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Introduction

The West of England AHSN in partnership with colleagues at RUH Bath designed and delivered a masterclass on how to work collaboratively with patients and carers to co-design and transform clinical services.

The day included talks by 3 keynote speakers and the 41 attendees then participated in a stimulating and interactive workshop to practice using some of the tools from the Kings Fund's 'Experience Based Co-Design' toolkit.

Key Aims of the Masterclass

- Give participants a better understanding of the benefits of co-design and co-production between clinicians/managers and patient/carers when improving services.
- Show participants The King's Fund Experience Based Co-Design Toolkit and encourage them to use key elements.
- Give participants a better understanding of the importance of personal behaviors to influence change.
- Show participants how Northumbria Healthcare trust is successfully taking a whole organisation approach to patient experience.
- Encourage networking with like-minded colleagues.

Key Note Speakers

Delegates were joined by 3 key-note speakers who all delivered exceptionally inspirational talks on co-production and how patients and staff working together can lead to a safer patient experience.



Annie Laverty

Director of Patient Experience at Northumbria Healthcare NHS Foundation Trust.

Annie Laverty is Director of Patient Experience at Northumbria Healthcare NHS trust and she discussed how her organisation has put patient experience at the core of their approach to improving care, with positive results in patient satisfaction and staff morale. Attendees seemed particularly interested in how patient feedback is collected in a morning and delivered to staff directly that afternoon, in a way that encourages staff members to use the feedback to improve the way they and their team mates deliver care.



Suzie Bailey

Head of Development at Monitor

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Suzie Bailey is Head of Development at Monitor and she was able to explain how Quality Improvement approaches are being used by the regulator to increase the range of support they are able to provide to front line care providers. Additionally, in a previous role Suzie played an important role in the development of the Sheffield Microsystems Coaching Academy at Sheffield Health and Social Care NHS Foundation Trust, and **Sheffield Children's** NHS Foundation Trust, in partnership with the Dartmouth **Institute Microsystem Academy** from the USA.



Anna Burhouse
 Director of Quality West of England AHSN

Anna Burhouse is the Director of Quality at the West of England AHSN, and also still practices clinically as a Child and Adolescent Psychotherapist. Additionally, Anna works on a voluntary basis to help develop the 'Recovery college' in Gloucestershire and she shared personal stories about some of the people they had helped, including video clips to emphasise the success of the approach.

Pledges

During the day participants were encouraged to make personal pledges as to actions they would be taking as a result of attending the Masterclass. Below, are the pledges made by attendees on our Pledge Board:

I will remember that at any point I could be 'the patient' not the 'member of staff' and ask myself; 'how would I want to be cared for?'
Aim to find out topics adults and children find important in their physio service – audit
Involve patients with a long term condition to do a session for junior doctors and nursing staff
Talk to service leads/Bath College regarding a patient film
Allocate 1 hour per week to Quality Improvement and protect it.
Make sure I link the science data to a patient story
Measure the things patients care about
Cascade information and attempt to replicate the passion and enthusiasm for this topic to other teams I work with.
Use patient feedback to promote positive changes in practice
Prioritise patient educator input on self- management programmes
Talk to current 'patient educators' (peer trainers) about what they would like their role to be
I will actively engage with our local patient/carer group to find out what actually matters to them rather than asking for feedback about what we think is important.
Look at possible seasonal patterns in patient feedback in mental health and what to do with that information.
I will liaise with ACE ward in getting patient carer feedback on the care they receive.
I will work with the teams in the Chemotherapy suite in involving patients and listening to them and how they feel we improve their care.
I will share the methods and reasoning's behind 'co-design; with patients with the CSU Transformation team to build it as part of a service offer – make it become the 'norm'.
I will take the time to check on my colleague's well-being and how I can help them to

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ultimately provide the best care for patients
I pledge to utilise methods of patient feedback linked to staff satisfaction (virtuous circle) to assist monitoring and evaluating in my role as support to project management.
Capture more in depth patient experience and real time feedback to staff
Co-design with patients – a new telephone clinic service that we are about to pilot.
Remember to feedback compassionate care examples to teams and nominate more staff customer service awards
Research more about value-based interviews
I would like to implement real time feedback with same day action within my ward (small scale to begin)
I will make sure I do what I have always wanted to do, and invite a group of patients to talk about their experience of ophthalmology op department.
Influence my team to adopt new ways to examine data beyond a bar chart so effort is better focused.
I will 'think patient' when I am working in my office about how we can improve care.

Practising Elements of the Experience Based Co-Design

Observations

In the afternoon, delegates were introduced to the King's Fund Experience Based Co-Design Toolkit and had the opportunity to work in large groups to consider what observations they might make about their working environment if they were a patient, carer or visitor with a view to making the environment more attractive for guests.

COMMUNICATION	PEOPLE
<ul style="list-style-type: none"> • People get lost because of unfriendly 'no access signs' • Use floor trails, footprints, animal trails and shapes • Lacking privacy for patients • Adequate signage • Phones ringing • Confusing if poor eye sight • Who do I talk to? • If you're not assertive, you would fall at the first hurdle • Poster and Information display doesn't make the most of the information • Ophthalmology – No Clear communication about who is being called in first • Slow waiting times 	<ul style="list-style-type: none"> • Friendly/Smiley/Happy • Various levels of receptionist interaction and engagement • Need to be polite and smiling • A 'can-do' attitude makes all the difference • Staff unable and unwilling to help • Unfriendly receptionist and doesn't greet you. • Atmosphere needs – confidence, friendliness, direct point of contact, eye contact, communications • My Emotions: <ul style="list-style-type: none"> ○ Alone, awkward ○ Not included (patient first coming into ward) ○ Not welcomed – feel an inconvenience ○ Fear – different, unfamiliar faces ○ Embarrassed (on route from one ward to another)

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	<ul style="list-style-type: none"> ○ Enthusiastic ○ Feeling daunted ○ Empowered ○ Feel able to influence seniors and be the patients voice ○ Can be frustrated if your lone voice isn't heard or idea acted upon
<p>ENVIRONMENT</p> <ul style="list-style-type: none"> ● Many conversations ● Busy and Bustling ● Out of date posters ● Children's artwork ● Toys and Children's Games ● Safety ● Not secure ● Hazards ● Light, spacious area ● How do I find the right place? ● Messy/Dirty ● Nasty smells ● Cold ● Locked doors ● Buttons to open door – nowhere near the door ● Child friendly space ● Nothing interesting to look at ● Threatening signs 'DO NOT' ● Clean, re-decorated ● Doesn't feel like you are walking in to a clinical area ● Unfriendly environment ● Noisy ● Toilets clearly labelled ● Anxiety increased by lack of help and assistance ● Feedback via photographs are very powerful ● Enormity of the building – intimidating ● Parking delays – difficulty leads to stress and anxiety and delays 	

Role Play

Delegates then worked in groups of 3 to practice interviewing patients in a way that would support their involvement in co-design meetings between clinicians and patients.

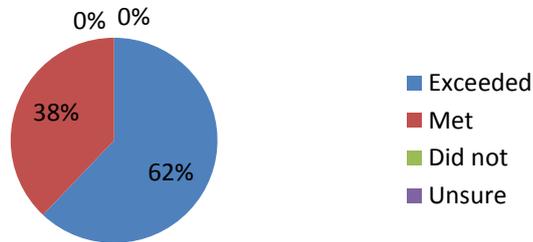
Evaluation

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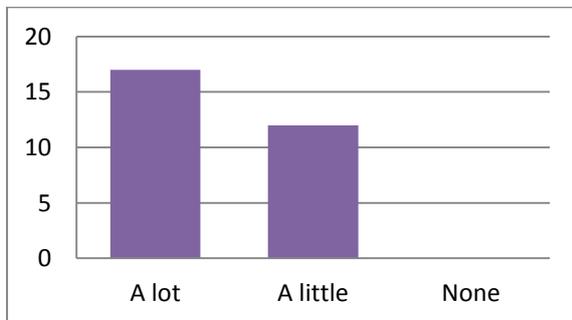
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30 participants completed our feedback form.

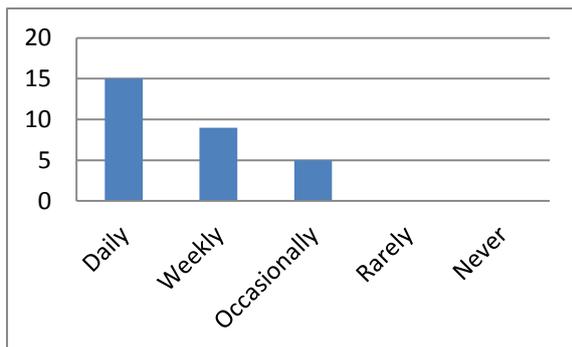
1a. How far do you feel this event met the key learning objectives?



2a. How far do you feel that this event increased your knowledge/skills/confidence?



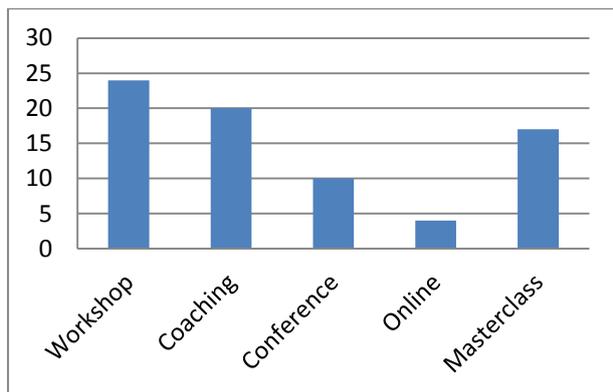
2b. How often do you feel that you will use the knowledge & skills you gained in the workplace?



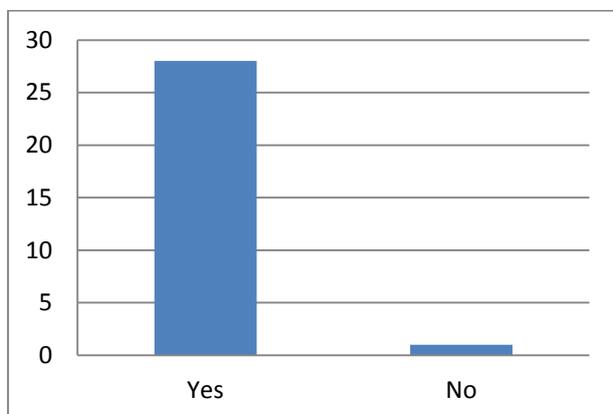
3a. What types of future events do you think would work best to increase knowledge of, and confidence in using, Quality Improvement Tools?

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3b. Would you recommend this event to others?



Comments

Throughout the day there was an extremely positive vibe within the room and feedback from participants confirmed this with particular reference to the 'inspirational speakers' and 'how surprisingly real' the workshops were, plus 'how well organised' the event was.

<ul style="list-style-type: none"> Really inspiring speakers.
<ul style="list-style-type: none"> Speakers were experts in field - used emotive and personal experiences.
<ul style="list-style-type: none"> Very moving and interesting experience - great insight!
<ul style="list-style-type: none"> Excellent speakers with a real passion for their work, not only informative but also inspirational
<ul style="list-style-type: none"> Gave insight into how important to involve patients
<ul style="list-style-type: none"> Wasn't sure what to expect, patients are an underused resource.
<ul style="list-style-type: none"> Some new material, some more familiar, but a great event to be part of.
<ul style="list-style-type: none"> Some great ideas which will energise my ongoing commitment and drive for improvement.
<ul style="list-style-type: none"> The event was very well organised!
<ul style="list-style-type: none"> Very interesting, not at all dry - just need time to use the learning!!!
<ul style="list-style-type: none"> The personal touch from the speakers made it all very real.
<ul style="list-style-type: none"> I was hoping to learn about how to engage patients, and I did!

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<ul style="list-style-type: none"> Really inspirational, very keen to share and implement the learning.
<ul style="list-style-type: none"> Great networking - Built on previous training (E.g. Mary Seacole programme) Annie's talk was excellent felt a bit like focus on managing complaints rather than listening and co-producing in final exercise.
<ul style="list-style-type: none"> 3 amazingly inspirational speakers who made me feel that I can improve services and have given me the confidence to just do it!
<ul style="list-style-type: none"> I understood the importance of seeking patient involvement in designing services.
<ul style="list-style-type: none"> Very powerful presentations
<ul style="list-style-type: none"> Really enjoyed the 3 perspectives of the role play - surprisingly felt very real!
<ul style="list-style-type: none"> The event was patient focused. Inspirational, good to listen to real examples of improvement/changes made.
<ul style="list-style-type: none"> Great event provoked thought and fuelled enthusiasm.

Please tell us about two aspects of your work /behaviour that you think will change as a result of today's learning, and what impact you feel that this will have on your patient care.

Encourage patients/carers to be involved in reviewing our changing service.
Not assuming what service users may want improving with feedback questionnaires asking what we want to know, ask what matters to them.
Design means of regularly feeding back how our service is doing on issues that matter to users.
Think more about 'what it means' and what we're going to do about it.
Work with my team to use what we learnt today.
More focus on quantitative data - focus on patient experience
Better real-time feedback of information
More partnership working using others expertise
Won't forget to ask staff for their feedback
Listening and understanding others (patients and staff!)
Renewed enthusiasm
More focus on the patient experience and using this to guide positive changes in patient care.
I will attempt to replicate the speaker's enthusiasm for the topic and cascade this along with the new knowledge to other teams I work with.
Have more of an idea of what can be achieved by these workshops
Work more closely with the QI team to develop courses on public involvement
Look at patients environment through their eyes

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Take learning back to senior team.
Listen more attentively to patients and their perspective.
Staff morale is key to success
I will be trying to refocus the council of governors in the way in which we collect and utilize patient feedback
I want to try and strike up a dialogue with Monitor to improve training and available resources for governors.
I liked the point Annie made about real-time data vs right time data. Will think about this changing my practice.
Think about a QI forum at work and linking this with research.
Interested to look at the toolkit more closely.
Need to think about the role play scenarios - as we are all patients there is a possibility that some of the scenarios may bring up emotional things for some participants
Link service user, carer and staff feedback to improve services
Work harder to ensure feedback reaches the right people in order to make a difference
Use of data for change
Improve staff engagement: draw the line between work and patient outcomes
Looking at ways to join teams in the trust together - as often we are all working individually.
Looking at engaging more with patient experience.
Promote small 'changes'/interventions rather than big strategies
Virtuous circle of staff satisfaction and patient feedback and positive outcomes
Talk to patient educators, more about how they want to contribute
Involve patients in any change to services we provide.
Listen to patients views - it's often the small things that make the difference.
Pretending to be the patient was moving, I will use this in my training.
Use data and patient experience/stories to influence change.
Really look at the QI projects I am involved in to look at what is missing - capturing and using patient experience.
Recognise examples of care that can be used as stories to share and recognise and feedback to teams.