Working Together for Change in Hospital

Helen Sanderson and Tracey Bush

















Introduction

Bispham hospital, run by Spiral Health CIC, is a 40-bed rehabilitation unit near Blackpool where patients stay for an average of 16 days. The unit is the first NHS Foundation Trust bed-based service to become a social enterprise and a pioneering mindset runs through all aspects of its operation. Senior staff and managers have been attracted here because they believe that in this small unit they will be able to focus on patient-centred care in a way that really makes a difference.

Staff at Bispham recognise that traditional patient satisfaction questionnaires are often box-ticking exercises that rarely have the depth or power to inform business development. Instead, staff are using a process called Working Together for Change (WTFC)¹ to gather meaningful, qualitative feedback from patients in a very structured way.

¹ Working Together for Change in a public service environment was first explored in the 2012 paper 'Working Together for Change: Citizen-led change in public services' by Sam Bennett, Helen Sanderson and Simon Stockton (published by the Groundswell Partnership).

WTFC is a dynamic process which combines person-centred thinking with vigorous change management, empowering people to change a service from within. In a hospital environment, it allows every patient to inform strategic change. There is currently no other way to co-produce this and WTFC could be used as a valuable tool for change across many areas of the NHS.

The starting point of WTFC is to ask patients to describe what is working and what is not working. Three of the top 'working well' responses from patients as Bispham hospital were that the staff were excellent and always responsive, that the teamwork in the unit was good and that patients felt calm and slept well during their stay. Three of the top 'not working' responses were "I don't like the food – it's awful" "I am hurried for meals and then have to wait" and "It took too long for someone to come for me".

Issues of concern were the food, the feeling that patients were being hurried

to dinner but then having to wait to be served and that it took too long for staff to come to patients when bedside buzzers were rung.

Once equipped with this 'not working' information, and through the analysis and planning in WTFC staff were able to make significant changes. The unit's menus were altered and the whole meal time experience improved; staff looked into how to soften beds by laying mattress toppers over the pressure-relieving mattresses and the therapy team purchased an upgraded physiotherapy computer programme to help demonstrate exercises. The team has even explored producing its own physiotherapy DVDs, which would feature members of the staff on the unit.

The Working Together for Change Process

WTFC is an eight-stage process. The first step involves deciding the scope of the work, agreeing the quantity of information to be collected, clarifying timescales and identifying who needs to be involved. In step two this information is collected in whatever way is suitable for the organisation. In the case of Spiral Health, it was collected during a series of one-on-one patient interviews. From step three onwards, stakeholders representing the entire organisation are involved in the process. In step three, with the guidance of a facilitator, the information gathered is sorted into clusters and themed. Steps four and five involve gaining a deep understanding of the issues raised and

recognising what success would look like if the issues were addressed. By step six, the stakeholders will be ready to ask 'what are we going to do about this?' and to develop a forward plan, which is then implemented in step seven. The final step is to evaluate the changes made and communicate their impact. At this point, it is also time to consider how WTFC can be adopted as a core part of the business.

1 Prepare

Spiral Health decided to use WTFC as a way to involve all members of its hospital community in the strategic planning process. Included were managers, healthcare assistants, therapists (occupational therapists and physiotherapists), non-executive directors, nurses and patients. Spiral Health saw the WTFC process as part of an ongoing process of assessment. Its objective was to see if WTFC could eventually replace patient satisfaction questionnaires. As patients were involved in the process, the WTFC session was held in a meeting room within the hospital unit itself.

2 Collect

The patient feedback came from bedside meetings with the Clinical Director, Cheryl Swan. Cheryl talked to ten patients in the latter half of their stay. She asked each person for two things that are working, two things that are not working and two things that people would like to see in the future, if they came back again. Cheryl's approach to the interviews was very personal. She approached the patients

individually and said to them, "We want to make your experience here a good one for you. We don't just want you to do a survey, we want you to tell us in your own words what is working whilst you've been here and what is not working." Cheryl experienced some reluctance from patients to bring up negative issues. She explained to them that all feedback, positive and negative, was welcome. She said, "Patients are just used to having things done to them. Sometimes patients who want to do things differently are seen as problem patients. We want to change this." Equally, Cheryl pointed out that she worked hard not to put words into patients' mouths when they had no negative feedback to pass on. Of the ten people that Cheryl interviewed, four said that there was nothing that was not working, three said that everything was working and three had ideas about what they wanted to see in the future. The statements gathered were

transferred onto coloured cards, to make the information easier to cluster and theme. Each 'working' statement was written onto a green card, each 'not working' statement was written onto a red card and each 'important in the future' statement was written onto a blue card.

3 Theme

The group that worked together to theme the information represented a vertical slice through the entire organisation and included volunteers, senior staff, nurses, therapists and two patients.

Working

The group began by theming the green 'working' cards. Helen Sanderson, the facilitator, read out every card and the group clustered them into themes. Each theme was then labelled carefully, in a way that held true to the actual words on the cards. The largest group had eight cards and all were very positive



about nurses. The comments included, "You can't fault the staff", "The staff were lovely," and, "They are always there for you." The group named this theme "The staff are excellent, they are always there for you."

The other themes were:

"I feel more confident"

"I feel stronger after my rehabilitation"

"It was good to have a single room."

"I enjoyed the company of others"

"I felt calmer and slept well"

"The working together as a team is fantastic"

When the group had completed this process, Helen asked everyone to comment on what they thought or felt about this. Celebrating the positive feedback was an important part of the process. Nurses and other frontline staff were delighted to see the staff recognised and pleased to see that their teamwork was noted as well. The group discussed how offering people a single room or a shared room worked - as people had commented positively about both having a single room (two people) and also having the company of others in their room (one person). The therapists were particularly pleased that feeling more confident and feeling stronger was mentioned by the patients.

Not working

The group then turned to the red cards, which themed what was 'not working'. There were fewer cards as four people had said that there was nothing that was not working. The largest group of cards reflected the theme that the

food was unpopular. In the next largest group, patients were asking for more demonstrations of their exercises.

Other themes were:

"It took too long for people to come to me"
"I did not get a bath when I wanted one"
"My bed was hard"

"I was hurried to meals but then I had to wait"

"I don't want to sit in a circle doing exercises"

"I looked around and everyone was older" "I was not involved enough in decisions about equipment"

Helen asked the group for their reflections, and again, everyone had a chance to speak. At first it looked as if some of the themes highlighted things that were beyond the group's power to change. The problems seemed insurmountable. The food was supplied by an external organisation, how could it be improved? The patients were mostly elderly, that could not be changed. Some people prefer soft beds, others prefer them harder. How could the hospital cater to both?

Then the discussion deepened. Even though they could not change the age of patients, perhaps they could do a better job of preparing new patients, pointing out that it may look as if a lot of people were older, but that there were usually patients here in their 50s and 60s. With the beds, could they look at having softer mattress toppers available if requested? And they did have some control over the food. One of the negative comments had been that

the pasties were too dry. Could they request that the caterers provide gravy to go with them? Also, if portion sizes were too big or small, that was also something that could be changed.

The future

Finally the group looked at the three blue cards that represented what people wanted to see in the future.

The ideas were:

- A big screen TV for people who are partially sighted.
- An internet station.
- The unit should know more about patients before their arrival.

Cheryl was able to report that because she had collected this information from the patients, she had had a head start on acting upon it. She had already raised the patient's idea of an internet station and the unit had found someone who could help with this. The unit was also addressing how to find out more about

patients before their arrival. The new 'patient journey' being implemented includes the unit's assessor developing a draft one-page profile of new patients. This will include information on what is important to the patient and what support they feel they need for the stay.

4 Understand

In the longer term, the group intended to work on all of the 'not working' themes, but first wanted to identify the top priorities. Everyone was given three dots with which to vote on their personal priorities. Helen asked people to put two dots on their first choice and one dot on their second choice. The question was: "What are the most important issues to address, that will make the biggest difference to the most people?" As this group represented all of the organisation's stakeholders, inviting such feedback ensured that the WTFC process was considering all perspectives.



The top issues of concern were the food, the feeling that patients were being hurried to dinner but then having to wait to be served and that it took too long for staff to come to patients when bedside buzzers were rung. The group took each issue in turn and looked at what the root causes could be. The group was divided into three to talk in depth about each of these issues. Each group was mixed, with patients, therapists, nurses and managers all contributing their ideas. The ideas were then gathered together and presented as a mind map of possible root causes.

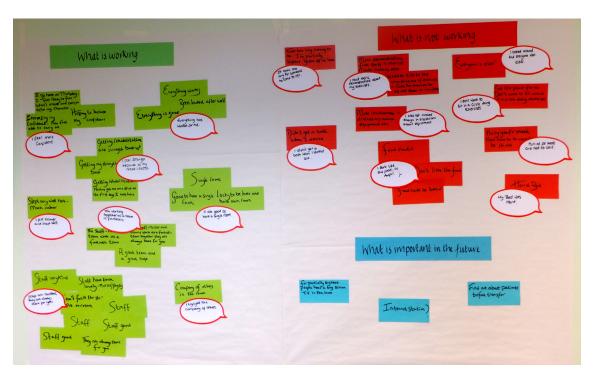
5 Identify success

People were keen to start coming up with solutions but there was another step before this could be done. The group wanted to be clear about what it was working towards and look at what success meant to different people, in their own words. Helen divided the group according to role – thus, patients,

staff (therapists and nurse) and managers - and each group was asked for a clear success statement. Each group's statement was similar, but the nuances that came through reflected their particular perspectives and were therefore important to note. At this point the group could start to look at actions to move towards this success.

6 Plan

Everyone was keen to move forward and the planning stage felt relatively easy after looking at root causes and having a shared idea of success. The group started with the top three priorities and the table below shows how it went from identifying the key information, to theming it, looking at root causes, looking at success from different perspectives - and finally deciding upon the actions to be taken. An example of the information, the theme, root causes, success indicators and actions.



What patient's said was not working	Theme	Root causes	Success - patients	Success – nurses and therapists	Success - managers	Agreed Actions	First steps on the agreed actions
"The food is awful" "I don't like the food" "The food could be better"	"I don't like the food - it's awful"	It is not cooked on site There is no flexibility with the menu lacks imagination The food does not reflect patient choices Food is too dry— there is not enough liquid (it was too wet before) The portion control is variable—some people get a lot, some people get a lot, some people get a lot, some people get a lot, there are less of them There is not enough of the choices The quality of the choices The quality of the food has decreased food has decreased menu cycle—liver in on every week!	I have a choice of good food at all meals	We provide a healthy, nutritious meal that is appetizing and reflects the patients choice	We have an award winning, healthy and balanced choice of meals, that are celebrated by patients (within budget!)	1) Talk to our catering staff and see what is possible and within their control 2) Talk to the overall suppliers directly—Tillery Valley 3) Staff to take responsibility for the quality and amount of food that each patient gets, and to problem solve and be solution focused (for example, no meat in the meat pie, go and get another piece; too dry? see if we can make gravy quickly on site) 4) Managers and staff (who are interested in doing that we are eating with patients every week. Our role here is to look at the quality of mealtimes and to find solutions to problems)	Staff and suppliers were spoken to. Evening menus were changed. Permission was obtained to make gravy on the premises, so that dishes wouldn't be too dry. Jan spoke to staff about this. Cheryl and Tracey now eat with the patients on alternate weeks.
						5) Review our progress in 3 months	A full WTFC review is being diarised.

The catering staff when lais ready when lam - there is a timely manner. The recipion of when lam - there is a timely manner. There is not enough no waiting around guidance, not plan in owaiting around neathines when the same has bout individuals. They always start about individuals so that they can about individuals serving at the some end of the room of the room of the room of the room first but they start they waiting the other end of the room of the room of the room first but they start they can be agreed so first but they start they can be agreed so first but they start for start first but they start for some first but they start for some first but they start for some first but they start for the color first but they start for some first but they arrive early (and there lave to make a start first wait) Facilities for from the first for form of the room first but they arrive early (then have to wait) Fatients go from the exercise group of the room first but they arrive early (then have to wait) Fatients go from the exercise group of the room first but they arrive early (then have to wait) Fatients go from the exercise group of the room first but they arrive early (then have to wait) Fatients go from the exercise group of the room first but wrongly (or not set at all once) NB There was a special have their for the first but they arrive early (then have to was a special have the first but they arrive early (then have to was a special have the was a special have the was a special but they arrive early (then have to was a special have the was a special have the was a special have the first but they arrive early (then have a was a special have the first but they arrive early (then have a was a special have the first but they arrive early (then have a was a special have the first but they arrive ea								
registrobe to walk" There is not be a guidance, not plan in the walting time for staff about mealthmass mealthmass were thinking in the walting time for the about medicines and in the walting was a special mealthmas and in more than 15 pet up a task group on meal time and the foron for the walting at the state of the room for the walting who walk for the walting walting serving at the stafe on the safe on the safe on the safe on the safe on the walting walting safe there, so nurses a staff have their meals after a same full then have to walf in the wards group staff in the walting walting staff in the walting staff in the walting staff in the walting walting was a special wroadly (or not set at all once). But the was a special in and note in the was a special in t	/ hurry you for s and then you	"I am hurried for meals and then have	The catering staff are still cooking	My meal is ready when I am – there is	We provide meals in a timely manner	Patients do not feel hurried and	 Clarify the start and finish time 	Meal times have been posted on
for staff about making weathinking we are thinking serving at the same and of the come room to fire form food to the come and of the come room to fire form come to fire come come to fire come form to the dring come to fire come the exercise group staff we there as me there are the correct where levels where levels form the level of the come the exercise group straight to lunch and get there are form the bace to see group straight to lunch and get there are form the was special have to wanty the buzzer is set where was special manne for this buzzeri	o wait to be	to wait"	There is not enough	no waiting around		the waiting time	for meals, so that	notice boards.
times thinking thinking the strain which the strain with the strain strain with the start of the room and the start of the room and the start of the room and the start they sta			guidance, not pian for staff about			In no more than 15 minutes	everyone is clear	
the norm of the room be a great social occasion without much waiting group on meal times individuals group on meal times of the same get the same get the same get the same get the same the same get the same the sandown much waiting much waiting much waiting much waiting much waiting get the other get at down much waiting much waiting get the other get the room get the other get at the other get the room waiting get the other get the same waiking months to the dining progress in 3 months to the dining progress in 3 months was ket longer to average group was their at the same not enough the following progress in at the same not enough the following progress in at the same not enough the following progress is set as a special group was a special group was a special group for this was a special for this			mealtimes					:
ting in the same be a great social so that they can gard to mean ways start gat the same be a great social occasion without much waiting ut they start frhe room an be sat down and be sat down walk they come to the dining the come so nurses when walk is at the same early here have to the dining and therefore and therefore and therefore and there same errors group her have to the dining and there was the same error and the same errors and the same errors and the same is set at the same and and same was a special was a special for this sufficient was a special for this same errors.			We are thinking				2) Set up a task	Chris held a
gat the same free room nut hey start free room an be sat down tut they start gat the come much waiting nut they start gat the come e who walk free room e who walk free room e who walk to the dining progress in 3 months months months progress in 3 months months months so nurses hem walking months months in the same errise group hen have to ave their at the same errise group hen have to ave alvays it this way uzzer is set uzzer is set all once) NB was a special for this free for the same free and the same free s			mealtime, not hotaltindividuals				group on meal times	working group
and once agree and of a state of			Thou always chart				so diac diey call	Willell decided it
frue room much waiting much waiting much waiting much waiting ut the start futhe other fithe room gat the other fithe room save their and therefore and there and the same root early hen have to aver their at the same root early (then ough to lunch and ere early (then way users) early hen by the lunch and ere early (then way users) early hen by the lunch and ere early (then way users) early hen by the lunch and ere early (then way users) early we always it this way users early (then way users) early (then way users) early (then way users) early (then way early (then wa			serving at the same				De a great social	was evel youe s responsibility to
an be sat down If they start gat the other gat the other gat the come e who walk to the dining to the dining and therefore here, so nurses them walking hen have to have their at the same - not enough the to lunch and eer cise group the for this friends			and of the room				much waiting	assist natients
ut they start g at the other f the room f the dining to the dining take longer to ere, so nurses them walking and therefore arrive early then have to nave their at the same at the same that to lunch and errise group that to lunch and errise group the arrive (then to wait) we always it this way uzzer is set all once) NB was a special for this			You can be sat down				0	
g at the other fithe room e who walk to the dining take longer to take longer to take longer to the dining take longer to them walking and therefore arrive early then have to any the same and the same at the same on the same to group the following the longer to wait) we always it this way uzzer is set all once) NB was a special for this			first but they start					
f the room e who walk to the dining the fall of the dining to the dining to the dining to the dining therefore and therefore and therefore and therefore arrive early then have to answe their at the same - not enough the same - not enough the same the same the same the same the same the same - not enough the of the same at the same the same the same at the same - not enough the same - not enough at this way uzzer is set gly (or not all once) NB was a special for this			serving at the other					
e who walk to the dining take longer to lere, so nurses shem walking and therefore and therefore and the same and the same not enough the go from decise group th to lunch and lere early (then so wait) we always tift his way uzzer is set all once) NB was a special for this			end of the room				3) Review our	
to the dining take longer to ere, so nurses them walking and therefore arity then have to have their at the same rnot enough the following from ecrise group that to lunch and ere early (then so wait) we always it this way uzzer is set all once) NB was a special for this			People who walk				progress in 3	
get there, so nurses start them walking early and therefore they arrive early (and then have to wait) Staff have their mashs at the same time – not enough staff Patients go from the exercise group the buzzer is set wrongly (or not set at all once) NB There was a special name for this buzzer;			down to the dining				months	
start them walking early and therefore they arrive early (and then have to wait) Staff have their meals at the same time - not enough staff Patients go from the exercise group straight to lunch and straight to lunch and straight to lunch and straight to wait) We have always done it this way The buzzer is set wrongly (or not set at all once) NB There was a special name for this buzzer:			room take longer to					
early and therefore they arrive early (and then have to wait) Staff have their mast at the same time I not mough staff Patriaght to lunch and get there early (then have always done it this way The buzzer is set worogly (or not the was a special name for this buzzer;			get there, so nurses					
they arrive early (and then have to wait) Staff have their meals at the same time — not enough staff to lunch and get there early (the have to wait) We have always done it this way The buzzer is set wrong or or set at all once) NB There was a special name for this buzzer;			start them walking					
they arrive early (and then have to wait) Staff have their meals at the same time—not enough staff Patients of from the exercise group straight to lunch and get there early (then have to wait) We have always done it this way The buzzer is set wrongly (or not set at all once) NB There was a special name for this buzzer!			early and therefore					
waith the have to waith with the same time and the same time at the same time - not enough staff Patients go from the exercise group straight to lunch and get there early (then have to wait) We have always done it this way The buzzer is set wrongly (or not set at all once) NB There was a special name for this buzzer; buzzer:			they arrive early					
Staff have their meals at the same time – not enough staff Patients go from the exercise group straight to lunch and get there early (then have to wait) We have always doon it this way The buzzer is set wrongly (or not set at all once) NB There was a special name for this buzzer!			(and then have to					
meals at the same time—not enough staff Patients go from the exercise group straight to lunch and get there early (then have to wait) We have always done it this way The buzzer is set wrongly (or not set all once) NB There was a special name for this buzzer:			wait)					
meals at the same time – not enough staff Patients go from the exercise group straight to lunch and get there early (then have to wait) We have aways done it this way The buzzer is set wrongly (or not set at all once) NB There was a special name for this buzzer!			Staff have their					
time – not enough staff Patients go from the exercise group straight to lunch and get there early (then have to wait) We have always done it this way The buzzer is set wrongly (or not set and in once) MB There was a special name for this buzzer!			meals at the same					
Patients go from the exercise group straight to lunch and get there early (then have to wait) We have as a special wrongly (or not set at all once) NB There was a special name for this buzzer:			time – not enough					
the exercise group straight to lunch and get there early (then have to wait) We have always done it this way The buzzer is set wrong to not set at all once) NB There was a special name for this buzzer:			staff					
the exercise group straight to lunch and get there early (then have to wait) We have a wais, Whe have a ways done it this way The buzzer is set wrongly (or not set at all once) NB There was a special name for this buzzer!			Patients go from					
get there early (then have to wait)			the exercise group					
get there early (then have to wait) We have always done it this way The buzzer is set wrongly (or not set all once) NB There was a special name for this buzzer.			straight to lunch and					
Ne have always We have always done it this way The buzzer is set wrongly (or not set at all once) NB There was a special name for this buzzer:			get there early (then					
we have always done it this way The buzzer is set wrongly (or not set at all once) NB There was a special name for this buzzer!			have to wait)					
The buzzer is set wrongly (or not set at all once) NB There was a special name for this buzzer!			We nave always					
wrongly (or not set at all once) NB There was a special name for this buzzer!			done it tills way					
wrongy (or not set at all once) NB There was a special name for this buzzer!			ille Duzzel is ser					
There was a special name for this buzzer!			set at all once) NR					
name for this buzzer!			Thora cacha Thora					
buzzer!			name for this					
			hizzerl					

"It took too long for someone to come	"It took too long for "It took too long for When the buzzer someone to come goes, we think it i	When the buzzer goes, we think it is	When I ring my buzzer someone	We all share responsibility for	We are confident that patients have	1) We all take responsibility for	A zero tolerance policy has been
for me"	for me"	someone elses job I think someone else	comes quickly	answering the buzzers quickly	a prompt response when they ring the	both answering the buzzer ourselves	introduced. All staff, including
		is going to get it		-	buzzer.	and supporting	management,
		You cannot hear the				others to do this	must now answer
		buzzer in the wind				– We have zero	buzzers.
		We are busy doing				tolerance for	
		notes				ignoring buzzers	
		It is not on my side/					
		my patient				 We clarify that 	
		Some staff are lazy				this is everyone's	
		We are too busy				role (not just HCA)	
		Some people think					
		it is the Health Care				3) We review	
		Assistants job				our progress in 3	
						months	

The next steps

Spiral Health is now at step 7 of the WTFC process – implementation. Progress will then be reviewed in three months. In order that this process is completely transparent, with all hospital stakeholders briefed on progress, a display has been created in the reception area at Bispham hospital. It highlights the issues that have been raised and the action being taken to rectify them.

As well as acting on what is not working, the team are also moving forwards on what patients said they wanted in the future.

In a few weeks' time the management team at Spiral Health will be developing the business plan for next year and incorporating the information and decisions made through Working Together for Change.

What patients said is important in the future	Action
Have an internet station	Spiral Health has received confirmation that the Blackpool Hospitals NHS Trust has donated a PC and a desk to the unit. It will not be possible to connect to the Trust's wifi, so Spiral Health intends to set up an account independently. Patients will be able to use the unit's 'internet café' or log on using their own laptops or tablets.
Large screen TV for people who are partially sighted	As there is a large screen TV in the dining room, staff will make a point of helping partially sighted patients have access to this during their stay. Alternatively, once the wifi is installed, partially sighted patients will be able to watch live stream TV on laptops and tablets anywhere in the unit.
Find out about patients before arrival in the unit	Spiral Health is formalising the process whereby the unit's assessor starts gathering information from new patients for a one-page patient-centred profile. The short interview will take place with the patient prior to arrival in the unit. The assessor will ask patients what is important to them and what support they feel they need during the stay. The idea is to build up a picture of the patient as a real person and to understand very clearly what matters to them. Ideally this information should travel to the unit ahead of the patient, so staff are briefed on a new arrival before he or she actually arrives.

Conclusion

At a time when the NHS is working hard to listen to patient feedback (through the recently launched 'Friends and Family' test, where patients and staff are asked if they would recommend the service they had received/provided to their loved ones), WTFC stands out as a straightforward tool which not only records feedback, but uses that feedback to engineer meaningful change. It enables patients, nurses, managers and therapists to all make a direct and significant contribution both to changing the patient experience for the better and informing the business planning process.

WTFC has helped Spiral Health move away from traditional patient satisfaction questionnaires and towards a more thorough and meaningful process that is truly person-centred. The Bispham hospital unit has now embedded WTFC into its business operations. Staff routinely ask patients what is working and not working and the information gathered will be fed into quarterly reviews, all using the eight-part WTFC process.

For more information go to www.groundswellpartnership.co.uk and helensandersonassociates.co.uk

