sessions set up for all staff, including directors. The sessions lasted for 2-3 hours with 16-25 attendees led by two facilitators. So far, 98% of staff have had iCARE training, which has two major themes:

● **Learning from mistakes or complaints:** Participants analyse real cases where complaints have been made, identify which iCARE principles were violated and suggest remedial action. These suggestions are then compared with the action already taken.

● **Learning from successes:** Participants share examples of where things have gone particularly well – “magic moments”. This expression is now widely used in day to day work, for example when staff get recognition or thanks from a patient or colleague.

iCARE training events are attended by staff from all disciplines so each course covers a wide range of perspectives. Participants are encouraged to explore how the philosophy can influence their own area of work and responsibility. When staff have attended a training session, they receive iCARE@ydh badges or lanyards, which serve as visual reminders of the key iCARE messages.

The iCARE change programme was also announced externally, first at the trust’s annual general meeting in September 2007 and then in May 2008, when Dame Christine Beasley, the chief nursing officer for England, was invited to Yeovil where she added her support for iCARE and officially launched it.

To engage as many stakeholders as possible, a variety of material was developed including:

● Leaflets to distribute to all hospital visitors;

● iCARE questionnaires to be completed by patients on discharge, with enthusiastic support from the trust’s patient and public involvement group;

● iCARE films on DVD and on the trust intranet with participation from directors and other staff. These explain the origins of iCARE and its fundamental principles, with enough detail around the principles and processes for the viewer to understand how and why the philosophy works.

This material has been shared with and used by other local health organisations, including St Margaret’s Hospice in Yeovil and the Bath and North East Somerset Primary Care Trust.

### CURRENT PRACTICE

The iCARE programme is not a one-off initiative but a change in the way of working, so commitment is needed to ensure its continued application. An overview of the programme structure is given in Box 1.

At board level, iCARE is the foundation of the trust’s quality strategy, equality and diversity strategy and service improvement programme. In the human resources directorate, all new policies are designed on iCARE principles: for example, in recruitment, all potential staff are assessed against iCARE behaviours.

All those who join the hospital in any capacity – as staff, management, directors, governors – attend iCARE training as part of their induction. Each event is introduced by the chief executive or another director.

New applications for iCARE are actively sought, such as using an iCARE framework to address team building, and to challenge individual and team performance issues.

### RESULTS

The iCARE programme has transformed the way the hospital works. In particular, it has paved the way for the trust to respond to the Department of Health (2010) white paper *Equity and Excellence: Liberating the NHS*. The patient experience is a key measure of how organisations deliver their services and, with iCARE real-time feedback, the hospital can address this area with confidence.

The programme has received wide external recognition in its own right – in addition to the endorsement from Dame Christine Beasley, it gained first place in the South West Health and Social Care Awards. iCARE now forms an important visible element of the trust’s corporate image, for example as the standard for internal and external presentations, while the lapel pins and lanyards for ID badges are widely used by employees.

iCARE has had a huge impact on the way of working. Yeovil District Hospital was ranked as one of the top performing NHS acute hospitals in England in the 2008, 2009 and 2010 Healthcare 100 awards. In 2010, it was described as being “in the top 10% of trusts in the annual staff survey, and believes in empowering staff to bring about improvements for patients” (*Health Service Journal and Nursing Times*, 2010).

NHSE Employers recognised Yeovil District Hospital as one of the top trusts leading on equality and diversity and, in 2009-10, made the trust one of its equality and diversity partners (Taylor, 2009). Measuring the effects of behavioural and cultural changes such as iCARE is difficult. With this initiative, the hospital has set itself up as an organisation that actively seeks critical appraisal of its services from the patients and relatives who use them.

This, combined with raising expectations by publicising the iCARE promise, could lead to an initial increase in complaints. However, this is seen as an essential part of the iCARE journey.