

The CLAHRC
Yorkshire and
Humber



Understanding and enhancing how hospital staff learn from and act on patient experience data:

An action research project Progress Report: March 2017

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Department of Health Disclaimer: The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the Health Services and Delivery Research, NIHR, NHS or the Department of Health.

Background

There is emerging evidence (Ward & Armitage, 2012), an increasing policy focus, and now near universal agreement that Patient Experience (PE) feedback is necessary in order to deliver high quality care (Berwick, 2013; Francis, 2013; Keogh, 2013). In the UK significant resource is allocated to the collection of PE feedback, and the Friends and Family Test has become mandatory for all hospital Trusts to collect (NHS England, 2014). Other measures include: local surveys or audits, patient stories/narratives, annual patient surveys designed by the Picker Institute, complaints, patient reported safety incidents, and comments through social media outlets such as Twitter, Facebook, Patient Opinion and NHS Choices. However, the overt emphasis and huge resource allocated to collecting PE data has not been matched by efforts to utilise and evaluate the impact of feedback on service improvement (Coulter et al., 2014). This research project contributes to understanding how ward staff can use the range of patient experience feedback available to them, to make improvements to patient care. It is a run collaboratively by the Yorkshire Quality & Safety Research Team (YQSR) and the Yorkshire & Humber Improvement Academy. We adopt an action research methodology which means that we generate novel solutions to the challenge by working with hospital staff in the context of their real working lives.

We have two broad goals:

- i) to make a difference to practice in the participating Trusts by assisting ward teams to make real improvements based on their own patient feedback, and
- ii) to use the experiences of these Trusts to develop general guidance - a Patient Experience Improvement Toolkit (PEIT) - and theory about the use of patient experience feedback for improvement. To enable the generation of this general guidance and theory, the project employs an Evaluation Fellow who is observing the progress and challenges of the wards/departments as they work with the Toolkit, as well as using a validated experience survey with their patients to monitor the impact of the Toolkit over time.

Who's involved?

Name	Title	Role in Project
Rebecca Lawton	Professor of Healthcare Psychology	Principle Investigator
Laura Sheard	Senior Research Fellow	Project Manager & Evaluation Lead
Rose Peacock	Senior Research Fellow	Action Researcher: co-design & implementation of toolkit with wards
Claire Marsh	Senior Research Fellow / PPI Lead	Improvement and PPI specialist: technical guidance throughout
Tom Mills	Evaluation Fellow	Independent evaluation of toolkit
Ian Gwilt	Professor of Design	Visual design of toolkit and resources

Three Trusts are participating in the project and at each Trust we have two wards/departments involved, along with corporate support from Patient Experience and/or Patient Involvement teams. We have also recruited two patient representatives per Trust.

This table indicates the key people involved at each Trust:

Leeds Teaching Hospitals NHS Trust	Harrogate Foundation NHS Trust	Bradford Teaching Hospitals NHS Foundation Trust
Clair Wilby; Sarah Fox; Bonnie Newby; Christine Allen (A&E) Honeylette Taleon; Melinda Gerrad (Ward 21) Krystina Koslowska: (Head of Patient Experience).	Jennie Foster (Littondale Ward) Harrogate (Jennie Foster) Bonnie Sutcliffe (Trinity ward, Ripon) Maggie Peat: (PPI lead) Tahir Idrees: (Research)	Amanda Greenwood (Ward 8) Julie Dean, Claire Townsend, Alison Powell (Maternity) Chris Brown, Shelley Bailey, Isla Dowds (Patient Experience Team)
Patient representatives		
Pat Newdall Philip Elphick	Richard Eastoe Fran Senior	Linda Lovett Saleena Khatun

Action Research in practice – the Hub concept

The Hub brings together key people from each participating Trust (see table above) with researchers to co-design the PEIT through continued cycles of testing and review. The project overview diagram below indicates how this process is working for the duration of the project.

Project overview

Jan – Dec 2016

Exploring the PE landscape
qualitative research

HUB Designs a toolkit
prototype PEIT (V1)
co-design workshops

Jan – March 2018

Implementing & evaluating PEIT (V1)
6 wards

Mid-point HUB
workshop to refine PEIT
Sept 2017

Implementing & evaluating PEIT (V2)
same 6 wards

Jan – June 2018

Evaluation analysis

HUB review workshop

Refinement & dissemination of
PEIT (V3)

Progress to date

A **Steering Group** provides oversight and strategic advice through meetings every three months. The Steering Group comprises all members of the research team, all co-applicants (Improvement Academy Director; Chief Exec of AvMA; Deputy Director of Nursing, Nottingham University Hospital), Patient Experience Leads from each Trust and the 6 Patient Representatives who attend on a rotational basis.

Between January and July 2016, our lead researcher Rose Peacock carried out a **scoping review and qualitative research** (focus groups with ward staff; individual interviews with key staff; and observations of Trust Board Meetings) to understand which different forms of patient experience feedback are currently collected by hospitals and processes that support this, how this feedback is presented to staff at ward-level, and whether or not/how staff use this feedback for improvement.

The findings from these research stages were used to inform a series of three **co-design workshops** (September, October, December 2016) with the HUB to develop PEIT V1.

Patient involvement is a strong feature of our implementation work. We have recruited 6 patient representatives and allocated 1 to each ward/department. They all attended the co-design workshops and have been supporting wards/departments in a variety of ways including: collecting additional patient feedback through conversational style interviews with patients; recruiting additional volunteers to help ward staff make sense of patient experience feedback; interpreting existing patient feedback.

The components of PEIT



Our Patient Feedback

A toolkit for understanding, using and celebrating information on patient experience

Whilst still a work in progress, the Patient Experience Improvement Toolkit (PEIT) has been designed to outline the steps required to collate, interpret and act on patient experience feedback for improvement. It includes resources and exercises to support the following steps which are underpinned by The Model of Improvement championed by the Institute for Healthcare Improvement (Langley et al 2009).

- 1) Collation of existing feedback
- 2) Building a team – include patient representation
- 3) Developing a shared consensus on principles of patient experience
- 4) Improvement cycles: prioritising issues for improvement/enhancement, measurement and review.

Academic outputs to date

Peacock RE; Marsh C; Sheard L; Lawton R. 2016. Understanding and enhancing how hospital staff learn from and act on patient experience data. Bradford Institute for Health Research Conference “Research that changes a city”, Bradford Teaching Hospitals NHS Foundation Trust, Bradford. Poster presentation 7th October,

Peacock RE; Marsh C; Sheard L; Lawton R. 2016. Making use of patient experience feedback data: perspectives of ward based staff. Yorkshire and Humber Improvement Academy Science of Improvement Conference, Harrogate International Conference Centre, Harrogate, oral presentation, 21-22nd November

Updates

This project is receiving a high amount of interest from across the UK.

We will therefore be providing regular updates on the Improvement Academy and YQSR websites:

<https://www.improvementacademy.org/about-us/patient-and-public-engagement>

<https://yqsr.org/projects/current-research>

References

Ward, J. & Armitage, G. (2012). Can patients report patient safety incidents in a hospital setting? A systematic review. *BMJ Quality & Safety*, 21(8), pp. 685-99.

Berwick (2013). *A promise to learn - a commitment to act*. London: The Stationery Office Ltd.

Francis, R. (2013). *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. London: The Stationary Office Ltd.

NHS England (2014). *Introduction to the Friends and Family Test*. [Online] NHS England. Available from: <http://www.england.nhs.uk/ourwork/pe/fft/> [Accessed 22/12/14].

Coulter et al (2014) Collecting data on patient experience is not enough: they must be used to improve care *BMJ* 2014;348:g2225 doi: 10.1136/bmj.g2225

Langley et al. (2009). *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd edition)*. San Francisco: Jossey-Bass Publishers.