



PEN National Awards 2015

Re:thinking the experience

PATIENT EXPERIENCE NETWORK NATIONAL AWARDS 2015

Case Studies from
Complaints/ PALS and Turning it Around When it goes Wrong



In partnership with





Abertawe Bro Morgannwg University Local Health Board

Measuring, Reporting and Acting



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Categories

Turning it Around When it Goes Wrong and Measuring, Reporting & Acting

Organisation

The Health Board covers a population of approximately 500,000 people and has a budget of £1.3 billion and employs approximately 16,000 members of staff, 70% of whom are involved in direct patient care. The Health Board has four acute hospitals providing a range of services; these are Singleton and Morriston Hospitals in Swansea, Neath Port Talbot Hospital in Port Talbot and the Princess of Wales Hospital in Bridgend. There are a number of smaller community hospitals primary care resource centres providing important clinical services to our residents outside of the four main acute hospital settings.

The Health Board acts as the service provider for Wales and the South West of England in respect of Burns and Plastic Surgery. In addition, Forensic Mental Health services are provided to a wider community which extends across the whole of South Wales, while Learning Disability services are provided from Swansea to Cardiff. A range of community based services are also delivered in patients' homes, via community hospitals, health centres and clinics. The Health Board contracts with independent practitioners in respect of primary care services which are delivered by General Practitioners, Opticians, Pharmacists and Dentists. There are 77 General Practices across the Health Board.

Summary

1. Innovation – ABMU are the first Health Board in Wales to develop a mechanism to capture 'real time' reporting that is used to inform Quality Improvement and planning.
2. Leadership Director of Nursing and Patient Experience is executive lead and the structure includes assistant director of nursing and patient experience, patient experience manager. All operational units have identified senior lead for patient experience.
3. Outcomes – examples – instant changes, accessibility ease of use - In 2013/2014 the Health Board received 6,791. In 2014/15 16,330 patients provided proactive patient experience feedback. Of the feedback provided during 2014/15 227 were done by tablet, 69 were done by PC, 17 were done by smart phone via the cloud 16,017 were done on paper. Action taken following an alert received from online feedback: 'Been waiting since 8:30 for a c-section, not eaten since 21:00 last night, nobody has informed me of what's happening. It's now 12 o'clock.' At 12.04 the alert was received and at 13:22pm the patient had been identified by the ward manager and an explanation had been given. An apology was accepted. The lesson learnt was patient should have been offered hydration and could have had a light breakfast.
4. Sustainability – In all acute sites and mental health units, learning disabilities, community and support services, primary care
5. Transferability & Dissemination – All of Wales now benchmarking with our Health Board on how they can implement a system within their organisations.

Impact

The initiative has had a significant impact and raised the profile of patient experience feedback within the organisation. Individual wards and department are able to view their data on a regular basis and can also produce reports on patient experience feedback and responses, satisfaction levels which are now widely included in governance and quality meetings at local, Delivery Unit and Health Board levels. Patients are now able to provide





instant anonymised feedback on all issues impacting on care delivery and environment which can be actioned immediately. This means that in some cases issues can be addressed while the individual is still in our care. Since the implementation of the new patient experience software platform (SNAP 11) in the last 12 months the total amount of proactive patient experience feedback has increased by just under 10,000. In 2013/2014 the Health Board received 6,791. In 2014/15 16,330 patients provided proactive patient experience feedback. Of the feedback provided during 2014/15:

- 227 were done by tablet
- 69 were done by PC
- 17 were done by smart phone via the cloud
- 16,017 were done on paper

By adopting the Friends and Family test used widely in England we are able to benchmark the Health Board performance with the data published in England. The Health Board are nearing the end of the project and a full evaluation has not yet been undertaken.

Additional Information

This initiative has proven to be successful in increasing the amount of patient feedback and improving the response time to issues raised. The Health Board is now piloting the initiative in a GP practice in the South Wales Valley, who are excited by the process as it is the first time the practice has been able to have this type of feedback and reporting. It is hoped that the initiative will be rolled out to a further 5 GP practices in the Bridgend area over the next year. The Dental Training School in Neath Port Talbot Resource Centre is currently being fitted with the system for electronic feedback, it is hoped that the School will be collecting real time feedback from patients by February 2016. With this investment in the structure and supporting systems for the Snap 11 webhost initiative it is clear that the system will be rolled out to further areas in the community care setting in 2016. Snap 11 will be a vital part of the health board monitoring of the care delivery and experience of our patients and service users. Improving feedback in specific client groups to promote equity and in particular young children

Leadership – Director of Nursing and Patient Experience giving executive support by attending awareness sessions.

Feedback built into performance reviews for Delivery Units and Directorates – to ensure action is being taken as a result of feedback, raising standards and facilitating continuous improvement.

Ease of use and accessibility, users of the health board free wifi service have instant ability to provide feedback on 'how we are doing', the feedback screen appears before users can access any internet pages and has to be over-ridden to access the internet, encouraging patients and service users to tell us how they feel. Within SNAP11 online there is an alert system set up. A list of buzz words have been created, which will trigger an e-mail to the ward/unit manager and patient experience unit if a buzz word has been used in the literal comment box on the question 'What would have made your experience better?' An example below where the buzz word triggered an alert: 'Been waiting since 3:30 for a C-section, not eaten since 21:00 last night, nobody has informed me of what's happening. It's now 12 o'clock.' At 12:04 the alert was received and at 13:22 the patient had been identified by the ward manager and an explanation had been given. An apology was accepted. The lesson learnt was patient should have been offered hydration and could have had a light breakfast.

Key Learning

Leadership – key figure with responsibility for patient experience to ensure patient and the public feedback is embedded into the organisation and is used to drive service improvement and quality of care provided.

Meaningful use of feedback – incorporate into performance reviews and meetings as a standing agenda item. Publish reports on what patient and the public think of the care provided within the ward/unit area.

Making patient feedback part of the regular business within operational areas.

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Ashford and St Peters NHS Foundation Trust

A Culture Based Approach to the Improvement of Complaints Handling

Categories

Measuring, Reporting and Acting and Turning it Around When it Goes Wrong

Organisation

Originally established in 1998 from the merger of Ashford and St Peter's Hospitals, the Trust has been on a long journey of development and improvement to its current position as the largest provider of acute hospital services to Surrey residents, and having become a Foundation Trust in December 2010. Ashford and St Peter's Hospitals NHS Foundation Trust serves a population of over 410,000 people and employs 3,700 individual members of staff with a turnover of £263 million. The Trust provides a whole range of services across its two hospital sites in Surrey - Ashford Hospital in Ashford, and St Peter's Hospital in Chertsey. The majority of planned care, like day case and orthopaedic surgery and rehabilitation services, is provided at Ashford hospital, with more complex medical and surgical care and emergency services at St Peter's Hospital. Our vision 'Creating excellent joined up patient care' captures our ambition to join up care within our hospitals and care into and out of hospital, stressing the need for excellence and putting patients at the centre of everything we do.

This year we revised our Trust strategy and key objectives to deliver this vision, with two over-arching missions:

- To develop integrated care for our local population – working to join up care pathways with primary, community and social care
- Deliver high quality specialist services in Surrey – with our aim to become an Emergency Centre for Surrey. These are underpinned by our four strategic objectives; Best Outcomes; Excellent Experience; Skilled, Motivated Teams; and Top Productivity.

Summary

This ambitious initiative set out to enhance the organisational culture and provide excellence when dealing with complaints. The Trust was in a poor position with poor quality responses and a lack of engagement in understanding the value and opportunity effectively managing complaints could provide. It was through the leadership of the Chief Nurse that this initiative was designed with a clear vision of improvement and cultural change. The project evoked interest and input from Executive, Board and CCG level. The outcomes of the project have shown significant improvement in low numbers of follow-up complaints being received, a 50% decrease in referrals to the Ombudsman, a clear visible process that is well managed and led within each division, and a constantly maturing culture of openness, honesty, apology and learning when dealing with complaints. The process, which was designed from a cultural impact perspective, is well embedded into the organisation now and continues to strengthen as new comers become familiar with the high level of excellence set within complaint responding, and the Trust view of complaints being an opportunity for improvement and positive outcomes.

Impact

1.Complaints Follow-Up Reduction - There has been a notable reduction in follow-ups received since this initiative embedded. Before the project, there was an average of 20% complaints follow-up rate, which means 1 in 5 of our complainants did not feel listened to. Since implementation there is an average of 6% follow-up rate, a powerful reflection of the improvements this culture based approach has had on our patients and their relative's experience of complaining.

2.Improvement in the National Inpatient Survey - The Trust results of the 2014/15 National Inpatient Survey showed an improvement of 66 places compared to 2013/14. We have improved on 45 out of 60 questions of which 11 were significantly improved compared to our results from 2013/14 of which only 4 significantly





improved. Whilst this is not only a result of this initiative, the impact the project has had on empowering staff to handle concerns quickly and effectively, is reflected in this.

3.Reduction in Complaints - The Trust has made efforts to increase the number of complaints received by ensuring there is an easy pathway for patients to contact us if they have a concern. There are posters all around the Trust and on every ward. The website has been updated so information is easily found within two clicks. However the number of complaints is reducing. This could be reflective of a Trust who acts on patient feedback and credibly and compassionately listens to complainants, leading to an overall improvement in care and subsequent reduction in complaints.

4.Improved Complaints Policy - The improved policy is well received with staff and with patients who on being asked their thoughts have expressed that it is a reassuring document and encourages those who are considering making a complaint.

5.Reduction in PHSO Cases - In 2014 12 new cases were agreed for investigation by the PHSO. Up to November 2015 there have been 6 cases agreed for investigation by the PHSO, a 50% reduction. This is a positive reflection of the improved quality in resolution.

Additional Information

The work may be of interest to any other health service organisation which is struggling to gain positive engagement from staff with complaint handling, and is providing a low quality of response with poor experience for the complainant. The work has been shared with North West Surrey CCG. The Trust would be very happy to share this work more widely now that it has been successfully embedded.

The devolvement of complaint handling and empowerment to divisions, rather than a central team of complaint handlers, shows a mature and arguably brave approach to complaints handling. However on getting the process and foundations behind this wrong, the devolvement creates risk and poor performance. On getting the process and cultural foundation right, it is creating an open and honest culture of clinical professionals who are embracing learning, reflection, and are not afraid to say sorry. The results speak for themselves and the significant reduction in follow-up complaints, referrals to the PHSO and the lowering numbers of formal complaints being made is demonstrative of an evolving culture in the Trust, of which the new complaints process and initiative has become a strong foundation.

Key Learning Points

- Understand what you want to achieve and set clear project goals.
- Don't be afraid to adapt ideas if things aren't working as initially envisioned.
- Leadership and engagement from an executive is crucial to the success as not only will they provide guidance and steer, but they will ensure the initiative remains high on the agenda, and promote externally.
- An official benchmarked survey of the patient perspective at the beginning of the process would have been a beneficial measurement to compare with now.

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Central London Community Healthcare (CLCH)

Patient Experience - Bringing It All Together

Category

Team of the Year - Complaints/PALs

Central London Community Healthcare 
NHS Trust
Your healthcare closer to home

Summary

The nominee is an extraordinary new team which has been formed over the last year using a new model of patient experience and complaints management. The model was designed and developed by the Deputy Director of Nursing to really drive the agenda forward and integrate patient experience into Divisional and Trust culture. Previously we had a range of people working on different aspects of patient experience; complaints, PALs, Patient stories, Prems, Stakeholder engagement. The results of this was that it wasn't 'joined up' and services found it hard to understand the whole picture. This has been transformed by the development of a new role, aligned to the Trust Divisions, but a corporate function. The Patient Experience Facilitator role is more senior than the traditional PALs role, at Band 6, and enables a richer staff experience and requires highly skilled communicators. The team manage a rota system to cover Pals on a weekly basis, so all Patient Experience Facilitators are confident in dealing with concerns, are confident in using Datix, and are aware of what is happening across the whole Trust. The team have worked together and have developed Standard Operating Procedures and clear guidance about when a concern becomes a complaint. This is constantly being refined as we learn through experience. The Complaints and Claims Manager, is co-located, and provides excellent advice to the rest of the team with the emphasis on early and local resolution wherever possible. The PALs team will respond to most concerns themselves and are often signposting people to the right organisation or team. Where there is a need for patients to discuss the issue with a service directly we have a 5-day target for resolution. Representatives from the team meet every week with the Chief Nurse and Associate Directors of Quality to highlight themes and blocks to resolution. The team lead on the Trust leadership report sent out every Friday afternoon. In addition to this the Patient Experience facilitators are leading quality improvement through understanding patient experience in their assigned Division. An example of the model in action is that we noticed a reduction in the number of people who would recommend others to use our services in a particular Division. This was quickly identified as correlated to one service, and two particular sites. As soon as this was noted the team pulled together all the other feedback we have including complaints, PALs, service changes – including activity and staffing issues, and was able to identify the common themes and trends to support improvement.

The Team

This team demonstrates successful management of PALs, Complaints, and patient experience in a demonstrably successful new way to improve the experience for patients. The team structure includes a close working group of Complaints Manager and assistant, with 4 Patient Experience Facilitators (PEF). This new role and included the management on a rota basis of the PALs function for the Trust. This has ensured better communications, ability to transfer patient feedback into service improvement speedily, provide Divisional leadership for the patient experience agenda, with an ability to facilitate and lead change programmes. The team have balanced reactive requirements with proactive engagement through 15 Step Challenge visits, Patient Listening Events, patient story collection and Patient Reported Experience Measures (PREMs) including the FFT. The combination has enabled us as a Trust to understand the range of 'intelligence' about patients experience and to respond in a timely and effective way to changes in feedback.

Summary

The Patient Experience Facilitator role and close team working with the complaints team means that we are more resilient and future-proofed for changes ahead. We are expecting the organisation to grow and Divisional structures to change, but this role and our brilliant team with developed expertise and a wide skills set, will be able to flex with the changes. We see the process of manual report writing becoming much more automated and locally accessible which will enable the team to focus on 'You said we did' and service improvement. We would also like to assure ourselves that we are hearing the voice of all our patients including younger people and people with Learning Disabilities. The Divisional team see the Patient Experience Facilitator role as integral to their





quality agenda and a great source of support, so maintaining and developing Divisional relationships and expertise will be essential. We are widely geographically spread in the Community Trust and so best use of technology, access to information, and using a variety of communications will be important. The team will be leading on the implementation of Schwartz Rounds across the Trust in the New Year. This team stands out as it tested a new model of working that supports the patient experience agenda and has helped us as a Trust to assess ourselves against the Trust Development Agency TDA patient experience assessment framework. Similarly this role can enable staff on their career path and can lead to roles in Communications, service improvement, management and clinical roles. It has broken some of the barriers we have previously experienced with Complaints and Pals teams working very separately and the cross-over from informal to formal complaint being awkward for patients.

Additional Information

Previously we had a range of people working on different aspects of patient experience

- Complaints
- PALs
- Patient stories
- Prens
- Stakeholder engagement.

The results of this was that it wasn't 'joined up' and services found it hard to understand the whole picture. This has been transformed by the development of a new role, aligned to the Trust Divisions, but a corporate function. The Patient Experience Facilitator role is more senior than the traditional PALs role, at Band 6, and enables a richer staff experience and requires highly skilled communicators. The model seeks to provide:

1. A challenging but richer staff experience and engagement
2. An excellent PALs service manned by skilled communicators
3. A Facilitator that has their ear to ground and able to advise and guide both patients and staff
4. Consolidation of all patient experience feedback and intelligence
5. Good cover arrangements for all types of leave in the team and the ability to provide seamless service
6. Transfer of knowledge for complaints management and early resolution for the patient and their families
7. Development of Divisional expertise and relationships for improved patient experience.

The team manage a rota system to cover Pals on a weekly basis, so all Patient Experience Facilitators are confident in dealing with concerns, are confident in using Datix, how to report from Datix, and are aware of what is happening across the whole Trust. The team have worked together and have developed Standard Operating Procedures and clear guidance about when a concern becomes a complaint. This is constantly being refined as we learn through experience. The Complaints and Claims Manager, is co-located, and provides excellent advice to the rest of the team with the emphasis on early and local resolution wherever possible. The PALs team will respond to most concerns themselves and are often signposting people to the right organisation or team. Where there is a need for patients to discuss the issue with a service directly we have a 5-day target for resolution. Representatives from the team meet every week with the Chief Nurse and Associate Directors of Quality to highlight themes and blocks to resolution. The team led on the Trust leadership report which is prepared each week combining the complaints, patient experience and patient safety issues, by Division. This is sent out every Friday afternoon and is a source of great intelligence both for our Trust Chairman and Chief Executive and the services themselves. The team provide engagement and update reports to the Trustwide Patient Experience Group including Patient Reported Experience Measures, patient stories, patient and stakeholder events, 15 Step Challenge Visits, complaints and pals. In addition to this the Patient Experience facilitators are leading quality improvement through understanding patient experience in their assigned Division. An example of the model in action is that we noticed a reduction in the number of people who would recommend others to use our services in a particular Division. This was quickly identified as correlated to one service, and two particular sites. As soon as this was noted the team pulled together all the other feedback we have including complaints, PALs, service





changes – including activity and staffing issues, and was able to identify the common themes and trends to support improvement.

The Patient Experience Facilitator role and close team working with the complaints team means that we are more resilient and future-proofed for changes ahead. We are expecting the organisation to grow and Divisional structures to change, but this role and our brilliant team with developed expertise and a wide skills set, will be able to flex with the changes. We see the process of manual report writing becoming much more automated and locally accessible which will enable the team to focus on 'You said we did' and service improvement. We would also like to assure ourselves that we are hearing the voice of all our patients including younger people and people with Learning Disabilities. The Divisional team see the Patient Experience Facilitator role as integral to their quality agenda and a great source of support, so maintaining and developing Divisional relationships and expertise will be essential. We are widely geographically spread in the Community Trust and so best use of technology, access to information, and using a variety of communications will be important. The team will be leading on the implementation of Schwartz Rounds across the Trust in the New Year. <http://www.pointofcarefoundation.org.uk/Schwartz-Rounds/> This is a safe space for staff to express and discuss the emotional impact of care giving, which in turn enables staff to continue to provide compassionate care. New Projects such as these will ensure that the Facilitator role can develop as the organisation requires. The team would also like to bring together staff and patient experience through the staff and patient Friends and Family Test, as there is a strong correlation between staff satisfaction and patient care. The Trust is currently engaging with stakeholders to write a new three-year quality strategy. The listening events have helped us to understand what is important and we aim to build these into 'Always Events' (the opposite of Never Events) <http://www.ihl.org/engage/Initiatives/PatientFamilyCenteredCare/Pages/AlwaysEvents.aspx> The new model of working has enabled the team to be much more supportive of the Divisions and develop a patient centred focus. Our team have enabled staff to listen and learn from patients.

All Divisions have been engaged in the following as examples:

- Stakeholder Listening Events in February, May and November involving 300+ pieces of feedback
- Service improvement training programmes using all available intelligence and including patients in the design of improvements.
- Providing patient representative input into staff training such as our Care Certificate programme
- Increased Patient Reported Outcomes Measures in each Division and continued focus on hearing patient feedback
- Improved response rates for both complaints and Pals resolution
- Development of dynamic patient story collection for those who require support for communication
- Monthly 15 Step Challenge visits, including Executive Team and non-Executive Directors, with action plans and follow up We have done these things together with staff, patient representatives, and the executive team.

This team stands out as it tested a new model of working that supports the patient experience agenda and has helped us as a Trust to assess ourselves against the Trust Development Agency TDA patient experience assessment framework. All aspiring Foundation Trusts are guided to use this framework as it brings together best practice and guidance on this specialist area. [www://www.ntda.nhs.uk/patientexperience/](http://www.ntda.nhs.uk/patientexperience/) User name: TDApatientexperience Password: Improvement2 We have demonstrated measurable impact and change over the year as shown by the Trust Metrics. The new role has proved to be attractive to new staff and a recent round of recruitment attracted a lot of interest from a wide range of backgrounds. It provides a great deal of support for the people dealing with PALs from their team members but also from the Divisional Associate Directors of Quality. Similarly this role can enable staff on their career path and can lead to roles in Communications, service improvement, management and clinical roles. It has broken some of the barriers we have previously experienced with Complaints and Pals teams working very separately and the cross-over from informal to formal complaint being awkward for patients.

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Medway Community Healthcare

MSK From Challenged to Great!



Category

Turning it Around When it Goes Wrong

Organisation

Medway Community Healthcare is a £57 million business with 1,250 staff providing a wide range of health and social care in local settings such as clinics, inpatient units and people's homes. In 2011 Medway Community Healthcare (MCH) became a social enterprise Community Interest Company (CIC), providing community NHS services to the people of Medway. We are formed from the services directly provided by the then PCT and have a strong history of partnership working with local GPs, the acute and mental health trusts, as well as local authorities, the voluntary sector and other local stakeholders. We are an employee owned organisation with all staff having the opportunity to become shareholders.

Becoming a social enterprise was a significant opportunity for MCH, and for the local community. We are now an organisation that provides a range of high quality services across Kent and Medway and our vision is to continue to deliver high quality services whilst delivering excellent clinical outcomes for patients and maintaining our financial sustainability. As a social enterprise it is vital that we have a shared understanding of the values we need to underpin everything we do. To help achieve this, in consultation with staff and stakeholders, we developed our organisational values. These are: we are caring and compassionate we deliver quality and value we work in partnership. Our values have been agreed by our Board and form the basis for ensuring that we all adopt and work to the same shared behaviours

Summary

1. Innovation – led by and delivered by the service themselves
2. Leadership – the service manager worked with colleagues from across and outside the organisation through a structured approach ensuring engagement, communication, feedback and delivery.
3. Outcomes –the success of the project is shown in the feedback from people using the service – 99% recommend the service, improved staff morale; vastly reduced waiting times, improved access, easier journeys and access to free parking. The ability to attend follow on classes to maintain and continue improvements.
4. Sustainability – the last year has shown the sustainability and enabled continued developments and access to unique and varied treatment, previously unavailable. 5. Transferability & Dissemination – the learning has been celebrated across MCH, in whole or part the methodology has been utilised.

Impact

In 2013 the decision was made to provide the physiotherapy service in a purpose built facility at MCH house. Being a social enterprise has allowed this to be funded and the move to happen in a timely way. A change in contracting, from a block system to an Any Qualified Provider (AQP) system, enabled us to invest in additional staff to reduce the waiting list and meet the increasing demand. At the MCH House Physio department now have:

- Purposely adapted new facilities including a gymnasium, 6 individual treatment rooms and eleven cubicles.
- State of the art equipment – MCH invested in new equipment in order to maximise the potential for rehabilitation in people using the service and free on- and off-site parking
- Waiting lists reduced to under 1 week for all categories of referrals, with a good range of follow up appointments
- Ability to offer a wide range of appointment times – now able to offer appointments from 7am until





8pm, including some weekend provision (previously our opening times had to fit round security at the acute hospital)

- Greater control of the facilities – able to run classes to meet people’s needs, eg Pilates, rather than trying to fit into unsuitable environments or around other service’s needs.
- We have been able to develop clinical specialisms to meet the needs of the local population, including a new pelvic health service catering for male and female continence issues.
- The ability to recruit people into research studies – taking part in national portfolio studies including low back pain, post-surgical knee and non-medical prescribing both independently and in collaboration with a neighbouring trust
- Investment in new treatment techniques and associated clinical education, with 90% outpatient staff trained in acupuncture. We have a shockwave machine for recalcitrant tendinopathy.
- Telephone triage for all people referred into the service, within the first 3 days of receiving the referral. This has resulted in more accurate triaging, earlier implementation of advice and more accurate screening to ensure the clinician with the right skills first time. These have all resulted in improved reputation and high patient satisfaction scores 88% 2013/2014 and currently 99%. We continue to collect high volumes of data relating to patient outcomes and satisfaction, which are all very positive.

Additional Information

The Physiotherapy Team worked in partnership with the patient experience team to seek the views of the people using the service and staff working in the service to identify the issues the service faced – the service patient satisfaction rating (pre FFT) was very poor and yet most people described being very happy with the service they received and the outcomes of the treatments. Working together the service and Patient experience team developed a number of bespoke surveys including patient journey. A Patient journey is a tool used to demonstrate where along the pathway the person feels the issues that led to a poor experience were. The service received lots of feedback, in part, we believe, because people wanted to tell us they valued the service once they actually got to it! Most patients identified being frustrated before they reached the physiotherapist – reasons varied but included one or more of the following: waiting times, car parking costs and challenges, building access and appointment times. The service spoke to service users and other stakeholders (eg GPs and Consultants) as well as our commissioners to achieve a solution.

Management of waiting lists has already been duplicated by other outpatient based clinics including podiatry, OT hand therapy and orthopaedic Clinical assessment service. A recognition that the satisfaction of people utilising services is often not about the clinical care they receive but their journey to get that care.

What makes it special?

Staff dedication, enthusiasm and buy in – the service were highly motivated to improve patient experience, reduce waiting times etc. This has all contributed to their working life improving. The poor feedback and “angry” patients attending the department (due to poor access and waiting times) were causing the team to be demoralised. They worked tirelessly to reduce the waiting times and happily saw new patients in every gap they had. They worked to support new and temporary staff to ensure that patient experience remained high regardless of who delivered the care. Working in a building/environment which is fit for purpose and provides everything people need for an outpatient musculoskeletal service. The investment from our organisation and commissioners was invaluable to ensure people received the care they needed and deserved. We have received support for all our initiatives and plans to develop the service. Clear business plans enabled our exec team and Board to see the benefits training and staff development would have in terms of patient experience, outcomes of care for people and AQP income generation. We are now the main provider of choice in the local area. We are now able to offer a fully flexible service across multiple sites in the area, offering early morning, evening and weekend appointments. Plus we are recognised as a flexible and responsive employer – all our staff work flexible working patterns to meet the needs of the patients and the staff themselves. This is possible because we are in control of our estates.





Key Learning Points

You will need clear project plans, timelines and trajectories.

Open communication channels between the service, commissioners and board – everyone needs to understand the situation and the progress against plan.

Encouraging staff involvement every step of the way – the greater the understanding, the greater the motivation and more staff feel empowered and able to influence and manage change.

We undertook a complete diary restructure based on future contracting intentions regarding appt times and first to follow up ratios. This enabled the team to transition seamlessly into the new AQP contract, manage the expectations of people using the service, and those of the staff, and created greater reliance on self-management and empowerment of the people the service was designed for.

The use of blitz clinics – full day clinics involving all staff at both our main base and in outreach clinics. Patients were invited to attend during time blocks and were seen in turn. This helped to validate the waiting lists and see large volumes of new people being referred.

We ensured all self-management material, appropriate orthotics etc were available to ensure everyone received an assessment and treatment at that contact. The lack of set times meant that people could be seen for the amount of time they needed, allowing a bespoke assessment to be carried out

The staff were rewarded with a Domino's pizza lunch provided by MCH – helped them to feel valued and fuelled them through the afternoon!

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NHS North Derbyshire CCG - Chesterfield Royal Hospital NHS Foundation Trust & Derbyshire Community Health Services NHS Foundation Trust

Collaborative Complaints Peer Reviews - North Derbyshire



North Derbyshire

Clinical Commissioning Group

Category

Team of the Year - Complaints/PALs

At Work

NHS North Derbyshire CCG is the commissioning organisation for Derbyshire Community Health Services NHS Foundation Trust and Chesterfield Royal Hospital NHS Foundation Trust. Patient experience is an integral part of all four organisations and is one of the CCG's key values. DCHS and CRH complaints teams are being nominated for this award in consideration of the outstanding partnership work they have undertaken to strengthen their complaints handling procedures, in collaboration with the local CCG and the Patients Association. Both teams have worked closely with the Patients Association to peer review complaints cases and to assess these against best practice standards.

This initiative came about due to recognition that complaint handling across local providers was sub-optimal and through awareness of the Patient Association process which had been discussed by the Derbyshire Chief Nurses. NDCCG decided to benchmark the position across two providers and assist with moving this agenda forward for the benefit of the patient population of North Derbyshire CCG. It was decided that a CQUIN would be put in place and the peer review panel would be commissioned with both providers to incentivise this work, which would be monitored via the CCG. The 2014/15 results of the Patients Association panel were as expected in relation to the fact that improvements were clearly required.

Both of the Trusts embraced the findings and action plans and used them as evidence for their Boards, findings were also presented to NDCCG Governing Body and a decision was made by the CCG in partnership with the Provider Trusts to carry on prioritising this essential work with a further CQUIN in 2015/16, which was focused on delivery of the 2014/15 action plan and resulting improvements in complaint management. Provisional results from the 2015/16 panels show an exceptional improvement across both provider organisations, which is to be commended. This level of improvement will have clear benefits to the patient population of NDCCG.

The Team

The collaborative element of this work cannot be underestimated, from morning one of first Patients Association panel staff across both organisations were sharing information, discussing their operational processes and learning together. Both Providers were open, honest and worked collaboratively in a non-defensive manner to learn together. At all times the focus remained on getting this right for our patients. When the 2014/15 report came out which showed variation between providers, it was again received with a positive attitude and as a tool to assist with improvements. The teams have ensured that this is a high-quality piece of work through collaborative working with the Patients' Association and recognised national standards for good practice. This work will continue into 2016/7, when it is planned that a third peer review process will take place to ensure ongoing improvements and embedding of all processes across both organisations. The CCG and the two key Trusts have provided services across North Derbyshire for significant periods of time.

- The teams have held two peer-review panels and compared results; they have used national standards and shown a significant improvement in performance.
- This piece of work is in its entirety about improving the experience of complaints management for patients and staff.





- Action plans have been shared locally, across all relevant organisational boards, patient experience groups and Lay Reference Group, and via Quality Assurance Groups.

Summary

We have seen a significant amount of improvement in our complaint handling over a short period of time which is a testament to the efforts of both teams involved and the collaborative working across four organisations. Teams have approached the peer review with a positive attitude to make necessary improvements. They have embedded actions since the 2014 review and have taken pro-active steps to initiate relevant changes as demonstrated through the improved quality of casework. Through the peer review process both teams have demonstrated a clear commitment and dedication to improving complaints handling processes within the respective organisations; this includes a focus on the PHSO Principles of Good Complaint Handling 2008.

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

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Northumberland, Tyne & Wear NHS Trust

Complaints / PALS Team

Category

Team of the Year - Complaints/PALS

At Work

Over recent years Complaints have come under the spotlight and we have worked tirelessly to improve our service, both with staff of the Trust and with the complainants. The new processes have made it easier for the complainant to make a complaint, or just to get information on how to complain but also for staff, who now know the processes. We have also gone paperless which is saving money.

Our success shows more recently in the feedback from the Parliamentary and Health Service Ombudsman who are now feeding back to us with more 'not upheld' complaints than any other outcome, demonstrating our success in working with services to make improvements through the new processes and groups like Responsive and Caring where complaints are regularly reported.

The Team

We have a Complaints and PALS Manager for the Trust with two teams. I manage both teams but the teams work independently. We have the PALS team of two staff and Complaints Administrator x 4, we also have 2 dedicated full time Complaints Investigators.

We are always sensitive to individuals needs and meet every complainant at the start of every complaint to discuss their complaint and expectations. We also offer to meet at the end of a complaint to discuss the findings prior to the response being sent out. We have implemented many changes over the past four years as a result of changing times, services and staff including a new Chief Executive. One of the first changes we made was from a resolution summary report with a covering letter to a response letter which is much warmer and appreciated by the complainants.

The Complaints Manager is part of the National Network of Complaints Managers and regularly meets up with Complaints Managers from around the Country and receives a regular newsletter with up to date information from PHSO, Department of Health and other agencies. The Complaints Manager and the Head of Safety/Patient Experience recently travelled to London, to PHSO HQ to participate in a workshop with staff from the Ombudsman who are currently re-writing a new Charter.

Summary

This is a short entry. We have not entered awards prior to this as we did not feel special, however, through being involved in the National Network of Complaints and PALS Manager and attending the PHSO workshops in London, you are constantly hearing other Trust representatives telling you how good you are by having dedicated Investigators, by having a meeting at the start of the process, by having a meeting at the end of the process. We also offer a local resolution meeting with the Executive Medical Director of the Trust as Chair if the complainant is still unhappy after a complaint has been looked at twice. These are the things that we do that other people find 'special', we just thought they were normal.

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South West London and St Georges Mental Health NHS Trust

SWLSTG Patient Experience Team

Category

Turning it Around When it Goes Wrong

South West London and St George's 
Mental Health NHS Trust

Organisation

South West London and St George's Mental Health NHS Trust formed in 1994. The Trust has, for over 160 years, provided mental health services, and

- At any one time 20,000 people are receiving treatment and care from the Trust providing community and hospital psychiatric services to Kingston, Merton, Richmond, Sutton and Wandsworth
- We also offer more specialist services to people throughout the United Kingdom such as Eating Disorder, Child and Adolescent, Deaf and Forensic services.
- We operate from over 90 sites and have 3 main inpatient sites with approximately 430 inpatient beds
- There are a number of Community Mental Health Teams as well as other outreach, crisis and home treatment services
- The Trust currently employs about 2,000 staff and has an annual budget of £160 million

To achieve the delivery of safe, effective and efficient mental health care we work in partnership with those who use our services, their relatives, carers and friends, and other stakeholders, to meet the following strategic objectives:

- To develop innovative approaches that enhance and transform service delivery
- To work with service users, carers and partners in the design and delivery of prevention and care
- To facilitate recovery in the community by developing effective approaches to prevention and care
- To develop relationships, alliances and business opportunities that improve access, responsiveness and service range
- To provide consistent high quality, safe services
- To provide services that offer improved value

Summary

The Trust struggled with its complaints handling and serious incident investigations carried out by front line clinicians and managers who had competing clinical priorities which meant their investigation work could be delayed. Links to risk reporting structures were not streamlined and the timeliness and quality consistency of investigations was not the excellent quality we wanted and presented a cumbersome training and monitoring issue. Complainants were unhappy that staff were too close to the service that they were investigating and there were complaints about complaint handling and a backlog of investigations. Accordingly the patient experience pathway could be poor in these places.

An innovative type of Patient Experience Team was created that turned round patient experience by providing: 'Arms-length' investigations (sitting a corporate context it is managerially and clinically separate from clinical service provision); Personalised contact throughout investigations from dedicated staff; Expertise in carrying out excellent investigation standards and swift and timely resolution ; Agile risk escalation; Clinical expertise and right to challenge practice; Wider remit of handling other feedback from Patient Opinion, PALS, Real Time Feedback, Compliments and MP Enquiries which can be triangulated in reporting to provide a full picture of our patient's experience





Impact

- Improved timeliness and responsiveness: KPI's set: in at least 75% of cases - responses within 25 working days (met sometimes reaching 100% and mostly meeting 90%) - to acknowledge complaints in 3 days (met and averages 90%)
- Improved communication: KPI set to contact the complainant in 7 days in at least 75% of cases (has been met, most recently 80% where attempts have been made and contact details available)
- Effective early Resolution: complainants tell us that they are happy with the outcome and PHSO referrals of unhappy complainants have significantly reduced from 29 to 4
- Embedded learning: this is monitored weekly and monthly via action sheets that require to closed off by the next reporting cycle. The teams right of challenge has ensured that change is effective and followed up
- 'Arms-length' hub: Investigative decisions and findings have non-partisan integrity
- Pro-active support for patients and staff: Staff and patients tell us that they feel supported and send in compliments
- Consistent quality investigations: Quality is measured every day by robust management and Executive review and scrutiny and commissioners comment positively on quality
- Agile efficient risk escalation: Improved effective procedures
- Triangulation in reporting: Monitors across the Trust good practice and areas of development with exceptions reported to Board and its Quality Committee

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South West London and St George's Mental Health NHS Trust

SWLSTG Patient Experience Team

Category

Team of the Year

South West London and St George's 
Mental Health NHS Trust

At Work

As manager of the Patient Experience Team I have direct experience and knowledge of how dynamic, flexible and compassionate the members of the Patient Experience Team are and the extremely positive impact it has had improving the patient pathway and experiences of families in the way the team members engage, investigate personally and respond to complaints, how the excellent standard they reach in undertaking Root Cause Analysis investigations for Serious Incidents, and how they resolve feedback from PALS, Real Time Feedback, Patient Opinion and MP Enquiries.

Before the team were in place, the Trust struggled with its complaints handling and serious incident investigations carried out by front line clinicians and managers who had competing clinical priorities which meant their investigation work could be delayed. Links to risk reporting structures were not streamlined and the timeliness and quality consistency of investigations was not the excellent quality we wanted and presented a cumbersome training and monitoring issue. Complainants were unhappy that staff were too close to the service that they were investigating and there were complaints about complaint handling and a backlog of investigations. Accordingly the patient experience pathway could be poor in these places.

An innovative type of Patient Experience Team was created that turned round patient experience by providing:

- 'Arms-length' investigations (sitting a corporate context it is managerially and clinically separate from clinical service provision)
- Personalised contact throughout investigations from dedicated staff
- Expertise in carrying out excellent investigation standards and swift and timely resolution
- Agile risk escalation
- Clinical expertise and right to challenge practice
- Wider remit of handling other feedback from Patient Opinion, PALS, Real Time Feedback, Compliments and MP Enquiries which can be triangulated in reporting to provide a full picture of our patients' experience

This new team 'go the extra mile' in their interactions earning them compliments from patients, staff, commissioners as well as being responsive to ensure the Trust performance indicators are met and often exceeded.

The Team

The team has been key in developing itself into a professionalised service.

- Putting patients first: developing a robust Standard operating procedure that accentuates the escalation of risk pathway for callers who were acutely distressed.
- Breadth and multi-skilled: Developed their unique skills of covering a very wide remit covering complaints and serious incidents actual investigations (not simply managing the process), PALS, Real Time Feedback and Patient Opinion platforms, PALS and MP Enquiries and are able to deal highly effectively with all levels of gravity of concerns as a result.
- Responsive: they turn round investigations quickly and effectively – they have no delays.
- Close working and positive engagement: The team has very developed very close links with the directorates reporting structures and their patient experience link. Thus providing close staffing links with managerial and front line staff when both reporting and undertaking investigations. Through these links staff are very aware of the role of team and staff do not feel that investigations are persecutory.
- Training: The team train their directorates about learning from complaint and serious incidents and hold





learning events.

- Leadership conferences: The team has presented at this conference and is attended by all leaders and managers in the Trust and facilitated a learning session to positively raise the profile of patient experience

Summary

This award would mean so much to a team that 'goes the extra mile' in their interactions and investigations earning them compliments from patients, staff, commissioners as well as being responsive to ensure the Trust performance indicators are met and often exceeded. The team excels in providing excellent quality outputs and even when very busy they take the time to be kind and compassionate to patients and their families (sometimes having to break difficult news of a serious incident or findings from a complaint).

This award would recognise them in the same way that they take the time to recognise others. Being a mental health Trust means that communication skills need to be highly developed to deal with challenging behaviour whilst being mindful of the impact a poor conversation could have on patient's mental health recovery.

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Virgin Care Limited

Centralising Customer Service



Category

Turning it Around When It Goes Wrong

Organisation

Virgin Care Limited provides more than 230 NHS services delivered from approximately 500 sites across England. The organisation began life in 2006 as Assura Medical and rebranded as Virgin Care in 2012. The organisation is focused on community services and primary care and currently employs around 5,500 staff. The organisation has been awarded a contract to bring together care for people with long term conditions in East Staffordshire and provide and bring together children's health services in Wiltshire from 2016.

Summary

Virgin is known for disrupting business for good and for excellent customer services and out NHS provision is no different. Our services pride themselves on reacting to feedback from our customers and changing services for the better. We pioneered the use of Net Promoter Score for patient feedback asking all of our patients to tell us how likely they would be to recommend our service and each year 60% gave us their feedback. This year we made 12 changes in every single one of our services across the country as a direct result of feedback. We have made dramatic changes like altering opening times and made simple investments in things like air conditioners which improve the patient experience. In mid-2014 we embarked on an ambitious project to bring together the complaints processing policies to enable us to provide a consistently good response within a fixed timeline, assure the business that complaints were being adequately responded to and provide our Operations Management Team and Executive with oversight. The team now handle 600 complaints and more the 1,200 PALS enquiries per year for our 230 NHS services. In addition the team also support Prison Healthcare services in 8 prisons across England with both a complaints and PALS service which utilises trained prisoners to deliver the Patient Advice and Liaison Service.

We have taken the key ingredients of commercial customer services: a single point of contact across the whole of England, a single team for all issues, prompt responses and more importantly a focus on thorough investigations and effective action plans produced by the services complained about so that learning is shared and embedded. We have also produced a booklet 'Saying Sorry' to support staff in dealing with complaints and issues.

Impact

The integration of Customer Services has had two main effects. The first benefits patients by ensuring that the process for making a complaint, asking a question or raising a concern about their care (and getting a resolution) is simple and follows the same process wherever you are in the country. Patients only need to find one leaflet for guidance, one website, use one e-mail address and call one number no matter what service their complaint relates to. The second benefit is that the customer services team, and by extension the business, Executive Team and Board have oversight of the complaints and PALS issues raised by the patients across all 230 services and can identify changes in volume and themes and take action as a result to improve patient experience. The ability to report centrally through one system is much appreciated in the business and has led to heightened awareness of the need to respond effectively across the whole organisation. There was an initial increase in complaints, which was anticipated as we feel it is easier for customers to complain or raise an issue to a team independent of the service (i.e. not to the person they are complaining about) and treated as a positive, enabling us to make changes across the whole organisation and perhaps preempt issues elsewhere. Since the initial rise complaints have settled down with little variation across the organisation.

Contact Details

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Wirral University Teaching Hospital NHS Foundation Trust

Rapid Detection and Prompt Effective Isolation to Prevent Infections Associated with Carbapenemase Producing Enterobacteriaceae

Category

Turning it Around When it Goes Wrong

Wirral University Teaching Hospital 
NHS Foundation Trust

Organisation

Wirral University Teaching Hospital (WUTH) is an Acute Foundation Trust with a 5,600 strong workforce providing a comprehensive range of high quality acute care services to population of about 400,000 people across Wirral, Ellesmere Port, Neston, North Wales footprint. The Trust operates from two main sites. These are Arrowe Park Hospital (APH) and Clatterbridge Hospital (CGH). Based at Arrowe Park Hospital, as well as the full range of acute health services for adults and children, there is an Accident & Emergency (A&E) unit, a Maternity Unit and a Walk-In Centre. Clatterbridge Hospital caters for the patient population requiring rehabilitation or minor elective surgery. I am the Associate Director of Nursing for Infection Prevention and Control leading a team of specialist nurses and working alongside the Infection Control Doctor to provide expert advice to allow the delivery of the Infection Prevention agenda at WUTH.

Summary

Infections caused by Carbapenemase Producing Enterobacteriaceae (CPE) result in increased morbidity, mortality and prolonged hospitalisation with media attention also raising anxiety. Patients should feel confident that the care and the environment in which they receive it is optimised to protect them from infection. The benefits of early identification of positive patients through rapid testing and effective isolation, whilst an ambitious innovation, far outweighs those of not delivering the plan.

The initiative was driven by the Trusts Infection Prevention experts who provided consistent, good quality advice, leading work streams to involve key stakeholders. Progress with implementation was reported through many forums from Board to Ward, Trust's Commissioners and neighbouring Trusts. Following 4 outbreaks and 6 CPE bacteraemias with an all-cause mortality of 50%, performance has been measured through the reduction in the number of bloodstream infections with none reported since July 2014.

Benchmarking with other Trusts is of significant benefit and has demonstrated the advantages of the initiative. The initiative is sustainable and easily adapted suiting requirements of other Trusts. Once Trusts throughout the whole healthcare sector commit to adopt similar strategies, fewer patients will be exposed to CPE and further reductions in new cases will be reported improving patient experience.

Impact

Success has been demonstrated through reduction in the number of CPE bacteraemias. It will continue to be measured against a reduction in the number of patients exposed to CPE through surveillance of data captured by the IPCT and through analysis of this data. The interim cohort ward was initially commandeered in July 2014 when 9 new cases of CPE colonisation and 1 bloodstream infection were identified. With the availability of molecular screening and the CPE cohort unit, the number of new cases reduced month on month; by October there were only 3 positive cases in the hospital.

The challenges associated with staffing the cohort ward for 3 patients and bed pressures associated with winter encouraged a decision to close the unit with the patients being isolated in side rooms elsewhere. By January,





whilst it was possible to detect positive cases rapidly, the inability to once again effectively isolate resulted in the numbers increasing, with 12 patients found to be newly colonised with CPE and demonstrating that both initiatives of rapid detection and prompt effective isolation were required to achieve a sustained interruption of an outbreak and reduce CPE exposures going forward. The interim CPE cohort unit was re-commandeered with a commitment to have it remain open until the permanent isolation unit was available.

Whilst it took some time to again embed the process, a reduction in the number of colonised cases was demonstrated and in areas where periods of increased incidence were reported, the IPCT were able to identify epidemiological links mainly associated with those patients that were unable to move to the interim unit due to clinical need. The proof of concept for the molecular screening provided the IPCT with the confidence to reduce full ward weekly screening programmes, open closed bays and lift transfer restrictions at an earlier stage, thereby supporting patient flow which was often compromised due to the IPC recommendations. The IPCT have used epidemiological data to provide the trust with a clear direction in the prevention of clinical infections due to CPE.

Despite the strategy not yet reaching its optimal, since the interim cohort facility was first commandeered in July 2014, followed 2 months later by the rapid detection 'proof of concept' WUTH have reported zero CPE bacteraemia

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Professional of the Year

Mark McKenna - Wirral University Teaching Hospital NHS Foundation Trust

Category

Professional of the Year - Complaints/PALs

Wirral University Teaching Hospital 
NHS Foundation Trust

About the Nominee

I have been Mark's line manager since he joined Wirral University Teaching Hospital NHS Foundation Trust as Deputy Head of Patient Experience in 2013. In his role he is the operational lead at the Trust for concerns and complaints and manages the Patient Relations Team. Mark's role also involves delivering other aspects of patient experience, such as Board Walkabouts, Friends and Family Tests and Learning from Patient Questionnaires. Mark has developed extensive knowledge and expertise in NHS complaints handling, having previously worked for the Parliamentary and Health Service Ombudsman. In his role at the Ombudsman, Mark investigated complaints about NHS organisations to reach an independent view on whether complaints from patients and families had been handled fairly, or whether further action was required to put things right. Whilst putting things right for individuals and implementing service improvements at organisations was rewarding and motivating for Mark, he felt that he wanted to get closer to working with patients and their families and carers on a daily basis so that he could have more of an impact in improving patient experience. Mark's inspiration is seeing things through the eyes of patients and service users and impacting change to benefit both them and the organisation. What also inspires Mark is coaching and developing others within the organisation to also share the same vision and improve patient experience.

Contact Details - Nominator

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Anna Tee - Hywel Dda University Health Board

Category

Patient Experience Manager of the Year



About the Nominee

Anna is the Patient Experience Manager for the Health Board and has worked in this role for the past 11 years. I have recently become Anna's manager and I am overwhelmed by her enthusiasm, commitment and passion for keeping the patient at the centre of all that we do. Anna has been the organisation's only dedicated resource to patient experience, to date, and despite this has not lost her drive and ambition to achieve her desired goals and to hold the mirror up to the organisation to enable us to learn from different perspectives and experiences. I should mention that the Health Board covers a very rural area of Wales, with 4 acute hospital sites as well as community services. Anna has ensured that her work has extended across all of the Health Board's area and there are many positive examples of the work she has initiated to improve patients experiences in all of the facilities, which is a significant achievement given the limited resources she has had to undertake this. Anna's inspiration to work as a patient experience professional is the need to remind us all of why we ultimately have a National Health Service and to continually work towards a better service. She believes that listening to patients' stories and experiences is a privilege and feels a huge sense of accomplishment when she receives feedback such as "hearing that story has made me re-focus on what we do – and I haven't stopped thinking about we do and how this impacts on real people".

Contact Details - Nominator

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