coverage has virtually stopped; • Everyone - NHS and social care commissioners and care providers, patient groups, transport providers (current and potential future) - all got a much better understanding of the impact of delays on patients' wellbeing and the difference drivers make to their experience and outcomes, which enhanced empathy • The work helped commissioners to refine their understanding of value by uncovering invisible impacts, including: o The emotional labour drivers do and its impact on their wellbeing; o The impact of waiting on patients' health and wellbeing and service use on other parts of the system; **Relationships:** • Potential future providers got a much clearer understanding of the improvement opportunities and service requirements, which is improving their ability to respond to the tender process; • The animosity and negativity about the current service has eased, which has made it easier to negotiate improvement and solutions; • Because everyone now understands that every ones' current behaviour is impacting on delays, there is a greater sense of collective ownership of improvement, which bodes well for future collaboration. **System and process redesign:** • The work shed light on how current metrics are driving system behaviour and the unintended consequences, which is driving the creation of new metrics; • The work



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provided a deep understanding of how the complex processes that make up a successful non urgent journey play out and interact on a daily basis, which supported effective process and system redesign; • The work made visible several processes in need of improvement; • We identified high impact, low cost changes that would make a big difference to patients' and drivers' experiences. Immediate improvement: • The insights became a golden thread through the service specification. Specific changes included only use of incentives where they reward positive behaviours when taking transport booking; reducing pick-up time slots to limit the time patients are waiting and enhancing the communications between control, drivers, hospital and patient/carers.

What Makes Us Special?

Stand out special things are: • This work has reduced antagonism towards the incumbent provider, which was getting in the way of them doing their best work. This work has reduced negative press coverage and recognised what is working well. This has provided a safe space to focus on improvement; • For the first time, commissioners have concrete evidence – good and bad - to support constructive discussions with providers and reframe the conversation positively and towards improvement; • The evidence of the role of all parties in creating solutions so there was a sense of shared ownership and responsibility. • Collecting and analysing a '5D perspective' on the problem: the driver, NHS staff, patient, family carer and transport controller and planner perspectives; • The quality of data and insights produced by the work because all participants felt safe and able to be very honest about their current experiences....and so much more!!

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