A TOOLKIT TO SUPPORT NHS COMMISSIONERS TO REDUCE POOR EXPERIENCE OF IN-PATIENT CARE
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The definition of quality in health care, enshrined in law, includes three key aspects, clinical effectiveness, patient safety and patient experience. A high quality health service exhibits all three.

However, achieving all three ultimately happens when a caring culture, professional commitment and strong leadership are combined to serve patients.

We have an opportunity to narrow the gap between the best and the worst, whilst raising the bar higher for everyone'.

NHS Five Year Forward View, October 2014

This toolkit has been developed to support NHS commissioners to work collaboratively with patients, carers and NHS provider organisations to reduce poor experiences of in-patient care. It has been co-designed with a number of Clinical Commissioning Groups (CCGs).

The 2014/15 planning guidance set out three key patient experience related features to be demonstrated in the commissioners 5 year Strategic Plans:

- how you will set measureable ambitions to reduce poor experience of in-patient care and poor experience in general practice
- how you will assess the quality of care experienced by vulnerable groups of patients and how and where experiences will be improved for those patients
- how you will demonstrate improvements from FFT, complaints and other feedback
1. INTRODUCTION

In May 2014 NHS England and Macmillan jointly ran an event on ‘Commissioning for a Better Patient Experience’ with commissioners, patient leaders and providers. In the summer of 2014 NHS England undertook an analysis of the patient experience elements of the final commissioner five year Strategic Plans to identify what further support tools should be developed. Key themes that emerged from these are: support for using relevant data, a toolkit to support improvement, and signposting to effective approaches to assessing and improving the experience of care by vulnerable groups of patients.

This toolkit addresses key aspects of the support identified by commissioners to assist improvement work with main providers of in-patient services, patients and carers to reduce poor experiences of in-patient care. It is intended to be updated annually following publication of the National in-patient survey results.

The toolkit is the first in a series and is made up of three core elements:

- a data tool to help commissioners identify priority areas to focus on in order to improve in-patient experience;
- case examples to illustrate improvement work undertaken by organisations;
- signposting to relevant improvement tools;

Further interactive toolkits are being designed and will be circulated throughout 2015/16, the timescales for these are:

<table>
<thead>
<tr>
<th>TOOLKIT</th>
<th>ESTIMATED DATE</th>
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<tr>
<td>Vulnerable Adults</td>
<td>Early Spring 2015</td>
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<td>Children and Young People Services</td>
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If you have any feedback on this toolkit please send these to p.jebb@nhs.net
2. WHY DOES THIS TOOLKIT ONLY COVER ACUTE IN-PATIENT CARE?

The levels of ambition were set within the commissioner five year Strategic Plans to reduce poor experience of care covered in-patient care and general practice. This was because the data could be meaningfully reported for each CCG footprint. Currently there is a much more developed understanding of effective improvement approaches for in-patient care that can address identified aspects of poor experience. In addition, there is also a wealth of other data and feedback relating to in-patient care that can inform and drive improvement. Some actions to improve the in-patient experience may also have an impact on other areas of care delivery for example, cancer care, children’s and young people’s services, outpatient services etc.

We will subsequently discuss with commissioners the potential value of developing a similar toolkit to support the reduction of poor care of experience in primary care in 2015.
Over the recent years the national in-patient survey results have been generally consistent, with small incremental improvements for many questions, but those aspects where patients report poorer experiences nationally remain areas where further improvement is needed.

Of the 15 questions used to measure the poor experience of in-patient care the areas that are highlighted nationally include:

- Being treated with Respect and Dignity
- Hospital Food
- Noise at Night from Hospital Staff
- Involvement in decisions about care and treatment
- Privacy when being treated
- Information Giving and Consistency
- Infection Prevention
- Discharge Processes
Commissioners should work collaboratively with patients, carers and main providers of NHS in-patient services to co-produce CCG-wide and provider specific priorities and plans for improvement, and to also subsequently monitor implementation, review and revise plans. Where CCGs are engaged in jointly commissioning in-patient services (representing at least 10% of CCG activity), priorities and plans for improving experience of care should be developed with those CCGs.

From the data tool spreadsheet it is expected that commissioners will work with others in this way to identify local priorities, using local feedback and intelligence. The spreadsheet provides national, CCG-wide and provider specific data.
4. USING THE TOOLKIT

This data should not be used in isolation and should be linked with the providers’ wider data set both qualitative and quantitative data, which may include:

LEVELS OF AMBITION ATLAS

Levels of Ambition Atlas presents indicator values for Level of Ambition 6: Increase the number of people having a positive experience of care outside hospital, in general practice and the community. Baseline and trend data are included in the Atlas, along with CCGs’ projected levels of ambition up to 2018.

The indicator presented in the Atlas is a composite measure based on 15 questions from the in-patient survey. The indicator is defined as the rate of responses of a “poor” experience of in-patient care, per 100 patients. The tool provided as part of this toolkit helps CCGs to understand the main drivers of their Level of Ambition by showing separately, the proportion of “poor” responses to each of the 15 questions used to construct the Level of Ambition.

NATIONAL SURVEY DATA

Trust Benchmark reports showing trust performance relative to the national picture, for individual survey questions, are available for the following surveys:

- Accident and Emergency survey 2014
- Maternity Services survey 2013
- Cancer patient experience survey 2014
- Results for Patient Led Assessments of the Care Environment (PLACE) are available at both site and organisation level
4. USING THE TOOLKIT

LOCAL DATA SOURCES

- Ward level Friends and Family scores and patient comments
- Local surveys administered by the provider or CCG
- Local patient participation and engagement work
- Complaints
- Ward level Friends and Family scores and patient comments
- Local surveys administered by the provider or CCG
- Local patient participation and engagement work
- The Equality Delivery System

It is important that you cross-reference your chosen in-patient experience of care priorities with your assessment of the quality of care experienced by vulnerable groups of patients – specifically people with a learning disability, mental health conditions, frail older adults, children and young people – and with local understanding of the care experiences of the BME population and other people with protected characteristics. Demographic data will be useful for some groups, but patient and carer feedback should be utilised for all groups.

The development of the improvement actions required against the identified priorities can also be informed by other elements of the toolkit:

- case examples to illustrate what kind of improvements have been undertaken in relation to each question;
- signposting to relevant improvement tools in relation to each question;
5. IMPROVING IN LINE WITH THE NHS CONSTITUTION

The NHS is guided by the seven key principles outlined in the NHS Constitution; these principles are underpinned by the core NHS values. Failing to deliver on the NHS Constitution leads to poor patient experience.

As part of the toolkit we will support commissioners to identify how providers can make the NHS Constitution a reality including looking at and disseminating best practice including the way stakeholders have linked core elements of the NHS Constitution to improved patient outcomes by working with organisations such as Macmillan and Age UK, and further develop practice to incorporate into a wider setting, such as in-patient and primary care.
Several case examples of good practice have been identified from a cross section of providers the examples below are in line with the national key areas that patients report higher poorer experiences.

CCG or provider organisations with additional examples of sustained improvements on local priorities can share these by emailing experienceofcare@nhsiq.nhs.uk, with CCG notable practice in the email subject line.

These examples will be considered for wider national sharing through the NHS Improving Quality (NHSIQ) website and external updates. NHSIQ is particularly interested in examples which:

- Include as a minimum baseline measurement
- Consider mental wellbeing as part of the patient experience of clinical care
- Highlight staff engagement
- Show how patients, carers and service users have been involved and the impact from their involvement
- Consider how positive change will be sustained

There should be appropriate consent for any quotes and any intellectual property rights should be respected.
6. CASE EXAMPLES OF GOOD PRACTICE AND OTHER RELEVANT IMPROVEMENT TOOLS

A. CLEANLINESS AND HYGIENE
- PATIENT AND FAMILY-CENTRED CARE
- UNDERSTANDING WHAT MATTERS TO PATIENTS
- HEALTH PASSPORT

B. IMPROVING DISCHARGE PROCESSES
- DEDICATED STAFF AT MEALTIMES
- IMPROVING QUALITY OF HOSPITAL FOOD
- DIET CHOICE FOR THOSE PATIENTS WITH DYSPHAGIA

C. RESPECT & DIGNITY
- PATIENT AND FAMILY-CENTRED CARE
- UNDERSTANDING WHAT MATTERS TO PATIENTS
- HEALTH PASSPORT

D. HOSPITAL FOOD
- DEDICATED STAFF AT MEALTIMES
- IMPROVING QUALITY OF HOSPITAL FOOD
- DIET CHOICE FOR THOSE PATIENTS WITH DYSPHAGIA

E. NOISE AT NIGHT FROM HOSPITAL STAFF
- SLEEP SOUND, SLEEP SAFE CAMPAIGN
- REDUCING NOISE
- COMFORT AT NIGHT
- HELPING PATIENTS REST AND SLEEP

F. INVOLVED IN DECISIONS ABOUT CARE AND TREATMENT
- ADVANCING QUALITY ALLIANCE (AQUA) SHARED DECISION MODEL
- HELPING PEOPLE MAKE INFORMED CHOICES ABOUT HEALTH AND SOCIAL CARE

G. INFORMATION GIVING AND CONSISTENCY
- HEALTH LITERACY
- INFORMATION PRESCRIPTIONS

H. PRIVACY WHEN BEING TREATED
- MAINTAINING PRIVACY AND DIGNITY OF PATIENTS ADMITTED TO A DISTRICT GENERAL HOSPITAL NHS TRUST
- FOUNDATION OF NURSING STUDIES
- ‘10 THINGS ABOUT ME’ CARE FOR PEOPLE WITH DEMENTIA
- TEENAGE AND YOUNG ADULT SERVICE
6. CASE EXAMPLES OF GOOD PRACTICE AND OTHER RELEVANT IMPROVEMENT TOOLS

A. CLEANLINESS AND HYGIENE (Q 17)

Further information and NICE guidance can be found

B. IMPROVING DISCHARGE PROCESSES (Q 51)

http://www.evidence.nhs.uk/search?q=discharge+planning
6. CASE EXAMPLES OF GOOD PRACTICE AND OTHER RELEVANT IMPROVEMENT TOOLS

C. RESPECT & DIGNITY (Q 26, 29, 67)

PATIENT AND FAMILY-CENTRED CARE
Liverpool Heart & Chest Hospital NHS Foundation Trust

The Patient & Family Experience Vision is to move forward with true patient and family centred care. Patient and family-centred care (PFCC), as distinct from patient-centred, or patient-focused, care, enables healthcare organisations to work collaboratively with patients and their families to enhance and improve their care experiences. Liverpool Heart and Chest Hospital NHS Foundation Trust has implemented a PFCC model that is supported by a number of strategies including ‘shadowing’, which involves closely following patients and their families throughout their care experiences. This article briefly describes PFCC and discusses how shadowing works and the benefits of the process.

Read more: http://rcnpublishing.com/doi/abs/10.7748/nm.21.3.20.s24

UNDERSTANDING WHAT MATTERS TO PATIENTS
Northumbria Healthcare NHS Foundation Trust

Northumbria Healthcare NHS Foundation Trust covers the largest area of any health trust in England, providing integrated health and social care through three general hospitals and seven community hospitals. It aims to deliver exceptional service quality, by understanding what matters to patients, setting its service goals based on that understanding, establishing a work plan to make it happen and relentlessly tracking delivery and acting quickly on the data.

Staff from the trust understand that the things that matter to patients are aspects such as consistency and co-ordination of care, being treated with respect and dignity, cleanliness and pain control. Everyone in the trust is encouraged to focus on this approach, from the directors to the ward staff.
Measurement is carried out through a wide range of techniques – from major surveys to interviewing 400 patients every month. This includes asking questions such as:

1. Did you have enough time to discuss your health or medical problem with the doctor?
2. Did the doctor explain the reasons for any treatment or action in a way you could understand?
3. Did you have confidence and trust in the doctor examining and treating you?

Results are gathered for each individual consultant.

**HEALTH PASSPORT**

**Lancashire Care NHS Foundation Trust**

The health passport is a tool that has been developed initially within learning disability services and now reaching out into other services across Lancashire Care Foundation Trust. When patients require their needs to be made known, the passport is a person centred document that aims to ensure that the relevant staff team capture the essence of the person and their care needs.

This tool provides vital information to enable the service user to feel in control, valued and comfortable in acute hospital services by clearly articulating the services user’s communication needs, personal care requirements and specific personal details that may require reasonable adjustments to be made in the delivery of their care.

Developing a passport in itself demonstrates dignity for the individual and choosing to use it in an acute setting can only serve to promote care delivered with dignity and compassion.

Further information from Amanda Thornton, Clinical Director, Adult Community Services [Amanda.Thornton@Lancashirecare.nhs.uk](mailto:Amanda.Thornton@Lancashirecare.nhs.uk)
6. CASE EXAMPLES OF GOOD PRACTICE AND OTHER RELEVANT IMPROVEMENT TOOLS

D. HOSPITAL FOOD (Q 21)

DEDICATED STAFF AT MEALTIMES
Northumbria Healthcare NHS Foundation Trust (Shared Purpose Project)

Northumbria employs two members of staff within the Older Adults care wards to help with mealtimes and extra nutrition for some patients, also using some volunteer staff to assist people at meal times to make sure they have the correct amount of nutrition and the mealt ime experience is as pleasant as possible. The Shared Purpose Project is looking to build on the experience on the two wards with staff, and in addition has now appointed two dedicated members of staff to these roles on wards with a lot of elderly patients. More information can be found at: https://www.northumbria.nhs.uk/quality-and-safety/shared-purpose

IMPROVING QUALITY OF HOSPITAL FOOD
University Hospitals Morecambe Bay NHS Foundation Trust

University Hospitals Morecambe Bay Trust has improved the quality of their hospital food. Building on existing high standards, they introduced new ‘James Martin’ recipes to develop the menu choices and use fresh produce from local suppliers and seasonal vegetables whenever possible. All meals are prepared ‘from scratch’ on site. The improvement was in part driven by a proposal to introduce pre-prepared meals as a way to cut catering costs. The introduction of the new menu has highlighted at Trust board level the importance of good nutrition and hospital food in patients recovery, and has led to the Trust taking on the local authority contract for the ‘Meals on Wheels service.’

6. CASE EXAMPLES OF GOOD PRACTICE AND OTHER RELEVANT IMPROVEMENT TOOLS

D. HOSPITAL FOOD (Q 21)

Diet Choice for Those Patients with Dysphagia
Great Ormond Street Hospital for Children NHS Foundation Trust

Many children in hospital with swallowing difficulties (dysphagia) may need a modified diet following assessment by a speech and language therapist (SLT). National descriptors exist to categorise foods into ranges of swallowing difficulty e.g. grade C: smooth puree, grade E: fork mashable foods. Children may be unable to manage some aspects of common foods e.g. vegetable skins or seeds or flaky pastry which can pose a risk when swallowing. It can be difficult therefore to identify suitable foods which fall under the fork mashable category. This can lead to parents and staff making over cautious choices or limiting choices to a few known items.

An innovative project is being undertaken by the speech and language therapy and catering departments at Great Ormond Street Hospital in order to increase the range of foods available for children on a fork mashable diet, providing clear signposting to staff and parents on appropriate and safe choices.

SLTs and hospital chefs have identified potential suitable menu options from the three week menu cycle. The SLTs have then visited the kitchen to sample all the identified foods from the lunch and dinner menus and rate them against the national criteria for dysphagia diet E. They have also discussed small modifications to recipes which would increase the variety of modified foods available e.g. making soups thicker. Clear menu labelling will ensure that any parent or staff member can help children choose safe and varied options for their meals. Children on a restricted diet because of swallowing difficulties will now be able to choose meals from the main hospital menu; increasing choice and enabling them to eat the same food as their peers.

Further information can be obtained from Sonia Lozano, Specialist Speech and Language Therapist, Great Ormond Street Hospital
email: sonia.lozano@gosh.nhs.uk or sonia.lozano@nhs.net
6. CASE EXAMPLES OF GOOD PRACTICE AND OTHER RELEVANT IMPROVEMENT TOOLS

E. NOISE AT NIGHT FROM HOSPITAL STAFF (Q 16)

SLEEP SOUND, SLEEP SAFE CAMPAIGN
Cambridge University Hospitals NHS Foundation Trust

Providing a safe and comfortable environment for patients around the clock was a priority highlighted at Cambridge University Hospitals NHS Foundation Trust and they looked at addressing the challenges of balancing patient safety with their privacy and dignity for example curtains drawn completely around the bed and a lack of low-level lighting can mean that in between regular observations, nurses are unable to see patients. A Trust-wide audit in March 2012 addressed this, and looked at every aspect of the ward environment at night, from ambient noise to lighting.

The project is fronted by two characters, named Adam and Brooke, who guide patients and staff through the changes in the form of a storyboard, much like the ones found on airlines. These changes include:

- Curtains fully open so that ward staff can see patients
- Ceiling lights turned off, under-bed lighting on
- Volume on ward telephones turned down.

http://www.cuh.org.uk/sites/default/files/MATTERS%20SUMMER%202013%20V2.pdf
E. Noise at Night from Hospital Staff (Q 16)

Reducing Noise
Portsmouth Hospitals NHS Trust

Staff spend many hours looking for drug keys, walking round the clinical areas hunting and searching, repeatedly interrupting their colleagues, creating unnecessary noise and motion, often to resorting to calling out "who's got they keys?". This can be a problem at night for patient experience, as nurses attempt to find the keys. The idea of creating a key finding device was developed so staff can locate the keys promptly. Hunting and calling out for keys means unnecessary noise and motion as well as delays for patients receiving their medication or treatment.

A medical device company has now created the device which is affordable and fits the required specifications, and are now in the stages of finalising a contact with Portsmouth Hospitals NHS Trust to agree the intellectual property agreement.

The proto-type of the device is being trialled in the Paediatric Department in Portsmouth Hospitals NHS Trust, and anticipates it will be available to all clinical areas in the Trust and Nationally in the New Year.

Trials have shown the device takes seconds to locate the keys, which then allows nurses to reinvest their time preparing medicines, improving patient safety by reducing the risk of drug errors thus improving patient experience and satisfaction.
6. CASE EXAMPLES OF GOOD PRACTICE AND OTHER RELEVANT IMPROVEMENT TOOLS

E. NOISE AT NIGHT FROM HOSPITAL STAFF (Q 16)

COMFORT AT NIGHT
The Hillingdon Hospitals NHS Foundation Trust

We have received feedback related to noise and light at night along with some comments related to responsiveness to need at night. We have launched a ‘Comfort at night’ campaign supported by our Director of Nursing, the aim of which is to create the right conditions to reduce sensory overload and enhance comfort at night. The campaign will take the form of a number of activities or interventions related to several factors that could have an effect on comfort at night. More details can be found: http://www.england.nhs.uk/wp-content/uploads/2014/07/hillingdon-hospital.pdf

HELPING PATIENTS REST AND SLEEP
University Hospitals Birmingham NHS Foundation Trust

We developed guidelines to provide information to staff and patients in relation to aiding rest and sleep in hospital. The guidelines are designed to be used in conjunction with any medical interventions required by patients to aid rest and sleep for example medication prescribed. They apply to all patients who may benefit from the information/actions contained within, there are no specified exclusions. The guidelines include patient leaflets relating to tips to help rest and sleep in hospital as well as information surrounding relaxation exercises.

Further information can be obtained from Mandy Green (Corporate Nursing) Head of Patient Experience, email: mandy.green@uhb.nhs.uk
6. CASE EXAMPLES OF GOOD PRACTICE AND OTHER RELEVANT IMPROVEMENT TOOLS

F. INVOLVED IN DECISIONS ABOUT CARE AND TREATMENT (Q 32)

ADVANCING QUALITY ALLIANCE (AQUA) SHARED DECISION MODEL

The Aims and objectives of the project are to help patients and their carers develop a range of personal techniques, tools and information to assist them in making choices about care in partnership with their healthcare providers; taking into account their own individual preferences, attitude to risk and values. Shared decision making (SDM) is the conversation that happens between a patient and their health professional to reach a healthcare choice together. This conversation needs patients and professionals to understand what is important to the other person when choosing a treatment.


HELPING PEOPLE MAKE INFORMED CHOICES ABOUT HEALTH AND SOCIAL CARE

Currently NHS patients can, in most circumstances, choose their GP or the hospital they’re referred to. Personal budgets are giving people more choice and control over their social care and support arrangements. Introducing more choice will help people get the care and support that’s right for them, and make services more responsive to their needs. We want everyone to have access to the information and advice they need to make the right choices.

6. CASE EXAMPLES OF GOOD PRACTICE AND OTHER RELEVANT IMPROVEMENT TOOLS

6. INFORMATION GIVING AND CONSISTENCY (Q 24, 27, 31)

HEALTH LITERACY

Health literacy relates to an individual’s ability to make sound health decisions in the context of everyday life and as such, it is an important aspect of their capacity to manage their health and care, and has been found to have a significant impact on health outcomes. Low health literacy compromises people’s ability to understand their health needs and to navigate complex healthcare systems. Information from the Patient Information Forum can be found [http://www.pifonline.org.uk/topics-index/producing/health-literacy/](http://www.pifonline.org.uk/topics-index/producing/health-literacy/)

INFORMATION PRESCRIPTIONS

An Information Prescription (IP) provides personalised health and medical information about a patient’s diagnosis, treatment and care plan. Information prescriptions have been developed by the NHS in England to improve information given to people. The aim is for everyone to be offered high quality, tailored information appropriate to their condition and stage of disease. More info can be found [http://www.cancerresearchuk.org/about-cancer/cancers-in-general/cancer-questions/what-is-an-information-prescription](http://www.cancerresearchuk.org/about-cancer/cancers-in-general/cancer-questions/what-is-an-information-prescription)

[http://www.pifonline.org.uk/topics-index/disseminating/information-prescriptions/](http://www.pifonline.org.uk/topics-index/disseminating/information-prescriptions/)

Organisations can develop Information Prescriptions using a web based system accessed via [www.nhs.uk/ips](http://www.nhs.uk/ips) further information can be found [http://www.nhs.uk/ipg/Pages/AboutThisService.aspx](http://www.nhs.uk/ipg/Pages/AboutThisService.aspx)
6. CASE EXAMPLES OF GOOD PRACTICE AND OTHER RELEVANT IMPROVEMENT TOOLS

H. PRIVACY WHEN BEING TREATED (Q 37)

MAINTAINING PRIVACY AND DIGNITY OF PATIENTS ADMITTED TO A DISTRICT GENERAL HOSPITAL NHS TRUST

FOUNDATION OF NURSING STUDIES

Concerns about the lack of privacy and dignity that older people with dementia in an acute orthopaedic unit were receiving led to a project that has enabled staff to increase their understanding and knowledge of patients with dementia and how to meet their needs. The project involved workshop days to raise staff awareness and understanding of how to maintain dignity when caring for patients with dementia; the development of a designated six bedded bay for female trauma patients with dementia and the creation of a working group to facilitate ongoing developments in care.

Evaluation feedback from both staff and relatives has been positive. Staff report that their knowledge and understanding of dementia has improved and as a result, the care they are giving has changed with more emphasis on taking time and listening to the patients’ needs and wants. Relatives feel that the atmosphere created by the designated bay has a positive impact on patients’ experience of care.

6. CASE EXAMPLES OF GOOD PRACTICE AND OTHER RELEVANT IMPROVEMENT TOOLS

H. PRIVACY WHEN BEING TREATED (Q 37)

‘10 THINGS ABOUT ME’ CARE FOR PEOPLE WITH DEMENTIA
North Middlesex University Hospitals NHS Trust.

In order to improve the experience of care for patients with dementia, Dr Edwards, a consultant geriatrician developed, ‘10 things about me’, an initiative which sees each in-patient with dementia at her Trust having a card at the end of their bed listing 10 things about them and their background. The information enables ward staff and other staff with whom the patients come into contact to build and maintain engaging and meaningful relationships with patients who have dementia. Doctor Edwards also introduced a ‘carers’ passport’ to encourage carers to come into the acute setting to provide help and support for the person with dementia, and facilitate free parking and open access to the ward. She has also increased dementia screening on admission and introduced massage therapy for dementia patients.

TEENAGE AND YOUNG ADULT SERVICE
University Hospital’s Birmingham NHS Foundation Trust.

The Teenage and Young Adult Service (TYA) provides care for 16 to 24 year-olds from across the West Midlands who have been diagnosed with cancer. Following a principle of ‘Young Person first, Cancer Diagnosis second’, the TYA cares for oncology and haematology patients going through a range of cancer treatments and makes a point of keeping services as flexible as possible to maintain ‘normality’ for the young people it supports. Its Young Persons Unit has an 11-bedded ward and two-chair day unit, offering a ‘home from home’ environment with open visiting, free Wi-Fi, a ‘mobiles on’ policy and extensive IT facilities. The service provides flexible patient care, including admissions and treatments, around 21st birthday parties, school proms and other major milestones in young people’s lives and keeps things as normal as possible for young adults by holding back on ‘lights on’ until 10am, as well as taking its services out of the unit for young people undergoing treatment elsewhere in the hospital or community.
7. OTHER USEFUL RESOURCES

THE NHS CHANGE MODEL

http://www.changemodel.nhs.uk/pg/dashboard

The NHS Change Model has been created to support the NHS to adopt a shared approach to leading change and transformation.

Organisations need to understand what needs to change and why to make the NHS the best quality service for the best value, sustainable over time. The NHS Change Model brings together what we know helps make change happen. It informs how we make change happen and who needs to be involved.

The NHS Change Model brings together collective improvement knowledge and experience from across the NHS. It has been developed with hundreds of senior leaders, clinicians, commissioners, providers and improvement activists who want to get involved in building the energy for change across the NHS by adopting a systematic and sustainable approach to improving quality of care. Through applying all eight components change can happen.

The 3 NHS Institute Improvement Leaders Guides are now available from IQ website at the link below:

- http://www.nhsiq.nhs.uk/media/2541082/improvement_leaders_guide_-_measurement_for_improvement.pdf
- http://www.nhsiq.nhs.uk/media/2541087/improvement_leaders_guide_-_working_with_groups.pdf
7. OTHER USEFUL RESOURCES

**NHS TRUST DEVELOPMENT AGENCY**

The TDA have been explicit about the need for trusts to have a clear approach to listening and responding to patients, including having effective ways of gathering real time information with regular reports to their Boards. Plans will be assessed to ensure assurance is provided and any necessary support facilitated.

**MONITOR**

Work programme of the National Imaging Clinical Advisory Group (NICAG) is to improve the quality of services, and enhance the patient experience and outcomes.


Treating patients and service users with respect dignity and compassion.
