



The
Point of Care
Foundation



Sweeney
Programme

Our impact: The Sweeney Programme

The difference our evidence-based quality improvement programme has made to staff, patients and healthcare organisations



Welcome

Patient experience and staff experience go hand in hand. That's why we focus on making sure that when it comes to healthcare, everyone's needs are met, to provide compassionate care and a fulfilling work life.

We believe that staff can provide the best care by stepping back and seeing the care they give through the patient's eyes.

The Sweeney Programme enables staff to do just that. Using evidence-based tools and techniques, we help staff see their routines and practices in a new light, to produce sustained improvement and cultural change. [Read more >](#)

750

CATALYSTS FOR CHANGE



By 2018, **750 healthcare staff** have taken part in Sweeney training and returned to their organisations with the skills, motivation and inspiration to create sustainable changes to improve the quality of care. [Read more >](#)

The Sweeney Programme builds staff confidence and skills, to drive sustainable, bottom-up change in their services using insights into patients' experience of care, producing tangible changes for patients and carers, staff and organisations.

[Read more >](#)

“As people working in healthcare we miss things, overlook things and often put enormous amounts of effort into things that are just not important to patients. These approaches equip us and build our confidence in addressing that.”



198

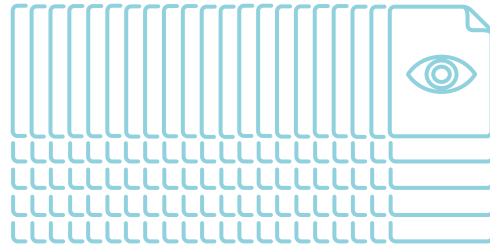
ORGANISATIONS



Learning from the Sweeney Programme has changed the experience of patients and staff in **nearly 200 organisations** across the UK and beyond, driving insight, determination and improvements. [Read more >](#)

145

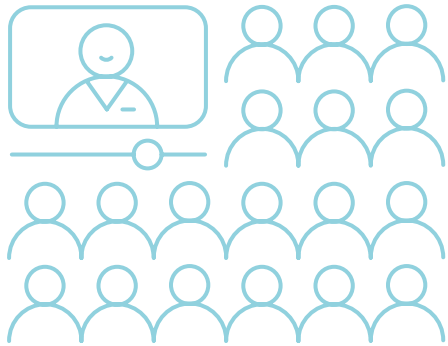
ORGANISATIONS



118,675

PAGE VIEWS

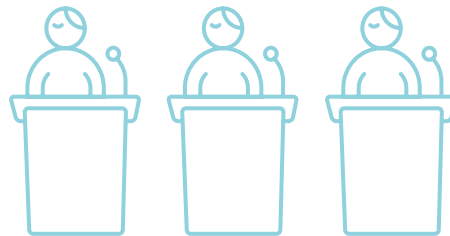
Our Experience-Based Co-Design Toolkit offers step-by-step instructions for this innovative approach to co-design and quality improvement. Even seasoned practitioners say they regularly refer to it.



19

CONFERENCES

Our methods are not just inspirational – they are also backed up with strong evidence. That’s why we have presented sessions about our patient-centred approach to quality improvement at **19 conferences** since our programme began.



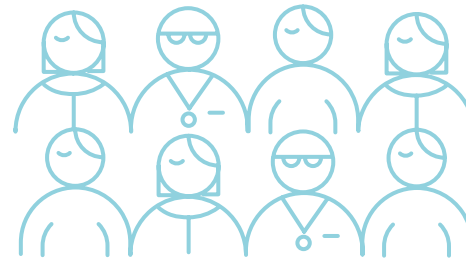
We have trained professionals at every level, from 145 organisations, to run **experience-based co-design** for themselves. The approach involves filming patients’ frank descriptions of their experience of care and sharing these with staff.

The patient films usually provide important insights into problems, combined with much gratitude for what works well. Patients and staff then work together to co-design and implement service improvements.

327

STAFF

Our Patient and Family Centred Care programme has worked with **327** healthcare staff, **50 teams** in total, on care experiences including acute and community care and adult and children’s services.



541

MEMBERS

To support our experience-based co-design toolkit we launched a **LinkedIn network** connecting **more than 500 people** around the world who share knowledge and support in running their own projects.



Improving people's experience at every level of healthcare

We believe that high quality healthcare needs to put people first, and that means staff as well as patients.

Our three case studies show the difference that our Sweeney programme has made to three people: a patient, a staff member and an NHS manager.

The Sweeney programme empowers staff to take ownership over local service improvements, developing the skills, tools and mindset to deliver care that is truly person centred.

This means patients see changes in the areas that mean most to them. Course participants are often surprised how much patient experience lies in the detail. Addressing lost hearing aids and night-time noise in wards, and encouraging staff to introduce themselves by name, are all the sorts of changes that services have successfully implemented with minimal expense and just a little creativity. But at times insights have also helped make the case for wider improvements, through process mapping or building projects.

For staff, the Sweeney programme opens up something important – the understanding that they do have the power to make things better. The tools we teach show that staff at any level can gain insights from patients and then implement and test small-scale change. This gives staff a renewed vigour and passion for their work.

For managers and organisations as a whole, the impact is clear. The evidence shows that bottom-up approaches to quality improvement involving frontline staff are most likely to produce long-term success. But it is the process of change – as well as the outcomes – that makes the difference. When staff and patients come together to create change, the possibilities are endless.



“ I think there's some anxiety that when you start involving patients, they're going to be asking for the earth. In my experience, that isn't the case.”

← CATHERINE DALE



“ For me, the relentless drive to be efficient in target-based healthcare culture totally missed the point of caring, and Patient and Family Centred Care was my antidote.”

→ JO MINFORD



“ To have people not listen to you, or think they know better than you do, makes me really quite cross. Now I've found I do have a voice.”

→ JUDY WARNER



Empowering staff to gather data and implement change

A PFCC project on the Alder Hey Children's NHS Foundation Trust's paediatric abdominal pain pathway revealed that children and their families wanted good pain control, better communication and shorter waits.

“ Patient and Family Centred Care really did change the way I thought about what was important to patients navigating through NHS care and how much what we experience might affect compliance with, and the success of, our treatment.

For me, the relentless drive to be efficient in target-based healthcare culture totally missed the point of caring, and PFCC was my antidote. Now, having had my own 'care experience', I really appreciate the power of PFCC in refocusing us around the personal, around not only the effects of the treatment we deliver, but of how we deliver that treatment, and around what is truly of value to our patients and their families ”

→ JO MINFORD

Consultant Paediatric Surgeon,
Alder Hey Children's NHS Foundation Trust



OUTCOMES

- ▶ **Average waits** to see surgical team **under two hours**
- ▶ **Average length of stay** for acute surgical patients **less than two days**
- ▶ **95% of patients** feel their pain is well managed (up from 48%)
- ▶ **95% of families** say waiting time is as expected or less (up from 45%)
- ▶ **86% of families** feel well informed (up from 28%)

Sharing the tools to improve experience for patients and carers

OUTCOMES



- ▶ **Staff trained to communicate more effectively**
- ▶ **Communication passports developed** to share service users' preferences
- ▶ **Patients joined interview panels** to recruit new staff
- ▶ **Parents work alongside staff** to develop the service and implement change
- ▶ **Carers' networks developed** to meet considerable support needs



Leicestershire Partnership NHS Trust's co-design project My Care, My Voice highlighted that patients with learning disabilities wanted staff to communicate more clearly, and longer appointments so they didn't feel rushed.

“ If people can't get into the habit of using small words and small sentences, what they say just goes over our young people's heads. They might agree to something that isn't right. Who knows what might go wrong? That is really scary.

Since joining the My Voice, My Care project and working alongside professionals, I've become much more confident. And because I have just a weeny understanding of how things have to work in the NHS, that gives me a bit of a better understanding. Maybe I'm a bit more tolerant as well.

To have people not listen to you, or think they know better than you do, makes me really quite cross. Now I've found I do have a voice. I have an important role to play, and I am there for my children.”

← JUDY WARNER

Mother of a young man with a learning disability

Helping managers improve services through better wellbeing for patients and staff

“ Experience-based co-design is a direct conversation between the staff who run the services and the patients who receive the services. The patients find that a real privilege because there is an opportunity for them to say the things that have really bothered them about the service and the staff hear it in a very different way to if someone else is bringing that to them.

I think there's some anxiety that when you start involving patients, they're going to be asking for the earth. Now, in my experience that isn't the case. They're quite pragmatic and they realise there are limited resources. But they also help us to think in quite a different way. ”

→ CATHERINE DALE

Former Programme Manager for Patient Centred Care, Kings Health Partners



Guy's and St Thomas' NHS Foundation Trust embraced a new person-centred approach to its breast and lung cancer services after an EBCD project revealed patient concerns about privacy, dignity and efficiency.

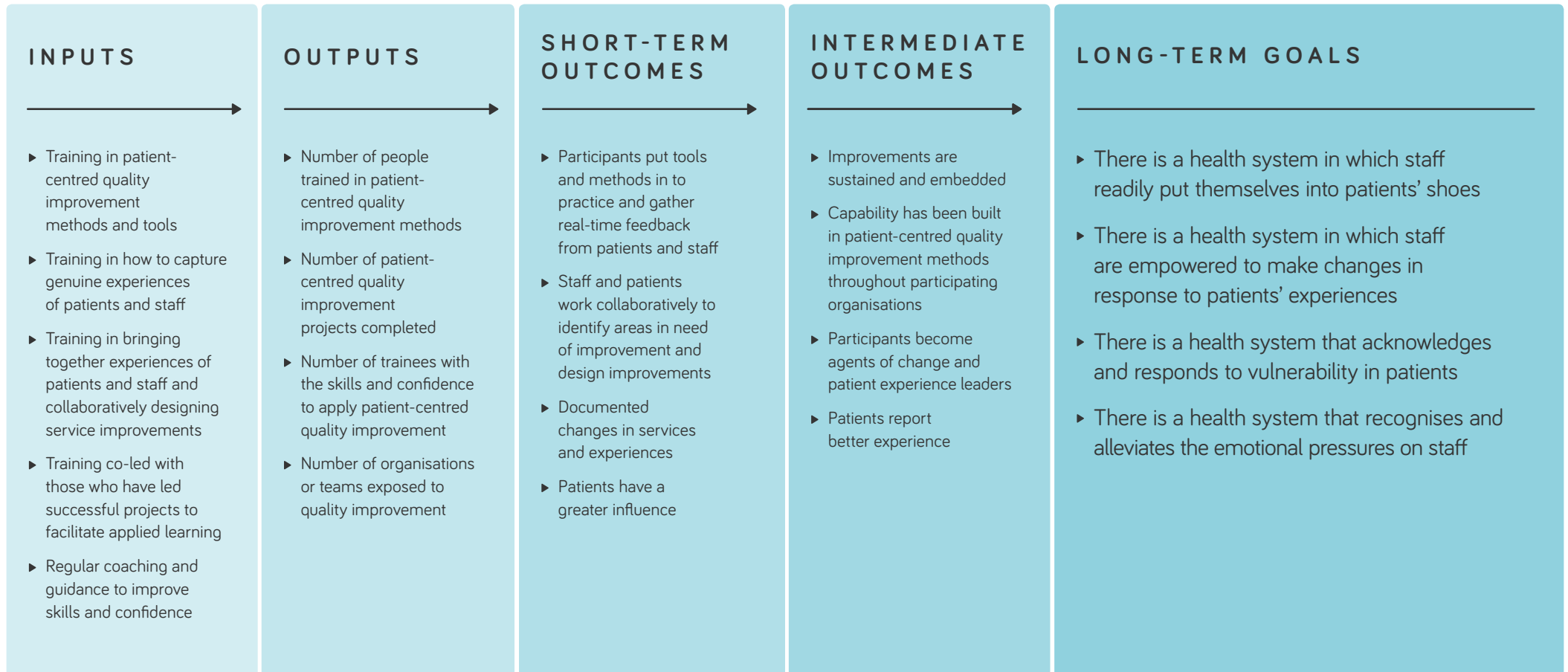
OUTCOMES



- ▶ **Training and recruitment** ensures strong interpersonal skills
- ▶ **Reduced waiting times** for blood tests, due to a designated phlebotomist
- ▶ **Dedicated consultation room** for delivering cancer diagnosis
- ▶ **Patients agree surgery and appointment dates** on the day of their diagnosis
- ▶ **Improved IT** ensures cross-site visibility of test results
- ▶ **Guidance on diagnosis procedures** added to junior doctors' induction

Our theory of change

Our theory of change explains the process at the heart of our methods. We train individuals and teams to capture the experiences of patients and staff and to facilitate collaborative design and service improvement. Our training is co-led by people who have run their own successful projects using this method. We give the teams regular coaching and guidance to improve their skills and confidence.



Our impact and spread

The Sweeney Programme is changing healthcare around the UK and beyond, as the map shows. Improvements have spanned the full range of health quality domains, in the areas of safety, effectiveness and patient experience. See the selection of examples from our projects highlighted below.

SAFETY

- 1 **90% of patients with fragility fractures receive surgery in 36 hours – the best rate in the country** Northumbria Healthcare NHS Foundation Trust
- 2 **Increased volume on alarms so patients with asthma can request help** Walsall Healthcare NHS Trust
- 3 **Better decision making about surgical procedures** Alder Hey Children's Hospital
- 4 **End-of-life medication bundle introduced to e-prescribing system** Great Western Hospitals NHS Foundation Trust

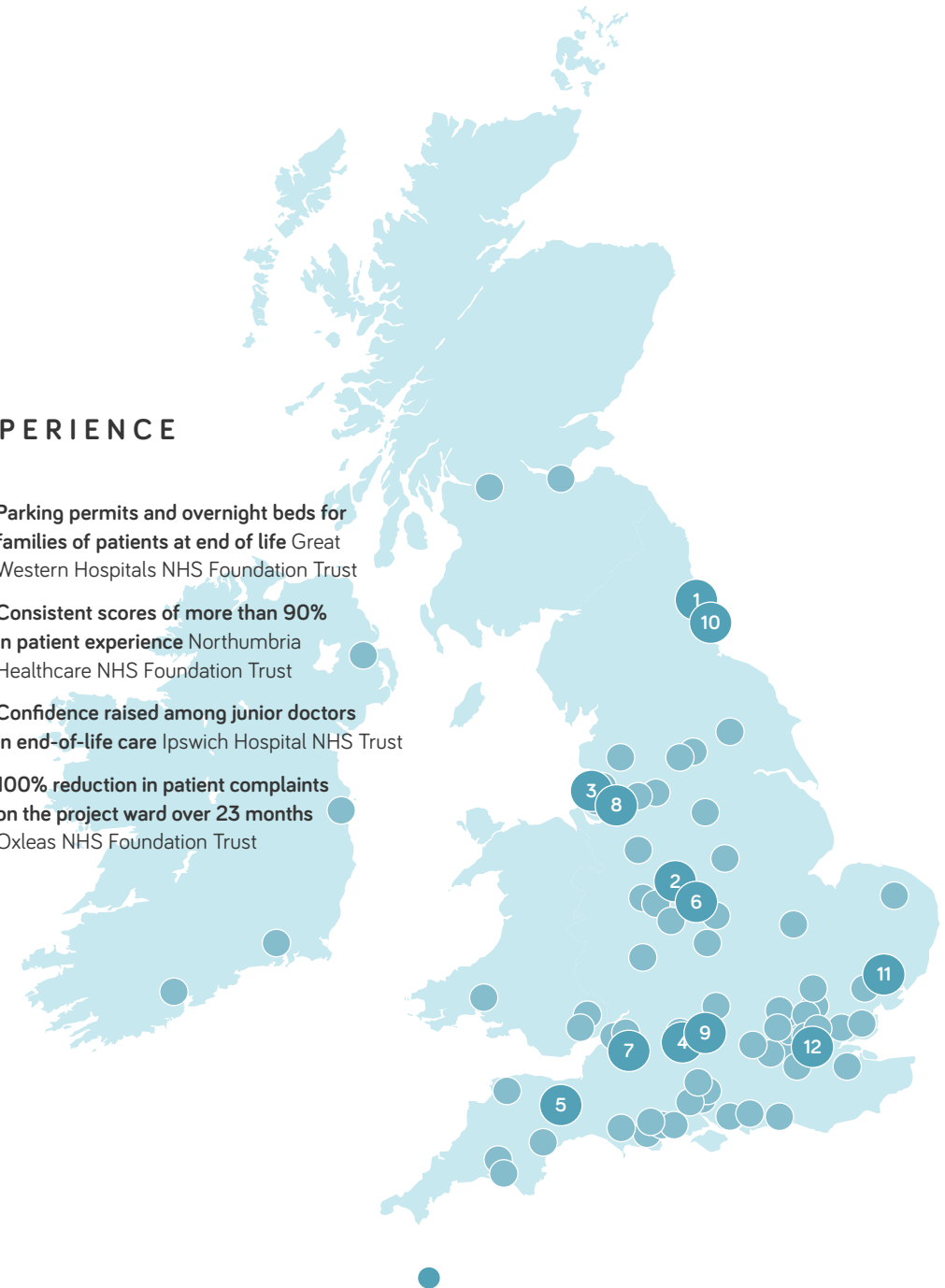
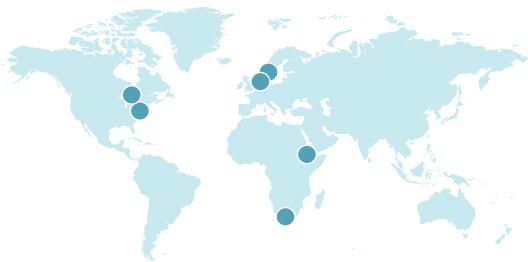
EFFECTIVENESS

- 5 **Visual communication tool for stroke patients** Musgrove Park Hospital
- 6 **Better discharge planning for asthma patients** Walsall Healthcare NHS Trust
- 7 **Improved patient involvement in end-of-life care** Royal United Hospitals Bath NHS Foundation Trust
- 8 **Shorter lengths of stay for children with abdominal pain** Alder Hey Children's Hospital

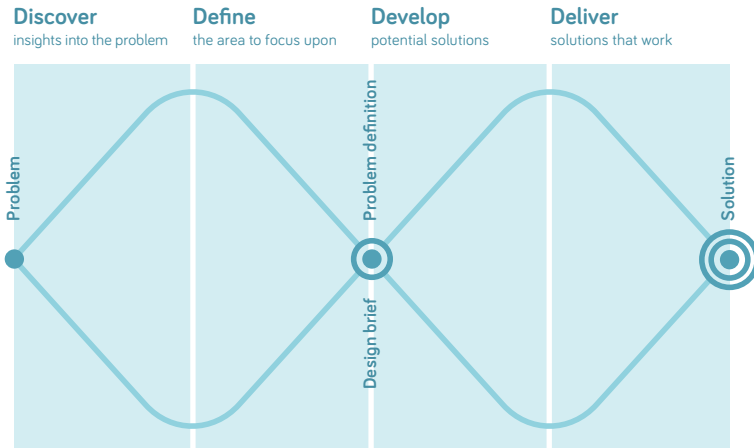
EXPERIENCE

- 9 **Parking permits and overnight beds for families of patients at end of life** Great Western Hospitals NHS Foundation Trust
- 10 **Consistent scores of more than 90% in patient experience** Northumbria Healthcare NHS Foundation Trust
- 11 **Confidence raised among junior doctors in end-of-life care** Ipswich Hospital NHS Trust
- 12 **100% reduction in patient complaints on the project ward over 23 months** Oxleas NHS Foundation Trust

← The Sweeney programme has also established projects in: Canada, Denmark, Ethiopia, Netherlands, South Africa, United States



Sweeney methodology



← Our approach involves collaborative learning supplemented by implementation support and coaching. The model has its origins in design industry – the UK Design Council’s ‘double diamond’

Traditional improvement programmes often begin with goals established by professionals who have a clear sense of what needs to be improved.

The Sweeney programme supports teams to take a step back, view care through patients’ eyes, and ask the right questions to seek insight into how care is experienced by patients and families. The improvement goals relate to the expressed needs of patients.

The Sweeney programme recognises that all patients are vulnerable and that care is at its best when staff acknowledge their patients’ individuality and the importance of relational aspects of care.

It recognises the intrinsic motivation of front line staff to deliver excellent care, and understands the unique perspective of staff to know how to tackle the issues they see

It works with multi-disciplinary teams, recognising the impact of team-working on both staff and patient’s experience. It builds strong bonds between team members. It recognises the impact of every member of the team on the patient’s experience. For staff who don’t work directly with patients, it adds greater meaning to their work.

It recognises that there are important social and contextual aspects of care that also need to be paid attention to. This means solutions are determined locally, by staff working closely with patients.

The Sweeney programme is named in honour of Kieran Sweeney (1951-2009).

Kieran was a general practitioner and medical scholar who wrote in depth about the need for a compassion-based understanding of medicine. He endorsed a holistic approach that embraced the full range of human needs, recognising that patients need relational care as well as clinical care.

Kieran believed that it was possible for staff to change the way in which they interact with patients if they consciously consider the patient’s experience.

The Sweeney Programme does exactly this, enabling staff to step back and consider the care pathway from a whole other perspective – that of the patient and their family – and make changes based on this understanding. Like Kieran, we believe that staff can act differently once they become aware of what the patient is experiencing, and the evidence bears this out. But we recognise that for this perspective to remain fresh, staff must be given support.

The Sweeney programme gives staff the time and the tools to make Kieran’s vision for healthcare a reality.



The Point of Care Foundation
99 Gray's Inn Road
London WC1X 8TY

+44 20 3841 5570

info@pointofcarefoundation.org.uk



pointofcarefoundation.org.uk

Registered charity number 1151628