

**Patient Experience Network National Awards 2020**

**\*\*\*Preparation Copy\*\*\*  
  
General Category Official Entry Form**

**Use this form if you are entering any of the following categories:**

1. Commissioning for Patient Experience
2. Strengthening the Foundation
3. Support for Caregivers, Friends & Family
4. Measuring, Reporting & Acting
5. Using Insight for Improvement (Subcategories; NHS Funded, Accessibility, Integrated Care, Commissioning, Staff Feedback)
6. Communicating Effectively with Patients and Families.
7. Integration & Continuity of Care
8. Personalisation of Care
9. Environment of Care
10. Staff Engagement/ Improving Staff Experience
11. Including Social Care to Improve the Experience
12. Partnership Working to Improve the Experience
13. Innovative Use of Technology/Social/Digital Media
14. Turning it Around
15. Engaging and Championing the Public

17.CPES Award

**PLEASE USE THIS FORM TO PREPARE YOUR SUBMISSION OFFLINE ONLY  
  
ONCE YOU HAVE ALL YOUR ANSWERS READY, PLEASE GO ONLINE USING THE LINK BELOW TO COPY AND PASTE YOUR ANSWERS INTO THE OFFICIAL ONLINE SUBMISSION FORM**[**https://bit.ly/PEN20Gen**](https://bit.ly/PEN20Gen)

**YOU WILL THEN NEED TO EMAIL YOUR ORGANISATION LOGO AND UP TO THREE PIECES OF SUPPORTING EVIDENCE TO** [**EVENTS@PATIENTEXPERIENCENETWORK.ORG**](mailto:EVENTS@PATIENTEXPERIENCENETWORK.ORG)



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| **SUBMISSION ADVICE AND GUIDANCE**   * + Please respond to all the questions on this form staying within the permitted word count. The total word count is **2000** words which includes a 200-word summary. Please respect the word count and keep within the permitted number - we may discount additional words, which may adversely affect your overall score.   + You can incorporate visual and other non-written evidence to supplement your entry. A **maximum of 3** pieces of supporting material may be provided. This supporting evidence must be emailed to [events@patientexperiencenetwork.org.uk](mailto:events@patientexperiencenetwork.org.uk) following your online submission. Please ensure you reference the Project Entry title, so we know which submission they relate to.   + Permissible additions to Entry text can include hyperlinks, YouTube links, Social media links, etc.   + Please be careful not to add so many links that this dilutes the time Judges have to spend on key information.   + Please remember not all Judges will be familiar with the specifics of your particular organisation so please write in a form appropriate to “an outsider”.   + Please ensure your Entry is checked for spelling and grammar & fully completed before submitting.   + Please ensure you email your organisation logo to [events@patientexperiencenetwork.org.uk](mailto:events@patientexperiencenetwork.org.uk) following your submission online. Please ensure you reference the Project Entry title, so we know which submission they relate to. Please ensure any logos are high-res and in .JPG or .PNG format.   + Submit your Official Entry Form online here XXXXXXXX   **NOTE THE DEADLINE FOR ENTRY SUBMISSION IS 5PM ON Friday 29th January 2021**.  Please note, there are no time limits on when the initiatives should have taken place, but the expectation is that timeframes should be appropriate to competing for a 2020 Award.  Please contact us on 03333 44 7060 or email [awards@patientexperiencenetwork.org](mailto:awards@patientexperiencenetwork.org) if you have any questions about completing this entry form.  **JUDGING CRITERIA**  Your entry will be assessed as follows:  1.     **Innovation** - Is the initiative innovative and ambitious? What makes it different?  2.     **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  3.     **Outcomes** – How has performance has been measured and benchmarked? How successful was the project?  4.     **Sustainability** – Will the initiative make a sustainable difference?  5.     **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?  **SCORING GUIDELINES**  All criteria have equal weighting and are each scored out of 100. To achieve an optimum score for your entry please bear in mind the guidelines below which will be used by the Judges.   |  |  |  | | --- | --- | --- | | **Rating** | **Description of How Well Entry Meets Criteria** | **Marks Available** | | *Outstanding* | *Compelling, robust, fully evidenced description* | *80 - 100* | | *Strong* | *Some compelling evidence, very good* | *60 - 79* | | *Adequate* | *Good, above average, lots of evidence but not compelling* | *40 - 59* | | *Limited* | *Some weak areas, would have benefited from more evidence* | *20 - 39* | | *Weak* | *Unconvincing, weakly evidenced description* | *0 - 19* |   **TERMS AND CONDITIONS**  By submitting this Official Entry Form you agree to the Patient Experience Network publishing non-private information from the Entry in the interests of PR and communications.  Please note information given on this form may be used in the summaries of the case studies which will be available on the website and in other publications. |

Welcome to the Official Entry Form for the PEN National Awards 2020 for all General Categories.

|  |  |
| --- | --- |
| Organisation Name |  |
| Category Entered |  |
| Project Title |  |

**Authorisation:**

On behalf of {name of Organisation/Company}, I agree to this submission for consideration in the PEN National Awards 2020.

I confirm that the information given in this entry and any attachments are correct and accurate to the best of my knowledge.

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Telephone Number |  |
| Email Address |  |

Please let us know which sector and region your organisation is located by highlighting below:

|  |  |  |
| --- | --- | --- |
| **Sector**  ***(Please highlight****)* | * Ambulance Service * Appliances * Care Home/Hospice * Community * Clinical Commissioning Group or Support Unit * Dentist * Foundation Trust * General Practice * Government Body/ Institute * Home Healthcare * Hospital (please specify type) * Mental Health * Opticians | * Partnership * Pharmaceutical Company * Pharmacy * Physiotherapy * Private Health * Professional Services/ Consultancy * Research/ Education * Technology Organisations * Voluntary/3rd Sector * Other (please specify) |
| *Please specify* |  |  |

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| **Region**  ***(Please highlight)*** | * Scotland * North West * North East * Ireland / North Ireland * Wales * Midlands * East | * South East * South West * West * National * Non-UK (please specify) * Other (please specify) |
| *Please specify* |  |  |

***PLEASE NOTE this is the name of the person that will appear in our printed Book of Best Practice and as the main contact for the submission. Please take care to type this correctly as this will be used in the press releases, announcements on the website and on the certificates. We want to be sure we have the right details!***

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| --- | --- |
| Title: Mr, Mrs, Miss, Ms, Dr |  |
| First Name |  |
| Surname |  |
| Organisation Name |  |
| Address |  |
| Postcode |  |
| Telephone Number |  |
| Mobile Number |  |
| Email Address |  |
| Twitter handle |  |

Please let us know whether you are submitting this entry on your own, as a partner, in partnership with another organisation or on behalf of a client. Please highlight below.

* Non-partnership (Single Organisation)
* Partner only
* Partnership on behalf of a client
* Partnership with another Organisation(s) (Agency/Client/Organisation)

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| Partner Name |  |
| Client Name |  |
| Other Organisation(s) Name(s) |  |

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| **1** | **ORGANISATION DESCRIPTION** (NB – Not Scored, this is just for Context Purposes)  Please give a brief description of your organisation – EG: type of organisation, location, size, number of staff and nature of care in which you are engaged or supporting. |
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| **2** | **SUMMARY** – Please provide an overview of the initiative that provides a robust, thorough and compelling argument for why this Entry deserves recognition (Elements of the 5 criteria should be included) 200 words max (This is included in the overall 2000 word count) |
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| **3** | **RATIONALE & CONTEXT** - Describe what it is that you were aiming to address / achieve with your initiative – e.g. explain the background to how and why the initiative came about. (This is included in the overall 2000-word count) |
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| **4** | **PLANNING & DELIVERY** - Describe what you did and who was involved in the planning and the delivering of the initiative. (This is included in the overall 2000-word count) |
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| **5** | **IMPACT & RESULTS ACHIEVED** - What impact / difference has the initiative made? Describe how you measured the success/ impact of the initiative – including what measures and perhaps why you chose them), how you went about measuring them and any results / outcomes that were achieved. (This is included in the overall 2000-word count) |
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| **6** | **FUTURE SUCCESS** - Describe how you plan to ensure that the success of the initiative will be continued / built on in the future. (This is included in the overall 2000-word count) |
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| **7** | **AWARENESS** - What has been done to make others within the organisation aware of the initiative? (This is included in the overall 2000-word count) |
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| **8** | **RELEVANCE TO OTHER GROUPS** - How might the initiative be relevant to other groups (either internally or externally) and why? If you have already involved/ communicated with others, please describe what has been done. (This is included in the overall 2000-word count) |
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| **9** | **WHAT MAKES THIS INITIATIVE STAND OUT?** – What do you feel makes this initiative special? For example, what makes it different from other projects? What do you believe are the key elements that have contributed to its success? (This is included in the overall 2000-word count) |
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| **10** | **KEY LEARNING POINTS** – What would you say are the key learning points for others interested in doing something similar? (This is included in the overall 2000-word count) |
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|  | **ADDITIONAL SUPPORTING EVIDENCE** – What materials or tools (e.g. questionnaires, letters, forms, apps, calculators etc) are available for others to share? |
| You can incorporate visual and other non-written evidence to supplement your entry.  A **maximum of 3** pieces of supporting material may be provided.  This supporting evidence must be emailed to [events@patientexperiencenetwork.org](mailto:events@patientexperiencenetwork.org) following your online submission.  Please ensure you reference the Project Entry title in your email, so we know which submission they relate to. | |

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