

Working Together for Change in Hospital

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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.



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,

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.



Patients generating their priorities for change

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
<p><i>"The food is awful"</i></p> <p><i>"I don't like the food"</i></p> <p><i>"The food could be better"</i></p>	<p><i>"I don't like the food – it's awful"</i></p>	<p>It is not cooked on site</p> <p>There is no flexibility with the menu</p> <p>The menu lacks imagination</p> <p>The food does not reflect patient choices</p> <p>Food is too dry – there is not enough liquid (it was too wet before)</p> <p>The portion control is variable – some people get a lot, some people too little</p> <p>Staff in the kitchen have changed – there are less of them</p> <p>There is not enough of the popular choices</p> <p>The quality of the food has decreased</p> <p>There is a short menu cycle – liver in on every week!</p>	<p>I have a choice of good food at all meals</p>	<p>We provide a healthy, nutritious meal that is appetizing and reflects the patients choice</p>	<p>We have an award winning, healthy and balanced choice of meals, that are celebrated by patients (within budget!)</p>	<p>1) Talk to our catering staff and see what is possible and within their control</p> <p>2) Talk to the overall suppliers directly – Tillery Valley</p> <p>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)</p> <p>4) Managers and staff (who are interested in doing this) rotaed on so 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)</p> <p>5) Review our progress in 3 months</p>	<p>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.</p> <p>Jan spoke to staff about this.</p> <p>Cheryl and Tracey now eat with the patients on alternate weeks.</p> <p>A full WTFC review is being diarised.</p>

Patients generating their priorities for change

<i>“They hurry you for meals and then you have to wait to be served”</i>	<i>“I am hurried for meals and then have to wait”</i>	<p>The catering staff are still cooking</p> <p>There is not enough guidance, not plan for staff about mealtimes</p> <p>We are thinking ‘mealtime’ not about individuals</p> <p>They always start serving at the same end of the room</p> <p>You can be sat down first but they start serving at the other end of the room</p> <p>People who walk down to the dining room take longer to get there, so nurses start them walking early and therefore they arrive early (and then have to wait)</p> <p>Staff have their meals at the same time – not enough staff</p> <p>Patients go from the exercise group straight to lunch and get there early (then have to wait)</p> <p>We have always done it this way</p> <p>The buzzer is set wrongly (or not set at all once) NB</p> <p>There was a special name for this buzzer!</p>	<p>My meal is ready when I am – there is no waiting around</p>	<p>We provide meals in a timely manner</p>	<p>Patients do not feel hurried and the waiting time in no more than 15 minutes</p>	<p>1) Clarify the start and finish time for meals, so that everyone is clear</p> <p>2) Set up a task group on meal times so that they can be a great social occasion without much waiting</p> <p>3) Review our progress in 3 months</p>	<p>Meal times have been posted on notice boards.</p> <p>Chris held a working group which decided it was everyone’s responsibility to assist patients.</p>
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Patients generating their priorities for change

"It took too long for someone to come for me"	"It took too long for someone to come for me"	When the buzzer goes, we think it is someone else's job I think someone else is going to get it You cannot hear the buzzer in the wind We are busy doing notes It is not on my side/ my patient Some staff are lazy We are too busy Some people think it is the Health Care Assistants job	When I ring my buzzer someone comes quickly	We all share responsibility for answering the buzzers quickly	We are confident that patients have a prompt response when they ring the buzzer.	1) We all take responsibility for both answering the buzzer ourselves and supporting others to do this – We have zero tolerance for ignoring buzzers 2) We clarify that this is everyone's role (not just HCA) 3) We review our progress in 3 months	A zero tolerance policy has been introduced. All staff, including management, must now answer buzzers.
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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