

**Patient Experience Network National Awards 2020**

**\*\*\*Preparation Copy\*\*\*  
  
 Individual & Team Category Official Entry Form   
Use this form if you are entering any of the following categories:**16. Team of the Year (Including Complaints and PALS)  
18. Patient Experience Advocate of Tomorrow  
19. Patient Experience Transformer of Tomorrow  
20. Patient Experience Professional of the Year (Including Complaints and PALs)  
21. Patient Experience Manager of the Year (Including Complaints and PALs)  
22. Fiona Littledale 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/PEN20IndvTeam**](https://bit.ly/PEN20IndvTeam)

**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)

****

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Entry Form for the PEN National Awards 2020 for all Team and Individual entries.

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

**Authorisation:**

On behalf of {name of Organisation/Company}, I am submitting this entry for consideration in the PEN National Awards.

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

|  |  |
| --- | --- |
| Full Name |  |
| Job Title |  |
| Telephone Number and Extension |  |
| 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 (please note all organisations involved in Section D and the lead organisation for the purpose of the submission) * Pharmaceutical Company * Pharmacy * Physiotherapy * Private Health * Professional Services/ Consultancy * Research/ Education * Technology Organisations * Voluntary/3rd Sector * Other (please specify) |
| *Please specify* |  |  |

|  |  |  |
| --- | --- | --- |
| **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* |  |  |

Nominations for this award can come from colleagues, employers, peers or friends. Self-nominations are also welcome.

To nominate someone for an Individual or Team category you will need to tell us about them and their work. When completing the nomination, please respond to each of The Entry sections. It is important that you answer as many questions, with as much information as possible. Each question will be scored individually.

Please note this is the name of the person that will appear in print as the nominee for this award.

***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!***

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

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 (Agency/Client/Organisation)

|  |  |
| --- | --- |
| Partner Name (if applicable) |  |
| Client Name (if applicable) |  |
| Other Organisation Names (if applicable) |  |

|  |  |
| --- | --- |
| **1** | **ABOUT THE NOMINEE – Please tell us:**   * How you know the individual / team? * What inspired the individual / team to become / be involved in patient experience? * Please give us a bit of background to the formation / operation of the team. |
|  | |

|  |  |
| --- | --- |
| **2** | **AT WORK**  Please tell us about the individual / team when they are on assignments / work projects. For example:  • What makes this individual / team stand out from their peers?  • How does the individual / team provide a consistent, high quality service?  • Over what time period has the individual / team worked in their field? |
|  | |

|  |  |
| --- | --- |
| **3** | **THE PROFESSIONAL – Please let us know:**   * What has the individual / team done to promote or improve standards in their field? * What part has the individual / team played in the provision and development of service to patients? * How has the individual / team encouraged others to progress? * Is the individual / team involved with any related professional associations? If so, in what capacity? |
|  | |

|  |  |
| --- | --- |
| **4** | **SUMMARY -** Please provide an overview of the team / individual that provides a robust, thorough and compelling argument for why this team or individual deserves special recognition |
|  | |

|  |  |
| --- | --- |
| **5** | **SUPPORTING INFORMATION** - Please add or attach any information you feel will support your entry (personal statements from colleagues, peers, press cuttings, other Awards, etc.) |
| 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. | |

**REMEMBER, THIS FORM IS JUST YOUR OFFLINE PREPRATION COPY  
  
NOW YOU HAVE COMPTLED IT, PLEASE GO ONLINE USING THE LINK BELOW TO COPY AND PASTE YOUR ANSWERS INTO THE OFFICIAL ONLINE SUBMISSION FORM**[**https://bit.ly/PEN20IndvTeam**](https://bit.ly/PEN20IndvTeam)

**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.UK)