Using patient and staff feedback as a catalyst for change

The Always Events® Recognition Programme

Jenny King

@scoopyoiseau
What is patient and staff feedback?

- Surveys
- Friends and Family Test
- Patient Opinion
- Twitter, Facebook, etc

“Patient and staff feedback can be used as a catalyst for change in the modern NHS.”

What change are we looking for?
- Better experiences?
- Improved outcomes?
- Better safety?
- Better financial control?

Is there a (homogenous) ‘modern NHS’?
- Across sectors (primary care, acute, etc)
- Within sectors (different organisations, teams, etc)
- STPs / new care models
How can experience data support the change process?

- It can assess what experience is currently like, and measure whether improvement activities have made any difference.
- It can help us understand why reported experience is sometimes not as good as we might hope, and generate ideas for change.
- It can tell us not just what is wrong, but what ‘good’ looks like and what could be better: patients and staff often suggest better ways to do things, simple ideas.
- It can challenge our assumptions about what the problem areas are; sometimes we assume something is more of an issue than patients and staff think it is.
- **It can be a powerful motivator for action and remind us what we’re trying to achieve.**
Staff experience

to engage staff in decisions that affect them and the services they provide... All staff will be empowered to put forward ways to deliver better and safer services for patients and their families’
Friends and Family Test Awards - Staff Winner

NHS England YouTube channel
https://www.youtube.com/watch?v=oML9bXw9BwI&list=PL6lQwMACXkj05Xh6tfpYTrqfGurnXa1jh&index=6
Friends and Family Test Awards - Staff Winner

- Online staff FFT
- Results are displayed in communal areas for transparency and openness.
- Results are shared widely – each area has its own report as to what staff are feeling
- Where results can be improved teams are encouraged to develop action plans
- Staff FFT used to help with staff communication – to engage with ward staff
- Recognition - case studies on how teams are making improvements are shared
- Quality improvement events held
Creating a safety culture for patients, families, carers and staff

Would not feel secure raising concerns about unsafe clinical practice

In last month, saw errors/near misses/incidents that could hurt staff

In last month, saw errors/near misses/incidents that could hurt patients

4% Improvement
Liverpool Heart and Chest Hospital
NHS Foundation Trust

What we did...

- Daily Safety Huddle
- Sign up to Safety
- Speak out Safely
- Human Factors
- Call Don’t Fall
- Listening into Action
Liverpool Heart and Chest Hospital
NHS Foundation Trust

Top Tips…

Led from the top

Keep staff informed

Owned by all

Multiple approaches
“If quality is to be at the heart of everything we do, it must be understood from the perspective of patients.”

Lord Darzi, NHS Next Stage Review
Patient experience is related to...

- Better staff experience\(^1\)
- Higher clinical effectiveness & better patient safety\(^2\)
- Lower complication rates\(^3\)
- Reduced likelihood of adverse drug events\(^4\)
- But also distinct:
  - “Although there are associations between clinical quality and measures of patient experience, the 2 domains … remain predominately distinct”\(^5\)
"Lack of privacy at Hairmyres Cardiology Dept"

Posted by Sandysue (as the patient), 2 months ago

Attended for an ECG. All staff I came into contact with were very pleasant. I did have the misfortune however to be seen in ECG Room 1. This room appears to contain 'equipment' required by all members of staff. While I was lying with my top off having the ECG done various members of staff were in and out making me feel very vulnerable. I was told staff had asked for a curtain round the bed but this would not be done as it would cost too much.

More about cardiology, ECG and vulnerable

CHANGE MADE

This story led to a change

Story summary

What's good?

What could be improved?

- staff

Activity

14 staff members have read this story

Who has Patient Opinion told about this story?
Response from David Hume, Director of Hospital Services, Hairmyres Hospital, NHS Lanarkshire 2 months ago

Hello Sandysue,

I am sorry to read about your experience in the ECG dept.

I will speak to the team down there as soon as possible next week and ensure that we do something to correct this.

Thank you for bringing it to my attention.

regards

David

1 of 2 people think this response is helpful

Was this response helpful? Yes | No
Dear Sandysue,

I can appreciate your “vulnerability” in the circumstances you have shared and I would like to apologise for any distress caused during your visit.

I’ve discussed your feedback with David and we have met with the Cardiology Service Manager. We are in the process of having privacy screens fitted in the department but this work will take another four weeks or so. In the meantime we will be using portable privacy screens, using additional signage to indicate to staff that clinical examinations / investigations are underway and we are also going to revise arrangements for storing equipment in these areas.

The staff were pleased to receive your positive feedback about them and they send their best wishes to you for 2016.

Thank you for taking the time to get in touch.

Kind regards

Anne Leitch
Sharing stories with staff through Facebook

We have a closed Facebook group created specifically for ULHT nurses. There’s nearly 2,100 members of staff in the group from a total of 7,500 staff. I realised it would be a perfect way to share the great stories on Patient Opinion, to spread some good news and to boost staff morale. This worked brilliantly, with staff commenting, liking and sharing the feedback. This means feedback reaches staff who might not otherwise usually get to see it.

Unlike by email, on Facebook, colleagues will comment and tag each other in stories that are relevant to each other, or congratulate their team. It’s really rewarding to see and it’s a much more suitable way to share the great feedback.

Another bonus of sharing stories this way is the massive boost it gives to the number of staff reading stories. Most stories will be read around 20 to 60 times, but when I share one in the Facebook group, hundreds and sometimes thousands of people read it.

The more that people read about great feedback, the better the staff morale and drive to continue with such excellent care. **It’s a team effort and it’s great to see staff morale flourish.**
Organisations need to be listening

Two-thirds of people giving online feedback to this [unnamed] trust won't even know if their story was heard :( pic.twitter.com/Nzt7tL19X3
The MND Association commissioned the Picker Institute Europe to help them review and redesign their tracker survey with input from all stakeholder groups.

The first stage of which was to gather the views of people with MND and investigate their needs and the choices they faced at the end of their life. This qualitative stage fed into the development of a new ‘choices as the disease progresses’ section of the tracker survey.
Motor Neurone Disease Association – Improving MND Care survey

The findings from the survey helped the association in planning and providing services for their members and driving policy change around diagnosis and equipment provision.

Findings contributed to the production of an end of life guide which was awarded Patient Resource of the Year at the British Medical Association (BMA) Awards.
“The responses were incredibly revealing and provided both insight and direct comment for the guide. To have real experience included in the content makes such a difference. It reduces the sense of isolation for the reader and helps to illustrate the guidance with warmth and empathy. It is so important people with MND and their families have opportunities to discuss concerns about end of life care”
The ED triage counter prior to site re-development
- Bankstown Hospital

The ED reception area prior to site re-development
- Bankstown Hospital

Reproduced from Piper et al (2010) Emergency Department Co-Design Program 1, Stage 2 evaluation report, University of Technology Sydney, with permission from the lead author and NSW Health.
And staff experience.

Reproduced from Piper et al (2010) Emergency Department Co-Design Program 1, Stage 2 evaluation report, University of Technology Sydney, with permission from the lead author and NSW Health.
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Treat feedback as part of an overall person-centred care strategy

- **Leadership**, at the level of the CEO and board of directors, sufficiently committed and engaged to unify and sustain the organization in a common mission.

- **A strategic vision clearly and constantly communicated** to every member of the organization.

- **Involvement of patients and families** at multiple levels, not only in the care process but as full participants in key committees throughout the organization.

- **Care for the caregivers through a supportive work environment** that engages employees in all aspects of process design and treats them with the same dignity and respect that they are expected to show patients and families.

- **Systematic measurement and feedback** to continuously monitor the impact of specific interventions and change strategies.

- **Quality of the built environment** that provides a supportive and nurturing physical space and design for patients, families, and employees alike.

- **Supportive technology** that engages patients and families directly in the process of care by facilitating information access and communication with their caregivers.

Patient and staff feedback can drive meaningful change
AIM:
*Investigate the Always Events carried out to understand the impact and effectiveness of changes in improving people’s experiences of care.*
Findings: Partnership with service users

Key factors for a successful partnership with service users:

- The Always Event is focused on an issue identified by service users to be important
- Service users co-design the activities
- Service users are continually engaged
- Staff have good facilitation skills and support service users
- Service users see the benefit of their involvement
“It’s all well and good being involved and, you know, putting your heart and soul into something, which people do, and which people are demonstrating that they’re doing … but it’s about them getting something back at the end of it, saying, ‘Look, this is what you’ve done, this is how you’ve helped things change’, and it’ll help other people, and frequently people like that, the fact that they’re helping somebody else as well.”
Findings: main challenges

- Maintaining momentum during staff change/absence
- Recruiting service users to co-design group
- Evaluating outcomes
- Ensuring engagement of frontline staff
Findings: Factors supporting implementation

- Team of people in co-design group
- Strong partnership with patients & service users
- Senior staff support
- Continual testing and adapting of Always Event
- Link to other streams of work & overall QI strategy
- Minimal impact on staff workload
- Not spreading too quickly
The Always Events® Recognition Programme

The Always Events® Recognition Program enables any organization that has implemented a program meeting the Always Events criteria to be recognized by NHS England, IHI, and Picker Institute Europe.
The improvement of understanding is for two ends: first, our own increase of knowledge; secondly, to enable us to deliver that knowledge to others - John Locke (Philosopher)
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What does this mean for you?

• These programs will be highlighted on the NHS England, the Picker Institute, and IHI websites and celebrated for their demonstrated proficiency in effective co-design and efforts to improve patient experience.

• You will be able to use the Always Events® brand.

• Have the opportunity to promote your work in webinars and other forums

• May be asked to share the tools and processes you have developed more broadly.
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- Application process

- Describe the co-design process
- Describe your vision statement and aim statement
- Changes tested
- Results you’ve achieved as a result of your Always Event
- Key learnings or surprises during the Always Event co-design process
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Application process

• Submit your application – details will be available on NHS England, the Picker Institute, and IHI websites once open.

• Applications will be reviewed by a team from IHI, the Picker Institute, and NHS England. They will assess that applications are complete and that the applicant has clearly documented how its program meets the required criteria.

• Organisations will receive notification about the acceptance of their application within two weeks of each deadline.
You can’t stay in your corner of the forest waiting for others to come to you. You have to go to them sometimes – Winnie the Pooh (Bear)