

# Winning Principles

A report prepared by  
The Patient Experience Network  
for NHSIQ

*June 2015*

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The report has been subdivided to provide easy reference points. Edited versions of the winning submissions covering some key elements are available in a separate document. The full case studies will be included in a further volume of the Best Practice in Patient Experience series, together with other shortlisted entries which will be published later this year. The subsections can be read independently and provide a good flavour of the repeatability of many of the comments and winning principles identified by this report.

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## 2. Background and Introduction

**Background:** The Patient Experience Network National Awards were set up in 2010 to enable organisations across the Healthcare spectrum to recognise, share and celebrate best practice in patient experience. Over the years the awards have gone from strength to strength and are now widely recognised as the premier awards for patient experience. During the lifetime of the Awards there have been over 50 category winners and PEN has provided the opportunity for hundreds of projects to be identified, analysed and judged by a panel of industry peers and experts. The PEN archive now contains over 400 case studies from organisations who have identified the need to improve patient experience and had the courage to enter their projects for scrutiny. The winners are now highly sought after as proponents of great practice in patient experience, as partners and as speakers spreading best practice across the UK. In this respect PEN is achieving its aim of recognising, celebrating and above all sharing great practice in patient experience.



# PEN National Awards 2014

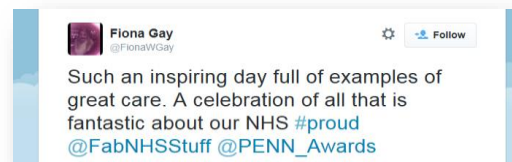
*Re:thinking the experience*

**Introduction:** This report was commissioned by NHSiQ to look specifically at the principles of and behind winning a National Patient Experience Award (and therefore delivering a great patient experience), identifying key themes and trends. It seeks to provide insight into the process of entering, the value of being recognised (either as a short-listed entry or as a winner), what makes a winner and why being recognised in this way is valuable – both to the entrants and in a wider organisational or service sense. It also examines the winning submissions and looks at themes across the winning entries at the PEN National Awards 2014 (PENNA2014).

There is always a considerable amount of bad news to be found about the NHS in the many and varied forms of media we experience today. We often hear about when we have done something that has made people unhappy, or has not been done right, but it is our ability to listen to this, change the direction, and create a way of turning things around that truly makes a difference.

Sadly when we do manage this, we do not so frequently hear the voice of praise and recognition quite so loudly and yet it is this platform of recognition that can truly motivate teams and individuals, and can be the foundation of a happy team that gives great service. It is easy to forget that there is a huge amount of excellent work – clinically, pastorally, and developmentally going on in our healthcare organisations daily.

Great practice exists in all walks of healthcare and can take the form of a simple smile, an individual action, a ward based initiative or something more complex involving whole organisations and strategic partnerships. Improving patient experience has been proven to have a positive effect across the whole organisation, it makes financial, moral and motivational common sense but even today is sometimes paid lip service to as a ‘nice to have’ or ‘just another initiative’ rather than as an essential part of a strong, well-functioning health service. Improving patient experience is slowly being recognised as an essential part of improving overall organisational performance. It is inextricably linked with improving staff experience and the provision of



exceptional patient care. The Patient Experience Network was set up to counterbalance the daily diet of bad news and to recognise, share and celebrate best practice with the over-arching aim of promoting, stimulating and accelerating improvements in patient experience.

It is against this backdrop that the report seeks to identify the winning principles behind entering the PEN National Awards and provide some insight into positive experiences which can be used to develop and improve patient experience in healthcare services across the UK.

### 3. Methodology

The objective of this report is to understand what makes a winner and whether and why being a winner is beneficial to both individuals and organisations. This report also identifies and shares some of the excellent work that is already producing great results for healthcare organisations - work which could be adapted to provide practical solutions to the developing question of improving patient experience.

In compiling this report PEN conducted desk research, referring to available documents on the subject and utilising the case studies and information within its own data banks, with special reference to the entrants to the PEN National Awards 2014 (held in March 2015). The desk research encompassed searches of the internet, review of existing documents, submissions and presentations and the analysis of information from the PEN database. In addition PEN conducted a series of interviews amongst the category winners, together with the overall winner from the 2013 Awards and a number of organisations who were also shortlisted as finalists.

The key areas for consideration were to:

1. *Analyse the submissions – winners, runners up and finalists and identify any common themes*
2. *Review the judges scores and comments to understand what particularly resonated with our expert panel and where they felt there was room for improvement*
3. *Revisit the 10 minute presentations as these included what each winner felt were the critical issues to share*
4. *Interview for each winner to understand what they felt were their winning principles*
5. *Assess any common themes from previous submissions*

It seems appropriate at this stage to provide a brief synopsis of the key elements of the PEN National Award process itself. The Awards process begins early in the year with the announcement of the key deadlines: Deadlines for receiving entries, judging schedule, short-list announcement and the date of the Awards themselves. Potential entrants are invited to enter one of the 17 categories (at the 2014 Awards), each category has a simple definition and entrants complete a standard entry form which asks the following questions (each of which carries further guidelines):

1. *Please give a brief description of your organisation*
2. *Summary – please provide an overview of the initiative*
3. *Rationale & Context – Describe what you were aiming to address/achieve*
4. *Planning & Delivery – What you did and who was involved*
5. *Impact & Results Achieved – What impact / difference has the initiative made? Describe how you measured the success/impact*
6. *Future Success – plans to ensure continuation*
7. *Awareness – What was done to raise awareness within the organisation?*
8. *Relevance to Other Groups*
9. *What makes this initiative stand out?*
10. *Key Learning Points*
11. *Additional Evidence*

*“Does what it says on the tin - PEN recognition means you must be making a difference”*

**Winner 2015**

Entrants are limited to 1700 words but are allowed to submit supporting documentation. They are given guidelines and offered support to complete the entry form should they require it. Judges are taken from a wide range of backgrounds, each panel consists of a minimum of four judges and every effort is made to ensure each panel contains a patient experience professional, a clinician, a patient and someone with other skills such as customer service.

*“Truly moving entry written with an obvious passion about the work the submitting team are obviously passionate about.*

*The entry demonstrates a dedication and determination to be heard and a commendable effort by the team to disseminate and network to achieve that.*

*The initiative has brought two clinical disciplines together to find a solution for the patients they care for.*

*However, their dedication goes beyond providing care to advocating on their behalf to try to change processes and policy that limit access to their service free of charge.*

*The initiative has an instinctive 'simplicity' to it...”*

**Judge 2015**

Judges are invited to make their decisions around 5 key criteria, each of which carries a maximum of 100 marks against a set of guidelines to ensure consistency. The maximum score attainable is 500.

The criteria are as follows:

### ***Innovation***

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Is the initiative innovative and ambitious - what makes it different?

### ***Leadership***

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The quality of management and leadership including: the clarity of the initiative’s objectives; how well they were communicated; how effectively the project was introduced and implemented

### ***Outcomes***

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How has performance has been measured and benchmarked? How successful was the project?

### ***Sustainability***

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Will the initiative make a sustainable difference?

### ***Transferability***

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How easily could the initiative be replicated in other parts of the organisation and/ or across other organisations? How effectively has the learning from the project been spread within the organisation and/ or throughout the healthcare sector as a whole?

Scoring is reviewed and confirmed by the PEN team and the finalists invited to the PEN National Awards Conference. Each finalist is asked to prepare a presentation to be made in the event they are announced as category winners, together with an exhibition for showcasing their entry to all attendees. The conference brochure contains a brief outline of each finalists project, the brochure is widely used to identify key projects of interest and provide a valuable aide-memoire for future follow-up. It is highly regarded by delegates.

## 4. Executive Summary

There were a number of key elements which came out of the research conducted for the report, some of which are not new in that they have been identified before, both by PEN and other organisations, as critical to improving patient experience. Inevitably these traits are evidenced by the winners and contribute to any winning principles. The fact that these elements were once again highlighted builds on the body of evidence and adds credence to their importance in all aspects of patient experience. There were, however, some new and interesting insights identified in relation to improving patient experience, the importance of going through the process of entering the Awards and the value of recognition.

### The key is passion

In terms of winning principles the interviews and reviews of winning submissions provided some interesting insight. There is no magic formula for a winning entry and no-one should feel they are incapable of winning on the basis of not using sparkling language, using technical terms or not having much 'additional' information. The key is to be passionate about improving patient experience, believe in the project and be able to provide answers to the questions posed in the entry form.

### Learning from just entering

A clear benefit of entering the Awards identified by winners was the way in which answering the questions on the entry form enabled entrants to revisit their work and take time to reflect on it, unpick the real benefits, work on identifying tangible outcomes and consider how their work could be sustained and used by others. Entering the Awards caused them to have to build a case to present, to consider measurability and financial benefits....something which is vital to ensuring that the project can attract the attention and support of senior management going forward. The process proved very rewarding in that it highlighted the excellent work and brought together teams and individuals to really appreciate and celebrate the great work being done.

by peers and experts as being of real value. This was evidenced in team and organisational recognition, celebration and improved feeling of self-worth. It has also helped to raise the profile of organisations, increase sharing of projects, increase dissemination of great practice in improving patient experience and protect the future of key projects by securing additional funding or resources from a variety of sources.

*“They also clearly understand the importance of their staff experience in delivering a great patient experience thus have several initiatives in place to support this, backed up by robust leadership and a good governance infrastructure.*

*Their focus on what matters most, and taking insight-based actions shows in the improvement of key metrics over several years. This no longer sounds like an initiative but instead is becoming a way of life.”*

**Judge 2015**



### What winning means

'Winning' itself provided another level of recognition and benefit. I say 'winning' because this applied equally to those submissions shortlisted. 'Winners' and shortlisted entries experienced a real sense of increased recognition and pride that their work had been identified

### Winning Principles

Several learning points were repeated frequently throughout the winners reviewed. We have reflected these as 9 Winning Principles falling into three categories.

## Intention and Outlook



**Passion and determination** are fundamental to making change or improvement happen. Some winners were first time entrants, others have dipped their toes in several times, using the process of entering to hone and improve their project, all exhibited ‘stickability’ – a firm belief in the value of what they are doing and the need to invest time and money to make it happen and make a real difference.



**Broadening perspectives** - A key outcome is educating healthcare professionals to look beyond their own, often narrow, situations and embrace and adapt work going on elsewhere in the healthcare environment.



**Keeping it simple** and making it user friendly – for both patients and staff were other learning points. Clear communication, posting results of projects and evidencing improvements being made clearly and concisely encouraged stakeholders to engage more fully and to continue the work started by many of these projects.

## Organisational Support



**Culture** - critical to success is getting the “culture” right – where everyone understands their role in the delivery of superior experience. Improving patient experience is everyone’s responsibility, not just those with Patient Experience in their job title. Across the board the winners show this to be the case – some may have been led or initiated by Patient Experience leads but all, without exception, are the product of teams working together to achieve fantastic results.



**Management** support is vital to many projects getting the backing they need to succeed. Management needs to encourage improved patient experience and lead by example across all levels. Interestingly this is not always evident with middle management most often providing a barrier.



**Leadership** - Another element which came out once again was the need for support and leadership from the top. Clinical and senior management leadership, especially in the form of empowerment of staff to identify, develop and implement changes remains key to sustainable improvements in patient experience.

## Evidence & Impact



**Financial impact** - For the accountants and financially minded it continues to be clear that positive patient experience pays dividends. All of the winning entries (and many of the other submissions) show how the investment of time and money in well thought-out projects can produce rewards which far exceed the investment made. Organisations still find that these rewards are not always easily identified or quantified in monetary terms and therefore can be overlooked, but they should not be under-estimated.



**Building professional relationships** between different professional groups is also identified as highly important, if not essential. Working in

*“A strong, well-managed project involving CCG working in partnership with local authorities and care homes.”*

**Judge 2015**

partnership with other teams within an organisation, with other similar organisations, with suppliers, private healthcare providers, pharmaceutical companies, volunteers and many others is key to ongoing success. We have seen an increasing partnership element, hence the introduction of the Partnership category last year. This is a very welcome trend which builds on the original desire of PEN to identify, share, spread and embed great practice in patient experience across the UK and the whole healthcare arena.



**Spread and sustainability** - Evidencing good sustainability and transferability are key elements in many of the winning submissions – whilst the latter is not particularly important for the success of the individual project it is vital to spreading and embedding great practice, to taking away the need to re-invent the wheel every time, and to identifying how the practice can be adapted in other settings.

## 5. Key outcomes from taking part

Several themes have emerged and some learning points were repeated throughout the course of compiling this report. There were many positive and important outcomes reported by organisations who chose to enter a category. The key areas are the positive impact of taking part on the people involved, the effect on the reputation of the team and organisation, the visibility of the leadership and the power of meaningful measurement.

### Impact on people

- *High value of recognition*
- *Improved communication*
- *Don't under-estimate the power of celebrating great work*
- *Improved staff morale*
- *Happy Staff = Happy Patients*
- *Improved engagement – across the board (not just confined to immediate patients and staff)*
- *Staff and patients have most of the answers*
- *Effectively engaging staff, patients, patients, stakeholders, partners and management pays dividends*
- *Change can be a force for good if well managed – but change fatigue is a killer of many a good initiative*

### Reputation

- *Benefits of 'Winning' – this included being short-listed*
- *Sharing – The Awards provide an invaluable opportunity for sharing with like minded people*
- *Increased exposure – Positive publicity, increased / safeguarded funding*
- *The opportunity for networking with like-minded people*
- *The opportunity to showcase the work done, the achievements and learn from those also short-listed*
- *Raising the profile of the organisation – attracting the right kind of attention*
- *Benchmarking and feedback*

### Leadership

- *Need for effective teamworking*
- *Need for support from the top*
- *Transferability*
- *Support from management is fundamental to sustainable success*
- *Encouraging organisations to keep on developing great patient experience*

### Measurement

- *Improved measurement*
- *Improved financial performance from improving patient experience*
- *Providing a valuable opportunity for review*
- *Realising just how much has been achieved*
- *Creating an effective business case*
- *Sharing the results of any initiative with those involved is vital to building trust*



## 6. Background to Patient Experience

Patient Experience has been variously defined over the years and it is appropriate to get a flavour of how it has been interpreted by the Patient Experience Network and brought into general acceptance within the current landscape in relation to patient experience.

Over the past couple of decades most people would agree that healthcare organisations have realised that providing excellent clinical care is not enough to satisfy patients. In fact – providing first class medical care is taken as read and the NHS is seen as an excellent example of public healthcare provision the world over. Even today it is very difficult to pin down exactly what makes up the patient experience and many definitions still proliferate. Given the lack of consensus on what ‘patient experience’ actually is should it be surprising that some organisations are struggling to provide ‘excellent patient experience’?

In 2004 the Department of Health definition of patient experience included: Getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way; Having information to make choices, to feel confident and to feel in control; Being talked to and listened to as an equal; Being treated with honesty, respect and dignity.

In February 2012 the NHS National Quality Board (NQB) published the NHS Patient Experience Framework which is based on a modified version of the Picker Institute Principles of Patient-Centred Care, an evidence based definition of a good patient experience. This framework 8 point framework outlines those elements which are critical to the patients’ experience of the NHS. The eight points cover:

- **Respect of patient-centred values, preferences, and expressed needs**
- **Co-ordination and integration of care (across health and social care systems)**
- **Information, communication, and education**
- **Physical comfort**
- **Emotional support**
- **Welcoming the involvement of family and friends**
- **Transition and continuity**
- **Access to care**

A recent blog 26/5/15 by Andy DeLaO, aka *Cancergeek* consolidates what is important to the patient into what he calls the 4T’s of Patient Expectations:

**Time**  
**Trust**  
**Transparency**  
**Transitions**

The Beryl Institute has defined patient experience as.....

*“The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions over the continuum of care.”*

.....and this is the definition PEN feels most reflects the essence of what organisations are trying to achieve – it effectively encapsulates patient experience in one sentence. It is not a stand-alone concept, it courses through the whole of the organisation touching every aspect and involving everyone, whether or not they have a direct relationship with patients.

There are currently a number of key policy drivers for patient experience in the NHS – these include The NHS Outcomes Framework 2015/6 (with special reference to Domain 4 – Ensuring that People have a Positive Experience of Care), NICE Quality Standards, Commissioning for Quality and Innovation (CQUIN), Putting Patients First (2013-2016) NHS England, Everyone Counts: Planning For Patients 2014/15->18/19, Five Year Forward View and the NHS Constitution to name just a few.

*“The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions over the continuum of care.”*

**The Beryl Institute**

There is also a tendency for government to react strongly to tragic events and produce further recommendations

– examples would be following the death of Baby Peter or the Mid Staffs Francis Report, with its 290 recommendations.

Whilst it is extremely important to understand what went wrong in these cases and ensure that it cannot happen again, a large number of healthcare professionals feel that many of these inquiries and reports are over-reactive and out of date by the time they come into the public domain. Media coverage of the NHS continues to be very negative and this has an extremely adverse effect on staff morale and, potentially, public impressions - making improving patient experience an even more difficult mountain to climb, but also an even more important target to aim for.

Unfortunately there is not a similar emphasis on when it is working well which is where in part this report comes in – to unpick and understand what we can learn from when everything comes together to enable staff to deliver a great experience or in other words what are the winning principles.

It continues to be clear that patient experience is also inextricably linked with staff experience. In the winning submissions and work undertaken by PEN this is clearly evident and their findings are backed up by many other organisations. A Department of Health report back in 2007 produced by Aston Business School showed strong links between staff survey responses and inpatient survey responses. The report found that staff experience was ‘closely linked’ to good patient experience.

More recently Quality Health, The Beryl Institute and Gallup have issued reports reinforcing this important relationship in healthcare. It may be a cliché but happy staff = happy patients. The link between happy staff and

*“It was only when we realised the link between staff and patient experience that we started to make real progress in the Trust”*

**Director of Nursing –  
London Acute Trust**

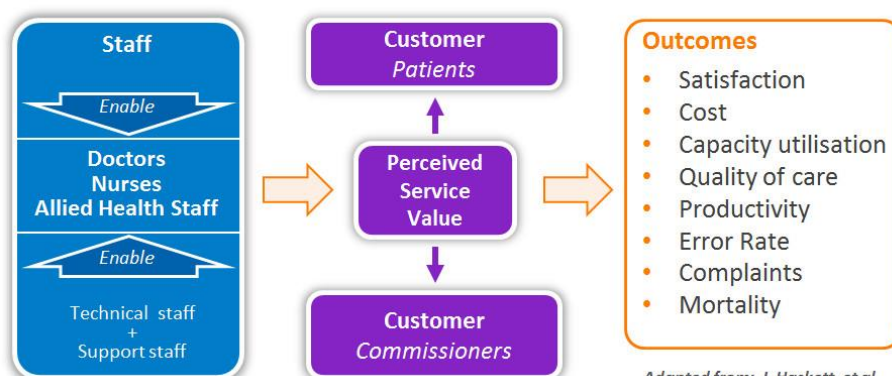
satisfied customers has long been recognised in the private sector.

What matters to patients is also often what matters to health professionals. This is recognised by MacMillan and is the foundation of their Values Based Standard. Understanding that person-centred care is about both staff and patients their values specific behaviours – practical things staff and patients can do on a day to day basis to improve the experience.

One of the key recurring themes put forward for a lack of progress in improving patient experience is a lack of leadership, the failure of budget holders and policy makers to understand the real benefits of improving patient experience and not giving it the necessary resources – both time and money – to ensure success. In many ways this can become a self-fulfilling prophecy - as more time and money is spent on day-to-day issues, fire-fighting and reacting to the latest initiative or target, less is available to adopt essential best practice which would free up valuable time and resources and produce better outcomes for both the organisation and its patients.

The business case for investing in improving patient experience is clear – improved patient outcomes, shorter hospital stays, fewer readmissions, improved staff engagement, reduced absenteeism, improved system efficiencies, and improved organisational reputation are just a few examples.

### The Service Profit Chain



Adapted from: J. Haskett, et al.

The examples given below have universal application and the evidence is compelling. The key to further investment in improving patient experience across all settings and specialisms, is in getting these very positive messages across to the policy makers and budget holders.

*“Patient average length of stay is now 2.5 days – reduced from 5 days”*

*“Generated annual savings of £1.9m”*

*“Saved 1683 bed days at an average cost of £250 per night – that is a saving of £420,000”*

*“Improved attendance at clinics – DNA’s down from 24% to 3%”*

*“The project has already made a positive impact on Trust reputation and more women are choosing to come to the Trust”*

*“Patient falls have reduced from 63 to 16 – especially those resulting in injury”*

*“100% of patients have shown an increase in function following supported discharge”*

*“The service has allowed patients who may not have come into a clinic to have access to healthcare”*

*“Trust-wide 30 day mortality has reduced....by 31%”*

*“Staff now feel more empowered and confident”*

*“There has been over 50% reduction in staff resignations”*

*“Staff absence has reduced from an average of 8% to just below 2%”*

Improving Patient Experience has received a lot of attention over the past few years and it is clear that great progress has been made, PEN alone has more than 400 case studies in its archives and work has been, and continues to be done by many organisations including the TDA, Care Quality Commission, NHS England and many other bodies. However it is also clear that best practice in patient experience is not universal, there are pockets across the country and even within organisations – at a recent conference one speaker referred to a need within his hospital group for pharmacy to now work more closely with discharge procedures. PEN was able to put him in touch with a pharmacist from his own hospital group who had recently won a PEN National Award for just this. Knowing what is out there and having it easily accessible is key.

Patient Experience is not an exact science and it is continually evolving, each year patients’ expectations increase and the NHS needs to view improving patient experience as an ongoing priority, not just a passing fad, standing still is not an option. Neither is improving patient experience rocket science, much of it is simple common sense and in addition to wide ranging initiatives there are many small, everyday simple things which can be done to improve patient experience. David Brailsford’s successful theory of incremental gains works<sup>1</sup> – all the little 1%’s adding up to a much greater overall impact. The winning submissions support these thoughts and provide valuable evidence of great patient experience at work.

Improving patient experience across all healthcare organisations is a vital component of improving both the quality and efficiency of the NHS. It touches the entire organisation, staff both patient-facing (nurses, receptionists and healthcare practitioners) and behind the scenes and has a direct impact on improving the depth and quality of services. Finding and implementing areas for improvement is vital to ensuring the effective development of services.

Evaluation is essential to making effective improvements and to demonstrating the value and effectiveness to management, budget holders and policy makers. Innovation is important but not vital to improving patient experience - it doesn’t all have to be ‘innovative’ or something new. Innovation can take the form of adapting existing practices from other spheres, and excellent patient experience can be as simple as remembering to say ‘Hello, my name is...”

Staff are critical to making effective and sustainable improvements to patient experience and this is reflected in the findings of the guide and others reports. Attitudes of frontline staff have been identified as a key barrier to change, especially where change has become the norm. Where staff feel that change benefits patients and make their jobs easier to do well support is more forthcoming. Staff on the frontline are often the best placed to identify opportunities for improvement, they know the territory and have close working relationships with patients, but they need to be empowered to make the changes by being given the structure to feedback and the opportunity to adapt, develop and implement new ideas.

## 7. Why Does Recognition Matter?

One of the real benefits identified by the report is the recognition attached to being a ‘winner’ – or simply being short-listed, or using the process of entering an Award to really understand the value of what is being done and praising the teams and individuals involved....it works at every level. Identifying, recognising and celebrating great patient experience is at the heart of the PEN Awards – but why does recognition matter so much?

Recognition in this context is simply the timely, informal or formal acknowledgement of an individual’s or team’s behaviour, effort or output that supports the organisation’s goals and values. This can sometimes create a challenge as many times we have heard – ‘I didn’t think it was anything special, it’s just what we do’.

*“Shortlisting alone validates all the hard work – winning is the icing on the cake”*

**Winner 2015**

Appreciation is a fundamental human need. People respond to appreciation expressed through recognition of their good work because it confirms their work is valued. When people and their work are valued, their satisfaction and productivity rises, and they are motivated to maintain or improve their good work.

To be really effective as a leader, you need to understand the psychology of praising others for their good work, to apply the principles of recognition yourself and to encourage others to initiate it in their working relationships.

Praise and recognition are essential to an outstanding workplace. People want to be respected and valued for their contribution. Everyone feels the need to be recognised as an individual or member of a group and to feel a sense of achievement for work well done or even for a heroic effort.

There are two aspects to staff recognition. The first aspect is to actually see, identify or realise an opportunity to praise someone. The other aspect of staff recognition is the physical act of doing something to acknowledge and praise people for their good work. It is no good seeing great patient experience if you don’t actually do anything about it. Recognising people for their good work sends an extremely powerful message to the recipient, whether that be a team or an individual, and to a wider audience (patients, stakeholders, potential partners) through the grapevine and formal communication channels. The recipient and observers have clarity about what good looks like and when used well, giving recognition can be a powerful signal across the organisation.

In a general context the costs and benefits of providing staff recognition can be summarised as:

## Benefits of Recognition

- *Increased individual productivity – the act of recognising desired behaviour increases the repetition of the desired behaviour, and therefore productivity. This is classic behavioural psychology. The reinforced behaviour supports improved patient experience and overall organisational performance.*
- *Greater employee satisfaction and enjoyment of work - more time spent focusing on the job and less time complaining*
- *Lets employees know their work is appreciated and valued*
- *Improves morale, motivation and feeling of self-worth*
- *Provides direct performance feedback for individuals and teams – exemplifies what good looks like*
- *Higher loyalty (verbal and physical) and satisfaction scores from patients / service users*
- *Teamwork between staff / organisations is improved*
- *Gives staff a sense of ownership and belonging – to a great organisation*
- *Retention of quality staff increases – lower employee turnover*
- *Better safety records and fewer accidents – both staff and patients / service users*
- *Lower negative effects such as absenteeism and stress*
- *Helps build a supportive working environment*

## Cost of Providing a Recognition Programme

- *Time spent in designing and implementing a recognition programme*
- *Time taken to give recognition*
- *Cost of the recognition items given*
- *Time and cost of teaching people how to give recognition*
- *Costs of introducing a new process*

Although measuring the impact on improved financial performance can be difficult as recognition strategies are only one of many factors impacting staff every day there is compelling evidence that getting it right provides an extremely cost effective method for improving overall organisational performance – and who doesn't want more of that! In the case of one service based organisation formalising staff recognition resulted in a 15% increase in staff satisfaction which correlated highly with high service user satisfaction scores<sup>2</sup>.

It is estimated that the cost of negative or 'actively disengaged' workers is up to 10% of GDP annually including workplace injury, illness, employee turnover, absences and fraud<sup>3</sup>. For a healthcare industry facing continual demands to provide more services with increasingly limited budgets improving staff recognition seems to offer a great opportunity, and going back to the assertion that Happy Staff = Happy Patients it would appear to be extremely attractive across the board.

## 8. What Makes A Winner and Why is it Important?

### *Feedback from Category Winners*

In this section we look at what makes a ‘winner’ from a winners perspective and, just as importantly, why it matters and what benefits the winners have experienced. Perhaps the most striking observation from speaking to the winners is that they did not expect to win, and therefore found it difficult to pinpoint exactly why they had won. Even those organisations with a strong track record at the Awards with a number of years’ experience of entering were surprised at topping the pile. In fully understanding what makes a winner, or a submission stand out, we need to look at all aspects – the submission itself, the judges’ comments and the way in which the submissions are scrutinised (the criteria themselves), as well as examining the winners opinions. What is really valuable is understanding why winning (or being shortlisted) matters and what benefits winners have experienced as a result of entering and being successful at the Awards. These the entrants were clear about, and they make extremely compelling reading.

The majority of those interviewed felt that the benefits outweigh the costs. Entering awards and seeking external recognition for initiatives is not seen as core expenditure and for some it can be difficult to secure funding. Entrants felt that the process enabled recognition of real events and patient focussed initiatives that make a real difference but don’t often get noticed because they are not obviously ticking specific boxes, especially financially.

It could be seen as an integral part of the improvement process – helping to flush out and identify good practice, providing a template for working out why it works so well and enabling staff to think through the initiative in a structured way to create better outcomes, and to explain how it works to those not directly involved.

In that way it would help to raise the profile of great initiatives and help secure future funding and support, which is one of the key benefits identified by

*“Winning has meant increased support for initiatives from senior management”*

**Winner 2015**

participants.

The interviews highlighted a number of key areas which are listed below.

### *What Makes You Stand Out?*

When the winners were asked what they thought made them stand out, there were some very consistent themes. Below are the main themes with supporting statements from the winners:

#### *Passion / Belief*

- *“the initiative had really positive outcomes and real value – we believed in it”*
- *“passion”*
- *“it had patient experience at its heart”*
- *“dedication and perseverance – it can be done!”*
- *“commitment”*
- *“real projects, with real people and real results”*

## Innovation

- *“something new, innovative”*
- *“doing something new with existing technology or principles”*
- *“something different, innovation”*

## Outcomes

- *“ability to demonstrate buy-in and support from the very top – need that support to make the project happen and to support entry into the Awards”*
- *“demonstrated how culture change can be achieved”*
- *“showing cost savings”*
- *“real projects, with real people and real results”*

## Clarity / Simplicity

- *“clarity – explaining the project clearly and concisely in a way that makes it easy for readers to understand the project, what was done and why it was successful”*
- *“clear objectives, clearly explained with clear outcomes”*
- *“simplicity – of initiative or explanation”*
- *“demonstrating the whole cycle”*

## Working Together

- *“teamwork”*
- *“partnership / Joint Working – working together to make a difference”*
- *“laying the foundations for real improvement in patient experience”*
- *“staff – dedication and passionate staff making all the difference”*
- *“it demonstrates great team working to deliver great results for patients”*

## Why Does Winning Matter?

When asked why winning matters again there are some common themes. Clearly winning has made a difference for the majority of our winners:

*“The project deserves to be as widely publicised as can be managed. Congratulations to all involved.”*

**Judge 2015**

### Endorsement

- *“peer endorsement”*
- *“recognition – incredibly powerful both within and outside the organisation”*
- *“does what it says on the tin – PEN recognition means you must be making a difference”*
- *“independent endorsement of work”*

### Achievement

- *“makes you realise how much you have achieved and what can be done/achieved”*
- *“it is practical patient experience improvement – tried and tested, can learn from real life experiences rather than just text book examples”*

### Motivation

- *“shortlisting alone validates all the hard work – winning is the icing on the cake”*
- *“it’s the best feeling in the world – has generated so much interest both internally and externally”*
- *“highly motivational – credible validation and endorsement from acknowledged peers”*
- *“has immense benefits for the individual / team / organisation – some obvious and some completely unexpected”*
- *“excitement generated – creating a positive buzz”*
- *“able to bring several staff to the Awards because short-listed...great exposure to a wide range of projects”*



## Profile

- *“positive publicity – creating a positive or improved perception of the organisation”*
- *“shortlisting raises profile and seen as part of ‘marketing’ the organisation”*

## Encouragement

- *“inspiration”*
- *“confidence to build on success and take on new projects”*
- *“encourages support of patient experience initiatives recognised as great practice – shortlisted or as a winner”*
- *“power to your elbow – enabling staff to take things to the next level”*

## What Benefits Have You Experienced?

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When asked what benefits taking part has brought these again fall into clear areas:

## The Process Itself

- *“rewarding process just to enter – makes you stand back, analyse what you have done and what you have achieved and understand how strong it really is”*
- *“forcing you to answer really valid questions you never thought of asking – really understand the value of what you are doing”*
- *“not winning in year one was really beneficial, we learned from the experience, took note of the judges’ comments, reviewed our progress against the judging criteria and made key, practical improvements to our project....we won at the third attempt and the project is better for the longer gestation period and objective input / peer review. It allowed us to create a better service”*
- *“inspiration to forge ahead and find new initiatives or ways to use the existing initiative”*

*“Securing funding to enable further development or project sustainability”*

**Winner 2015**

## Recognition and Motivation

- *“increased exposure – has generated a lot of interest, internally and externally”*
- *“showcasing the organisation highlighting achievements a different levels – individuals, teams and organisations.....”*
- *“creating interest and support from patients, service users, suppliers, sponsors, staff and potential employees”*
- *“securing funding to enable further development or project sustainability”*
- *“positive publicity – being known for something positive and patient focussed”*
- *“logo quite powerful – helps with recognition and exposure”*
- *“increased staff engagement and motivation – given the short time since the awards this is particularly noticeable for individuals and teams. Over time this extends organisation-wide”*
- *“increased support for initiatives from senior management”*

## Networking

- *“networking – has put the organisation in touch with other like-minded people – a great opportunity to share and learn”*
- *“the opportunity to share great practice at events, conferences and symposiums”*
- *“timing was perfect – winning the Award created real excitement in the organisation and assisted the integration process”*

## Continuous Improvement

- *“professional interest from high level sources – resulting in research and development papers on the subject”*
- *“benchmarking report provides invaluable feedback that can be used to create better outcomes over a longer period of time”*
- *“being asked how you did it – and being able to share with interested and interesting people with a real commitment to improving patient experience. Sharing, spreading and embedding”*

*“Professional interest from high level sources – resulting in research and development papers on the subject”*

**Winner 2014**

## 9. Judges' Comments

Judges are asked to assess each submission against a series of set criteria using a scoring scheme which has been developed to allow judges to clearly identify the strength of submissions. These scores are combined to identify the winner in each category, there are a minimum of four judges per category. A benchmark report is provided for each entry which allows entries to understand where they featured against their peers and includes comments made by judges – free entry text with no limit. These comments are highly valued by entrants as they provide guidance, especially for those who did not win, and enable them to review their projects and potentially make improvements.

Comments from entrants clearly identifies the value of this feedback as it enabled several organisations to make improvements to their projects – not simply for the purposes of entering again – but to make a real difference on the ground. Winning submissions also receive constructive criticism and feedback which assists in future development, aids wider communication and, in some cases, provides a springboard for wider implementation.

The comments are also used to support ongoing investment and to further motivate the teams and organisations to seek and develop other projects which will benefit patients, improving patient experience and enhancing the reputation (amongst both staff and patients) of the organisation involved. As we have mentioned before the link between positive staff experience and positive patient experience is inextricable, happy staff = happy patients.

The criteria used for judging are summarised as follows:

**Innovation** – is the initiative innovative and ambitious – what makes it different?

**Leadership** – the quality of management and leadership including: the clarity of the initiative's objectives; how well they were communicated; how effectively the project was introduced and implemented

**Outcomes** – how has performance has been measured and benchmarked? How successful was the project?

**Sustainability** – will the initiative make a sustainable difference?

**Transferability & Dissemination** – how easily could the initiative be replicated in other parts of the organisation and/ or across other organisations? How effectively has the learning from the project been spread within the organisation and/ or throughout the healthcare sector as a whole?

Winning entries tend to score highly across all of the five key areas, however it is not necessarily so, some winning entries will score well in 4 and not so well in one area. The Awards also seek to recognise excellence in individual area or specialisms – for instance in 2013 a special Award was given for innovation which reflected an entry the judges felt was completely outstanding in terms of innovation, but did not actually win a category.

*“Not winning in year one was really beneficial, we learned from the experience, took note of the judges' comments, reviewed our progress against the judging criteria and made key, practical improvements to our project...we won at the third attempt and the project is better for the longer gestation period and objective input / peer review. It allowed us to create a better service”*

**Winner 2015**

The outcome was highlighted not just by the high innovation scores but also the judges' comments. As you would expect the key areas of comment reflect the criteria.....but they also reflect the 'softer' areas – the passion and dedication evident in the submissions for example:

**Data and Measurement** - Effective use and triangulation of data across a number of sources. But it doesn't have to be complicated: patient surveys and counting visitor numbers are sometime sufficient.

**Innovation** – Innovation is part of the judging process and is the subject of debate in the comments. Innovation does not need to be something completely new, it can be the use of existing practice in a new area.

**Leadership** - Strong leadership is essential to a winning submission, all have strong project leadership and most support from the top of the organisation.

**Determination** – Determination to succeed regardless of the obstacles is often identified.

**Communication** - Good communication is highlighted as a key driver for success, without good communication even the best initiatives can fail

**Impacts / Outcomes** – Demonstrating clear outcomes and impacts is one of the main areas highlighted by judges. This can take the form of statistical analysis or more 'anecdotal' or free-form impacts. Having a before and after comparison helps but is not essential.

**Sustainability** – As one of the judging criteria this is regularly commented upon by judges. It is also one of the areas highlighted by entrants as something (along with transferability) that they had to think about as it is not always included as standard when reviewing the effectiveness of patient experience programmes.

**Transferability** – Finding evidence of transferability both within organisations and across the wider healthcare arena is not usually included in analysis, but is vital if great practice is to be spread more widely. Judges can often identify other avenues for work given their wide range of expertise.

**Positive Staff Experience** – Judges repeatedly highlight the importance of positive staff experience to delivering great patient experience and the part it plays in identifying a 'winning' submission.

**Simplicity** – Simple projects / ideas have just as much chance of winning as complex or wide ranging projects. This year we had a buggy service and learning from projects in Tanzania. In 2013 there was a project helping patients sleep at night and an example of multidisciplinary review across nursing homes.

**Passion & Dedication** – Commented upon widely across all submissions, but especially so in the winners, this element comes across most clearly in the presentations made by the winners at the Awards themselves.

**Clarity** – A well thought out entry is more likely to succeed than one which meanders through the process. Clarity of thought and action is much appreciated by the judges and, as well as making it easier to understand the work done and its value to the organisation, shows strong ability to communicate effectively – which is a key trait.

**Partnership / Cross Functional Working** – Although not essential, as programmes can be very specific, cross functional, cross team and partnership working all feature highly in winning submissions. The recognition that there is value in looking outside your own team for support and inspiration is important for success.

**Patient Involvement** – Judges frequently comment on 'winning' submissions about the strength of the patient involvement in developing and implementing successful patient experience improvement initiatives. Showing a strong link to including and addressing the needs of service users is important in any successful project.

We have listed below just some of the comments from our panel of judges in 2014. This gives a flavour of the depth and calibre of the consideration the judges have given to the submissions.

“**Extremely innovative** in raising confidence and **improving lives** using creative arts, building upon strengths and **developing new skills and building communities**. I particularly liked the idea of the project being **user led, patient centred and encouraging partnership working**. Early intervention, inclusion and reducing stigma are very important aspects in encouraging patient involvement, particularly for those from more marginalised groups, who without programmes such as this may not access care via mainstream services. **A move away from more medicalised models of care**, which although are a necessary component of care in some cases, may not always be the first line of care and treatment, particularly for mental health conditions. I would like to see this programme being used in substance use services. I also liked **GPs being involved** in developing this further. **Use of case studies was good**, and also very helpful in illustrating how the programme works. I hope this project continues and receives further funding.”

“Programme very impressive in terms of scale – I wondered how they work in partnership with providers to produce the outcomes they listed. Not sure there was **evidence of significant new developments** to improve on their very successful applications last year?”

“This is an important topic and an **excellent aim to change cultural attitudes** towards carers at the start of doctors' careers rather than having to attempt to change ingrained attitudes later. I was impressed by the **'plain English'** used to complete the application. It was interesting to learn about the practicalities of **balancing the carer and medical school agendas**; also the shift in attitude of the students from initially only placing real value on areas assessed in exams. I would have liked to see direct quotes from the students and carers who took part.”

“Great work! I would have liked to have learned more about the **methods of capturing feedback** (for instance, what is care mapping, how were the patient surveys conducted - face to face or postal? etc.). Overall **very inspiring!**”

“The model of deployment is **simple and robust**, yet has already clearly aided the expansion of the service over a wider number of homes. The **engagement of the Nurse Director** will hopefully give the service the focus and internal kudos to maintain its profile for many years to come.”

“There were many good findings in terms of what patients want in good experience, however, how were these being transferred into tangible and measurable improvements? This connects with the wider aims of the project and its leadership. Whilst there is **clear engagement from senior members of staff** and across the local authority and buy-in is clear in the growth of the project, however, the reported aims as being to either identify values or improve services on these values were not clear. The potential for this clarity to come, however, is there in the growing number of volunteering situations and capacity to fill these. The **use of the quality indicators and web-based feedback** shows the importance of building patient experience into everyday practice and the possibility for transferring into other design and improvement programmes. Well done on a successful project and a good nomination.”

“An impressive development, growing from the experience of two patients. For this initiative to have grown from those small beginnings to its current commissioned state is a highly **impressive act of leadership** - and the research undertaken to **demonstrate return on investment and efficacy** is impressive, linking as it does with wider NHS agenda. One minor concern is that the organisation appears now to rely on commissioning for its financial security, which - in the given climate - might be seen to be somewhat short-sighted. A **broader strategy around sustainability** would be useful, I think.”

“The project clearly **demonstrated the patient benefits from peer support** using both the NHS and Public Health Outcomes Framework. This is a very **clear and concise approach** to demonstrating patient benefit and I expect these measures would be warmly received by commissioning agencies. It is very easy to see how the concepts within this project could be **transferred across all long term conditions** as peer support and self-management are key concepts of care delivery in the future. Accredited peer mentoring is a **particularly interesting and innovation** that would be of national interest I am sure.”

“This is a super project, and in terms of the environment of care, it is **well thought through**. **Convincing senior staff of the beneficial** outcomes of this project may have been a challenge, however I am delighted to see this being given a go, and all the **un-expected benefits** it has brought along with it, demonstrating that **health is not just about getting fixed, but about wellbeing where you are**, individually and for a community of people.”

“What a wonderful example showing a **need that was identified, engagement with the public and patients and implementation of an initiative that satisfies the need**, improves the public experience and engages staff, public and patients alike. I was particularly impressed with the **passion** that came through from the volunteers, the learning from others, and the **very positive evidence** of really engaging with those using the hospital. The positive knock on effects are shown in positive experience of the patients, public and those providing this valuable service.”

“**Fabulous and rewarding** piece of work obviously improving patient experience and developing skills in managing challenging projects and leadership for staff involved. The **team work and commitment** stand out this **well written entry**. The YouTube is really well done to complement the entry. Having **motivated and enthusiastic staff** improves patient experience I wondered how they transferred/captured that locally and used their innovation and problem solving skills or compared length of stay between the 2 hospitals and other outcomes.”

“I thought this was **very well presented** and thought out. **Clear objectives, well communicated with a evidence of improvement across the organisation**. The videos were clear, concise and informative and the model looks to be transferrable. Particularly liked the 'Team Dashboard' approach. The only comment I would make is about **sustainability**, how do they keep the momentum going with new staff? Also would have liked to have known more about how the partnership worked in more detail and the inclusion of staff feedback would have also provided evidence.”

“The project was able to demonstrate **strong innovation**, in that this was **not a novel concept** (the utilising of text messaging), but with the introduction of a computer based risk management system, they were able to overcome significant governance and risk issues. Once again **very strong quality and leadership** was demonstrated, through the 'buy-in' of the senior executive, appointment of a dedicated Project Lead, **involvement of patients and staff** together with **communications plan**.”

“This project shows an excellent **use of existing technology** to help young people to access high quality healthcare in a safe and timely manner. There has been **clear leadership** from the top of the Trust across all aspects of this project. The objectives were clear and well communicated to all involved. There were **multiple performance indicators** involved in this project which show its **impact** on the services to young people. This project has been a success and it is clear that other services and organisations will be adopting the cultures and behaviours that have been developed by this team. What a successful project with **really significant results and impact**. **It stands out from the crowd as a well led, ambitious and wider reaching programme**. Sustainability and spread of results are well considered. Well done!”

## 10. Review of Learning Points from Submissions

There is an immense wealth of experience contained in the learning points identified by entrants. For this report we have reviewed those from the category winners and they fall into a number of areas which are listed below. Entrants highlighted the importance of determination to succeed, understanding the needs of and involving user groups, partnership working and effective evaluation as key recurring themes. The importance of getting the timing right, involving staff, effective planning and getting management buy-in were also clearly identified. Other observations include identifying and using Champions, not being blind to unexpected benefits, flexibility, innovation and identifying funding opportunities.

Comments from our category winners have been grouped below:

### *Strength and Determination*

One key theme shared by many entrants, not just the winners, is having the strength and determination to succeed no matter what obstacles are placed in the way. This could be lack of managerial or financial support, scepticism or lack of vision, or simply the feeling that there isn't enough time or opportunity to try something new. Comments included:

*“Don't give up and don't be put off”*

*“Tenacity in development”*

*“The shared vision and strong partnership working gave the momentum needed to struggle through new uncharted territory and succeed on two levels: service development and innovative workforce development”*

*“Don't reinvent the wheel - ask others how they did it”*

*“There is no such word as can't, look for how”*

*“When big things happen, small things matter”*

### *Timing*

Timing covered two aspects – one is ensuring that feedback is given in a timely manner – it is no good reporting on feedback months after it has been taken, but neither does it necessarily have to be immediate...just in good time. The second key theme regarding timing is taking time to get things right and understanding that change generally takes time to take effect fully. Expecting immediate results is short-termist and such demands can often undermine a great project. Comments included:

*“Asking for feedback needs to be at the appropriate time – not just after diagnosis”*

*“Spread incrementally and take the time to improve well”*

*“Momentum - act and communicate quickly following events, provide regular feedback, for example through a “You Said – We Did” approach”*

*“Do It Every Day - “Have we asked our staff/patients?” Create a cultural shift in leadership, making more informed and collaborative decisions with greater staff and patient involvement”*

*“Learn from feedback and take the time to listen and make any necessary improvements”*

## ***Understanding the Needs of and Involving User Groups***

This may seem an obvious requirement but involving user groups and taking time to understand their needs and elicit their input is critical to the success of any patient experience improvement project. It will invariably involve patients and staff and frequently requires input from a much wider cohort of people. Take time to identify who should be involved and do your best to include them in the process. Together with partnership working (rather logically) this was one of the key recurring themes. Comments included:

***“Compassion, understanding and patience is paramount”***

***“Do not under estimate the level of commitment and time patients need to ensure appropriately planned care”***

***“Engage with service users in the development and implementation”***

***“Patient choice is important – some people want an alternative”***

***“Understand what your service users need in terms of safeguarding and confidentiality – especially in relation to young people”***

***“Make it real – involve carers”***

***“Ensure patients & families are part of your improvement team”***

***“Reducing stigma - showcasing positive achievement challenges negative stereotypes and celebrates participants’ talents and abilities”***

***“Creative activities have made a difference to participants’ wellbeing as well as helping them to feel as though they are a part of a community”***

***“Creative programmes have been shown to promote better health and wellbeing in vulnerable individuals and to foster social integration, community strength and cohesion”***

***“Early engagement with ‘softer’ techniques avoids deterioration of health needs and the need for more expensive and intrusive interventions”***

***“Offer real choice to individuals to develop self-determined packages of care”***

***“Don’t just listen, hear what people are saying”***

***“Involve potential users and providers from the outset”***

## ***Working Together / Working in Partnership***

Partnership working was the key theme in this year’s winning submissions as can be seen from the excerpts below. Working together with a wide range of stakeholders or interested parties is seen as fundamental to improving patient experience and, just as importantly, sustaining those improvements. Multi-Agency / Cross function working works on so many levels and is repeated throughout the successful submissions. PEN introduced a new category ‘Partnership Working to Improve the Experience’ which reflected the growing trend for submissions with a partnership basis. Comments included:

***“Significant engagement and agreement with the Commissioners is essential to ensure that the care pathway is fully supported and funded”***

***“Co-ordinate a project team with all key stakeholders”***

***“Take a whole system approach – consider the effects up and downstream of the initiative”***

***“Clinical engagement about the things that practice value and find important”***

***“Choose the right partners to work with – especially in developing something new. It is tempting to include everyone but it is not always effective”***

***“Memorandum of understanding - Partnership working and shared understanding has been underpinned by an evolving ‘memorandum of understanding’ to manage risk, roles and responsibilities between all parties”***

***“Firstly remember ‘Pamoja Tunaweza’, which in English means ‘together we can’”***

***“The shared vision and strong partnership working gave the momentum needed to struggle through new uncharted territory and succeed on two levels: service development and innovative workforce development”***

***“Recognise the value of partnership working across community and acute boundaries”***

***“Establish a Partnership Approach - between staff side and management, working together towards mutual goals”***

***“New opportunities in the wider community, supporting progress away from acute services towards greater autonomy and independence”***

***“There are opportunities to lever additional funds through partnership working with external agencies”***



## Staff

Staff engagement was not highlighted as much across the board this year but this may be due to the increased understanding and recognition that improving staff experience is central to improving patient experience and should be almost a given. On the flip side it may be that staff experience is still not being given the priority it should – but this seems unlikely given the general comments across all submissions. Comments included:

***“Staff may need appropriate training”***

*“Understand the importance of prioritising staff experience first”*

***“Focus on a handful of things that matter most to avoid overwhelming staff”***

*“Invest in supporting improvement and developing your staff”*

## Planning

Planning was highlighted in several submissions. The need for a robust and clearly communicated plan, which can then effectively be adjusted as projects proceed (things nearly always take longer than anticipated) is reflected in the comments below:

***“Work within an explicit and agreed project plan”***

*“Timescales - be clear about the time required to develop resources e.g. multi-media Apps”*

## Evaluation

Over the years PEN has striven to highlight the importance of robust and effective evaluation to provide evidence of progress / success which can then be used either to justify further support or encourage others to invest in similar projects. Evaluation was emphasised across a wide range of submissions and the judges were impressed with the overall levels of evaluation and evidence presented, especially in the winning submissions. Comments included:

***“Ensure that evaluation of outcomes is considered from the outset”***

*“Develop a process for sustainability as an integral aspect to the project”*

***“Developing standardised data sets helped immensely”***

*“Calibrated data with clear entry instructions”*

***“Vision about what the system could achieve rather than just a focus on what it does”***

*“Understand the benefits of reporting and acting on real time feedback at team level”*

***“Qualitative feedback appears particularly important to frontline teams and what they pay most attention to”***

*“Transparency of reporting matters and helps you get better faster”*

***“Share and disseminate findings widely”***

## Management

There is a perennial issue and one which has been expressed many times over the years. Getting senior management buy-in is vital to the ongoing success of any project and getting many off the ground in the first place. Not reflected in the submissions but expressed in interviews and at events is the more generalised problem with middle-management support, which can act as a 'blocker' to progress. Comments included:

***“Executive management team support will be crucial to success”***

***“Get Buy-in - Ensure strong visibility and promotion of initiatives – gaining senior leaders’ commitment and sponsorship, and acting ‘at scale’”***

## Other Areas

Finally there are a few other comments that we felt should be included that come out from our reviews with the winners:

***“Understand the implementing something new doesn’t necessarily mean more work – it can improve efficiency”***

***“Centralised working can be appropriate – if linked clearly to the needs of service users”***

***“Confident champions were critical to the success of the project, supporting less confident colleagues to engage. The champions approach was so valuable we made it central to the service roll-out”***

***“Benefits can come from unexpected sources”***

***“To change cultural attitudes towards carers start near the beginning of the doctors’ career – once carer aware, always carer aware”***

***“The creativity agenda can be used at all levels within the organisation to seek innovative approaches to client care, team development, service development and organisational management”***

***“Patient experience and staff engagement can be enabled in many ways, from how we recognise and value patients and staff, to the way we involve them in decisions, to the way we build motivation and morale”***

## 11. Winning Submissions

A key part of this report is to look at the winning entries from the PEN National Awards 2014 and identify any key themes or trends, especially in relation to learning points and what makes these entries special. These themes are explored elsewhere in the report. Highlights from each entry have been edited and reproduced in a separate report. The full entry submission covers additional points including evidence of sustainability and transferability, how the submission has been shared with others and what the plans are for the future. The full submissions will be published in the next edition of the 'Patient Experience - Best Practice in Practice' series which will be available later in the year.

## 12. Acknowledgements

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Cancer geek

1 David Brailsford

2 *Creative ideas for employee recognition* by Kim Harrison

3 Rath, Tom and Clifton, Donald O. *How full is your bucket?* New York: Gallup Press, 2004, p.33

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