



PEN National Awards 2017
Re:thinking the experience



PATIENT EXPERIENCE NETWORK NATIONAL AWARDS 2017

Awards Conference

1st March 2018



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PEN National Awards 2017

Re:thinking the experience

Introduction



I'd like to start by extending a very warm welcome to you all and thanking you for attending this year's PEN National Awards Conference. We are now in our eighth year and despite what we hear in the news there is much to celebrate!

Today you will have the opportunity to see many wonderful examples of best practice and join in the celebrations as the winners are announced. After today we will be sharing these insights further by making these case studies available through our website and by running a series of best practice events where we spotlight individual initiatives. These events will take place in Leeds, Birmingham, Cambridge and London during May and June.

Enjoy the day.

Ruth Evans, *Managing Director – Patient Experience Network*

NHS England



The pressures facing the NHS are well understood but it is encouraging to see patients, regulators and staff report that the quality of patient experience is being maintained and even improved year on year.

The patient experience movement is growing within the UK and around the world. Just over half of NHS staff say that patient feedback is being used in their own teams to improve care and whilst there's clearly further to go, how many health systems around the world could report such a figure? I'm also pleased that all of the national quality programmes such as the Cancer Strategy have a clear patient experience ambitions.

One of the best parts of my job is visiting NHS organisations to see what they are doing and help spread the word. There is an enormous amount of good practice across the NHS and the PENNA Awards perform an invaluable service in celebrating what is best about what we do, encouraging others and raising the bar a little higher each year. One of the benefits of being a community of NHS organisations is the incentive to 'share wildly and steal willingly' and I know that colleagues in the NHS are ready and willing to do both! Fortunately everyone will leave here today with at least one new idea to put into practice back home.

Everyone here today is an ambassador for a patient-centred NHS with a critical role to play in quality improvement. We do not achieve our best when we work in silos but by starting with the patient and involving them in designing and improving care, we can ensure the relevance and sustainability of improvements. As the quality of patient experience also affects patient safety and self-reported clinical outcomes this work has much wider effects. The move to new care models are also presenting us with new opportunities to improve care across boundaries where it has traditionally fallen short.

So congratulations to all award winners, make sure there is time to celebrate and emulate and please keep sharing what you are doing within your organisations and with others in the patient experience movement.

Dr. Neil Churchill, *Director for Patient Experience – NHS England*



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Picker Institute Europe



Hello, and welcome to the Patient Experience Network Awards. Picker is delighted to collaborate once again with the Patient Experience Network on these awards. Our two organisations share a similar philosophy; we both have a person-centred approach to healthcare at our very core, and we believe strongly in a balanced conversation around quality improvement that puts equal emphasis on both celebrating success and learning from mistakes.



As a charity we influence policy and practice so that health and social care systems are always centred around people's needs and preferences. We empower staff working in health and social care to improve patient experience by effectively measuring, and acting upon people's feedback, and we aim to inspire the delivery of the highest quality healthcare, by developing tools and services which enable all patient's experiences to be better understood. We couldn't achieve all of this without collaborating with other like-minded charities and organisations operating in the health and social care sectors, and the Patient Experience Network National Awards are a prime example of what this collaboration and balanced approach looks like in practice.

We have some of the most creative and forward-thinking people in healthcare in The Rep today, and so it would be remiss to not ask for your opinions on patient experience. We're therefore excited to announce that there will be a 'PENNA Picker Prize Draw' at this year's awards.

Attendees can take part by visiting Picker at our stand and answering three short questions on the topic. The poll is open until 2pm, and the winner of the prize draw will receive a £25 shopping voucher. You can also enter by visiting <http://ow.ly/UAlh30izxX4>.

These awards are truly unique in that they are the first and only awards programme to recognise best-practice in patient experience of care across all facets of health and social care in the UK.

We are continuing our support of these ground-breaking awards this year, and our chief researcher Jenny King is very much looking forward to congratulating some of the shortlisted entries and presenting the winners with their awards.

So, congratulations on being shortlisted, I hope you have an enjoyable day that leaves you inspired and full of great ideas to take back to work with you, and from everyone at Picker – thank you for everything you do.

Chris Graham, CEO – *Picker Institute Europe*

NHS Improvement



Improvement

It continues to be a privilege to work with Ruth, Louise and the rest of the team at the Patient Experience Network (PEN), where they shine a light on the inspiring effort staff are putting into improving the experiences of those using services and those providing them.

Despite a challenging increase in activity and patients presenting with ever more complex health needs – and sometimes because of it – innovation still flourishes.

There isn't a trust chief executive or frontline nurse who doesn't articulate their primary purpose as improving things for patients but some struggle to imagine, plan and implement the things that will make the most difference. The challenge is not only to improve patient experience but to embed it into all aspects of service and quality improvement work.

As well as celebrating and rewarding great innovation and practice, the PEN awards create an 'inspiration resource' for everyone in the NHS to enhance their ability to improve.

PEN, NHS England and NHS Improvement work together to support innovation and spread the learning from all the great practice showcased by the PEN awards.

Julia Holding, Head of Patient Experience – *NHS Improvement*



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Liverpool John Moores University



The School of Nursing and Allied Health at Liverpool John Moores University are delighted to be sponsoring two new award categories: **Patient Experience Advocate of Tomorrow** and **Patient Experience Transformer of Tomorrow**. The awards recognise that students of Health and Social Care, Nursing, Medical and Allied Health Professional education will be in a unique position to champion and enhance patient, service user and carer experience. We recognise the fresh perspectives learners can bring to services and the innovative ideas they may have. They have the potential to generate positive changes in practice, or through projects and research.

The awards provide an opportunity to recognise and celebrate the positive impact outstanding undergraduate and postgraduate students can have in improving the experience of patients, service users and carers they come into contact with today and across future decades as their careers develop.

Nick Medforth - Health and Social Care - Liverpool John Moores University

An invitation to join our network



We want to help the NHS make better use of patient and staff insight to improve services.

Join our Insight Network to hear news, get first sight of insight resources and connect with other people for help with what research is already out there and to explore collaborative opportunities.

To find out more, email england.insight-queries@nhs.net, mentioning Insight Network in the subject line.



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Introducing the Birmingham Rep

We continue to receive positive feedback about this exciting venue and are delighted to be back for a fourth year. The REP is proving to be the ideal home for our Patient Experience Awards, offering a truly creative and dynamic environment to showcase some of the great work that is happening around the UK to improve the experience of care.

Having recently celebrated its centenary, the newly refurbished REP Theatre is integrated with the stunning new Library of Birmingham facing on to Centenary Square. The REP is in the most central location in Birmingham, next to the ICC & Symphony Hall and close to New Street Station, the canals, all major hotels, entertainment, dining and retail activity.



"We are storytellers. Makers and writers, performers and planners, nurturers, hopers and dreamers, sharing stories about this city and its people.

We are local, national, European and global, but we are always made in Birmingham.

We are a magical world of 'make believe', making moments you can believe in.

We have been here for a century, but we're newly minted for each generation.

We are a place to meet, to escape, to share, to reflect, to play, to discover, to laugh and to cry."

A Bit of History



Born into a wealthy merchant grocer's family in 1879, Barry Jackson founded the amateur Pilgrim Players in 1907 and went on to build an elegant 464-seat Repertory Theatre in Station Street in 1913, now known as The Old Rep.

In 1971 the company moved to Broad Street to a newly built theatre with a stage of epic proportions and a democratic auditorium with no balconies, pillars or boxes. Everyone shares the same space

and everyone gets a great view. New generations of artists have launched their careers here and new ideas continue to flourish reflecting changes in the city and the world.

From 2011 to 2013, the theatre underwent redevelopment as part of the Library of Birmingham project. The company moved back to their improved home, following two years presenting shows in other theatres and site-specific spaces across the city, ready for the grand re-opening on 3 September 2013.





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Best Practice - Re:Thinking the Experience Conference 2017

Programme

07.45	Best Practice Exhibition set up
09.00	Registration, Coffee and Exhibition
09.30	Introduction: Ruth Evans – Managing Director, <i>Patient Experience Network</i> Morning Welcome: Catherine Carter – Lead Trainer , CHANGE Announcement of the Winners Presentation of Awards (Part 1)
10.25	Coffee and Exhibition Morning Category Presentations and Questions Category Winners present in two streams (4 presentations in each stream)
11.55	Exhibition and Lunch
12.55	The Wellbeing Choir Key Note Speaker – Clare Enston – NHS England Update on what last year's overall winner has been up to: Louise Blunt Announcement of the Winners Presentation of Awards (Part 2) Afternoon Category Presentations and Questions Category Winners present in two streams (4 presentations in each stream)
15.25	Voting with Refreshments and Exhibition Announcement of the Overall Winner Presentation of Awards
17.00	Closing Remarks, Reflection on the Day and End of Formal Proceedings
17:15	Drinks Reception (Mezzanine Level)
18:00	End of Informal Proceedings

Exhibition: During the Exhibition sessions delegates will have the opportunity to visit each of the finalists' stands to find out more about the individual initiatives and ask questions.

Voting: Using their token, delegates will be able to cast their individual vote contributing towards the overall winner of the PEN National Awards 2017 during the voting opportunity at 15:25.



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Speaker Profiles

Ruth Evans - PEN

Ruth is Managing Director of the Patient Experience Network (PEN). Ruth has over 30 years' experience in healthcare and is known for her passion and commitment to Patient and Customer Experience. Ruth is delighted to continue to be involved with the PEN National Awards, and to see it growth from strength to strength. Her over-riding ambition is to ensure that excellent Patient Experience is recognised, spread and embedded making a real difference for those involved with the patients' experience.



Catherine Carter - CHANGE

I have been part of the Projects and Training teams at CHANGE for 9 years. I bring to the table a wealth of lived experience and expert knowledge as a parent with learning disabilities and Aspergers. I co led CHANGE's Criminal Justice project, working closely with Police, Courts, Prison and Probation Services to develop accessible resources and raise awareness about the support needs of offenders with learning disabilities.

My specialist area of expertise and interest is women's issues and parenting issues for women and parents with learning disabilities. I am currently working on a 2-yr project funded by DRILL around Peer Support Workers called Learning By Doing Together. This project which is being led by CHANGE and University of Leeds will work with three partners looking at their organisations where they can hire peer support workers who have learning disabilities.



Clare Enston – NHS England

Clare Enston is Insight and Feedback Lead for NHS England. Insight is about using a combination of sources to understand a number of different issues and then to ask: "How do we use what we've found out – positive and negative – to improve the quality of every patient's experience?" Clare and the team help providers and commissioners to understand the use of patient insight better and to use it effectively in delivering local services.



Louise Blunt - PEN

Louise is Head of Operations of the Patient Experience Network (PEN). Louise has over 30 years' experience in improving company performance across a wide variety of business sectors and organisation sizes. Having specialized in manufacturing and lean management principles for many years, Louise has now developed a reputation within the healthcare sector as a knowledgeable and enthusiastic champion of improved patient and staff experience.



The Wellbeing Choir takes an holistic approach to promoting and maintaining good mental and physical health through singing. It is a choir open to the whole community though aimed at supporting individuals, suffering with, or recovering from a mental illness or chronic medical disability - it's appeal is universal. Many members are vulnerable adults who experience difficulties in everyday life and who would otherwise be isolated and socially marginalised. The choir enhances the lives of its members and also reaches out to the wider community by performing in places that have little or no contact with the outside world - such as secure mental health units. We have also been invited to health conferences, this creates opportunities for clinicians and service users to meet outside of a clinical setting. Members of the choir are mental health service users, carers, professionals and other members of the community from diverse backgrounds. With an inclusive philosophy the choir uses music to embrace and include people from all ages and all walks of life. Our choir is free of charge to anyone wishing to join and participate.





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Award Categories and Partners

Categories

Access to Information



Bringing Patient Experience Closer to Home

Championing the Public



Commissioning for Patient Experience

Communicating Effectively with Patients & Families



Continuity of Care

Using Insight for Improvement (4 Sub Categories)



Innovative Use of Technology / Social Media

Measuring, Reporting & Acting



Partnership Working to Improve the Experience

Patient Experience Advocate / Transformer of the Future

Personalisation of Care



Staff Engagement / Improving Staff Experience

Strengthening the Foundation

Support for Caregivers, Friends & Family



Team of the Year (including PALS)

Turning It Around When It Goes Wrong



Outstanding Contribution 2017

Overall Winners



Improvement





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The Finalists

CATEGORY: Access to Information

Barking, Havering and Redbridge University Hospitals NHS Trust	"Getting to Know Us"
Healthy London Partnership	NHSGo - 1 year on, A Health app Designed by Young People for Young People
Investing in Children	Type 1 Kidz - The Impact of Engaging Children and Young People with Type 1 Diabetes and Their Families to a Peer Support Project.
Purple Rainbow Supporting Pancreatic Cancer UK	Purple Rainbow Pancreatic Cancer Stories

CATEGORY: Bringing Patient Experience Closer to Home

Birmingham Community Healthcare NHS Foundation Trust	The Birmingham School Health Advisory Service School Nurse Ambassador Programme
Fresenius Kabi & Calea UK Ltd	Elevating the Patient Voice
NHS Blood & Transplant	Implementation of a Service for the Provision of Allogeneic Serum Eyedrops
Plymouth Hospitals NHS Trust	Healthy Bones Mobile Service

CATEGORY: Championing the Public

Birmingham Women's and Children's NHS Foundation Trust	Listening to Our non-English Speaking Families
Healthwatch Essex	555 Model of Engagement
Hywel Dda University Health Board	Partnering for Person-Centred Mental Health
North of England Commissioning Support Unit	Path to Excellence Transformation Programme
Public Health Wales	Listening and Learning from Children and Young People
South Staffordshire & Shropshire Healthcare NHS FT	Service User Involvement and Empowerment in Acute Mental Health and Forensic Services

CATEGORY: Commissioning for Patient Experience

NHS Southwark Clinical Commissioning Group	Developing Care Coordination with People with Multiple Long-term Conditions
PPL & West London Clinical Commissioning Group	West London – My Care, My Way Learning Labs
South Devon and Torbay Clinical Commissioning Group - Northern, Eastern and Western Devon Clinical Commissioning Group	"Yellow Card"

CATEGORY: Communicating Effectively with Patients and Families

Barking, Havering and Redbridge University Hospitals NHS Trust	Learning Disability Communication flashcards
Global Initiative Ltd	Hetty's Hospital
Gloucestershire Hospitals NHS FT	Deaf Communication Cards - Promoting Effective Communication with Deaf Patients
Northumbria Healthcare NHS FT	Pilot Use of an Assistive Hearing Device with Patients Who Have a Hearing Impairment.
Plymouth Hospitals NHS Trust	Providing Patients, Visitors and Staff with More Choice for Hearing Services



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CATEGORY: Continuity of Care

Barking, Havering and Redbridge University Hospitals NHS Trust	Using Age UK Care Navigators/Volunteers to Carry Out Advance Care Planning Conversations
Derby Teaching Hospitals NHS FT	Keeping You In The Loop
NHS Blood & Transplant	Implementation of a Service for the Provision of Allogeneic Serum Eyedrops
Northumbria Healthcare NHS FT	Palliative Care Northumbria
Nottingham University Hospital NHS Trust	End of Life Care Improvement Collaborative Project

CATEGORY: Using Insight for Improvement (4 Subcategories)

Using Insight for Improvement - Accessibility

Barking, Havering and Redbridge University Hospitals NHS Trust	Supporting Families after Bereavement - Daisy Bereavement Centre
Birmingham Women's and Children's NHS FT	Listening to our non-English Speaking Families
Derby Teaching Hospitals NHS FT	Flower Sculptures for Cancer Services

Using Insight for Improvement – Outstanding Contribution

Mid Cheshire Hospitals NHS FT	Acute Medical Unit - To Take Out Medications Project
Mid Yorkshire Hospitals	Improving End of Life Care Experience
Milton Keynes University Hospital NHS FT	Hug in a Bag
Northumbria Healthcare NHS FT	Introducing a Birth Reflection Pathway in Maternity Services
Northumbria Healthcare NHS FT	Pilot Use of an Assistive Hearing Device with Patients Who Have a Hearing Impairment.
Purple Rainbow Supporting Pancreatic Cancer UK	Purple Rainbow Pancreatic Cancer Stories

Using Insight for Improvement - Other NHS Funded

NHS Blood & Transplant	Implementation of a Service for the Provision of Allogeneic Serum Eyedrops
Nottingham University Hospital NHS Trust	Skin to Skin Jackets Initiative for Birthing Partners
PPL & West London CCG	West London – My Care, My Way Learning Labs
St Mary's Sexual Assault Referral Centre	Bringing Information to Life for People with Learning Disabilities

Using Insight for Improvement - Staff

Gloucestershire Hospitals NHS FT	Small Steps - Big Changes
Manchester University NHS FT	Using Insight for Improvement
Northampton General Hospital NHST	"Keep Connected"- Engaging the Patient & Nursing Services Team in Collecting Patient & Carer Feedback
Virgin Care	Feel The Difference

CATEGORY: Innovative Use of Technology/Social Media

Global Initiative Ltd	Hetty's Hospital
Healthy London Partnership	NHSGo - 1 year on, Developing Social Media Insight
St Mary's Sexual Assault Referral Centre	Bringing Information to Life for People with Learning Disabilities
Walsall Healthcare NHS Trust	Informed and Empowered



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CATEGORY: Measuring, Reporting and Acting

Hertfordshire Partnership University NHS FT	Inpatient Survey Review
Mid Cheshire Hospitals NHS FT	Acute Medical Unit - To Take Out Medications Project
Northampton General Hospital NHST	"Keep Connected"- Engaging the Patient & Nursing Services Team in Collecting Patient & Carer Feedback
Northumbria Healthcare NHS FT	Using Patient Experience Data for Service Improvement
Tees, Esk and Wear Valley NHS Trust	Making Best use of Technology to Collect, Report and Use Feedback to Improve Services
The Ipswich Hospital NHS Trust	Lavenham Ward Supporting Family Carers & Frailty Initiative

CATEGORY: Partnership Working to Improve the Experience

Barking, Havering and Redbridge University Hospitals NHS Trust	Withdrawal of Critical Care at Home
Derby Teaching Hospitals NHS FT	Flower Sculptures for Cancer Services
Great Ormond Street Hospital	National Young People's Forums/Advisory Group Meet Up
Hywel Dda University Health Board	Partnering for Person-Centred Mental Health
Mid Cheshire Hospitals NHS FT	In This Moment- Dance and Dementia Project
Northumbria Healthcare NHS FT	Palliative Care Northumbria

CATEGORY: Patient Experience Advocate/Transformer of the Future

Aleksandra Jankowska	Hertfordshire Partnership University NHS Foundation Trust/University of Lincoln
Louca-Mai Brady	Kingston University/Freelance

CATEGORY: Personalisation of Care

Barking, Havering and Redbridge University Hospitals NHS Trust	Holistic Approach to Patient Experience in Critical Care
Liverpool Women's NHS FT	Being in Control: Listening to Women's Choices and Personalised Maternity Budgets
Milton Keynes University Hospital NHS FT	Hug in a Bag
Nottingham University Hospital NHS Trust	End of Life Care Improvement Collaborative Project
Plymouth Hospitals NHS Trust	Patient Diaries in Intensive Care
Sandwell and West Birmingham Hospitals NHS Trust	The Triple "D" Team and pathway - Meeting the needs of patients with Dementia, Delirium and Distress

CATEGORY: Staff Engagement/Improving Staff Experience

Gloucestershire Hospitals NHS FT	Small Steps - Big changes
Manchester University NHS FT	IQP - A firm foundation for an Accreditation Scheme
Milton Keynes University Hospital NHS FT	P2P - Peer to Peer Listening Service
The Dudley Group NHS FT	Improving the Experience of Patients with a Learning Disability

CATEGORY: Strengthening the Foundation

Healthwatch Essex	555 Model of Engagement
Northumbria Healthcare NHS FT	Introducing a Birth Reflection Pathway in Maternity Services
Plymouth Hospitals NHS Trust	Empowering Care in Partnership: #letsbeopen Campaign
The Ipswich Hospital NHS Trust	Involving Patient Leaders in Human Factors Training
Virgin Care	Feel The Difference



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CATEGORY: Support for Caregivers, Friends and Family

Barking, Havering and Redbridge University Hospitals NHS Trust	"Getting to know us"
Investing in Children	Type 1 Kidz - The Impact of Engaging Children and Young People with Type 1 Diabetes and Their Families to a Peer Support Project
Mid Yorkshire Hospitals	Improving End of Life Care Experience
Milton Keynes University Hospital NHS FT	Dementia Initiatives
Plymouth Hospitals NHS Trust	Bereavement Bags
The Ipswich Hospital NHS Trust	Lavenham Ward Supporting Family Carers & Frailty Initiative

CATEGORY: Team of the Year (including PALs)

Cardiff and Vale University Health Board	Cardiff and Vale Patient Experience Team
Derby Teaching Hospitals NHS FT	Derby Patient Experience Team
Great Ormond Street Hospital	The Patient Experience Team of the Year - Including Pals
Northumbria NHS Foundation Trust	Patient Experience Team

CATEGORY: Turning it Around When it Goes Wrong

Mid Cheshire Hospitals NHS FT	Mid Cheshire Hospitals Endoscopy Team – Withdrawal of Consent
Northampton General Hospital NHST	"Meet the Matrons"
Plymouth Hospitals NHS Trust	Empowering Care in Partnership: #letsbeopen Campaign
South Staffordshire & Shropshire Healthcare NHS FT	Service User Involvement and Empowerment in Acute Mental Health and Forensic Services

Note: Entries have been edited to fit a one page summary




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Barking, Havering and Redbridge University Hospitals NHS Trust

"Getting to Know Us"

Barking, Havering and Redbridge University Hospitals 
NHS Trust

Categories

Access to Information & Support for Caregivers, Friends and Family

Organisation

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) is a large acute Trust which borders East London and Essex. We have two main hospitals, Queen's Hospital in Romford and King George Hospital in Goodmayes and we also serve clinics across the Barking, Havering and Redbridge footprint which provide elective and emergency care and treatment. We work closely with our partner organisations. We have a staff of 6,500 and serve around 750,000 people from a variety of backgrounds and across a wide area. Our cancer services department includes a 30 bedded inpatient ward, two busy chemotherapy day units and a state of the art radiotherapy department-the first Trust in the UK and second in Europe to have a Halcyon linear accelerator. Supportive services include a Macmillan cancer information service, welfare advice service, psychological therapy team, complementary therapies, acute oncology service, enhanced supportive care and palliative care.

Summary

Our film **"Getting to Know Us"** with its accompanying **"Candid Conversation"** is innovative and unique as it is a film by patients for patients; a guide to Cancer Services Outpatient Departments within our Trust coupled with a discussion of what helped two patients through their treatments and beyond. The objective was to improve experience, taking away some of the fear of the unknown and includes some very simple basics and tips like parking and toilets but also shows what the departments look like, what to expect and also meet some of the staff. A postcard introducing the film is now going out to all new patients attending departments and it is publicised via posters and on website. CCG's and GP's have praised this highly and are now signposting patients to it. Sustainability is guaranteed through it now being normal practice to put postcards in with appointments, posters and the way we have advertised it on social media and Trust Website. It is our plan to build on this film and the model used could easily be replicated in other departments within our Trust or other organisations. This is the real deal, with everyone involved walking or having walked alongside cancer.

Impact

The film was premiered on 13th September 2017. There has been an overwhelmingly positive reaction to the film with nearly 2000 views of them both on YouTube so far. Below are some quotes from patients and staff who have viewed the film. *"I have viewed the Oncology film and my impression is that it is a brilliant film. It gives a clear and friendly detailed picture of the whole process and what to expect when using the Oncology services at BHRUT. Although nurses explained everything in detail to me before I began my treatment, the film would have certainly helped me at the beginning of my journey."* *"I just had the pleasure of watching this for the first time and I'm not ashamed to admit that by the end I had welled up. This is such a fantastic piece of work; it looks so professional but warm and welcoming at the same time. I can see that this film will be an invaluable resource for new patients"* *"It is fantastic and hopefully other areas will follow suite"* *"A truly fantastic piece of patient engagement"* *"Thank you for letting my little girl take part in an amazing service provided by the NHS"* Our plan is for mid 2018 to measure impact by incorporating a question into our standard patient satisfaction surveys. We have already had enquiries about making other supportive films such as delivery of chemotherapy or support for men going through treatment. *"Brilliant! As a cancer patient currently undergoing chemotherapy and soon to start radiotherapy this film is a real help. Thank you."*

What Makes Us Special?

This project has been driven by patients in order to improve patients' experience. We believe that this is unique and demonstrates excellent patient partnership working with health professionals. Similar films about oncology departments and treatments are available but involve actors or are clearly clinically lead. It is clear within the film that we have not used actors and is lead from the patients view. This film has been scripted and planned by patients who know the department and have experienced care within them. The whole film has been made in-house and no-one involved has had any previous experience of any similar projects. It has been a cathartic experience for both Sara and Mairead and we can genuinely say this has been a labour of love for the whole team.

Contact Details: Victoria Wallen - victoria.wallens@bhrhospitals.nhs.uk



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Barking, Havering and Redbridge University Hospitals NHS Trust

Holistic Approach to Patient Experience in Critical Care

Category

Personalisation of Care

Barking, Havering and Redbridge 
University Hospitals
NHS Trust

Organisation

Barking, Havering and Redbridge University NHS Trust is a large acute provider of acute services serving a population of 750,000 in outer North East London. There are two hospitals, Queens Hospital in Romford which is the larger and more acute site, and King George hospital in Goodmayes. Working closely with our partner organisations, our 6,500 staff and volunteers care for a diverse community of 750,000. The Emergency Department has one of the highest number of attendances in the country, treating over 150,000 walk in and ambulance emergencies each year.

Summary

The initiative presented is one that describes the approaches taken by the Critical Care MDT team at BHRUT to ensure that there is a holistic approach to the experience of every patient that is admitted to the unit encompassing all the components that matters to the patient and their families. They are:

- A 1 hour admission standard to Critical Care
- Patient/family diaries
- Overnight facilities for families to stay within the hospital and close to their loved ones
- Local monitoring of patient /family experience via IWGC survey
- Timely discharge from Critical Care to inpatient wards to ensure appropriate environment to support privacy and dignity
- Consultant led follow up clinics to specifically discuss experience post Critical Care admission
- Withdrawal of Care at home, to Support the end of life care wishes for ventilated patients and their families

This initiative will demonstrate how the patient's journey and effectively the beginning of the experience is considered by the actions taken by the team to ensure it remain as positive as possible throughout the Critical Care stay, and in some cases after.

Impact

1. Our recent audit demonstrates that in 62% of cases we were able to admit patients from ED within 1 hour of admission.
2. Good family feedback on overnight stay facility meeting their psychosocial needs.
3. Our recent data demonstrates that 99% of patients are discharged from critical care within 24 hours and over 50% of patients are discharged within 4 hours. This is not only a major improvement for our service, but also one of the best performance indicators when compared to other London units.
4. This specific initiative is still in its infancy stage, however direct feedback from the families involved have been very positive in terms of their experience
5. I Want Great Care results. Critical Care follow-up clinic patient satisfaction survey demonstrates that 99% of patients were very satisfied with the service and 94% of patients would definitely recommend it to other ICU patients.

What Makes Us Special?

This is a multifaceted initiative to ensure that the patient/family experience in Critical Care is one of a holistic approach. It is a Multidisciplinary team approach designed to encapsulate the patient's experience from presentation of their critical illness to recovery. This holistic initiative is 100% patient/family focused. The key elements contributing to its success are:

- Teamwork
- Innovation
- Patient/family feedback
- Positive engagement from other stakeholders internal and external to the Trust
- Re -evaluation and audit of services

Contact Details

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Barking, Havering and Redbridge University Hospitals NHS Trust

Learning Disability Communication Flashcards

Category

Communicating Effectively with Patients and Families

Barking, Havering and Redbridge 
University Hospitals
NHS Trust

Organisation

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) is a large acute Trust which borders East London and Essex. See previous BHRUT entries for more detail.

Summary

Communication difficulty is a significant problem for children with learning disabilities or autism and their families. This can become a considerable contributing factor in the presentation of challenging behaviours. It is important that parents and carers are effectively supported to meet their child's communication needs. It is estimated that 20% to 30% of people diagnosed with autism will never develop speech. It is essential that alternative functional communication is developed for these children. The Pictorial Exchange Communication System (PECS) was developed in 2002. Benefits have been found to include reducing behaviours that challenge, encouraging speech and increasing social communication. PECS focusses on school and home environment but does not have pictures explaining what may happen in hospital which we know is an environment and experience which can cause increased anxiety and difficulty for children with LD and for their families.

Impact

Once approved the first pack produced was given to Alka to use with Khush. The doctor used the flashcards showing a picture of a doctor feeling the tummy to Khush whilst also telling him what was going to happen. Khush then gave implied consent to have the examination. The examination went smoothly and with much reduced difficulty than previous examinations had been. This method was expanded to all aspects of Khush's medical care and he quickly became aware of what each card meant was going to happen. The visual cards alongside the verbal instruction or request has had a significant impact on Khush's experience. He no longer becomes distressed because he knows what is going to happen. He complies with requests or instructions – and just by showing him the appropriate card, can prepare himself for what is going to happen. He can finally have a full examination without himself, his mother or the staff becoming distressed and upset. This has meant that his physical health problems could be addressed appropriately. His anxieties are now lessened as he understands what is about to happen. This in turn has had a positive impact on his family and home life. Alka has been successful in using the cards with Khush's GP and his clinical team at Great Ormond Street Hospital. Within BHRUT, Alison quickly identified that the same cards could be used for many children. 50 packs were purchased and in order to make them accessible to the widest number of children, they were distributed across the paediatric services including the inpatient wards, the outpatient areas, the Emergency Departments and Theatres. The cards are now routinely used across a number of areas where children access care and treatment. In addition, some families have requested their own packs. Relative quotes: *"Khush and his family would like to thank you for making his visit to the dentist less stressful with the help of pictures. The Dentist was very impressed with the pictures and followed exactly how the pictures were illustrated."* Alka *"My child thinks picture cards are a great way to help him understand what they are saying"* anonymous feedback from Voice of the Child audit. Staff quotes: *"The flashcards have been fantastic to work with especially to prepare the children for a procedures and I have noticed the parents have been more relaxed knowing their child is aware of what is going to happen next."* Lucy – playworker *"I have used the cards and it helps greatly in communication with children who have LD. Their faces lit up and the rapport improves. Very good 'invention'."* Consultant Paediatrician

What Makes Us Special?

The underlying principle of this initiative is the simplicity. The brain processes images 60,000 times faster than text and images are used in so many different ways in everyday life including the use of emojis, memes, gifs, etc. The Special Educational Needs schools focus their learning on pictorial communication tools, yet this is not replicated within the hospital, where anxieties may be far higher, especially if someone is out of routine. There are communication and easy-read materials available but these are often inaccessible to staff at the time they need them. Practitioners should be able to carry these small cards with them and have them to hand when required to use pictures to help communication. The cards use photos rather than widget symbols which may be misinterpreted. PECS are widely used in education but there were no PECS packs available which help explain what might happen during a hospital admission, including examination, observation and medication. The way in which the pack has been developed also allows the patient to express some of their wants, for example, toilet, play, home, yes or no, brightness and noise.

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PEN National Awards 2017


Re:thinking the experience

Barking, Havering and Redbridge University Hospitals NHS Trust

Supporting Families after Bereavement - Daisy Bereavement Centre

Category

Using Patient Insight for Improvement (Accessibility)

Barking, Havering and Redbridge 
University Hospitals
NHS Trust

Organisation

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) is a large acute Trust which borders East London and Essex. We have two main hospitals and we also serve clinics across the Barking, Havering and Redbridge footprint providing elective and emergency care and treatment. We have a staff of 6,500 and serve around 750,000 people from a variety of backgrounds and across a wide area. In February 2016 the Bereavement Team merged with the Pastoral Care Team to become the Department of Spiritual, Pastoral and Bereavement Care under the leadership of Rev. Philip Wright.

Summary

Over the last two years, the Trust has been working hard to improve services for end of life patients and the families of deceased patients after death. The Trust adopted the orange gerbera (daisy) symbol to identify where services were designed specifically for this patient group or their families. We have branded this "Dignity in Dying". Under the "Dignity in Dying" project, a number of individual small projects and initiatives have been undertaken which have all contributed to overall improved care and experience for patients and their families. All of the projects and initiatives have the orange daisy logo making them easily identifiable. Some of these changes are: • Dignity bags for patient property; • Condolence cards; • End of life magnets and door signs; • End of life leaflets; • Mortuary trolley covers. A significant change has been the Daisy Bereavement Centre where relatives attend to complete the difficult, necessary processes when a patient dies.

Impact

The new Daisy Bereavement Centre has been well received by relatives, staff and external providers. The centre opens into a welcoming waiting area which has comfortable seating, hot drinks available, soft music and an information area. From the main waiting area, there is a bereavement team office which is home to the bereavement team. This team undertake all of the administration required – ensuring death certificates are appropriately completed, liaising with H. M. Coroner and making arrangements with funeral directors. There is also an area of this office which is used by the doctors who need to be involved in the process post-death – completing death certificates, making referrals to the Coroner etc. There is a further separate office which is used by the Chaplains and they can provide pastoral support here. A further office is used by the local authority registrar who registers deaths on-site. These changes ensure that a bereaved relative coming to the hospital to complete administrative processes has access to everything in one place. They can obtain the death certificate, register the death onsite without the need to make appointments or travel elsewhere, and if required, can access pastoral support immediately. The area is also publicly accessible in the main atrium of the hospital which means relatives do not have to report anywhere before being escorted to the office as was previously the case. The whole experience now is centred on meeting the needs of the relatives and ensuring that the process is as smooth and kind as possible. The daisy bereavement centre has also had a positive impact on Trust staff and on external providers such as funeral directors and families. Approximately 150 families each month use the Daisy Centre and we now routinely receive comments about the changes and about the impact they have had. Families comments: *"The support we received from the Bereavement support unit at Queen's Hospital was excellent. At a difficult time and just before Christmas, an appointment was automatically made for us at the registrar, which meant my mother's death could be registered before the Christmas break."* Funeral Director comments: *"Our staff so much prefer the new access via the Daisy Centre which is so much more streamlined. This system is so much better than the previous arrangements. As you can appreciate we deal with countless other hospitals in London and Essex and the service that you provide exceeds any other bereavement offices"* Staff comments *"I have found the new Daisy Centre to be more appropriate space for the bereaved. It is private and quiet and having chaplaincy and a registrar in the same centre is clearly convenient for the bereaved and the staff"*.

What Makes Us Special?

We have a duty of care to the patients who access care and treatment in our hospitals but sometimes they die. We believe our duty of care is then to the relatives of that patient. We listened to what families were telling us about their experiences after they had lost a family member. The concept of single centre that can meet all of the needs of relatives at a time when they are most distressed, was very simple and it was very easy to engage people to help bring the vision to reality. There have been negligible costs associated with the project with the exception of the IT hardware for the local authority registrar.

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PEN National Awards 2017

Re:thinking the experience

Barking, Havering and Redbridge University Hospitals NHS Trust

Using Age UK Care Navigators/Volunteers to Carry Out Advance Care Planning Conversations

Category

Continuity of Care

Barking, Havering and Redbridge 
University Hospitals
NHS Trust

Organisation

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) is a large acute Trust in the south east of England. We run two hospitals – King George Hospital in Goodmayes and Queen's Hospital in Romford – and also serve clinics across outer north east London. Working closely with our partner organisations, our 6,500 staff and volunteers care for a diverse community of 750,000 people.

Summary

Using AGE UK volunteers/care navigators to initiate conversations in the hospital around Advance Care Planning (ACP) and complete Think ahead documents. (This is the tool used by GSF to record patient's preferences and wishes in end of life care). Documents that are completed are recorded on an electronic database and shared cross boundary to enable patients preferences around care to be available to all those that would be involved with their care. By using the care navigators/volunteers it enables a therapeutic relationship to be developed and they have the flexibility to come back and complete documents at a later stage or visit patients in their own homes to complete conversations. The care navigators are able to use their knowledge to signpost patients to other voluntary services to aid their care if needed.

The initiative grew after discussions had taken place with GSF and Age UK to use volunteers/ care navigators to have ACP conversations. At BHRUT a gap had been identified in health care professionals (HCP) conducting advance care planning (ACP) conversations for patients in the last year of life. The Trust invested resources into improving the awareness in ACP and has a dedicated EOLC team whose role is solely educating the generalists. Their work highlighted that there is a high burden or avoidance in HCPs having these conversations due to hospital shift patterns, movement of patients within hospital, recognising dying early in the disease trajectory and time to have sensitive conversations. ACP discussions are a crucial means of providing care tailored to peoples' real needs, wishes and preferences, and this structured form of better listening and shared decision making helps people live better before they die and to die well, where they choose. Sometimes this process can become over medicalised, so in collaboration with GSF, BHRUT and Redbridge Age UK this project was initiated. By using Age UK it is thought it would help reduce possible over medicalising of options and support patients in making decisions around EOLC. By using Age UK volunteers/care navigators to conduct ACP conversations it enables HSPs to identify patients but release them from carrying out the timely conversations and documentation.

Impact

Service started in March 2017 there have been 195 referrals to the team, 103 completed Think Ahead documents, 97 Think Ahead documents uploaded to electronic database. Data collected on the number of patients who have died and whether their preferences of where they have wanted to die (PPD) have been met. Of those that were referred to this service 32 have died and 20 (62%) in their PPD.

Feedback from patients who have completed documents :- *"It has been lovely to chat and tell someone what I want without worrying my family", "I have not been treated as myself for so long. It has been wonderful to tell someone who I was before I became ill and to write down my wishes to support my family"*

From the care navigator/volunteers:-*"It is so nice to spend time with patients who need to talk", "It is a privilege to be part of planning for these patients future".* HCPs on the ward have found this hugely beneficial and have found the service enhances the GSF work. Using Care navigators/volunteers enables them to start the work in hospital & follow up at home.

What Makes Us Special?

The service has been received in a very positive manner. It has been recognised that although we have a professional responsibility to provide ACP to all patients, the acute setting is not always ideal for either the patient or the staff. Unlike the demands put on the HCPs, Age UK care navigators/volunteers are not restricted by time and are able to start conversations in the hospital and then have the capacity to follow up in the patient's own home. The service is unique and there has been a steep learning curve for all services involved, but patients who have used the service have been very appreciative of the TIME they have had dedicated to them as individuals. Working in collaboration with the voluntary service Age UK has been enlightening as they have been able to signpost HCPs to using other voluntary services that they are aware of.

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PEN National Awards 2017


Re:thinking the experience

Barking, Havering and Redbridge University Hospitals NHS Trust

Withdrawal of Critical Care at Home

Categories

Partnership Working to Improve the Experience

Barking, Havering and Redbridge 
University Hospitals
NHS Trust

Organisation

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) is a large acute Trust in the south east of England. We run two hospitals – King George Hospital in Goodmayes and Queen's Hospital in Romford – and also serve clinics across outer north east London. Working closely with our partner organisations, our 6,500 staff and volunteers care for a diverse community of 750,000 people.

Summary

The initiative grew out of a request from the partner of a patient for withdrawal of her supportive care to take place in their own home rather than in critical care, as the patient had previously expressed a wish to die at home. We were able to meet her wishes and her positive feedback led us to develop this initiative which allows us to routinely offer withdrawal of critical care at home. Dr Ian Carrasco has been the main driving force behind this initiative. Having carried out the background research as mentioned above he set up a steering group to drive the initiative forward. A working group was set up including staff from Critical Care, Specialist Palliative Care and the End of Life Care team. We also worked closely with our local Hospice at Home team from St. Francis Hospice and involved local GPs, District Nurses and Community End of Life Care Facilitators. Our aim was to produce guidelines for the withdrawal of critical care at home for suitable patients. The group evolved and links between Specialist Palliative Care, the End of Life Care Team and Critical Care have been strengthened, improving collaborate work between the services and leading to earlier identification of patients nearing the end of life. Together we developed a guideline for the withdrawal of critical care at home including which patients could be considered, we have also developed and implemented a specific version of our Trust Individualised End of Life Care Plan for use on Critical Care which includes this patient group. We have now successfully implemented this initiative which de-medicalises death and allows patients to die in the comfort of their own homes.

Impact

Since the implantation of this initiative we have successfully carried out one more withdrawal of critical care at home and have also discharged a patient directly from our Neurological Intensive Care Unit directly to her own home for end of life care. We have received very positive informal feedback from both families involved but aim to introduce a specific validated bereavement survey to all critical care deaths in the near future. Having successfully met this family's wishes and receiving their very positive feedback we explored the possibility of setting up an initiative which would allow us to routinely offer withdrawal of critical care at home to suitable patients. The BHRUT critical care unit receives approximately 335 admissions quarterly, with a mortality rate below 17%. 20% of deaths on the unit involve withdrawal or withholding of supportive measures, with a total of 11 withdrawals between April and June 2014.

We have also gathered informal feedback from all community colleagues involved and reflected with them at a very successful Schwartz Round. Further to the obvious benefits to the patients involved the greatest benefit from this initiative has come from the strengthening of links between the Critical Care team and the Specialist Palliative Care Team. We are now supporting more patients and families on Critical Care than ever before which we anticipate will not only improve care but also reduce length of stay in hospital. All Critical Care staff now have much better awareness and understanding of both general end of life care and Specialist Palliative Care. The implantation of the Individualised End of Life Care Plan to Critical Care now empowers staff to provide excellent end of life care to all their dying patients and allows further auditing of our performance.

What Makes Us Special?

As far as we are aware we are currently the only NHS Trust in Europe offering the withdrawal of critical care at home routinely to adult patients. We feel that the incredible relationships that have been built between the clinical teams and community services involved make this particularly special. Not only have we successfully implemented this valuable initiative but we have improved end of life care to all patients cared for by the Critical Care Team at BHRUT and have developed a closer working relationship with not only the Hospice at Home Service from St. Francis Hospice but also other community colleagues including local General Practitioners and District Nurses.

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PEN National Awards 2017

Re:thinking the experience

Birmingham Community Healthcare NHS Foundation Trust

The Birmingham School Health Advisory Service - School Nurse Ambassador Programme

Category

Bringing Patient Experience Closer to Home



**Birmingham Community
Healthcare**
NHS Foundation Trust

Organisation

At Birmingham Community Healthcare Foundation Trust We provide high quality, accessible and responsive community and specialist services within Birmingham and the West Midlands. We deliver over 100 clinical services, out in people's homes and in over 400 hospitals, health centres and clinics. We provide services for adults, children, people with learning disabilities, those with rehabilitation needs and also dental services.

Summary

The Birmingham School Nurse Ambassador Programme was set up in March 2015 in Birmingham after its success in Sandwell. The model for School Nurse Ambassadors, developed by Sandwell School nurses, has proven that the role within schools improves the visibility, availability and accessibility of the school nurse. The Birmingham School Nurse Programme (SNAP) ambassadors meet in school once a term (4 times a year) and develop action plans according to the needs of their school population. In addition to this they meet twice a year with the BCHC team at the bi-annual school nurse ambassador programme event where they work with other schools in a series of engagement activities and also share ideas to develop their school's needs (Autumn and Spring/Summer term). Due to the interactive nature of the sessions we always have on board the children and families Patient Experience Lead, who is involved in the planning and delivery of the ambassador events (out of school activity), the school events and activities are organised (in school activities) and planned by the allocated school nurse with school staff and pupils.

Impact

The difference this has made to our young people is that they improve their individual skills in the following areas:-

- Public speaking
- Creative thinking
- Developing and articulating ideas
- Leadership-Interview skill
- Communication
- Interpersonal skills
- Problem-solving

Here are some quotes from the feedback gathered at the end of the sessions: Young people told us

"Because it's really interesting and you can learn a lot of new things and share your ideas, so you get a say in it"

"This helped me a lot and it really motivates you "

"I think it very useful and can provide guidance and build confidence"

"They are very supportive and it will help a lot in various ways"

"The day is always fun and adventurous"

"I have found the day helpful and now I can educate others"

"Because your information is vital to people that need help and it was all suitable and relevant for the topic"

The Staff told us: *"A great day, very well run and it was great hearing what the young people know and what they would like"* - *"Fantastic opportunity for students to learn and grow in confidence"* - *"Very useful to talk about the issues facing young people"* - *"Superb service - will recommend it whichever school I go to next. Lots of nice responsibility for the Students"* - *"The health service and its role in school is more vital than ever"* - *"The students really enjoyed themselves"* *"Valuable service"*

What Makes Us Special?

For this initiative it is the co- design work and feedback really has made a difference to our service, schools and community. Councillor Rice, the Lord mayor of Birmingham paid tribute to the Birmingham school nurses and, in particular, the contribution of the ambassadors at the launch of the new service. He said *"The school nurse ambassador programme is a shining example of community engagement and activity- These young people are the adults of tomorrow and, having heard their eloquence today, I'm very confident that the city's future is in safe hands"*

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PEN National Awards 2017

Re:thinking the experience

Birmingham Women's and Children's NHS Foundation Trust

Listening to Our non-English Speaking Families

Categories

Championing the Public & Using Insight for Improvement (Accessibility)



By your side

Organisation

Birmingham Women's Hospital is a centre of excellence, providing a range of specialist health care services to over 50,000 women, men and families every year from Birmingham, the West Midlands and the UK. For more than 150 years, excellent healthcare has been at the heart of everything we do at Birmingham Women's Hospital. We treat 50,000 people a year, carry out 3,000 operations, deliver more than 8,000 babies, making Birmingham Women's Hospital one of the busiest maternity departments in the UK, treat babies from across the UK who have life threatening conditions whilst they are still in the womb under our Fetal Medicine team, provide neonatal intensive care for the Midland's tiniest and sickest babies. We also test more than 60,000 pathology samples, test more than 50,000 genetics samples, offer specialised services for diagnosis of genetic disorders including tests for familial cancer, run the largest genetic laboratory in the UK host the UK's National Sperm Bank, provide physiotherapy, new born transport services, radiology and a donor milk bank supporting sick and premature babies across the West Midlands.

Summary

Our interpreting team are fully embedded in their local communities. Meanwhile we often find we are lacking in the quality of feedback we receive from women who do not speak English. We have joined forces and asked if they would help us organise groups of their neighbours and friends who have used our services to gather for a 'coffee' morning in a venue of their choice and serving food of their choice. We've rotated these groups and now have a monthly listening session to which we invite clinical leaders to be able to listen to families in their own languages about the care we give. Feedback is shared and actions are taken through the governance of our FFT and other patient experience feedback.

We wanted to achieve two main objectives:

1. Listen to some of our most vulnerable families in that they don't speak English. We wanted to do this efficiently as we have no extra resources for hiring an 'outreach manager.' For years, the excuse for 'not listening' to these patients was because of a 'lack of resources' when in fact the 'resources' were within our community—we just needed to identify them and support them to access these communities in a more intentional way.
2. Utilise our existing resources of interpreters who we know are best suited to connect us to the community. Now that we've started our 'listening' project, we now have the opportunity to return to these groups to share what we have done with their feedback and stories.

Impact

The impact has been felt through every department, where themes have been shared. Often the feedback gives strength to other forms of feedback and gives the staff confidence they are working on elements that have been highlighted previously. Other feedback, such as the importance of dignity gowns for our theatres has been highlighted as a key priority for this year, given the strength of feedback from a number of Muslim women about their anxiety about their modesty for their planned operations. The feedback has been analysed qualitatively, with themes being shared, rather than instances of feedback given. Another recent success, supported by this initiative has been the introduction of fathers and partners overnight on one of our postnatal wards—the programme was held back over concerns about what some cultures might think about having men on the ward overnight. However, feedback from our coffee mornings has confirmed that women of all cultures want to have the choice to have a partner close by and even if they don't want a man nearby, they would value being in a place where a "Plus 1" could be present. This has given structure and confidence to our wards as they introduce the new "Plus 1" programme to all parents.

What Makes Us Special?

This initiative stands out in that it hasn't taken a new resource to achieve—it has been discovering the resource in our interpreters to reach their communities in an intentional way to listen. It sounds very simple, and yet the impact for the organisation to recognise that we are now regularly hearing from previously seldom-heard communities is creating a buzz in the organisation, as their feedback is triangulated with the feedback we receive every month from other sources.

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PEN National Awards 2017

Re:thinking the experience

Cardiff and Vale University Health Board

Cardiff and Vale Patient Experience Team

Category

Team of the Year



Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

About Nominee

As Lead Nurse for Patient Experience I manage part of the Patient Experience Team. The team has a corporate responsibility supporting all Clinical Boards within Cardiff and Vale University Health Board. The team consists of the Senior Nurse for Bereavement Services, Chaplaincy Department, Macmillan Information and Support Facilitator, Patient Experience Support Adviser, Patient Experience Administration Assistant, Voluntary Services Manager and a supporting Personal Assistant. All team members have individual roles and responsibilities; however they demonstrate a supportive ethos which ensures there is consistent shared learning, and cross team working. Examples of this can be illustrated in the development of volunteer roles that support all of the agendas; Bereavement Volunteers, Feedback Volunteers and those who support at our three Information and Support Centres.

Achievements

Our team stands out from our peers as support and work as a team. We foster productive, positive relationships both internally and externally through partnership working. This includes colleagues working within the Third Sector, Local Authority and Education Sector, for example local Colleges and Universities. Through a supportive approach to each other's agendas, we work collaboratively and effectively. We actively promote our services through social media, online and having a visible presence in the Information and Support Centres.

The team has a reputation for providing a consistent approach and are recognised for being supportive and helpful. Feedback to the team is provided on a personal level and through our partners. I recognise we are not always very good at promoting the positive aspects and benefits the team provide as we are clearly aware of the value and benefits provided daily to our patient, carers and staff. We are privileged to undertake such rewarding roles, whereby our patients and carers' experiences are continually enhanced. Elements of the team were established in 2010 however the team has evolved over the last three years, highlighting the importance of Patient Experience within the Health Board.

Summary

The Patient Experience Team continually demonstrates and upholds the values and behaviours of the Health Board, particularly ensuring we are kind and caring, respectful and promote integrity. People value our support and advice, which is well evidenced through feedback and over successive years, nominations for staff recognition awards. The initial photo shows the team recently holding a Food bank collection for both our Cardiff and the Vale Foodbank. Donations were received on two sites, with overwhelming generosity shown by all who donated. We have recently held an event on 'World Kindness Day'; within two and a half hours we had over 250 visitors to our stand. They were overwhelmed and could not believe that we were giving away smiles, information and treats free of charge. We are a dynamic team developing according to patient and carers need, with future initiatives that include;

- Tai Chi
- Arts and Crafts Group
- Toiletries donations – a joint initiative for patients who are admitted without the basics and donations to local Homeless Shelters



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PEN National Awards 2017

Re:thinking the experience

Derby Teaching Hospitals NHS FT

Derby Patient Experience Team



Category

Team of the Year

Derby Teaching Hospitals 
NHS Foundation Trust

About Nominee

As manager of the Patient Experience Team, I am personally extremely proud of what we have all achieved over the short time we have existed. The team was first set up early in 2014 and since then, the team have taken on numerous large projects and campaigns for improving patient experience on top of the day-to-day business of analysing data from the FFT, national surveys and other sources of feedback, as well as reports and regular meetings. The team has also had to deal with challenges with a lack of staff resources due to long-term sickness, retirement and maternity leave during that time. When the team was first set up, patient experience had historically been ad-hoc projects in silos in different departments. By setting up a central team, a stronger strategic direction could be set in terms of improving patient experience. Initially progress was difficult being a new team that had to establish itself within the organisation. People operating in corporate roles can often find it challenging to engage with front-line staff. After 4 years of hard work promoting and delivering good patient experience, the team is now not just a group of corporate roles, but has extended to a wider team of Patient Experience Champions, close to reaching the 200 mark. Patient experience really is a big deal in our Trust now! Our team is made up of a Patient Experience Manager, Patient & Public Engagement Manager, Projects Coordinator, Secretary, and Data Entry Support Officer. The team reports to the Associate Director for Facilities Management & Patient Experience. We also now have our own logo which has helped to give some visual representation of our identity.

Achievements

The main way in which we have promoted improvements to patient experience is through our Patient Experience Champions programme, which launched in April 2017 at our highly successful first annual Patient Experience Week (the next will be held in April 2018, to coincide with the national patient experience week). Having recruited close to 200 champions already, it shows just how passionate people are about improving patient experience. It has been a long journey to get to this point though – our first year or two as a team involved setting up better governance structures around patient experience and getting agenda slots on key groups to ensure that patient experience began to feature more prominently in reporting streams. This ensured it became much more visible at Board-level. We were also fortunate enough to have a highly supportive Chief Executive, Chief Nurse, and Medical Director. In that time, we also extended and improved the ways in which we capture patient experience – we found this gave much more weight to our recommendations for how to improve patient experience and what the Trust should be prioritising. In terms of improving services, there is now a long list of projects we have led/been involved in, as follows:

- Making Your Moment Matter – launching our 5 pledges to our patients;
- First annual Patient Experience Week, and recruitment of nearly 200 Patient Experience Champions. For promoting the champions, we made a film of a variety of staff in different roles holding up a plaque saying 'I am the patient experience' and all champions have badges and lanyards to promote it;
- Making Your Moment Matter 'Local' – localised training for teams on the 5 pledges and how they can improve their services (Runner-up in PENNA 2016);
- Your Views Matter - implementation of a range of methods of feedback, including making the FFT accessible (this won the team an award at the NHS England Friends & Family Test Awards 2016 for the Best Accessibility Initiative);
- 360 Camera Project – 'Google street view' style mapping of our hospitals and 360 filming of individual pathways such as maternity and theatres;
- Pets As Therapy – recruitment of 3 volunteers and their dogs as therapy for a range of patients;
- Sleep Kits – introduction of a pack of items for inpatients to aid comfort and tackle boredom;
- Keeping You In The Loop – introduction of an information card in ED and a My Hospital Journey Booklet in wards;
- Development and implementation of an Engagement Strategy covering the next 5 years;
- Implementation of free WiFi including an Engagement Platform (a range of useful information for patients to access online for free, including a link to our Your Views Matter survey);
- Production of a large library of Patient Stories – filmed stories covering a range of topics that are shown at Trust Board meetings (we now have over 60 films);
- Introduction of a roaming Video Booth for short 'vlog' style stories to use at events etc.

Summary

In summary, the team work extremely hard and very well together. It sounds a bit of a cliché but we really are like a family – supporting one another physically with workloads and emotionally. As the manager, I am personally extremely proud of all we have achieved in the relatively short time we have been in existence, and it very difficult times staffing-wise. We are a very small team, working hard to promote patient experience in a large acute trust, making what we have achieved even more impressive.

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PEN National Awards 2017

Re:thinking the experience

Derby Teaching Hospitals NHS FT

Flower Sculptures for Cancer Services

Derby Teaching Hospitals 
NHS Foundation Trust

Category

Partnership Working to Improve the Experience & Using Insight for Improvement (Accessibility)

Organisation

Derby Teaching Hospitals NHS Foundation Trust is an acute hospital trust comprising of two hospitals – one acute and one community – in the city of Derby. We have around 8,000 staff and we treat around 1.5 million patients per year. Air Arts is the arts charity for Derby Teaching Hospitals, which aims to improve patient and staff experience through the arts and culture across the whole Trust.

Summary

As an alternative to traditional signage, Derby Hospitals worked in close collaboration with patients and their families at the end of life cancer unit to design and create an innovative and sustainable solution to their problem of wayfinding to the unit. The resulting 10 foot high flower sculptures (Bluebell and Lily) are a bold and ambitious piece of artwork, which has changed the landscape of the hospital and changed the language used in supporting patients finding their way to cancer services. The work was delivered in close partnership by cancer services, the arts team, capital projects and facilities management with clear aims and objectives. The patients and staff were consulted at every stage and carefully planned focus groups enabled the work to be a true reflection of the wishes and needs of the unit. The collaborative work between departments has been replicated on projects in other hospital areas, most notably the building of a staff remembrance garden. Feedback has been gathered from patients and staff demonstrated the deeply positive impact that the process and resulting artwork has had on this group of people.

The flower sculptures came about from a request from patients and staff for better signposting to the Macmillan unit. The building is tucked away with no visible landmarks and opposite a large car park. Directions to the unit were given as follows: 'park in car park 6, cross the road, walk alongside the director's car park and turn left at the end of the wall'. Our cancer services is one of the largest in the country, where over 200 patients are treated every day, many for end of life care. This unit is sited on one of the largest hospital sites in the country, so effective signposting is crucial, particularly as many patients are distressed & very poorly. Getting cancer patients and their visitors to the correct entrance and car park for treatments had proved problematic and increased the anxiety for patients at a very stressful time in their lives. This project aimed to provide a more positive, reassuring welcome with clear landmarks to guide patients easily to the unit.

Impact

The new flower sculptures make signposting clear, positive and straightforward. The flowers are over 10 feet in height, lit at night and clearly visible along the hospital loop road and entry road to cancer services. This provides clear, distinctive and beautiful signposting to the unit. The instructions are now 'park opposite the bluebell and walk alongside the path towards the Lily – the unit is on your left'. It is difficult to measure the impact in a quantitative way, and we have measured impact by gathering verbal feedback and written quotes from patients, their visitors and staff. One particular testimonial refers to a lady whose decision to end her own life was reversed thanks to the flower sculptures being part of her daily trips to the hospital. This is an incredible testament to the uplifting and positive power of this artwork and has deeply moved everyone involved in the delivery of this work. A selection of quotes and testimonials were attached. *'They lift your spirit. They are absolutely beautiful so graceful'* Patient

What Makes Us Special?

True collaboration and detailed consultation with the patient group and staff has meant this project has been a significantly positive change for the unit. The collaboration with the cancer services team, the arts team, capital projects and facilities management has led to the successful design and construction of a permanent finished piece, part of the landscape of the hospital, lit and maintained by the hospital and highly effective as a way-finding piece. This has truly brought these teams together to focus on the patient Experience. Patients and their families love this work, as it gives them a sense of being welcomed and cared for before they even enter the hospital. Using local suppliers and a combination of traditional blacksmithing techniques and newer technologies has created a piece which is strong enough to withstand the elements but beautiful to look at. The leaves of the sculptures were worked with the fly press to create the veining on the steel to provide both pattern and strength to the leaf. The leaves are flexible enough to move slightly in the wind to give the sculptures an extra element of life. The glass flowers were made in Worcestershire at Top Glass and the sculptures created in Hereford by Jenny.

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PEN National Awards 2017

Re:thinking the experience

Derby Teaching Hospitals NHS FT

Keeping You in the Loop

Category

Continuity of Care

Derby Teaching Hospitals 
NHS Foundation Trust

Organisation

Derby Teaching Hospitals NHS Foundation Trust is an acute hospital trust comprising of two hospitals – one acute and one community – in the city of Derby. We have around 8,000 staff and we treat around 1.5 million patients per year.

Summary

Under the brand name 'Keeping You in The Loop', we have introduced two communication tools – one in our Emergency Department (ED) and one in our Inpatient Wards. In ED, patients receive an information card where key pieces of information can be written or communicated via tick boxes. The card stays with the patient and the purpose is to aid communication between the patient, carers, and staff in various roles. One piece of information entered is 'Am I likely to be admitted?' By having this simple information on the card, it will save time by aiding communication at the time, rather than staff and carers having to repeatedly ask others. On Inpatient Wards, patients receive a 'My Hospital Journey Booklet' (which also stays with them). The booklet aims to provide the patient with answers to three simple questions: Why am I here? What's happening next? When can I leave? Any health professional can update the booklet with stickers that answer those three questions on a regular basis. Again, it aids communication between the patient, family/carers, and staff as the care plan progresses. If a patient cannot remember what health professionals have told them, the booklet will aid that communication with the family.

Impact

We regularly receive feedback from patients that they do not feel they are kept up to date with progress on what is happening, when and why. In a baseline survey on our wards, 48% of patients didn't know when they'd be leaving hospital. This then makes them feel excluded from decisions and kept "out of the loop". This patient summarised how it felt: *"More feedback could be supplied to the patient to keep him/her up to speed with progress and to keep them "in the loop" and limit the stress of feeling abandoned and not part of the process"*. We also know that staff spend a significant amount of time each day updating families & visitors on plans for their loved one. As part of our baseline measurements, the majority of staff surveyed (38%) reported they spent more than 30 minutes each day repeating information to different people (including other staff). The two tools were initially designed separately but good communication between the leads on these projects ensured the branding of 'Keeping You In The Loop' was adopted for both tools. The principle of 'Keeping you in The Loop' follows through from an ED attendance to inpatient admission.

Results and the impact of the trial were as follows: **ED Information Card:** Feedback from staff is that the tool is very useful to aid communication with their patients and that it does save time following things up. Staff also like the simplicity of the design. Verbal patient feedback has also been very positive – they like the simplicity. Longer term impact will be assessed by auditing the % completion of the cards (any cards that are left behind by patients), and through our routine patient experience measures – primarily our Your Views Matter survey. We will also collect regular feedback from staff on how they are finding using the booklets and review if any amendments need to be made. **My Hospital Booklet:** Only a small amount of data on the impact had been collected at the time of producing this entry because the trial began in early November. However, the verbal feedback collected shows that patients find it to be a very simple and useful concept. Other wards are now very keen to also trial using the booklets with their patients. Early feedback from staff has also been positive, and we will review the design with our staff to ensure it is as easy to fill out as possible to limit the time required to complete it.

What Makes Us Special?

In a word – simplicity. Both tools were designed to have minimal but important information entered on them, and were designed in a simple easily accessible format. Icons and tick boxes have been used on most of the key information points, making the information very clear for our patients, their carers and families. The intention of both is not to replace patient notes, or replace face-to-face verbal contact between healthcare professionals and patients, but instead assist in communication and information flow. Furthermore, the tools were designed based on genuine patient feedback – we know that being kept in the loop is very important for patients to reduce anxiety and stress and make them feel involved in their care. As such, improving the patient experience is the major driver, whilst improved efficiency and patient flow are additional benefits.

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PEN National Awards 2017

Re:thinking the experience

Fresenius Kabi & Calea UK Ltd

Elevating the Patient Voice



Category

Bringing Patient Experience Closer to Home



Organisation

Fresenius Kabi is a global health care company that specialises in lifesaving medicines and technologies for infusion, transfusion and clinical nutrition. Our products and services are used to help care for critically and chronically ill patients and are contracted to provide these services to the NHS. Calea is part of Fresenius Kabi and has over 30 years of experience in delivering high-tech homecare and nursing administration for adults and children across the UK. We have over 900 employees based in our head office and in the community. With the largest commercial aseptic specials unit in the UK our operational centre of excellence holds an MHRA (Medicines and Healthcare Regulatory Agency) "specials licence" for the preparation and dispensing of ready to use pharmaceutical products. Each patient receives a delivery at home of their individually manufactured medication with trained drivers who are specialists in dealing with patients in their own homes. With our corporate philosophy of "caring for life", Fresenius Kabi and Calea are committed to putting essential medicines and technologies in the hands of people who help patients and finding the best answers to the challenges they face. Our homecare service supports patients in their own home who require medication and nutrition intravenously or orally. The types of patients we support are oncology, stroke, crohns, primary immunodeficiency, gastro-restricted, COPD, pre and post-surgery and short bowel syndrome.

Summary

Fresenius Kabi and Calea have used innovative digital communication methods to engage with their homecare patients by creating two closed Facebook groups. The vision is; to provide a supportive environment for new and existing patients, and carers, where they can share their experiences and learn from each other. The group is led by Jayne Wignall who stimulates positive discussion and provides valuable content to the patients. The project was initiated as a pilot in an organisation with no previous digital experience. The pilot was tested following consultation with internal and external stakeholders, including patients, healthcare professionals and patient groups. The launch involved teams from across the organisation and research was conducted by patient coordinators (who provide patients/carers with advice and support and they also liaise with healthcare professionals) in advance to ask for expressions of interest. Within the first six months the groups have gained 400 members. The success is monitored through a number of qualitative and quantitative KPIs including user-generated content, members, delivering key campaigns and patient engagement e.g. likes. Following a successful pilot more internal champions have been established to assist in continuing to develop and maintain content around specific and unique aspects of the homecare service. This will now be transferred as a model for other countries where Fresenius Kabi has homecare.

Impact

Prelaunch of the group we set several Key Performance Indicators to measure how success of the group, using Gyratics analytical platform: Objective: Acquire 600 members Results: member total is 436; we have 63 pending members due to the member validation process. Objective: 30% of content generated by the user Results; engagement – 242 active members, 55% user generated content, 31% of comments are positive, 10% negative, 15% of comments are seeking advice, 44% neutral comments. Reactions – 1045 likes. These KPIs were set to allow us to gain feedback on whether or not the content was engaging, provided education or contributed/stimulated positive discussions and allowed members to feel comfortable to share experiences and feedback on the homecare services; from the results this was achieved.

What Makes Us Special?

Social media offers Fresenius Kabi and Calea the opportunity to: - Reach new patients who are increasingly utilising social media; - Learn from patients by being part of the social conversation; - Extend patient care beyond existing channels, supporting them when they need; and - Position Fresenius Kabi and Calea as a valuable part of the social conversation, not just a business. It will enable us to:

- Empower patients and carers to share their experiences and learn from each other;
- Provide a supportive environment to discuss living with their condition or treatment; and
- Fresenius Kabi and Calea have the opportunity to stimulate positive discussion with and provide valuable content to our patients. A closed Facebook group allows us to facilitate a private community that helps improve the support and lives of our patients. A safe, private environment where they can speak openly about their condition.

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PEN National Awards 2017

Re:thinking the experience

Global Initiative Ltd

Hetty's Hospital



Categories

Communicating Effectively with Patients and Families & Innovative Use of Technology/Social Media

Organisation

Global Initiative is a digital agency in the heart of Oxford. Founded in 1999, it is directed by Gareth Nixon and Chris Sinclair and now comprises 14 staff. Specialising in start-up and enterprise software, Global Initiative supports various projects through its Initiative 100k Fund for those that will have a positive social impact. More information about the fund: <https://www.global-initiative.com/article/100k-social-digital-support-fund-launched/>

Summary

Hetty's Hospital began as a solution to the turmoil that any parent taking their child into hospital faces: how can we reduce the anxiety for our children going into hospital and make the experience as worry-free as possible? The solution is the brainchild of two paediatricians: a storybook app with games teaching kids all about the hospital experience. Through the narrative of the eponymous Hetty and her three friends, the app mixes key, informative messages with wacky, mess-galore games such as the sick-bucket and wee-in-the-pot games. As graphic as these games might seem to grown-ups, it was demonstrated as the most effective way of captivating our target audience. The app, which is freely available on iTunes and Play Store, has received nearly 1,000 downloads in the time since release. Designed to be played before or during a child's hospital visit, allowing for unscheduled appointments and parental involvement. The team has been approached by other organisations to contribute ideas and funding for new stories. https://play.google.com/store/apps/details?id=air.com.globalinitiative.HettysHospital&hl=en_GB<https://itunes.apple.com/gb/app/hettys-hospital/id1082996251?mt=8>

Hospital can be an intimidating experience for many adults, but, for children - despite the best efforts of parents and dedicated staff - the idea of going into hospital can be fraught with anxiety. Paediatricians Dr Becky Duncombe and Dr Ria Evans realised that there was a genuine need for something that could reduce the stress of children going into hospital and, if well executed, could actually make the experience enjoyable. The format of a downloadable app was chosen for accessibility; something that could be freely available in order to meet the overall ambition that every child in the UK going into hospital could benefit from playing Hetty's Hospital. Becky and Ria came to Global Initiative after receiving funding from the NHS 2023 Challenge, but we soon realised the budget was still a long way short from what it needed to be to create anything that would do the idea justice. We were so instantly inspired by the project and already felt such affinity with what the doctors were trying to achieve, we decided to sponsor the project ourselves from Global Initiative's dedicated £100K Initiative Fund.

Impact

We've included results from a feedback survey that was sent to a focus group of 20 children to test Hetty's Hospital. As you will see, the results were compelling: with 80% of the group saying they had learnt something from the app and 90% of them saying they had either enjoyed or really enjoyed playing it. The launch was timed to coincide with National Play in Hospital Week 2017. The reaction was exciting; the first social media post was shared almost 400 times. The app was posted by parents and doctors alike in relevant forums and social media channels. The app reached 3rd place on the iTunes store for medical apps in the UK and ITV Meridian has approached us to further publicise Hetty's Hospital. Users not only feel the results of the app are helpful and supportive, but are spreading the word. This popularity also translates into downloads, with nearly 1000 downloads on the iOS App Store and Play Store combined in the short time since its release. It is worth considering that up until now, the majority of marketing surrounding it has been via word of mouth - we are very excited at the prospect of what more publicity could bring in the new year.

What Makes Us Special?

What makes Hetty's Hospital stand out is the incredibly positive sentiment that surrounds the project: from those that have worked on it, the medical professionals that are shouting about it, to the users that are playing it. The app is quirky and genuinely fun to play. What captivates people, however, is the enormity of the problem that it is trying solve: every parent trying to console their young child before going into hospital or during a visit can appreciate the value that this app can have at making a hospital visit a little less daunting. The excitement around the project has been overwhelming, with so many new ideas about what it could do next. Besides developing more storylines to cover more medical conditions, the real potential lies in its ability to explain difficult topics to such a young audience.

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PEN National Awards 2017

Re:thinking the experience

Gloucestershire Hospitals NHS Foundation Trust

Deaf Communication Cards - Promoting Effective Communication with Deaf Patients

Category

Communicating Effectively with Patients and Families



Gloucestershire Hospitals
NHS Foundation Trust

Organisation

Gloucestershire Hospitals NHS Foundation Trust is responsible for the two largest acute hospitals in the county, Cheltenham General and Gloucestershire Royal Hospitals, as well as Stroud Maternity Unit. These specialist hospitals provide emergency care, specialist inpatient care and outpatient appointments to our urban and rural communities within Gloucestershire and further afield. The Trust employs over 8,000 staff.

Summary

An innovative quality improvement project was initiated by Gloucestershire Hospitals NHS Foundation Trust, with the aim of improving patient experience for Deaf British Sign Language (BSL) users. We began by holding an engagement and involvement event with Gloucestershire Deaf Association (GDA), for us to listen to their experiences of using our services and ideas for how we could do things differently (co-design). One of the outcomes of this meeting was the creation of 'Deaf Communication Cards' for countywide BSL users, which alert other people to the need for a BSL interpreter to facilitate communication. Details about the card were disseminated on social media by GDA which attracted more than 27,000 people, with calls for the cards to be made available everywhere. Our leadership style has been collaborative as we have worked with GDA and specialist NHS staff to help implement change ideas. We have fed back to the Deaf community about progress and listened with interest to their responses. Another change idea was to place accurate alerts onto our electronic patient records system which is in keeping with the Accessible Information Standard. This is an electronic prompt for staff which is sustainable and transferable to other agencies and hospitals.

Impact

The GDA monitoring and evaluation report for one six-month period during 2016, prior to the change ideas being implemented, shows that out of 192 BSL interpreter assignments, GDA only learnt of the hospital appointments because the Deaf person notified them on 58 occasions (30%). In the first three months since the change ideas have been implemented (Aug-Oct 2017), out of 109 BSL interpreter assignments, there have been just 9 (8%) occasions when GDA has learnt of the appointment from the Deaf BSL user, which shows an immediate and significant 22% improvement. Patients receiving unscheduled care are beginning to notice a difference in their gaining access to an interpreter because of the cards and notices and they are feeding back to GDA. We anticipate that complaints, Friends & Family Test results and our bi-annual report from GDA will be clear measures of improvements, in due course. There is statistical evidence to show that five social media postings by GDA about the 'Deaf Communication Cards' attracted more than 27,000 views and more than 3,500 nationwide interactions. Due mainly to this publicity, the BBC were alerted and have filmed a short news piece on the cards, due to be aired in November 2017.

What Makes Us Special?

What stands out about this project is the continued partnership working and mutual commitment to make things better for patients who are Deaf BSL users. The Trust demonstrates a willingness to listen to, and learn from, Deaf BSL users themselves, which has reassured GDA and its members that there is a genuine desire to make meaningful improvements to their patient experience. This project is a true collaboration; each change idea has arisen from conversations with GDA and Deaf BSL users, which are then applied to the Trust's systems and processes. The Trust set aside any assumptions and communicated directly with GDA and the local Deaf Community. They learned that Deaf people welcomed and needed something that identified them as Deaf and they trusted that. In turn the local Deaf Community felt respected and gave them their full support. The Deaf Communication Cards put the control into the hands of the Deaf patient in regards to raising awareness of their communication needs, instantly making them feel less vulnerable. It stands to reason that Deaf patients will have better health outcomes if there is effective communication. A BSL interpreter can ensure that information is imparted accurately and any concerns can be addressed.

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PEN National Awards 2017

Re:thinking the experience

Gloucestershire Hospitals NHS Foundation Trust

Small Steps - Big Changes

Categories

Staff Engagement/Improving Staff Experience & Using Insight for Improvement (Staff)



Organisation

Gloucestershire Hospitals NHS Foundation Trust consists of Gloucestershire Royal and Cheltenham General Hospitals. Our Trust employs more than 7,500 members of staff and sees in excess of 700,000 patients every year. These specialist hospitals provide emergency care, specialist inpatient care and outpatient appointments to our urban and rural communities within Gloucestershire and further afield.

Summary

The problem with feedback data is staff taking ownership, as they often say “that’s not my data/problem”. This project was innovative as staff took ownership of their data and led on multiple initiatives using quality improvement patient experience techniques. Ownership of feedback data has to be closest to the patient to make the biggest difference and anecdotal data is as important as “official” feedback data. The leadership journey began as a deficit based model evolving into an appreciative enquiry model with co-design used at appropriate points. The project was effective in that all ward staff became engaged with the overall objective of improving their patients’ experience. Initiatives failed and these were learnt from, while successes were celebrated. The project started with a transactional leadership style and transitioned into transformational collective leadership. The philosophy became totally patient-focussed as the project progressed. The success of this project can be measured on how engaged the staff became. Their enthusiasm grew with their successes. The project will be sustained as the staff now take ownership of their feedback data and know how to respond with actions. The philosophy has already been transferred to other wards, with more wards keen to be involved.

Impact

The biggest impact that this project made was that the ward staff became a ward team – they felt able to influence care and felt empowered to make small steps of change. They enjoy their work more and socialise whilst fundraising. They were able – as a team – to write, direct and star in a training video on how to manage difficult patients – something that was unthinkable prior to the project. This in turn, has led to improvements in the patient’s experience. We conducted a patient survey before the start of the project and repeated the survey after one year. There were improvements in most areas even though a lot of the initiatives that were introduced had not been fully embedded at the time of the 2nd survey. Sample change in results (many more given in entry): **Q8** When you had important questions to ask a doctor, did you get answers that you could understand? 'Yes, always' up from 50% to 56%; **Q11** Were you involved as much as you wanted to be in decisions about your care and treatment? 'yes definitely' up from 42% to 51%; **Q13** How much information about your condition or treatment was given to you? 'The right amount' up from 62% to 78%; Two questions on understanding an operation or procedure saw 'Yes, completely' up from 53% to 65%; **Q10** In your opinion, did the members of staff caring for you work well together? 'Yes always' up from 68% to 74%. We chose this method rather than measure each individual initiative that was put in place as we wanted the staff to 'just do it' and to acquire the habit of making small changes where they saw opportunities without having to adopt a formal improvement methodology. The ward staff were encouraged to attend the Trust-run Gloucestershire Safety Quality Improvement Academy (GSQIA) ½ day course where they were introduced to change methodologies so that they had a background to the theory of change. Each new initiative was seen as a PDSA cycle in the project. Some of the ideas that the ward put into place were so successful, that they were taken up by the whole Trust – often the simplest of ideas but which really made a big difference to the patient. E.g. purple business card boxes (cost 13p) used as hearing aid boxes – staff aware of distress and inability to communicate plus cost of losses (£2k the previous year for that ward). During the term of the project, no aids were lost. Often the success of each initiative was judged by the verbal feedback given by patients to staff.

What Makes Us Special?

This initiative was different because it sought to empower the staff to feel able to make changes where they saw that small changes could make a difference – even if only to a few patients. We also demonstrated our commitment to the staff by working on making their experience of working on the ward better and then worked together to improve the patient’s experience. We used a full range of feedback sources including anecdotal feedback given during conversations between staff and patients. This was complimented by the staff awareness and knowledge of their ward and bowing to their expertise in what best care looked like for their patients.

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PEN National Awards 2017

Re:thinking the experience

Great Ormond Street Hospital

National Young People's Forums/Advisory Group Meet Up

Category

Partnership Working to Improve the Experience

Great Ormond Street 
Hospital for Children

NHS Foundation Trust

Organisation

The Great Ormond Street Hospital's Young People's Forum is a group of current, ex and siblings of patients who are aged 10 to 21. We have over 67 members currently, which is exceptionally good for a tertiary national hospital. Our member who travels the furthest comes from Newcastle! The YPF have a strong voice in helping to improve the experiences of teenage patients who are treated by GOSH. They get to voice their opinions and make suggestions on a range of topics and issues. They use their own experiences to guide and support the Hospital. They meet 6 times a year to discuss what they think the hospital should be taking action on, what the hospital is doing well, and get updates on how their views and opinions have impacted care and services. Meetings are as much about us learning new skills as well as facts and information about the hospital. Key projects include making improvements to catering and making sure there are adolescent spaces in the new buildings.

Summary

This application is to recognise the National Young People's Forums/Advisory Group Meet Up event which was held on the 14.10.17. The event was organised by young people, for young people, with the help of the Great Ormond Street Hospital (GOSH) Patient Experience team, more than 80 young people (150 with adults) came together on Saturday 14 October to discuss the big issues surrounding their health and hospital care.

The morning kicked off with laughter at a Q&A session with comedian and ex-GOSH patient Alex Brooker. Alex shared positive memories of his time at GOSH and told young people that they play an important part in their healthcare, and if they stay quiet they won't be able to have an impact. At the next session, young people were divided into groups, which mixed up ages and youth forums, for a 'share and steal' activity. Patients shared their 'Our first ever Big Youth Forum Meet Up' thoughts on the rights of children and young people in healthcare, practical issues for children and young people in hospital and emotions of children and young people in hospital. At the end of the day, attendees chose a workshop to participate in. They could choose from a tour of GOSH, first aid and CPR training, a course on advocating for themselves, public speaking skills and more. To close the first ever Big Youth Forum Meet Up, everyone voted on the issue to be taken forward by the NHS Youth Forum. They decided that everyday mental wellbeing should be everyone's responsibility and that communication should be a two-way conversation amongst equals. For more search [#NHSCYPMeetUp](#) on twitter.

Why does this event deserve recognition?

- It was the first time, in this format that all the National Young People's Forums/Advisory Groups across the country have met up.
- It was the first time a number of representatives of all youth forums had met in one place and voted on issues which came out of their discussions to work out what the big issues are facing children and young people in healthcare.
- The event was planned by young people, every couple of weeks from April up until the day there were conference calls to decide on the agenda, who to invite etc.
- Even the event logo was chosen by young people as a brand company came up with a number of ideas, these were sent to forums across the country and they chose their favourite theme

Impact

The young people produced a portfolio of all the ideas/campaigns from around the country and shared their challenges and successes. The young people identified that there were 2 key themes for young people in hospital that needed to be focussed on: everyday mental wellbeing should be everyone's responsibility and that communication with clinicians and hospital staff should be a two-way conversation amongst equals. It was determined that these would be communicated to the NHS Youth Forum for further follow-up.

What Makes Us Special?

This was the 1st national Young People's Forum meeting, bringing together young people from all over the UK to share their experiences. The involvement of the experienced team at GOSH meant the young people were able to focus on contributing to the event.

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PEN National Awards 2017

Re:thinking the experience

Great Ormond Street Hospital

The Patient Experience Team of the Year - Including Pals

Category

Team of the Year

Great Ormond Street 
Hospital for Children
NHS Foundation Trust

About Nominee

The Patient Experience team including Pals are managed by me and I took over this team 18 months ago. I was amazed by the enthusiasm of the team when I joined them and how motivated and keen they were to make things even better. There were lots of new ideas that they wanted to share and turn into a reality for the benefit of the children, young people and parents. The team all have varied backgrounds but the one common denominator is that they all care about their work and want to make a difference. They show true compassion and dedication and they have certainly taught me a lot since I joined them.

Achievements

The whole team have a great positive attitude and continually refer to #one team which is one of the Trust's values. They will support any team at any time to improve the patient experience and are very keen to explore new work in order to make improvements. They are well known across the Trust and engage with all staff in a professional manner. They will support teams where extra input is required and the team have always had the mind set of helping and supporting in order to achieve the best for the patients rather than watch any individual or team struggle. Regardless of the individual roles within the patient experience team they all go above and beyond to support each other especially when there are major projects that are being worked on. The team are also heavily engaged in a future patient portal through the new electronic patient record system that is currently in the process of being implemented over the next two years in order to provide a high quality patient experience. The patient experience team has been established now for a number of years but continues to grow and adapt to the changing needs of the patients and parents. The team have raised the importance across the Trust of patient experience and how it can deliver on change and improvements to increase the standards of care we provide. They have ensured participation of patients and parents in forums and committees across the Trust to ensure their views are heard. The patient experience team have ensured that patients and parents have been involved in the major projects across the Trust like EPR, redevelopment (choosing and inputting in the design of the new buildings). They ensure that there is equity in the engagement and all patients and parents have the opportunity to engage. The team have made sure that the right patients are involved in the right work such as the development of the new sight and sound building. The work to introduce a real-time feedback system has been immense with a focus on service improvement through the feedback and demonstrating that to patients, parents and staff and to ensure all this is achieved in a short period of time. The team also want to take this further by bringing all patient experience surveys under one umbrella in order to improve the quality and standards, share the learning, and align to appropriate patient experience measures and patient outcomes. The patient experience team hosted the first ever National Young Persons Forum and the attendance from across the country was amazing. The young people from across the country told us what matters to them and we are able to now share that nationally through NHSE, British Youth Council, RCPCH etc; associations that we engage with on a regular basis. The Pals manager has driven professional mediation forward with senior staff across the Trust in order to enable staff to understand and work with the challenges they may face but in order to understand the patient experience and help improve it. The team are approached on a regular basis to support academic work such as staff doing research, degrees and masters because their experience and role is valued.

Summary

I have managed the Patient Experience Team for the past 18 months and within that short timeframe the team have achieved so much. The patient experience team feel that they have the best jobs in the hospital because not only do they get to do lots of 'fun stuff' but they also have the opportunity to make a difference. The first thing the team did when I joined them was to open a twitter account for me! Their motivation, dedication, passion and tireless work has amazed me. They never give up on anything that they feel is important for the patient and parents because that is what they have been told by the patient and family. I am very proud of this team and we all feel very privileged to work at Great Ormond Street Hospital and the opportunities that the Trust provides but this team has certainly put patient experience on the map and continue to make things better and better. The team have not only engaged at a local level with patient experience but they have now also moved to a national level with their work so that we can all learn from one another especially when caring for Children and Young People. I'm sure the next step for the team will be to put patient experience on the international agenda.

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PEN National Awards 2017

Re:thinking the experience

Healthwatch Essex

555 Model of Engagement

Category

Championing the Public & Strengthening the Foundation



Organisation

Healthwatch Essex is an independent voice for the people of Essex. We're here to understand the lived experiences of people who use health and social care services in the county and to make sure their voices are heard and responded to. We also provide an information service to help people access, understand, and navigate the health and social care system.

Summary

Our '555' model of engagement is recognised as an innovative, and yet simple, means of capturing the lived experience of people in Essex, and giving them the opportunity to share their stories, face-to-face, with professionals who deliver care throughout the county and beyond. We use this lived experience to influence decision-makers to design and deliver services that are fit for purpose, accessible and effective. We refer to our 555 model of engagement as best practice and work with partner organisations to make changes and improvements to strategies and services in mental health, neurology and the sensory impairment pathway.

Impact

We want to put services users 'lived experience' at the heart of all decision-making. The long term aim is to improve, change or create services that are fit for purpose, accessible and ultimately improve patient experience. In our 555 projects priorities and needs are identified by the patient groups themselves during the engagement process. The recommendations included in the report offer some practical next steps for health and social care commissioners and service providers. Healthwatch Essex measures impact by reviewing how many statutory organisations adopt the recommendations made in the report. Our partners are able to monitor changes in service provision through their clients or service users. All of this information is collected and reviewed periodically. Mental Health 555 project – As a result of this project we have implemented a Mental Health Ambassador programme. We recruited 16 people who have experience of mental health services, either as a user or as a carer. We facilitated the joint working of the Ambassadors with commissioners from 7 CCGs and 3 councils in Essex and together have co-produced the new mental health strategy for Essex. 'Let's Talk' about mental health is the first pan-Essex, all-age strategy for mental health and wellbeing, and as such represents a landmark for mental health policy in the county. Launched in July 2017, it has been 'co-produced' with people who have experience of using mental health services in Greater Essex, both directly and as carers. It focuses on getting help to people at the earliest opportunity, 'parity of esteem' for mental and physical health, tackling stigma and ending social inclusion among people affected by mental health problems. The MH Ambassadors will now be involved in its implementation - holding commissioners and providers to account. Lived experience had been used in the strategy, and for the first time, survivors of child abuse have been acknowledged within the mental health strategy. The mental health 555 project work led on to a mapping of services exercise for a peri and postnatal depression project. From this work we contributed the development and submission of a successful bid to secure national funding to fund an additional 6 beds in Essex. Neurology 555 project – through our engagement we found that diagnosis conversations and signposting to support needs to be improved. We produced a simple Information pad on services sent to all Essex GPs, which has been an effective and quick way of getting the right information to patients. We are now developing an online training course on 'understanding neurology' for non-neuro professionals, such as carers, social workers, GPs, nurses etc, designed to give an overview of 8 neurological conditions, how to help and where to sign post. Sensory impairment 555 project– the project uncovered the fact that people with hearing or sight impairments, of those who were deafblind were not receiving information from health and care services in their required format. It was also discovered that communications support across the county was patchy, particular ECLOs. The findings were used in the review of the AIS conducted by NHS England. As a result an annual 'Love your Senses' event takes place on 14th February which brings together services users, commissioners and providers.

What Makes Us Special?

The 555 model stands out as we not only use an innovative and flexible approach to engage with service users and listen to them, but we give them a platform to make their voice heard. The model brings together service users, decision makers and service providers, and gives patients a more active role.

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PEN National Awards 2017

Re:thinking the experience

Healthy London Partnership

NHSGo - 1 year on, A Health app Designed by Young People for Young People / Developing Social Media Insight

Categories

Access to Information & Innovative Use of Technology/Social Media



Organisation

Healthy London Partnership is a transformation partnership funded by NHS England London Office and the 32 CCGs across London. The NHS in London came together during 2015-16 to develop and agree a shared plan for the capital. The aim is to take London from seventh in the global healthy city rankings, to the number one spot. The work that we undertake is organised into transformational focus areas. Each programme aims to solve a different health and care challenge faced by the capital. All aim to make prevention of ill health and care more consistent across the city. The CYP programme aims to ensure consistent care for all the CYP in London to ensure that all children have the best start in life. In the first year we engaged with over 600 CYP who helped us to shape our programme and develop the programme's aims and outcomes. HLP employs around 150 staff to deliver the transformation programme with about 10 working solely on children's health.

Summary

Healthy London Partnership designed NHSGo in 2016 for Children and Young people in London. The app was co-designed with young people to ensure that young Londoners have access to up to date, evidence based, confidential and trustworthy information for free. Young people told us that they didn't know where, when or how to access health information and they felt that an app with this information, targeted specifically at their age group (16-25 year olds) would help them to navigate services. This innovative concept is now almost 18 months old. Since its launch we have continued to involve children and young people in the design of the app to ensure that young people have the right access to the right information. NHSGo now has over 55,000 downloads and 16,000 likes on Facebook. Over the last year we have implemented a series of technical developments to improve functionality, conducted an independent evaluation of the app, developed a successful social media strategy to ensure more and more young people get access to the information they need. We can now confidently say that NHSGo is having a positive impact on the users and is improving their e-health literacy and is promoting health improving behaviour.

Impact

Over 55,000 people have accessed the app. The three most popular pages are depression and anxiety, sex & relationships and sleep & we know that people are spending longer than average on the app - around 6 minutes. We wanted to focus on gathering greater insights from the app into the impact it was having. We undertook 3 different evaluations this year: **1. Young person evaluation** – a health and social care student at a college in Islington undertook an evaluation of the app. She interviewed her peers on the use of NHSGo to identify how easy the information to access it was and how useful it was. 100% of participants found it trustworthy, over 80% found it easy to understand and knew where to get help after looking on the app. **2. Social Media evaluation** – We ran advertising promos through Facebook & wanted to understand what messaging worked best with our target audience. We learnt that ads that worked best were those that targeted seasonal messaging, mentioned the NHS, featured a call to action and focused on sexual health. **3. Academic evaluation** – We worked with Kingston University to get an independent evaluation. There were 3 categories: engagement, technical and psychological. The technical review highlighted some further elements for development. The engagement with CYP, run through individual interviews, focus groups and online surveys, found that young people thought the app was a credible & trustworthy source of information and felt it had a positive impact on their health behaviour. The psychological review identified that it did have a positive impact on CYP but that the app could be optimised for an even bigger impact.

What Makes Us Special?

This initiative does something completely unique in that it inhabits the space of the young person. Traditionally, we ask young people to come to us to get health advice, to help us change services, to give us feedback, but the app inhabits a space they work in. Even more innovative is that we listened to young people and we now market the app in their space. Using Social Media to allow young people to access health information has proved highly successful. So often in the health service we create a brilliant resource but we don't share it with the public in a way that engages them, using a completely new approach, engaging with the new technological age we promote a resource in a space that young people use and by people that young people listen to. Creative marketing has led to over 55,000 downloads and the number is increasing. We listened and involved young people from the inception to the evaluation meaning that we have got it right for young people & they now have access to the health advice they need in a format they can engage with.

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PEN National Awards 2017

Re:thinking the experience

Hertfordshire Partnership University NHS Foundation Trust

Inpatient Survey Review

Category

Measuring, Reporting and Acting



Hertfordshire Partnership 
University NHS Foundation Trust

Organisation

Hertfordshire Partnership University NHS Foundation Trust provide health and social care for over 400,000 people with mental ill health, physical ill health and learning disabilities across Hertfordshire, Buckinghamshire, Norfolk and North Essex. The Trust employ approximately 3,000 staff who deliver these services within the community and inpatient settings. The Trust also deliver a range of nationally commissioned specialist services including services for children and young people, perinatal services and medium and low secure learning disabilities services. The Trust works to help people of all ages live their lives to their full potential by supporting them to keep mentally and physically well. Everything we do is aimed at providing consistently high quality, joined up care, support and treatment. The Trust has operated as a NHS Foundation Trust since August 2007.

Summary

Our project was a co-produced review of our inpatient survey with a series of focus groups with all stakeholders. Work was also done to look at national surveys and surveys used by other mental health trusts. A particular focus was given to safety on our wards. Surveys provide us with a wealth of information about peoples' experiences of our services and we had become aware that we need an easy format survey that could be used across our diverse range of inpatient services to better understand the key issues and successes for people during their care. We also wanted to better inform our qualitative feedback methods, such as our peer experience listening programme. The result is a single inpatient survey that is easy read for all. Our survey is staple-free which was a direct result of comments from our clinical staff who had experienced issues around self-harm. We also changed to asking for feedback at review and discharge means that we can monitor response levels and map how people feel at different stages of their recovery journey. We are now working on a review of our community surveys using the same methodology which will also be co-produced.

Direct feedback from service users, carers and staff initiated this review of our Having Your Say survey being used in inpatient and rehabilitation settings. It was decided to review the inpatient survey first. The main aims of undertaking this review were to:

- Ensure survey questions were relevant and important to service users, carers and the Trust. Service users fed back they were too long, being asked too often and that some questions were difficult to answer, or felt irrelevant to some people. Staff said they found it difficult to ask for feedback on a regular basis and service users would refuse. Staples were also becoming a self-harm issue in some acute settings.
- Reduce the length of the surveys and re-orient the process for gathering feedback and monitor when this is being gathered (i.e. at care review or discharge) Staff were telling us that service users were reluctant to complete surveys as they felt there were too many questions. We were aware of inconsistencies and potential for skewed data.
- Gather a clearer picture on how safe people feel within our inpatient services
- Move away from paper surveys, using more technology – cost and ease of use

Impact

Feedback about the survey has been very positive; the focus group have also been very pleased with the resultant survey. Positive comments have been about the length of the survey, fewer questions, larger font size and the use of photo images. The easier wording has also been seen a positive move for all services. Service users prefer being asked for feedback at specific times and don't feel under pressure to complete frequently. Staff have also commented that they are clearer about the process and when to offer surveys. The new surveys are starting to be used across services; work is ongoing with nursing staff around the new methodology. Response rates are being monitored and we can now compare them to our discharge rates. This information is proving beneficial to our practice governance colleagues and we plan to do more triangulation of data when looking at incidents and issues on the wards. We continue to monitor "you said, we did" poster actions and comparison is done to the previous quarter's results. We are able to qualify actions with an increase in satisfaction scores for each question and map it to an increase in scores for each Trust value.

What Makes Us Special?

The co-productive element of the review was key to its success, the involvement of all stakeholders in a process which is not perhaps always seen as essential. Service users and staff feeling that their opinions have truly been listened to and have contributed to the resultant survey gives our team the confidence to use the surveys knowing there is a strong evidence base supporting the questions and methods.

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PEN National Awards 2017

Re:thinking the experience

Hertfordshire Partnership University NHS Foundation Trust / University of Lincoln

Service Evaluation: Patient Feedback on the CPA Process in a Medium Secure Setting

Aleksandra Jankowska

Category

Patient Experience Advocate/Transformer of Tomorrow

About Nominee

Alex is on a 100-day practice placement Level 2 with the Broadland Clinic. Alex was interviewed prior to her placement and during this her patient focus and equality issues stood out. During her placement she expressed an interest in Care Plan Approach (CPA) and Multi-Disciplinary (MDT) working. She became involved in the Care Plan Approach Service Evaluation as she was interested in understanding the patient's perspective within the legal framework. Her interest around the CPA developed when she started practice placement two. She wanted to meet all of the patients who were willing to be involved, to start building a positive working relationship with them and experience the CPA meetings from their perspectives. Alex's main aim while completing the Service Evaluation was to make patients feel empowered, by having their voices heard, to improve the service for them and other patients; as well as make them feel valued in the way that their opinions really do matter.

At Work

Alex has been a social work student since 2015 and has been on placement with the Broadland Clinic for 100 working days. She compiled the questionnaire and sought advice from a variety of professionals including the Speech and Language Therapist to ensure the questions were formatted correctly for the client group. Alex has shown consistent enthusiasm when completing the Service Evaluation and collecting the questionnaires, overcoming challenges to ensure all patients were able to contribute. Alex has made efforts to interview patients in the most appropriate manner, to ensure she was meeting their needs for example, completing questionnaires at the best time for the patient and when known staff are there to offer additional support. Alex has attended every CPA and a variety of professional meetings and played an active role within these. She has paid particular attention to ensure that the patient's voice and family/carer's perspective and knowledge of their loved one is put forward and considered by the team. She has at times challenged other professionals on the patient's behalf.

The Professional

Alex has completed a Service Evaluation of the Care Programme Approach, examining the patients and carers perspectives. Alex has supported the initiation of the Carer's charter / carer's contract. In addition to her role and requirements she has supported at carer's days which are run at the weekend. Alex has also provided support for a patient's discharge pathway, which involved working alongside the Speech and Language therapist to develop a timeline, to manage a patient manage the anxiety around discharge. This was a particular challenge for this individual as they have been institutionalised since childhood.

Summary

Alex placement was within the multidisciplinary team in a Medium secure unit. The Clinic supports 25 men with Intellectual Developmental Delay/Autistic Spectrum Disorders and dual diagnosis of Mental Health conditions, who have been detained under the Mental Health Act 1983. Alex is confident and mature which is infrequently found in a second level student placement. This enabled her to challenge historically held views in relation to patients. After interviewing the patient/families, ascertaining the correct information, she challenged these views respectfully and professionally affording people to consider the information presented on the patients behalf. She researched extensively ensuring a balanced conclusion. She has made sure the patients voice is heard in all aspects of her work. Alex was diligent in undertaking the Service Evaluation, ensuring that the data gathered was relevant to improving patient experience. She sought appropriate ways of eliciting patient views to facilitate participation and worked collaboratively with other disciplines so her communication was the optimum way for each patient. Alex is an enthusiastic advocate who keeps the individual at the centre of her practice. Alex is about to embark on her career and this kind of commitment to patients care will benefit any service user and employer she will work with. It has been a pleasure to have her work with us.

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PEN National Awards 2017

Re:thinking the experience

Hywel Dda University Health Board

Partnering for Person-Centred Mental Health

Categories

Championing the Public & Partnership Working to Improve the Experience



Organisation

Hywel Dda University Health Board plans and provides NHS healthcare services for people in Carmarthenshire, Ceredigion, Pembrokeshire and its bordering counties. Our 9,871 members of staff provide primary, community, in-hospital, mental health and learning disabilities services for around 384,000 people across a quarter of the landmass of Wales. We do this in partnership with our three local authorities and public, private and third sector colleagues, including our volunteers, through:

- Four main hospitals
- Seven community hospitals
- 53 general practices, 46 dental practices, 99 community pharmacies, 51 general ophthalmic practices and 11 health centres
- Numerous locations providing mental health and learning disabilities services
- Highly specialised and tertiary services commissioned for us by the Welsh Health Specialised Services Committee, a joint committee representing seven health boards across Wales.

Our vision is to deliver a world class healthcare system of the highest quality with improved outcomes.

Summary

We want to put patient experience at the heart of everything that we do and this is the ethos behind our Transforming Mental Health programme. Underlying this ambition to deliver an integrated, accessible and compassionate 21st century model of care for adult mental health lies one key precept: to create a partnership culture for success where everyone is empowered to share their views, challenge the status quo and feels valued for their contribution, experience and expertise. For this reason we adopted a comprehensive coproduction approach to redesigning a flagship mental health service for people living in Carmarthenshire, Ceredigion and Pembrokeshire. We set up a programme group comprising service users, carers, staff and frontline healthcare workers, local authorities, Welsh ambulance and police, Community Health Councils, the third sector and charities. This group steered a 24 month process of continual engagement with our key stakeholders including the public, service users, carers and families, and all interested parties through an open and inclusive transformation programme in order to jointly develop a future model of care and support. We have just finalised a 12 week public consultation and will move to the final stage of implementing the model from 2018.

Impact

We believe we have made a significant impact in the relationship with service users and their supporters, moving from well-meaning efforts to redesign care pathways together, to genuinely empowering people to influence decisions that underpin the services we provide. In recognition of this we recently won an NHS Wales Award within the category of 'Citizens at the Centre of Service Redesign and Delivery'. We also feel that the way in which we established the programme leadership – using a multi-agency project group to scrutinise our efforts and reflect back to us where we needed to evolve or focus further – has had an impact on Hywel Dda more broadly, where the work of the Transforming Mental Health Services programme is held up as the gold standard in service redesign, having been awarded Best Practice status by the Consultation Institute. Our ultimate aim is to provide good, high quality mental health services, built on the principles and values of whole life, recovery, social inclusion, freedom and choice. We believe that our work to date in developing our sustainable consensus model for future care will be able to deliver this.

What Makes Us Special?

This project has been special from the very beginning and every person who has been involved has said that they have found it a profoundly emotional experience. It has genuinely felt a partnership initiative where people have felt safe to share some very profound – often personal – insights. Before 'Transforming Mental Health' there was no clear mechanism for translating these type of insights into practice, whilst we as an organisation were well-versed in the traditional mechanisms of engagement, our best practice extended as far as the limits of our own internal processes and those required by our regulators. We've made significant headway in becoming an organisation that listens more than it speaks and then thoughtfully reflects back what we have heard. Our joint working has been essential and we have been able to co-produce evidence to support every aspect of our work; the support of all of our partners have been crucial and valuable. For the first time we have also worked closely with the not-for-profit company Consultation Institute to develop our public consultation which ran from 22 June until 15 September 2017. We did this to ensure we followed best practice in telling the story of how we put together our proposals for transforming mental health and as a result of our efforts they quality assured our consultation, which was a huge achievement.

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Investing in Children

Type 1 Kidz - The Impact of Engaging Children and Young People with Type 1 Diabetes and Their Families to a Peer Support Project

Categories

Access to Information & Support for Caregivers, Friends and Family



investing in children

Organisation

Investing in Children (iic) is a Community Interest Company based in Durham that works nationally and internationally. There are 10 employees. Using a children rights-based approach iic works with children & young people from pre-school to 21 years old to help them to have a voice about things that affect them and make changes based on their suggestions and thoughts. For example, iic facilitates the Children in Care Council, groups in a Secure Centre, health groups and Type 1 Kidz (children & young people with Type 1 Diabetes). iic works closely with services and decision makers to make these changes happen.

Summary

While working with CYP with T1D and their families in Co. Durham & Darlington and looking at improving the hospital service it became apparent that there was a need for opportunities for them to meet, learn together and support each other. For this reason Type 1 Kidz (T1KZ) was formed and started running in Co. Durham and Darlington in 2012. The aim is to help families to have improved self-care, be more positive about the future and have greater self-belief, overall to become empowered to be healthy now and in the future. Following the success of the project in this area funding was achieved to spread the project to 4 other regions in 2014. Scoping work has been carried out in 2 other regions in the North East and Cumbria who would like to adopt the project in their region. An evaluation analysed by Sunderland University found that families that attended Type 1 Kidz for a longer period of time had more confidence and knowledge of 10 key areas than those that had attended fewer times. The project has already demonstrated that it has transferability and the success has been disseminated through presenting at National Conferences, writing Journal Articles (in January and June 2017) and winning two awards at the Quality in Care Awards 2017.

Impact

At the beginning of project the YP's Steering Group identified areas that they were lacking in confidence and wanted more knowledge and support with, these were basic understanding of T1D, family support, different diabetes treatment options (injections, insulin types, insulin pump etc.), low BG, high BG, diabetes and illness, diabetes and exercise, diabetes and food/carb counting, self-management and overcoming future challenges. Everyone was asked to fill in a likert-scale survey when they joined and at 6 monthly intervals. An evaluation on the data carried out by Sunderland University showed that there was a significant improvement in the overall score by people who had attended more T1KZ sessions than those that had attended fewer sessions. There was especially a strong link with more confidence and knowledge of hypoglycaemia (low blood sugars) and different treatment options. Case studies and feedback are noted/collected from every session and include CYP having the confidence to try new injection sites (e. g. stomach and arms rather than only arms), having the confidence to stay at a friends house for the first time and learning when to test for ketones (something you should do with high blood glucose levels). CYP said that these changes were a direct result from attending group sessions. We are currently working with NHS England to determine the financial impact of these results. In total the project has worked with around 180 CYP with T1D (20% of the patient population) as well as around 200 siblings, friends, parents and grandparents. NHS England said that this is around twice the average level of engagement.

What Makes Us Special?

A unique approach focusing on the child's right to have a say in all matters affecting them and have this voice taken seriously ensures that children and young people really are at the forefront of all decisions. The CYP have had a say on all aspects of the project such as looking at the budget, volunteering, choosing venues, deciding on the project name, locations etc. as well as small (but important details) such as what refreshments should be at meetings, what resources should be bought and fundraising activities etc. Working as an independent organisation has contributed to the success of the project because it enables the project to have it's own brand, goals etc. away from the hospital setting and clinical targets. This was something very important to the CYP. Being independent and delivering a project that CYP want/need has encouraged hard-to-reach families to engage in the project. Having Young Facilitators has also contributed to the success – CYP wanted to learn from each other and have discussions with other people who had similar experiences.

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PEN National Awards 2017

Re:thinking the experience

Kingston University/Freelance

Rhetoric to Reality: Research on Embedding Young People's Participation in Health Services

Louca-Mai Brady

Category

Patient Experience Advocate/Transformer of Tomorrow

About Nominee

I have longstanding interests in participation in health and social care services, disability and children's rights and inclusive and participatory research methods. I started my career in social care, and subsequently worked mainly in rights-based organisations including the Disability Rights Commission and the National Children's Bureau (NCB) Research Centre. The PhD scholarship provided me with an opportunity to develop a more in-depth and rigorous understanding of an area in which I had long been interested, to develop my own theoretical understanding and research skills and to make a contribution to policy and practice. Using a participative research approach this doctoral study sought to explore how young people's participation was understood and operationalised in health services and health research.

At Work

This research was grounded in the realities of policy, practice and young people's lived experience, including collaborative research with healthcare and participation professionals and young people, and a process of critical inquiry with policymakers, practitioners and young people which shaped the research approach and questions. This approach means that the research was developed through a participative process, as well as being about participation. The entrant sought to make a contribution with relevance to policy and practice as well as a contribution to academic knowledge. She developed a unique framework by which policymakers and practitioners, in health and more widely, can embed children and young people's participation in ways that are meaningful, effective and sustainable. Her focus now is on making sure the learning from this research is shared and developed in ways which inform practice, as well as contributing to academic knowledge.

The Professional

Whilst there is growing awareness of the case for children and young people's participation across the public sector, there is limited evidence on how this apparent commitment to participation and children's rights translates into professional practice and young people's experience of participation in health services (see thesis in supporting evidence). Despite legislation, policy and some high-profile examples of good practice children and young people's participation in health services in the UK is patchy and often limited. Young people's views are still not consistently sought or acknowledged within healthcare settings; they are rarely involved in decision-making processes and often occupy a marginalized position in healthcare encounters. In addition to the piecemeal approach to participation in health services there have also been disparities in the characteristics of children and young people likely to participate, the types of decisions they are involved in making, and the extent to which this participation is meaningful and effective. The primary practical outcomes were the participation strategy and framework developed as part of this process (see thesis Appendix 7). The entrant has a background in applied social research, and has long been interested in research as a tool for social change. She therefore sought through this PhD to make a contribution with relevance to policy and practice as well as a contribution to academic knowledge. She therefore developed a unique framework by which policymakers and practitioners, in health and more widely, can embed children and young people's participation in ways that are meaningful, effective and sustainable. The entrant has collaborated with staff and young people involved in the project on a number of publications currently in process, and is also developing plans for further research. A book based on this work is in planning and information is being circulated by other organisations, including the Royal College of Paediatrics and Child Health.

Summary

Using a participative research approach this doctoral study sought to explore how young people's participation was understood and operationalised in health services and health research. The entrant worked collaboratively with adults and young people in two studies, using action research to develop new ways of embedding young people's participation in practice. The study identified the potential for new approaches which would do more to transfer power to young people, and informed a new rights-based framework for embedding participation in healthcare practice. The award of a PhD for this research demonstrates that the entrant has made a unique contribution to knowledge. The entrant has also collaborated with staff and young people involved in the project on a number of publications currently in process, as well as developing ways to use the framework to support professionals, policy makers and young people to collaboratively explore how best to embed children and young people's participation in practice.

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PEN National Awards 2017

Re:thinking the experience

Liverpool Women's NHS Foundation Trust

Being in Control: Listening to Women's Choices and Personalised Maternity Budgets

Category

Personalisation of Care



Organisation

Liverpool Women's NHS Foundation Trust is the largest women's hospital in Europe. A specialist trust it provides Maternity, Gynaecology, genetic and fertility services in Liverpool and North Mersey conurbation. We are the recognised specialist provider of high risk Maternity care. As a Maternity unit just over 10,000 women chose to book for Maternity services with approximately 8,500 births in the year. We have high and low risk delivery areas with the Midwifery Led Unit one of the largest in the country. 2,500 women birth in the Midwifery Led Unit a year. The trusts vision is to be the "Recognised leader in healthcare for women, babies and their families".

Summary

Following the release of the "Better Births report" in 2016 a Maternity transformation programme was established. 9 work streams began this work with one stream being, "Increasing Choice and Personalisation". Improving choice and information for women on the pregnancy pathway was the focus of this work and 7 pioneer sites were identified. The pioneers will test ways of improving choice and personalisation for woman accessing Maternity services. Liverpool was the largest pioneer site and chosen for the pilot. The work involved encouraging Maternity providers to work together in the Cheshire and Mersey vanguard. New providers are encouraged and giving women the ability to move across clinical commissioning group boundaries. Liverpool Women's was chosen as the test site to test the Personalised Maternity Care Budgets. (PMCB'S). This is the first time that a personalised Maternity budget has been introduced.

Liverpool Women's was chosen for this project due to its size and the diversity of its population it serves. A lead was identified through the Maternity vanguard in Cheshire and Mersey to support the trust. The budget was to be in a virtual state for this pilot. Across Maternity services in Cheshire and Mersey there is variation of services offered and available for women. Information is not always consistent and there are multiple provider's in the region. The purpose of this project was to assist to identify the choices women make during pregnancy and monitor this through the pilot period.

A lead in the trust worked with the community midwives to identify 4 community midwives to work in this pilot. A patient information booklet was designed. This described the reason for the pilot and the choices available. The pilot commenced in December 2016. The aim was to recruit 200 women to the project. Women were given the following options to choose from the following additional service's: **a.** Additional post-natal visits; **b.** Parent Education; **c.** Hypnobirthing; **d.** Breastfeeding support; **e.** Aqua natal sessions. They could choose in the combination of: 1)A&b; 2)B&d; 3)A&d; 4)C. The midwife discussed these options with the woman throughout the pregnancy and the booklet is completed by the women. Focus groups were held with the women in the local communities at the beginning of the project to establish the options which would be offered. Figures were collected monthly of the numbers of women recruited to the trial and the options chosen. This information was sent through to the lead in the Cheshire and Mersey Vanguard for choice and personalisation.

Impact

Through the initial findings a need was identified for extra hypnobirthing option. Funding was provided by the Vanguard in Cheshire and Mersey to train a cohort of midwives to provide this service for women. The information booklet has been reviewed and amended to engage more with the women and gain their views on experience within the pilot. Understanding what is important to each individual woman has been paramount in this work.

What Makes Us Special?

This is the first of its kind in the country as a pilot site. This gives the choice to the women about their care in pregnancy giving them more control on the pathway. Women and midwives are being empowered by having more information to understand choice's linked with the evidence behind it.

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PEN National Awards 2017

Re:thinking the experience

Manchester University NHS Foundation Trust

IQP – A Firm Foundation for an Accreditation Scheme

Category

Staff Engagement/Improving Staff Experience



Manchester University
NHS Foundation Trust

Organisation

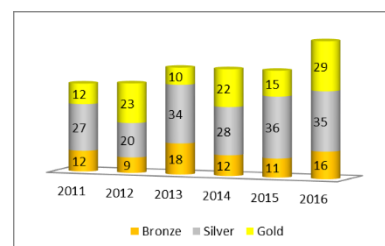
As the initial phase of creating a Single Hospital Service for Manchester, Central Manchester University Hospitals NHS Foundation Trust (CMFT) merged with University Hospitals of South Manchester (UHSM) on 1st October 2017, to create a new organisation Manchester University NHS Foundation trust (MFT). MFT is the largest NHS Trust in the United Kingdom. The new organisation employs over 17,000 people, providing clinical services in nine hospitals across six discrete sites as well as community services across the city. It provides a comprehensive range of functions from local district general hospital services through to highly specialised regional & national specialities. It is the principal provider of hospital care to a 'local' population of approximately 750,000 in Manchester & Trafford & to a much larger number requiring tertiary care.

Summary

The premise that front line nursing and midwifery staff, equipped with 'quality improvement' expertise, are then empowered to lead continuous improvements in their clinical area to improve safety, raise standards of care and improve patient experience influenced a decision for the former CMFT to invest in the development of an in-house Quality Improvement Programme (IQP) during 2010. Since the development of IQP, nurses and midwives at the former CMFT have been trained in IQP Methodology in order to equip them with the knowledge and skills to complete 'bottom-up' improvement projects at ward or department level. There has been a cultural shift from a position of staff with little or no improvement knowledge and no quality improvement programme in place to a position of knowledgeable teams (who understand their data), empowered to lead, own and evidence sustainable improvements in their clinical area as part of everyday practice. This 'culture of continuous improvement' journey through IQP has strengthened the foundation in which the former CMFT could build its quality assurance process and influenced the development of the Accreditation Scheme.

Impact

Teams are now skilled to use IQP methodology to identify issues from their own ward or department quality performance indicators and patient experience data and use this data to drive local improvements to improve the quality of care delivered to our patients, evidencing the impact by setting measures and collecting data before during and after a test of change. Teams are expected to display their improvement work on a visual display board and present their improvement journeys during their annual Accreditation. The Accreditation scheme has absolutely driven and embedded a culture of continuous improvement across front line services. Teams now perceive their IQP work as part of everyday practice and view the Accreditation process in an open and transparent way. This was evident at a recent Care Quality Commission (CQC) inspection carried out in 2016, where staff welcomed inspectors and other external visitors openly on to their wards and departments brimming with pride and keen to evidence and showcase the impact that IQP has on improving patient safety and experience. Year on year the organisation has been able to measure the success of each ward or department by scoring against each standard within the accreditation either a bronze, silver or Gold result. Alongside local tests of change, the organisation has also used IQP methodology to implement large scale changes successfully, for example, implementing the Trust standards for Intentional Rounding, SBAR Shift Handover; Safety Core Huddle and Harm Free Care.



What Makes Us Special?

1. The process has built a culture of continuous improvement and empowered front line staff to lead change and improve patient experience based on local quality and patient experience data. **2.** The Accreditation provides Board Assurance and transparency to patients, public and staff **3.** The process aims to improve patient experience and to deliver best practice as well as build a culture of research and evidence based practice. **4.** Accreditations help drive quality care, improve patient safety and improve patient outcomes demonstrated by improved metrics. **5.** Accreditations promote a culture of celebration and recognition – living the values. **6.** Accreditations highlight areas of good practice and rewards and celebrates success, however it will also provide recommendations and support when standards are not being met. **7.** Inspection, audit & showcase becomes the 'norm' – staff are proud to care and proud to shine. **8.** The Accreditation is led by the Senior Nursing Team but owned by frontline staff

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PEN National Awards 2017

Re:thinking the experience

Manchester University NHS Foundation Trust

Using Insight for Improvement

Category

Using Insight for Improvement (Staff)



Manchester University
NHS Foundation Trust

Organisation

As the initial phase of creating a Single Hospital Service for Manchester, Central Manchester University Hospitals NHS Foundation Trust (CMFT) merged with University Hospitals of South Manchester (UHSM) on 1st October 2017, to create a new organisation Manchester University NHS Foundation trust (MFT). MFT is the largest NHS Trust in the United Kingdom. The new organisation employs over 17,000 people, providing clinical services in nine hospitals across six discrete sites as well as community services across the city. It provides a comprehensive range of functions from local district general hospital services through to highly specialised regional & national specialities. It is the principal provider of hospital care to a 'local' population of approximately 750,000 in Manchester & Trafford & to a much larger number requiring tertiary care.

Summary

Brilliant Basics is a quality initiative launched in CMFT during 2012. This time-proven quality improvement strategy provides an organised, focused education/ training session that concentrates on fundamentals of care. The event is delivered quarterly with an overarching principal philosophy for each quarter: **Q1:** Communication; **Q2:** Harm Free Care; **Q3:** Leaving our Care; **Q4:** Care and Compassion. Led by a Director Nursing/Deputy Director Nursing alongside the Quality Improvement Team, the event is scheduled for two hours with an audience of approximately 200 nurses/midwives and support staff. The event involves a presentation which is interactive, fun, current and utilises a wide range of tools to successfully communicate the theme including: videos, sketches, guest speakers, quizzes, music, patient stories and social media. At the end of each Brilliant Basics event there is a 'Call to Action', which requires development of a quality improvement initiative related to the individual clinical areas. This initiative aims to demonstrate an improvement in the local data demonstrating improved patient experience.

Impact

Patient feedback is sought continuously by the Trust through a range of national and local formats. For each metric assessed, the aim is to achieve and sustain over 85% in the first instance, moving ultimately 95% and above. Analysis of the available data relating to the topic of the Brilliant Basic event in progress is examined and disseminated during the event. At each event there is a 'Call to Action' requiring development of a quality improvement initiative related to the individual clinical areas. This initiative aims to demonstrate an improvement in the local data thus representing an improved patient experience. Wards/departments are required to demonstrate how they have achieved the 'Call to Action': Firstly a Brilliant Basic information board detailing the quality improvement initiative is developed. These boards are generally fun, interactive and informative of the initiative developed and are displayed in a prominent patient area. Secondly, the initiative is documented in the ward/department's Portfolio of Evidence. This is an electronic resource used primarily to evidence active or completed quality improvement work identified through local data. Completion of both is assessed during the annual Accreditation process. This is a quality assurance mechanism, consisting of an unannounced visit to the clinical area undertaken by an Accreditation Team. Four main areas of assessment are scored including: Leadership and Culture of Continuous Improvement, Communication with and about Patients, Patient Environment of Care and Care Processes e. g. meals/medication rounds. Each Brilliant Basic event presents an award for the best project related to the previous quarter's 'Call to Action'. All staff receive an attendance certificate and are encouraged to complete a reflective account to support their revalidation /care certificates. Testimonials received from staff attending the Brilliant Basics event and the enthusiasm that is evident when staff are asked to contribute, demonstrates that Brilliant Basics is a valued educational resource for nursing/midwifery and support staff.

What Makes Us Special?

With a DN/DDN leading Brilliant Basics validates the importance of the event to the entire nursing and midwifery work force across the Trust. Whilst there is always a serious issue to articulate, discuss and debate, Brilliant Basics is delivered in a sensitive yet fun and interactive format that can have people both laughing and crying within the same two hours. Audience participation is essential to the success of Brilliant Basics yet no member of staff would ever be asked to stand at the podium to speak, instead staff stand with a microphone in the comfort of the audience amongst their peers. As such, in addition to the educational aspects there is a real opportunity for staff to share stories, celebrate success and develop as leaders in a safe non-threatening environment.

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PEN National Awards 2017

Re:thinking the experience

Mid Cheshire Hospitals NHS Foundation Trust

Acute Medical Unit - To Take Out Medications Project

Categories

Measuring, Reporting and Acting &
Using Insight for Improvement (Outstanding Contribution)

Mid Cheshire Hospitals 

NHS Foundation Trust

Organisation

Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) provides good quality, safe and effective healthcare to the people of Cheshire and beyond. The Trust, which manages Leighton Hospital in Crewe, Victoria Infirmary in Northwich, and Elmhurst Intermediate Care Centre in Winsford, was established as an NHS Trust in April 1991 and became a Foundation Trust in April 2008. It employs more than 4,500 members of staff, has around 540 hospital beds, and provides a range of services including A&E, maternity, outpatients, therapies, and children's health. The Trust is also part of Central Cheshire Integrated Care Partnership (CCICP), a new and unique local health partnership that provides a range of community health services for people across South Cheshire and Vale Royal. Significant investment in recent years has meant a great deal of clinical expansion has taken place at the Trust and it now has some of the very best clinical facilities. The Acute medical unit is a 32 bedded unit (Inc. 8 side rooms) split into 4 single sex bays. It is the point of access for all medical admissions to the hospital. Patients are accepted on to the unit from A+E, GP's, clinics and ACU with a vast range of medical conditions and receive a comprehensive assessment and range of treatments which can include cardiac monitoring, and general nursing care. The unit has a high patient turnover with direct discharges in to the community and to other specialist wards.

Summary

This project is a compelling example of the importance of listening to patient feedback. Issues with discharge delays trust wide were identified through patient and public involvement initiatives. The national inpatient survey 2015 highlighted patient concerns around the lengthy delays when waiting for discharge medication following discharge from inpatient hospital stays. Subsequently a project team led by Amy Chadwick was appointed on AMU to address these delays at a local level, with the view to disseminating and rolling out any successful interventions across other areas of the hospital. By trialling new ideas, and measuring the outcome via PDSA cycles, a robust and sustainable improvement has been implemented. Discharge delays have been significantly reduced since the introduction of the TTO printer on AMU, decreasing the delays associated with the medications aspect of the discharge process and increasing patient satisfaction. This is currently being piloted on a surgical ward to establish if the same benefits can be seen.

Impact

The discharge process was improved in four phases. **Phase 1** – Baseline data collection: A comprehensive baseline data collection was undertaken to understand the discharge process in relation to TTO dispensing. Every step was timed so that any inefficiency could be identified, reviewed and improved without compromising safety. **Phase 2** – Introduction of a pharmacy TTO labelling dispenser and data collection. The comprehensive data collection tool was subsequently used to establish the efficiency of the printer. The data collected included the time it took to process a TTO on the ward vs. the time it took to process a TTO when it was sent down to Pharmacy. The timings that were measured included: • The time difference between booking in and booking out of Pharmacy • The time difference between authorisation and booking in **Phase 3** - Review of the collected data and patient complaints/friends and family feedback results. The TTO data was reviewed by the AMU pharmacist on a regular basis, specifically whether there were TTOs that had been sent to the dispensary because they could not be processed on the ward. The main reasons as to why some TTOs had to be sent down to dispensary: • Items on the TTO were not stocked on the ward; • Not enough stock on the ward to fulfil the prescription • No technician or Pharmacist on the ward (due to dispensary commitments) as two members of pharmacy are needed to process the TTO (to dispense and accuracy check); • Dispensing computer unavailable as being used by another staff member. **Phase 4** – Sharing of the results. Results have been presented at various forums within the trust, highlighting the benefits to both the ward and patients. The number of concerns raised via the customer care team regarding medication generally from AMU has reduced since 2015. Years to date: 2015/2016 = 15; 2016/2017 = 10; 2017/2018 = 1 ytd. This data together with the audit data shows a significant improvement in the discharge and pharmacy dispensing process on AMU.

What Makes Us Special?

This is a compelling example of how a project team can work together to achieve real tangible improvement for patients. By reviewing current practice and thinking innovatively about how we can do things differently to improve patient experience, the team have successfully implemented a project which offers real sustainable benefits. These benefits include reducing waiting times, length of stay as well as improve patient flow and increase patient satisfaction.

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PEN National Awards 2017


Re:thinking the experience

Mid Cheshire Hospitals NHS Foundation Trust

In This Moment - Dance and Dementia Project

Category

Partnership Working to Improve the Experience

Mid Cheshire Hospitals 

NHS Foundation Trust

Organisation

Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) provides good quality, safe and effective healthcare to the people of Cheshire and beyond. The Trust, which manages Leighton Hospital in Crewe, Victoria Infirmary in Northwich, and Elmhurst Intermediate Care Centre in Winsford, was established as an NHS Trust in April 1991 and became a Foundation Trust in April 2008. It employs more than 4,500 members of staff, has around 540 hospital beds, and provides a range of services including A&E, maternity, outpatients, therapies, and children's health. The Trust is also part of Central Cheshire Integrated Care Partnership (CCICP), a new and unique local health partnership that provides a range of community health services for people across South Cheshire and Vale Royal. Significant investment in recent years has meant a great deal of clinical expansion has taken place at the Trust and it now has some of the very best clinical facilities.

Summary

In THIS Moment is an innovative concept which uses the benefits of dance and movement through person centred creative practice to enhance the healing environment in hospital, contribute to the prevention of the early onset of dementia and offer patients a way to live well with dementia through engaging with the transformative power of dance. Engagement of key individuals with energy and enthusiasm in delivery of the project was key to its success. A mixture of professionals from across the multidisciplinary team including volunteers, nursing and medical staff, therapy leads and management professionals have ensured that this popular project has become sustainable and successful with measurable results both physically and psychologically. A qualitative enquiry has been used to measure the success of this project through the collection of observations from all stakeholders- this information has been essential in planning the roll out of the project to others areas within the organisation and other external organisations in the community. The project currently has two main strands - weekly delivery of Dance sessions for 21B and Elmhurst and the subsequent development of four open access community dance sessions for older people particularly those living with dementia in the local area.

Impact

Cheshire Dance is part of an emerging National Programme, called Dance to Health and led by AESOP, it uses dance and OTAO techniques to help with falls prevention. Mobilising joints, stretching muscles and including movements that will enable participants to maintain skills for essential tasks such as getting dressed, bending to pick up objects and gripping things have been integral aspects included in the sessions. The combination of mobility, flexibility and strength work is made all the more engaging when accompanied by music and imagery in the sessions and challenges the patient's own beliefs and expectations of their physical abilities encouraging them to do push their own boundaries in a safe and constructive manner. The Dance artists work closely with ward staff and physiotherapists who are present at each session. Key Impacts: Social benefits; Physical Benefits; Memory; Mental Health Benefits (powerful and compelling examples given in the full submission). In This Moment – Dance on ward 21b numerous examples of feedback obtained from staff, patients, relatives and volunteers were presented:

- "The dance activity is perfect for people (like S) who has low blood pressure and dizzy spells, as she can still be really active within the session but being seated removes the risk of falling." Paul, Physiotherapy Assistant.
- (W, 88yrs) was asleep before the session, afterwards Felicity Nixon, Ward Manager said, "(W) really enjoyed it, she has agreed to lunch up here with the group, whereas usually she opts to go back to her room and have no communication with others."

What Makes Us Special?

This initiative has had a transformational effect on individual patients, challenging their own assumptions about ability and offering a space for other aspects of their personalities to be revealed. The integration of the care pathway from hospital to community and the home through lively and engaging activity is such an exciting aspect of this initiative- The next phase for development through the Cheshire Dance project will extend its reach across Cheshire east for the benefit of all. A solid working partnership has evolved in a previously unheard of domain involving staff and volunteers across the whole of the multidisciplinary teams. We have successfully implemented a unique form of therapy not traditionally used which takes the form of a more holistic model of therapeutic intervention allowing us to move away from and challenge the existing medical models.

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PEN National Awards 2017

Re:thinking the experience

Mid Cheshire Hospitals NHS Foundation Trust

Mid Cheshire Hospitals Endoscopy Team – Withdrawal of Consent

Category

Turning it Around When it Goes Wrong

Mid Cheshire Hospitals 

NHS Foundation Trust

Organisation

Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) provides good quality, safe and effective healthcare to the people of Cheshire and beyond. The Trust, which manages Leighton Hospital in Crewe, Victoria Infirmary in Northwich, and Elmhurst Intermediate Care Centre in Winsford, was established as an NHS Trust in April 1991 and became a Foundation Trust in April 2008. It employs more than 4,500 members of staff, has around 540 hospital beds, and provides a range of services including A&E, maternity, outpatients, therapies, and children's health. The Endoscopy Service is located within the Treatment Centre and is supported by; Endoscopy Skilled Nursing Staff, a multidisciplinary team of Endoscopists, Dedicated Decontamination Technicians, Endoscopy Scheduling and Admin Team, Admission and Discharge Nursing Staff. Support Services to Endoscopy are provided by the Trust e.g. Radiology, Pathology, and Estates. The facilities within the Endoscopy Suite, including the Decontamination Unit, were refurbished in 2014/15 to meet current legislation and standards. There are 5 procedure rooms at the Leighton site, all of which are fitted to a high specification. On average 15,000 patients use the endoscopy service per year. The service is externally accredited by Joint Accreditation Group for GI Endoscopy (JAG) and is subject to 6 monthly, annually and 5 year formal assessments in the following domains: • Clinical Quality • Quality of patient experience • Workforce • Training

Summary

The Endoscopy department received a complaint from a patient who had undergone an endoscopy procedure and were concerned and distressed that they felt that they were unable to withdraw consent during the procedure. This complaint went through the formal complaint procedure process and staff met with the patient and patient's relatives to address the issues and concerns raised. In response to and following the resolution of this complaint, a team led by Maureen Brown have implemented numerous local and national interventions to ensure patients fully understand the process around withdrawal of consent during an endoscopy procedure and to ensure high levels of patient satisfaction and safety going forward. Learning from this incident has been shared both nationally and locally. There has been a real focus on education and spreading awareness, both through patient consultation and patient information. By educating patients on how to withdraw consent, and making this information as accessible as possible via national information leaflets, locally displayed information and discussions with healthcare professionals whilst taking consent prior to the endoscopy procedure, similar circumstances should be avoided going forward. The nurses in the Unit are passionate about the quality of care delivered, and the senior nurses endeavour to create an environment in which taking proactive steps to continually improve the service is encouraged. The patient is always at the centre of the service, and although receiving complaints can be unpleasant, the Unit strives to turn any negativity into a positive outcome going forward.

Impact

The EIDO leaflet is used by trusts throughout the UK, thus sharing learning outside of the organisation. There have been no further local complaints received relating to this issue since interventions have been implemented. Additionally the most recent patient survey (2017) indicated that 100% of patients were either completely satisfied or satisfied to some extent with the consent process for this procedure. The team have also introduced ongoing monitoring of patient awareness of how to withdraw consent through annual patient survey. Patient Satisfaction Survey Results: On average around 100 patients are surveyed per year, about their experiences at the endoscopy unit. Patient comments (Annual Survey 2017): "The leaflet explained the procedure in a manner which was easy to understand.", "I found I understood all of the information given out. Very satisfied with everything given", "Full information provided by Consultant and information leaflet about the procedure", "..... the leaflet said you could put your hand up to stop the procedure"

What Makes Us Special?

The key stand out feature of this initiative is that the learning has been shared externally. The issue around withdrawal of consent would have been brought to the attention of all trusts which use the EIDO leaflet. This is a compelling example of how we have made real and tangible changes in direct response to the concerns raised by a patient. The team has listened to feedback and responded making a difference to future patient experience based upon feedback from users of the service. Success of this project has been down to the leadership within the team and their desire to make sustainable improvements in response to feedback from service users.

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PEN National Awards 2017

Re:thinking the experience

Mid Yorkshire Hospitals NHS Trust

Improving End of Life Care Experience

Categories

Support for Caregivers, Friends and Family &
Using Insight for Improvement (Outstanding Contribution)



The Mid Yorkshire Hospitals
NHS Trust

Organisation

The Mid Yorkshire Hospitals NHS Trust provides acute hospital services to more than half a million people living in the Wakefield and North Kirklees districts of West Yorkshire. It offers services in three main hospitals – Pinderfields (Wakefield), Dewsbury and Pontefract and community services to the people of Wakefield in a range of community settings. The Trust also provides specialist regional services in burns and spinal injuries. With more than 8,000 staff the Trust delivers services by working in partnership with two local authorities, two clinical commissioning groups, and a wide range of other providers including voluntary organisations and the private sector, as well as service users, their carers and the public.

Summary

This End of Life (EOL) drawers' initiative captures multiple innovations in one space, such as volunteers making syringe driver bags, new patient and relative leaflets, new mouth care products, all based on what matters most to our service users. A shared leadership approach from patient to board has shaped confidence and engagement, branching across the organisation with the aim of delivering the Trust objective of achieving excellent patient experience supporting learning of transferable skills in co-design methodology in line with the national Always Events® initiative. The qualitative and qualitative outcomes of the initiative are monitored by the impact at ward level of the 4 key aspects of patient experience via the friends and family test, these are: **1)** Right amount of information; **2)** Confidence and trust in staff; **3)** Enough emotional support; **4)** Treated with respect and dignity.

Other outcomes include released time to care, an increase in the staff experience, organised ward spaces, reduction in EOL stock levels and standardised approach to EOL care for service users. Using co-design has delivered an EOL resource that reflects what matters to patients and staff, and has created sustainable product that is being scaled up across the organisation with support of a volunteer team.

Impact

Results are monitored as part of the NHS England 'Always Events' initiative. Patient and staff interviews are undertaken on a regular basis and audits undertaken to ensure the drawers are appropriately maintained. The Friends and family test (FFT) cards include additional questions which monitor relational aspects of care on a monthly basis and responses have been gathered via social media. The project has resulted in:

- An increase in patient and carer experience noted in less negative comments relating to lack of information and positive feedback relating to mouth care and use of personal items.
- Engagement of the ward team leading to a reduction in the number of complaints relating to EOL care.
- An increase in staff experience - use of the visual management system has meant staff are able access items promptly resulting in more time to spend caring for patients. Staff feel more confident in their role having been part of testing and agreeing the changes and feel positive about being able to influence change.
- A more organised use of ward space, reduction in amount of stock stored, removal or out of date documentation and consistent access to adequate stock levels.
- A more standardised approach to implementing care for patients and relatives at end of life leading to items being offered and used.
- Learning of transferable skills in co-design methodology in line with the national Always Events® initiative.

What Makes Us Special?

Staff seek to understand and provide compassionate care to meet the needs, values and preferences of those who are at the end of life. However, in the busy clinical environment what really matters to patients and service users is not always understood or adequately addressed. The initiative has been based on the NHS England Always Events® approach which focusses on understanding what matters most to patients by gathering and acting on individual's experience of care in order to achieve sustainable improvements. This has empowered patients and carers to have a voice and enabled staff to test out and influence how care is delivered.

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PEN National Awards 2017

Re:thinking the experience

Milton Keynes University Hospital NHS Foundation Trust

Dementia Initiatives



Category

Support for Caregivers, Friends and Family

Organisation

Milton Keynes University Hospital NHS Foundation Trust is a medium sized district general hospital serving the people of Milton Keynes and surrounding areas. The hospital has approximately 400 inpatient beds and provides a broad range of general medical and surgical services. In addition to providing general acute services, the hospital increasingly provides more specialist services, including cancer care, cardiology and oral surgery. In partnership with the University of Buckingham, we are a teaching hospital training medical students to become doctors of the future. The Trust employs over 3000 staff. Every year we treat 20,000 elective patients, 200,000 outpatients and deliver over 4,000 babies.

Summary

The Dementia Team have worked on a number of initiatives devised to support patients with dementia, their relatives and carers. These include the introduction of a monthly Dementia Café, held on site, to welcome inpatients with dementia and their carers to leave the wards and spend some time in a relaxed and friendly environment. This gives the patients, their carers and relatives a chance to meet and chat to each other, exchange experiences and also talk to the dementia nurses about any concerns or questions they may have. The Dementia Team also launched John's Campaign into the Trust in November 2017. This is an initiative to involve and welcome carers of patients with dementia or those who may have other additional needs, to stay with them outside of visiting hours and even overnight during an inpatient stay. They are also encouraged to accompany patients to and from appointments, procedures and in the recovery room after surgery. Those carers who are accompanying the patients having an operation are given bleeps to carry so they can be instantly contacted when the person is in recovery and ready to return to the ward.

Impact

Dementia Café: The impact of such an initiative has been measured for the past few months and so far the feedback from patients, their relatives and staff have been extremely positive. Overall the feedback has concluded that the Dementia Café has enhanced patients and carers experiences in hospital. Some of this feedback includes:

- An increase in patients' appetite especially those who were reluctant to eat and drink previously
- Some patients who have lost the ability to communicate verbally start singing the words as soon as the music is played. This is a special moment for patients' relatives and carers as well as our own staff
- According to feedback from relatives and staff, patients seemed happier and more engaged after the café and even the day after
- One dementia patient who found it difficult to engage, was supported and encouraged by the Dementia Nurses to join in and took part in painting, enjoying himself very much
- Relatives and carers have commented that it has been lovely to see their loved ones or the person they care for so relaxed
- Relatives and carers also commented that they were grateful for the opportunity to see their loved ones or the person they care for in a non-clinical environment and said that it was good to be able to talk to others in a similar situation, to find friends and exchange experiences.

This is an initiative that links in nicely with the Last 1000 days, Red to Green and End PJ Paralysis. The café encourages staff to assist patients to dress up, mobilise and engage with others all of which essential part of helping with rapid recovery and timely discharge. John's Campaign: This is a very newly introduced initiative - already there has been strong & positive feedback from relatives who have been given the opportunity to be more actively involved in the care of their loved ones.

What Makes Us Special?

The Dementia Café initiative stands out as it brings a little of the 'home comforts' into a traditionally clinical area – the hospital. Using simple techniques such as vintage china, home-made cakes, music and craft activities, dementia patients, their carers and loved ones are able to relax in non-clinical surroundings, delivering a different and stimulating experience away from the wards. John's Campaign allows carers or loved ones of dementia patients to become more involved in inpatient care, potentially leading to improved outcomes and a calmer experience for the patient. By the introduction of carers passes this prevents carers having to keep explaining and being challenged about why they may be present in different departments and on ward areas outside of visiting hours.

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PEN National Awards 2017

Re:thinking the experience

Milton Keynes University Hospital NHS Foundation Trust

Hug in a Bag



**Milton Keynes
University Hospital**
NHS Foundation Trust

Categories

Personalisation of Care & Using Insight for Improvement (Outstanding Contribution)

Organisation

Milton Keynes University Hospital NHS Foundation Trust is a medium sized district general hospital serving the people of Milton Keynes and surrounding areas. The hospital has approximately 400 inpatient beds and provides a broad range of general medical and surgical services. In addition to providing general acute services, the hospital increasingly provides more specialist services, including cancer care, cardiology and oral surgery. In partnership with the University of Buckingham, we are a teaching hospital training medical students to become doctors of the future. The Trust employs over 3000 staff. Every year we treat 20,000 elective patients, 200,000 outpatients and deliver over 4,000 babies.

Summary

One in five pregnancies results in miscarriage and many women in this situation present to the Emergency Department (ED) at this time. One of our newly qualified preceptorship emergency staff nurses, Christina Riley, recognised a gap in the provision of holistic, compassionate care and open communication with women who had miscarried or who were experiencing a threatened miscarriage. As part of her preceptorship year quality improvement project she came up with the idea of a 'Hug in a Bag' a pack to provide both practical and emotional support for the woman and her partner during this difficult time. This project was informed by two complaints received by women in similar situations who felt they could have been better supported during their time in ED.

The idea first came about when Christina Riley was asked to present a practice quality improvement project for the end of her preceptorship programme. She conducted a background literature search and found that women who miscarry in the emergency department can feel isolated, frightened and exposed to prolonged waiting times in such a public and open space. The literature also demonstrated emergency nurses' own concerns about communicating with women who may be miscarrying and their lack of knowledge about how to support them effectively. This helped her formulate the 'Hug in a Bag' idea. The initiative aims were fourfold: **1.** Improved Hygiene and Dignity – women experiencing miscarriages often have heavy bleeding. In the Emergency Department, some women find it embarrassing to ask for pads and can sometimes leak on to clothing and gowns. Providing women with the necessary pads, knickers and wipes in a discreet bag to keep themselves as comfortable as possible will help create a more dignified experience. **2.** Informed and Inclusive Patient Care – by providing women with key information regarding symptoms, symptom management and what further tests and investigations they may need are included in the Bag to ensure they are informed about their care. **3.** Improved communication – healthcare professionals can often find miscarriage a difficult subject to discuss and can shy away from initiating conversations about it, especially when it is threatened and not confirmed. The Bag can not only provide some valuable information to the woman and her partner but can also initiate open and honest conversations between the patient and staff. **4.** Improved Patient Experience – the hospital had previously received complaints from pregnant women who have felt dissatisfied by their experience in the emergency department. This bag will hopefully contribute towards an improved experience whereby women will feel supported and informed during their time in the department. Although it is always going to be a difficult and sometimes frightening experience, the Bag may ease some of the concerns & difficulties.

Impact

The 'Hug in a Bag' has been available to patients since September 2017. It is planned to assess results and information received via several channels at the end of a 12-month period. These channels include the Friends & Family Test, feedback to our PALS team, NHS Choices and other patient experience channels. This is a low-cost initiative that can make a great deal of difference to the experience of women and their partners to present to the Emergency Department at risk of miscarriage. Sufficient funds have been ringfenced to ensure that the 'Hug in a Bag' will be made available to women who would benefit from its contents.

What Makes Us Special?

The concept is simple and effective in its delivery and demonstrates compassion and care for women and partners at an extremely distressing time of their lives. It has endless potential to be widened to other areas and we are looking at other services to develop a hug in a bag including end of life and emergency surgical admissions.

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PEN National Awards 2017

Re:thinking the experience

Milton Keynes University Hospital NHS Foundation Trust

P2P - Peer to Peer Listening Service

Category

Staff Engagement/Improving Staff Experience



**Milton Keynes
University Hospital**
NHS Foundation Trust

Organisation

Milton Keynes University Hospital NHS Foundation Trust is a medium sized district general hospital serving the people of Milton Keynes and surrounding areas. The hospital has approximately 400 inpatient beds and provides a broad range of general medical and surgical services. In addition to providing general acute services, the hospital increasingly provides more specialist services, including cancer care, cardiology and oral surgery. In partnership with the University of Buckingham, we are a teaching hospital training medical students to become doctors of the future. The Trust employs over 3000 staff. Every year we treat 20,000 elective patients, 200,000 outpatients and deliver over 4,000 babies.

Summary

P2P is a peer to peer support programme devised to ensure that staff who need a 'listening ear' can stop anyone in the Trust wearing an easily identifiable P2P badge. Staff were invited to consider volunteering for the scheme. Those who applied had to fill in an application form and those who were successful were then interviewed as to their suitability. The selected candidates then spent a half day training in the Trust's time, with the understanding that any P2P peer support would be carried out in the volunteers' own time. As of November 2017, a fourth cohort of P2P volunteers is being recruited to ensure the ongoing success and continuity of the project.

P2P is a peer to peer listening service that bridged the gap between more formal routes such as HR or mentoring. At a glance, volunteers need to be: Available to listen to colleagues; Be a 'first line' of support; Provide a confidential service; Signpost to other services where appropriate; Aiding resilience in our workforce.

We know that whatever the role, working in a hospital can be physically and emotionally demanding. On top of everyday issues, sometimes work can cause increased levels of stress and anxiety. In many situations, having another person to talk to can lighten our load. Listening helps us to feel valued as well as giving us opportunities to consider what we might be able to do about whatever is causing us stress. Having the opportunity to talk to someone outside of their ward or department can also be helpful. The health and wellbeing of our workforce has to be a top priority in order to deliver high quality care to our patients and their families. Peer to peer (P2P) support is the first line of support for staff at MKUH. This programme was developed by Team Chaplain the Rev'd Sarah Crane and Karen Camm, the Assistant Director of Education and OD. Sarah Crane looked at a similar initiative developed by East Midlands Ambulance Service, similar-sized organisation to MKUH with over 3000 staff. The nature of their work means that their workforce are the first responders to very distressing and traumatic incidents, such as road traffic accidents and other emergency situations. There were commonalities in a high incidence of stress and sickness absence amongst the workforce and staff. A proposal, including outline was presented to the Board of Directors, who wholeheartedly supported the initiative.

Impact

To encourage staff to consider potentially volunteering, we produced leaflets that were available as both hard copy and on the staff intranet page. We also informed them of the initiative in the Chief Executive's Weekly newsletter, and included it in his monthly Roadshow. We produced Pop Up banners explaining the scheme and placed them in high footfall areas, including outside the main hospital restaurant. We explained that we were looking for people who were interested in others and wanted to provide support to their colleagues. Over 90 staff responded. These were interviewed and their suitability, previous experience, aptitude and rationale for wanting to be involved was assessed. Twenty people were then put forward for P2P training, followed by 32 more who trained in May and June 2017. Volunteers attended a half day of training on how to provide non-judgemental, confidential peer support, signposting to other agencies where appropriate, such as Care First (the hospital's dedicated staff support and counselling service), the Health & Wellbeing Team and Chaplaincy. Volunteers were trained in supportive techniques but were not expected to act as counsellors. To make them easily identifiable around the Trust, they were all issued with a P2P pin badge. As of the end of September, the Trust had 29 active P2P volunteers who supported 618 people. Because of the confidential nature of P2P volunteers' work, we have not yet been able to assess whether this input has had any impact on such considerations as stress or staff sickness.

What Makes Us Special?

Its simplicity, the positive staff engagement and the fact that staff know that anyone wearing the P2P badge can be approached.

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PEN National Awards 2017

Re:thinking the experience

NHS Southwark Clinical Commissioning Group

Developing Care Co-ordination with People with Multiple Long Term Conditions

Category

Commissioning for Patient Experience



Southwark

**Clinical Commissioning
Group**

Organisation

NHS Southwark Clinical Commissioning Group (CCG) is responsible for planning and paying for the majority of health services in the London Borough of Southwark (approx 300,000 people). The CCG is a membership organisation of all 38 GP practices providing services in Southwark and employs about 80 staff. The CCG has supported the development of two Local Care Networks (LCNs) in Southwark. Partner organisations in the LCNs include Quay Health Solutions and Improving Health Ltd (local federations / groups of GPs), King's College Hospital NHS Foundation Trust (KCH), Guy's and St Thomas' NHS Foundation Trust (GSTT), South London and Maudsley NHS Foundation Trust (SLAM), Southwark Council, Healthwatch Southwark, community pharmacy, and the voluntary and community sector. These Boards include a range of organisations who work together and with other local stakeholders for the benefit of the population. LCNs are being established in all six south east London boroughs as part of the Our Healthier South East London, the sustainability and transformation partnership (STP), and Local Care Networks in Southwark have been developing their work in conjunction with the LCNs in Lambeth as part of a joint programme of work focused on long-term conditions management.

Summary

LCNs are working with people with multiple long-term conditions (LTCs) to ensure care is coordinated across organisations enabling patients to have better wellbeing, experiences and be empowered to manage their physical and mental health, resulting in better health outcomes. This involves understanding systems, cultures, challenges, what's important to patients and clinicians, running multi-organisational learning events / workshops with patients and clinicians. In 2016/17, LCNs designed a new approach to better coordinate care for people with 3+ LTCs, to roll this out across Southwark practices in 2017/18. We used a rapid co-design approach. We visited patients to hear their stories, made a patient film, used 'roots and fruits' exercises to understand what's important to patients and support needed, discussed this with clinicians, patients and voluntary sector to understand what needs to be put in place as part of a care-planning process. In parallel, we ran multi-disciplinary sessions with clinicians to understand challenges and what works well, ran training on behaviour change, motivational interviewing, managing frailty and medicines. We tested draft material and approaches with patients and clinicians. We are planning more patient stories and engagement as part of the current test-and-learn approach to understand what works well and what needs improving.

Impact

The LCNs are planning a short term evaluation of the new care coordination pathway over the next three to six months as part of the test-and-learn approach and a longer-term evaluation with academic input. At the September engagement event, we started discussion with patients about how they would like to be involved in testing the pathway including a rapid evaluation of the care planning process. We will offer patients who have experienced the new pathway one-to-one structured conversations with an independent person and will track patients on the pathway from 1 April 2018 over a six-month period to understand their experience of the process and impact on outcomes. In addition we are developing a framework for staff to feedback their experiences of the process. We will be bringing patients and staff together in joint sessions to share their experiences of the pathway in order to refine our approach and enable shared learning.

What Makes Us Special?

The elements of co-design methodology and the innovative manner in which we engaged patients make this initiative stand out. We engaged clinicians by ensuring that we provided a range of development opportunities including learning from practice audits and best practice in primary, community and secondary care, having expert national speakers, role play to support motivational interviewing and better care-planning discussions and training on frailty and medicines as well as facilitating joint discussions with patients on the important elements of care planning. Working with patients, we focussed on making the engagement fun and in everyday language, using a number of visual aids. We contacted patients via GP practices and we followed up all patients who contacted us with their preferred method of contact. Activities ranged from having conversations at home, taking photos, using photos, quotes and films at engagement/learning events, using an appreciative enquiry approach of mapping desires and support onto 'roots and fruits' trees and having visual representation of what people said through a 'big picture', before bringing patients and clinicians together to explore how care planning needs to support patients achieve their goals.

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PEN National Awards 2017

Re:thinking the experience

NHS Blood & Transplant

Implementation of a Service for the Provision of Allogeneic Serum Eyedrops

Categories

Bringing Patient Experience Closer to Home, Continuity of Care & Using Insight for Improvement (Other NHS Funded)



Blood and Transplant

Organisation

NHS Blood and Transplant (NHSBT) is a Special Health Authority reporting to the Department of Health, responsible for providing a safe, reliable and efficient supply of blood, stem cells, tissue allografts and diagnostic services to health care providers in England, and facilitating solid organs transplant across the UK. NHSBT employs approximately 5,100 people across the UK and provides the following services: • **Blood Supply** – collecting blood from donors, manufacturing safe blood components and ensuring it reaches the patients who need it through an effective supply chain to hospitals. • **Organ Donation and Transplantation** – matching patients who require organ transplants with the organs from donors, including the difficult conversations with potential donor families when their loved one is close to death. • **Diagnostic and Therapeutic Services** – providing a range of products and services to the NHS such as stem cell and tissue products, laboratory services to ensure blood products and organs are safe and match the patients who need them, and specialist treatments, such as therapeutic apheresis, for patients with particularly complex needs.

Summary

Serum Eyedrops (SE), prepared from blood, is the treatment of last resort for patients suffering from severe Ocular Surface Disease (OSD). NHSBT introduced an Autologous SE (AutoSE) service, where eyedrops are prepared from a patient's own blood, in 2003. However, more than 50% of the patients who could benefit from the service were unfit to donate their own blood. Patients range in age from <1 year to >90 years. To address this unmet clinical need, in 2014 we introduced Allogeneic SE (AlloSE, made from blood donated by volunteer blood donors) service to treat these patients. This was done in close collaboration with expert ophthalmologists specialising in managing OSD. NHSBT was the first blood service in the world to implement the service systematically, and is recognised as a pioneer in this field by other countries. Concurrently, a system to gather clinical and patient reported outcomes was established. Introduction of this innovative service required strong leadership, teamwork, good communication and co-ordination, enabling timely delivery of treatment to the doorstep of patients. Uptake of the service has far exceeded projected demand, and to date we have provided AlloSE for more than 500 patients, with increasing numbers of new referrals year on year

Impact

Since implementation of the service in June 2014, more than 500 patients have benefited from treatment with AlloSE. Uptake of the service has far exceeded projected demand, based on prior activity; the number of patients referred in the first year was more than that anticipated in the first three years. This was accomplished while maintaining the existing AutoSE service. A further advantage proved to be that existing AutoSE patients, who had undergone a change in health condition, could be seamlessly transferred to AlloSE. Several 'thank you' letters have been received from patients, and a survey of referring ophthalmologists generated very positive responses. NHSBT "Team SE" are proud and happy to be making a difference to patients' lives. We wish to acknowledge the contribution of voluntary blood donors and their continued support to NHSBT. The Royal College of Ophthalmologists have developed guidelines for 'Serum Eye Drops for the Treatment of Severe Ocular Surface Disease', which will be published in January 2018. This includes patient reported outcome data collected by NHSBT as part of this project.

What Makes Us Special?

It has extended a treatment that was previously available only to a restricted group of patients to a wider and highly vulnerable groups of patients with poor vision, ranging from babies to elderly patients. This service is required by only a small, select group of individuals whose needs can only be met by a not for profit public sector healthcare service, such as NHSBT. A key element of the treatment that makes it accessible to patients is that it is delivered directly to them in their home, or hospital for in-patients. It is also available for patients who need urgent treatment, as it can be pre-prepared and delivered 'off the shelf'. Feedback from patients suggests that the service can make a significant difference to their quality of life. We are the first major blood service to introduce this as a national service. Key to success was involving clinicians and patients in planning, development and delivery, and involving all parts of our organisation. Integration of different but linked objectives will not only facilitate growth and development of the service, but provide much needed clinical evidence to support evidence based practice. This is a great example of excellent interdisciplinary collaboration & a team approach to quality improvement. The new service is truly 'Patient centred' providing improved patient experience and outcomes.

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PEN National Awards 2017

Re:thinking the experience

North of England Commissioning Support Unit

Path to Excellence Transformation Programme

Category

Championing the Public



North of England
Commissioning Support



Organisation

North of England Commissioning Support (NECS) is one of the leading Commissioning Support organisations in the country. Our dedicated, high calibre, multi-disciplinary teams, supported by a broad spectrum of external talent, utilise their extensive knowledge and practice based NHS experience to tailor services to meet our customers' needs. Supporting CCGs, Commissioning Support Units, Foundation Trusts, Local Authorities, NHS England and its regional offices, and Clinical Networks. We deliver high quality, cost effective and innovative services locally, regionally and nationally.

Summary

NECS was engaged by NHS South Tyneside and Sunderland partnership to provide expert strategic advice and operational delivery for a programme of engagement and consultation to support the Path to Excellence transformation programme. The programme has taken an asset based approach to this work and engaged with services and community groups in South Tyneside and Sunderland who support people who may face barriers to taking part in the consultation. The approach to involvement included an offer of practical help and advice, tools and one to one tailored assistance to ensure local groups, staff and volunteers were supported to carry out events. Monitoring of activity and cross-checking groups with those highlighted in integrated impact assessments ensured that any gaps in equality work could be identified. Asset-based collaboration ensuring engagement activity was developed in a way that made it adaptable and accessible to members of different groups and communities, depending on their particular needs and abilities. To date there has been an excellent response to this work with 20 local organisations delivering a combined total of 32 focus groups to consult and engage with over 324 with individuals with protected or vulnerable characteristics and ensuring their voice is heard in the consultation.

Impact

The formal focus group phase of the Path to Excellence consultation began on 1 September to 13 October. This was planned to allow time for socialisation of the issues during the early phase of the consultation period including public meetings. A review of third sector activity was undertaken prior to the consultation closing date and this focus group engagement period was extended to ensure particular groups could engage or continue to have dialogue with service users and vulnerable people and provide an opportunity to capture this feedback in the analysis report. There has been an excellent response to the focus group engagement with: 20 local organisations involved; a total of 32 focus groups, events or one to one work with service users; over 324 public, patients and service users as part of the Path to Excellence; returning 135 monitoring forms. Through collaboration we have engaged with service users to include feedback from vulnerable groups or individuals (but not limited too) with protected characteristics: Women from BAME communities including asylum seekers and refugee mothers; Deaf and hearing loss/impairment; Older people including older people with disabilities; Young people including young carers and young people accessing mental health services; People with learning disabilities and their families and carers; People who are visually impaired/Blind/sight loss and partially sighted; People accessing crisis services and food banks; New parents/mother and toddler groups; Lesbian, gay and transgender.

What Makes Us Special?

A strong emphasis on asset-based approach to engaging with local people and a personalised approach to working with local partners to establish effective working relationships to develop a partnership approach to ensure high levels of engagement and feedback from hard to reach and vulnerable groups. We worked with established local third sector voluntary and community groups to hold focus groups for service users most likely to be affected by the proposals. We mapped and targeted those groups likely to be most affected by the proposed changes and invited them to get involved. This involved both generic and personalised emails, and the officer leading the equalities piece talking to a lot of people, making a huge number of calls and follow up calls to ensure groups had the right support. Tailoring sessions to meet needs of the service users, including easy read, young people, using interpreters. Through collaboration we have strived to effectively engage with service users from most vulnerable groups and adapting activity to best meet their needs while ensuring their voice is heard throughout a robust, quality, effective engagement activity. Developing tools sensitive to needs of vulnerable groups and service users and continuing to identify opportunities and work in partnership with local groups to provide ongoing support throughout the engagement process.

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PEN National Awards 2017

Re:thinking the experience

Northampton General Hospital NHS Trust

"Keep Connected"- Engaging the Patient & Nursing Services Team in Collecting Patient & Carer Feedback

Category

Measuring, Reporting and Acting & Using Insight for Improvement (Staff)



Northampton General Hospital

NHS Trust

Organisation

Northampton General Hospital NHS Trust is an acute district general hospital located close to the town centre. From the main hospital site, located close to the town centre, our 4,500 staff provide a full range of acute services to a local population of 380,000. We also deliver outpatient and day surgery services at Danetre hospital in Daventry. We provide specialist stroke, vascular and renal services to more than 680,000 people living across the county, and as a cancer centre we provide services to a wider population of 880,000 across both Northamptonshire and parts of Buckinghamshire.

Summary

Ensuring that our patients have an equal opportunity to give their feedback is of paramount importance to us at Northampton General Hospital. Finding innovative and creative ways to do this can be difficult during times of financial constraints, however we have identified that using our own existing corporate patient & nursing services team to carry out the surveys is extremely effective. We call this new way of working "Keep Connected" as it enables members of the team, some of which are not patient facing, to keep connected to the patients and have a good understanding of the experience that patients are having. With training and support from the Head of Patient Experience & Engagement, this team of corporate staff have effectively implemented a real time survey which enables patients to sit on a 1:1 with the team member. This has greatly increased the feedback we gain from our wards where the majority of our patients are elderly and has brought expertise to patient experience feedback collection which may otherwise have never been utilised. As a result of this, many immediate changes have been made within the wards to the direct benefit of our patients.

Impact

Response to the survey from the Keep Connected team, the patients, and the Ward Sisters/Charge Nurses has been extremely positive. Patients enjoy the 1:1 interaction with the member of staff and it provides an opportunity for them to say how they feel whilst they are still within the hospital. Members of Keep Connected have all expressed positivity with being involved, the Trusts Head of Complaints, said the following about her involvement; *'I feel that this does 'make experiences count', which is how the NHS Complaints Procedure was initially meant to be. It is a privilege to sit with patients, some of whom have been very unwell or had surgery, who are willing to share information with us.'* There were also some benefits we didn't expect, such as the support that having someone sitting on a 1:1 and undertaking the survey would provide to our elderly patients and ensure that they had a voice. A further positive of Keep Connected is that it utilises existing staff in a positive way. This is a really effective, cost efficient way of overcoming this, without compromising on quality. Patients are able to see first-hand the improvements that are made as a result of the feedback that they have been given, as the reports are produced and fed back in real time. Examples of changes include (more in submission): • Talbot Butler Ward: Patients who had been in the side rooms stated that they were struggling with being able to read as the overhead lights were so bright. That same day the ward ordered lamps for each of the rooms to allow for patients to read in comfort. • Creaton Ward: Patients were unable to sleep. Creaton introduced sleep well packs into their welcome packs and a patient experience shift sheet which prompts staff to ask patients how they slept the next morning. The following was received from Allebone's Ward Sister highlighting the positivity around receiving feedback: *"Thank you so much for undertaking this it's so helpful being able to identify what is not right so quickly and be able to rectify this the same day!"* • Nurses and HCA's mentioned have also been included in our STAR of the Month

What Makes Us Special?

- It utilises the skills of existing staff to carry out surveys on a 1:1 with patients, carers and their families;
- Senior members of the Patient & Nursing Services are able to 'Keep Connected' with patients and step out of their regular job role to discuss the patient's individual experience and have an understanding of the patient's journey through the hospital.
- Utilising existing staff means there is no financial cost, the only cost is time.
- Keep Connected members have allocated wards and are therefore able to build a rapport with the ward.
- Members of Keep Connected feel the value that they are adding to the patient.
- Elderly patients particularly benefited from being able to give feedback on a 1:1 with staff, experiences which may otherwise be lost.
- Reports are created within 24 hours meaning immediate changes can be made to the benefit of patients.

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PEN National Awards 2017

Re:thinking the experience

Northampton General Hospital NHST

"Meet the Matrons"

Category

Turning it Around When it Goes Wrong



Northampton General Hospital

Organisation

Northampton General Hospital NHS Trust is an acute general hospital located close to the town centre. The Maternity Unit delivers in excess of 4,700 births each year and offers choice of birth including homebirth, birth in an onsite Birth Centre and an Obstetric labour ward. The workforce consists of 300+ midwives and maternity support workers providing holistic care for women and families during their pregnancy, birth and postnatal period across the hospital and in the community. Most of the women live in Northamptonshire but the hospital also cares for women across the borders in to Buckinghamshire, Oxfordshire and Warwickshire.

Summary

The two Maternity Matrons are passionate in their belief that every experience of birth should be as positive as possible for every woman. There are three main elements to the clinic. **Choices** - Some women request care outside of guidance and in the past have encountered resistance to their wishes. This clinic gives the opportunity for women to be heard, with the matrons acting as advocates putting a robust plan put in place with the women at the heart of the care. **Concerns** - Any women/partners who are unhappy with any aspect of care are given the opportunity to 'Meet the Matron' in the clinic or home where their concerns can be listened to. Their comments will then be acted upon and many changes have been implemented as result of listening to this feedback. **Closure** - For women who consider their birth traumatic, they are given the opportunity to debrief and discuss the birth, have questions answered. One of the Matrons has been trained to treat birth related Post traumatic Stress Disorder, which is known to affect at least 10,000 women in the UK per year. There is no time limit for this service and a couple made contact fifty years after the birth.

Impact

100% of FFT's completed would recommend the service. Comments have included: *"I just wanted to say a massive thank you for everything you did to make sure my birth went with success. You gave me so much confidence in myself from first meeting and I can't thank you enough", "We met with you pre and postnatally to discuss birth options and then to reflect on the twins birth. You listened and acknowledged our fears and worries and put me at ease for the birth we wished for. Your service is so valuable and I'd recommend it to all. Thank you!"* Women and partners are often followed up with feedback and the Matrons have significant numbers of cards and texts saying what a difference the consultation had made. Changes have been made in processes as a result of feedback. Two recent examples include: When women expressed how unhappy they had felt at their partners being asked to leave when labour was induced on the ward overnight, this was reviewed and partners can now stay. Women who were initially deemed unsuitable to give birth on our midwife led birth centre are now able to use these facilities. The clinic ensures that a robust birth plan is in place which is communicated to all staff involved. Complaints in maternity have dropped significantly. From April 2016-March 2017 there were 18 complaints but from April 2017 to November 2017 only three. These figures reflect how not only a face to face meeting can help to resolve issues or concerns in a more satisfying way but also that fewer complaints are received as women are being placed at the centre of the care. Women who want to make a complaint are given the option of sharing their concerns face to face with one of the Matrons. Following this it is explained that they still have the option of going through the formal complaints process if they would like to. To date no-one has chosen to proceed to formal complaint as they are happier with the outcome of having been listened to and had their feelings validated.

What Makes Us Special?

Only project run by Senior Midwives, covering the whole of the antenatal and postnatal period with no time limit on when women can make contact with us. • Following a difficult birth, even years down the line we listen, apologise and validate the experience. • The Matrons act as advocates for the women and partners. We can be contacted directly at any stage and help to put in place any measures that can help to facilitate the positive experience of birth that is so important to them. • Sharing information with the multi-disciplinary team has helped break down barriers and reduce anxiety as staff all feel they have part to play in facilitating the experience for the women. • Staff feel more empowered to be able to support women, knowing that plans have been put in place at a senior level. They have access to clear plans and greater understanding of the individual user needs and awareness of the impact this has on their wellbeing. • Enabling parents to feel positive about birth reduces anxieties, increase confidence & reduces mental health problems following the birth.

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PEN National Awards 2017

Re:thinking the experience

Northumbria Healthcare NHS Foundation Trust

Introducing a Birth Reflection Pathway in Maternity Services

Categories

Strengthening the Foundation & Using Insight for Improvement (Outstanding Contribution)



Organisation

Northumbria Healthcare FT delivers integrated acute and community health and social care to the residents of Northumberland and North Tyneside. It is the largest geographical Trust in the UK covering 2500+ square miles. Employing over 9000 staff, each year we :•Care for over 73,000 patients and families on our wards. •Provide treatment to around 167,000 patients in our A&E departments and minor injuries units. •Perform almost 27,000 operations. •See more than 45,000 people for day-case procedures. •Carry out around 1.3 million appointments with patients outside of hospital. We provide adult social care support during 70,000 home visits.

Summary

This initiative has been an exciting collaboration between patient experience, health psychology and maternity teams, who have developed a new and innovative pathway to support women after birth, and lay the foundations for routine measurement. We have created a midwifery-led clinic where mothers and their partners can talk to a senior midwife about their birth experience. This project is supported by a whole system pathway to ensure that women are seen by the right service at the right time, can access the part of the pathway that is best placed to help, and offers a support structure from one delivery to another. With an emphasis on early detection and treatment of birth trauma, our programme has incorporated specific prevention and detection training for midwifery staff. We are offering a unique and excellent example of the use of real and right time information, collected from women, to implement improvements for patients. Early evaluation of this service is yielding excellent results, with women commenting on the extremely positive impacts.

Impact

We have created a whole systems pathway that was not previously available to women, offering them support when they need it the most and access to the part of the pathway that is best placed to help. It ensures joined up communication between the different clinical services and allows women to be referred onto or from our health psychology or medical services if needed. Women are able to self-refer to the service online, making it very accessible. Data from successful focus groups, coupled with the analysis of patient experience data that we have collected provided us with meaningful themes that we considered as part of our birth reflection services: • Better information and communication of psychological support and how to access it – ensuring it is as easy as possible to opt into the service. • Flexibility – especially around when is the right time to access birth reflection services and not having a cut-off – some women are not ready for a number of months after delivery and a baby's first birthday can be a trigger for trauma. • Opportunity for facilitated Group Meetings in the community – a number of women felt that an opportunity to share their birthing experiences with other women would be hugely beneficial. We have trained 86 staff and the training has been extremely well evaluated, with 97% of participants saying that they found the workshop really relevant and interesting. One woman stated *"very helpful service, filled in much needed gaps and will help my recovery immensely"* and another stated that it had *"changed her relationship with her baby for the better"*. An estimated 1-6 % of women meet diagnostic criteria for PTSD following childbirth with an additional 22-40% experiencing PTSD symptoms but do not meet full criteria. As a Trust we are increasing the awareness of birth trauma and have developed a pathway for women psychologically affected by their birth experience. Our plan to combine staff training, development of a midwifery led Birth Reflection Service, and pathways to psychological treatment was a responsive action to the problem. Over the last 6 months our real time Patient Experience scores achieved in maternity have been excellent. Women have given scores between 95% and 99% for 6 key domains of care: (Involvement, Kindness/Compassion, Respect/Dignity, Relationship with Midwife/Doctor, Overall Care) We have gone beyond current established feedback processes to provide continuous feedback from women, and attribute this to named clinicians. We believe that our range of data collection and feedback mechanisms are innovative and unique.

What Makes Us Special?

- The work was done with the staff on the ground – they generated the ideas and have been involved all the way through. The Sheffield MCA methodology created an excellent culture of improvement within the group
- Women were involved from the beginning – giving us powerful information to support the improvement work
- We've had dedicated clinical psychology and patient experience time which allowed the programme of work to progress at pace
- We have created a pathway to support women that is robust, well supported and easily accessible
- We have created a unique feedback pathway for women using maternity services.

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PEN National Awards 2017

Re:thinking the experience

Northumbria Healthcare NHS Foundation Trust

Palliative Care Northumbria

Categories

Continuity of Care & Partnership Working to Improve the Experience



Northumbria Healthcare
NHS Foundation Trust

Organisation

Northumbria delivers integrated acute and community health and social care to the residents of Northumberland and N. Tyneside. It is one of the largest geographical Trusts in the UK covering 2500+ square miles, employing over 9000 staff and delivering care to over 500,000 people. Palliative Care Northumbria (PCN) is an NHS palliative care service within Northumbria Healthcare NHS Foundation Trust. It has 179 staff who support palliative care patients and their families at home, in acute and community hospitals, in care homes, at day hospice and in dedicated NHS specialist palliative care inpatient units (PCUs) across the huge geographical area of Northumberland and North Tyneside. NHHNSFT delivers hospital, community health and some adult social care services in N. Tyneside and Northumberland and covers one of the largest geographical areas of any Trust in England. The service has been transformed over recent years by integrating multiple small services to create a single comprehensive Palliative Care service, alongside community services and social care in one organisation. This enables patients to receive the right care at the right time in the right location. Supported and strengthened by ambitious and innovative partnership working with Macmillan Cancer Support, CCGs and Marie Curie to create a unique MarieCurie @ Northumbria partnership.

Summary

Palliative Care Northumbria has been transformed over recent years by integrating multiple small services to create a single comprehensive Palliative Care service, alongside community services and social care within one organisation. This enables patients to receive the right care at the right time in the right location. This has been supported and strengthened by ambitious and innovative partnership working with multiple organisations including Marie Curie, Macmillan Cancer Support and North Tyneside CCG. We are making a difference to patient care and the patient experience by:

- Supporting patients to stay at home and thereby avoiding preventable acute hospital admissions;
- Seeing patients quickly when in hospital and their preferred place of care is quickly facilitated (when clinically appropriate and safe) and supported in a timely manner once home;
- Being able to admit patients directly to an NHS inpatient specialist palliative care unit, often the same day the referral is made.

Impact

The transformation of the service from multiple small services to a comprehensive unified service has been successful, helping to improve the patient experience, as demonstrated by:

1. Increase deaths in usual place of residence (including care homes), increase deaths in palliative care settings, reduction in acute hospital deaths
2. Patient experience feedback has demonstrated outstanding care. The average score for overall care is at 98%.
3. Significant increases in number of patients and range of diagnoses.

Specific examples of the impact of PCN from across the service, much of which is attributable to the partnership working allowing development and expansion of the service:

- Since moving to a more integrated service, including PCUs, there has been a notable increase in death of usual place of residence (up from 39.1 to 53.9% N. Tyneside, and 39.3 to 47.6% Northumberland), combined with an increase in deaths in palliative care settings and a reduction in acute hospital deaths;
- Both PCUs are among the highest scoring wards in the Trust patient experience survey. Comments from patients and relatives include *"We have only been in for a few days but in that time they have shown us compassion, care and love. They bring ice lollies around and they make sure dad's mouth is kept clean"; "The nurses are the icing on the cake, the backbone of the NHS. I am pleased I came here. They bring the level care to a whole new meaning"*
- Number of patients seen by hospital liaison team has increased by 100% from 2014 to 2016, with a 200% increase in the number of face to face contacts with patients. The range of diagnoses seen has increased. In 2014 74% patients had a malignant disease and 26% non malignant, increased in 2016 to 64% and 36% respectively
- In 2016-17 care home team helped support almost 81% patients to remain in their nursing home until death
- The Rapid Response community palliative care team had 1337 referrals January – June 2017, with only 3% of those patients being admitted.

What Makes Us Special?

Palliative Care Northumbria stands out as an initiative because it has critically appraised its service and worked with multiple partner organisations to make a major difference to patient care:

- Patients are supported to stay at home, thereby avoiding preventable acute hospital admissions;
- Patients are seen quickly when in hospital, their preferred place of care is quickly facilitated (when clinically appropriate and safe) and supported in a timely manner once home;
- Patients are able to be admitted directly to a local NHS inpatient specialist palliative care unit, often on the day of referral.

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PEN National Awards 2017

Re:thinking the experience

Northumbria Healthcare NHS Foundation Trust

Northumbria Patient Experience Team

Category

Team of the Year



Northumbria Healthcare
NHS Foundation Trust

Nominee

Northumbria has a dedicated Patient Experience and Quality Improvement team led by the Director of Patient Experience since 2009. From humble beginnings, and in a variety of ways, the team now capture the views of over 60,000 patients each year. They coordinate a comprehensive survey programme which follows up individuals after care as well as conducting real time face to face interviews with more than 700 patients every month. This personal approach has allowed for much greater inclusion of the views of older people in particular and the opportunity to respond whilst patients are still in our care. The work of the last eight years has transformed our ability to respond to the needs of our patients. We developed a contemporary approach to communicating all of our experience results. Transparent sharing of information about the performance of individual doctors, wards, specialties and hospital sites with patients, families and the public has become a cornerstone of improvement. If any ward falls below our new trust standard of 90% across all care domains then the team use this information to trigger increased scrutiny of well-being data for that ward (sickness and absence data, vacancies, staffing levels, occupational health attendances, organisation change info) and triangulate this with complaints and experience data which is reported to the Board each quarter through our safety and quality committee. The team has been keen to establish the barriers to high quality care and support all our teams to overcome these. An in-house programme on Communicating Care & Compassion has proved highly effective at helping all participating teams to raise their performance. Over the last five years the patient experience team has submitted over 30 projects across a range of categories for the PEN awards. Whether successful or not, we're very proud of this work, led by frontline teams, stretching across care in hospital, community and home – we hope it says a lot about us as a team, an organisation and what we choose to pay attention to. To ensure greater inclusion, we have adapted our measurement programme to invite with people with learning disabilities, mental health needs and older people to visit our wards, road test our services and provide us with an invaluable 'fresh pair of eyes' on the quality of care we offer. Service user experience has facilitated the redesign of dental services, critical care, environments on care of the elderly wards, palliative care, hip fracture services, CAMHS, dementia and delirium education programmes, endoscopy, emergency care, child health, medicine review in residential care, and outpatients to name just a few.

Achievements

The infrastructure supporting our patient experience programme is now well established. Our strategy has focused on balancing the needs of both patients and staff and enabling them to work together in a way that benefits both. The programme has this been successfully rolled out across 11 hospital sites and all our acute wards. It has also successfully scaled to transfer to new organisations. Recent developments supported by the team have included measuring and understanding on out of hours experience over a 7-day working week, developing an observation framework to support improved care in mental health services for older people, integrating acute and community care experience and measuring experience in primary care as part of a new development for the Trust. The team supported the work of the Royal College of Physicians as part of their Future Hospitals programme to spread the approach to improving experience across 12 hospitals in 2 years. This experience informed the development of a breakthrough series collaborative in September 2017. Some of the tangible benefits include: Consistently high quality patient experience results evidenced in the National Cancer survey results – within the top 10 out of 163 trusts for 6 years in a row; National inpatient experience results – best in North East region and within the top 10% nationally - ranked 109th in 2009 and 10th in 2016; Year on year statistically significant shifts in real performance across all domains that matter most to patients; A&E patient experience results ranked in the top 10% in the country. Opening of a new emergency care hospital in 2015 with statistically significant improvements in coordination and consistency of care, involvement in decision making, relationships with doctors & nurses, cleanliness of the environment, management of pain and improved overall experience; Since the programme began, an 81% improvement in the number of staff believing that high quality patient care was the no 1 priority of the Trust; Year on year gains in staff experience – Northumbria named as NHS best place to work by NHS Employers in 2015; 92% of staff recommending Northumbria as a place to receive care; Statistically significant shifts in staff attitude, awareness and confidence in delivering person centred care for people with dementia and delirium; Named CHKS Trust of the Year for patient experience in 2015 and 2016. We are particularly excited to be working with PEN to support and learn from other NHS organisations in a shared commitment to enhance patient experience and learn from real time measurement across the NHS – we look forward to reporting the results of this pilot in September 2018.

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Northumbria Healthcare NHS Foundation Trust

Pilot Use of an Assistive Hearing Device with Patients Who Have a Hearing Impairment

Category

Communicating Effectively with Patients and Families & Using Insight for Improvement (Outstanding Contribution)

Organisation

Northumbria Healthcare NHS Foundation Trust (NHFT) is one of the top performing Health Trusts. It covers the largest geographical areas of any health Trust in England and provides integrated health and social care to over 500,000 people living in Northumberland and North Tyneside and employs over 9000 staff. Care is provided from three general hospitals, a number of community hospitals, an integrated health and social care facility, an elderly care unit, two outpatients and diagnostic centres plus a purpose built specialist emergency care hospital.

Summary

The project - pilot use of an assistive hearing device with patients who have hearing impairment on a care of the elderly ward. Literature search showed - absence of research on any similar project. Ours appears to be the first of its kind in NHFT and perhaps, nationally. The challenges included persuading staff, including senior staff, to promote and support the project; how to involve as many ward based staff - to embrace it/take ownership. The plan was clear, simple and robust and accompanied by practical arrangements for staff to be/feel supported and to have easy access to the required equipment and documentation for the project. Three PDSA (Plan, Do, Study, Act) cycles enabled us to make adjustments during the project. **Outcomes** - measured by written and verbal feedback from both, patients and staff. **It showed** - the device enhanced communication between patients and staff. Some patients have said they were going to purchase the device for themselves upon discharge. **Staff said** - their communications with patients were more efficient and effective. The ward has acquired additional devices and integrated it into its routine.

Impact

A. Patients/Relatives 100% of patients who gave feedback said: The device easy to use and it improved communication. Their comments include: *"Good quality communication with the device"* and *"Considering purchasing this product or similar for use at home"*. The written and verbal feedback showed that patients found the device helpful. Their families have also been impressed at the difference the device made to communication and, some of them said they have been persuaded to buy the hearing device or hearing aids after discharge. **B. Staff** 100% of staff who provided feedback said – the device was easy to use and 75% said – it improved communication with the patients. Their comments include:

- *"Please supply the ward with more of these. The patient's family would like instructions and purchase information."*
- *"Very useful, improved interaction greatly."*
- *"Made all the difference to communication with the patient, he was actually cognitively intact"*
- Ward manager - *"we have found the device very useful. It is good for staff to know that it is available for use. When we have used it the feedback has always been positive."*
- Occupational therapist - unable to take any form of functional history from a patient and unable to contact his family for a collateral history. She then tried using the assistive hearing device with him and was able to take a full history, involve the patient in discussions and use her time much more efficiently.
- Care of the Elderly Consultant – saw a patient on a ward round – the patient seemed confused and did not answer any questions. The working diagnosis was delirium and there were questions raised about his capacity. However, when they tried using the assistive hearing device with him they found that he was cognitively intact and able to fully engage in conversations and decisions about his healthcare.

C. The ward has purchased additional devices. **D.** Three PDSA cycles/trials were completed. Initially the device was not used much – it was mostly forgotten about. We invested more time on the ward and worked with staff to implement using the device. After the third PDSA cycle there was more appreciation in the values of using the device and the ward staff are starting to integrate the device into routine use.

What Makes Us Special?

The findings can be replicated/adapted for use with any patients who have hearing impairment to enhance their experience and enable staff to work more efficiently/effectively. This appears to be the first dedicated use/pilot of an assistive hearing device that has been audited and the results used/will be used to spread using the device to enhance the experience of patients with hearing impairment. Feedback collected in this project show that the device is now regarded as an essential piece of equipment on the ward where it was piloted and, has generated interests from other clinical areas in using the device. Planning the project involved staff at all levels and, crucial to making it work was staff taking ownership of the project. Supporting staff and being visible on the ward on a regular basis. Running 3 PDSA cycles and making adjustments to the initial plan. Measurement by using a simple and short questionnaire - 2 closed questions. The use of a small and inexpensive device can greatly enhance the patients' experience and care.

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PEN National Awards 2017

Re:thinking the experience

Northumbria Healthcare NHS Foundation Trust

Using Patient Experience Data for Service Improvement

Category

Measuring, Reporting and Acting



Northumbria Healthcare
NHS Foundation Trust

Organisation

Northumbria Healthcare FT delivers integrated acute and community health and social care to the residents of Northumberland and North Tyneside. It is the largest geographical Trust in the UK covering 2500+ square miles. Employing over 9000 staff, each year we :•Care for over 73,000 patients and families on our wards. •Provide treatment to around 167,000 patients in our A&E departments and minor injuries units. •Perform almost 27,000 operations. •See more than 45,000 people for day-case procedures. •Carry out around 1.3 million appointments with patients outside of hospital. •Provide adult social care support during 70,000 home visits.

Summary

Part of an Oxford University Research Programme, this initiative focused on how frontline staff use patient experience data for local improvement. Working with an elderly rehab ward, a key element of the project was to use experience based co-design to ensure authentic involvement of both patients and staff to improve care. Our project demonstrated robust processes for gathering and acting on patient experience data. Using a variety of techniques including photography, observation, shadowing, emotion mapping, staff diaries and robust real time experience measurement three improvement areas were identified: • Improving Communication and Information; • Reducing Waiting Times; • Improving and increase opportunities for social interaction on the ward. A number of exciting initiatives were developed including the introduction of an activities and wellbeing coordinator on the ward, a campaign to reduce call bell wait times, and the creation of new methods of communication on the ward for patients and their families. In less than 12 months, the project generated ownership and pride in the ward staff, with patients benefited from ward activities and better communication, resulting in a significantly decreased number of negative patient comments.

Impact

In addition to our regular real time reporting on the ward, we added in 4 additional questions about waiting times and activities. The Oxford University team also carried out pre and post-project surveys. Analysis of real time data from the same time period in both years (from Jan-Jun 2016 and 2017) demonstrated an impressive 20% decrease in negative feedback received about the ward and a 10% increase in positive comments. This improvement in patient experience is particularly welcome given the changed demographic for the ward (including more younger people). By the end of the project, in July 2017 100% of patients surveyed said that they were treated with respect and dignity, kindness and compassion and they had excellent relationships and support from the nursing staff. One of our key focusses of this project was to reduce call bell wait times. From our call bell data (463 call bells were recorded and analysed between March to May 2017), we identified peak periods of usage and identified that half of call bell use was for simple requests, e.g. adjusting pillows and turning on/off lights. We developed an 'Ask Before You Go' campaign to eliminate many such requests, by encouraging staff to ask patients if there's something else they need before leaving their bedside. One of our key outcomes was a 36% reduction in the number of patients waiting over 2 minutes for their call bells to be answered. We are delighted that we achieved such excellent results in an area that was highlighted as critically important to both patients and staff. The role of the activities and wellbeing coordinator was integral to the success of the project. It had a big impact on patients, helping patients to feel less isolated and keeping them more active during the day. They were able to establish and run an activities schedule for patients, but also promoted RITA (reminiscence, interactive therapy activities) on the ward, created 'what matters to me' whiteboards for each patient and gave the day room a makeover.

What Makes Us Special?

There were key elements which made the project successful: • A willing and enthusiastic Ward team, deeply involved in the data collection for the project; • A dedicated wellbeing and activities coordinator, committed to improving the experience of patients on the ward; • Dedicated project management and support from the Patient Experience Team; • A project team and ward based on same site, making it easier to meet formally and informally; • Existing comprehensive data from our Real Time programme; • A belief the importance of a collaborative approach. It was crucial to involve staff and patients in the planning and rollout of any improvements. Our approach was simple so as to include as many patients and staff as possible. The sessions we ran with staff and patients directly informed our action plan. Engagement from staff was excellent; they were behind the project and had clear pride in what was happening on their ward. Their dedication to collecting staff diaries and observations gave us powerful data to help inform improvement.

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PEN National Awards 2017

Re:thinking the experience

Nottingham University Hospital NHS Trust

End of Life Care Improvement Collaborative Project

Categories

Continuity of Care & Personalisation of Care

Nottingham University Hospitals 
NHS Trust

Organisation

Nottingham University Hospitals is in the heart of Nottingham and provides services to over 2.5 million residents of Nottingham and its surrounding communities. We also provide specialist services to a further 3-4 million people from across the region. QMC is our emergency care site, where our Emergency Department (A&E), the East Midlands Major Trauma Centre and Nottingham Children's Hospital are located. Nottingham City Hospital is our planned care site, where our cancer centre, specialist palliative care unit, heart centre and stroke services are based. We have a total of 82 wards and around 1,700 beds. Annually, around 3500 deaths occur within our hospitals. We have a total of 9.0 WTE palliative care nurse specialists and 4 consultants in palliative medicine. Hayward House is a 20 bedded specialist palliative care unit within the Nottingham City Hospital campus. It takes admissions from the community and acute wards across the trust for specialist symptom management, complex social and psychological support, and end of life care. 50% of patients admitted to Hayward House were then discharged back to the community and about 50% of those discharges were Fast Track. Fast Track discharge is for patients with a rapidly deteriorating condition who are entering a terminal phase.

Summary

Our project is an innovative, collaborative working between nursing and medical professionals across healthcare boundaries for fast track end of life care patients. This was achieved by entering patients' End of Life plan of care onto EPaCCS (Electronic Palliative Care Coordination Systems) and improving the quality of the discharge letter to identify patients' preferred place of care/death, resuscitation status, advance care planning, anticipatory medications prescription and their treatment escalation plans on discharge. The engagement of appropriate stakeholders supported the ambitious aim to make the changes of achieving the intended outcomes within 150 days. Feedback from the medical team at Hayward House and the primary care team since the initiation of the project has been positive. An audit a month after implementation has shown significant improvement on the timeliness and quality of discharge letters and information entered onto EPaCCS. Our quality improvement techniques of running Plan, Do, Study, Act (PDSA) cycles aligned with a sustainability model informed actions to make a sustainable difference. We have put in place processes for ongoing measuring of outcomes and a standard operating procedure to support the changes.

Impact

The measurable outcome of our project is that 80% of all the patients fast track discharge from Hayward House have the key information of their preference of care at the end of life entered onto EPaCCS and in their discharge letters. Audit on the quality of discharge letter and implementation of EPaCCS for patients who were fast tracked discharge from Hayward House one month after the initiation of the project has shown significant improvement. There was 100% improvement on the quality of discharge letter and 75% has EPaCCS implemented on discharge. Feedback from the ward doctor was positive in that they found the guidance in writing discharge letter were clear and made writing discharge letters easier. Feedback from GPs and district nurses were also positive and encouraging in that they felt the information entered onto EPaCCS were useful and had avoided repeated difficult discussions. They felt that the information in the discharges letters were clear and concise. Feedback from the Chair of Nottingham University Hospitals Patient Partnership Group was, *"EPaCCS is great for Patients and Carers as it puts the patients' wishes at the centre of their care and helps make sure their wishes are known, communicated and carried out wherever they are being cared for. This helps ensure patients/carers don't have to repeat information lots of time and promotes joined up care for patients and their families at end of life"*

What Makes Us Special?

Delivering this project in a sustainable way in a short timeframe of 150 days was ambitious. The collaborative working of the team makes this project stand out, especially different professionals with various backgrounds working towards a common goal. Our innovative way of breaching gaps in communication between secondary and primary care and ensure a joined up care for patients has made this project possible. Changing the longstanding culture of the way we do discharge summaries for End of Life Care patients makes such an immense difference to our patients experience and outcomes. This project would not have been made possible without the inclusion and support from our primary care colleagues and patient and public involvement. Improving communication between primary and secondary care with the development of specific guidelines, training and sustainability plans was key to improving care for End of Life Care.

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PEN National Awards 2017

Re:thinking the experience

Nottingham University Hospital NHS Trust

Skin to Skin Jackets Initiative for Birthing Partners

Category

Using Insight for Improvement (Other NHS Funded)

Nottingham University Hospitals **NHS**

NHS Trust

Organisation

Nottingham University Hospitals NHS Trust is one of the biggest and busiest acute hospitals in England, employing 15,000 staff. We provide care to over 2.5m residents of Nottingham and its surrounding communities and specialist services to a further 3-4million people from neighbouring counties. The Trust has three main sites: • Queen's Medical Centre (QMC) – where our Emergency Department (A&E) major trauma centre and Nottingham Children's Hospital are located. The QMC is also home to The University of Nottingham's School of Nursing and Medical School • Nottingham City Hospital – where our cancer centre, heart centre and stroke services are based, and where we focus on planned care and the care of patients with long-term conditions • Ropewalk House – where we provide a range of outpatient services, including hearing services Our Obstetric services provide care to around 10,000 women each year. We have two obstetric theatres within a busy operating department located in Nottingham University Hospitals NHS Trust at the City hospital campus. Our theatre team consists of 25 members of staff led by an Operating Department Practitioner (ODP) Team Leader and 2 Deputy Team Leaders who manage a multi-disciplinary team of ODP's, nurses and other support staff caring for birth mothers and their partners in all aspects of elective and emergency obstetric surgery. The birth of a child is probably one of the most emotional and joyous times for a couple, and we feel honoured to be able to be part of this experience and hopefully by listening to and reacting on patient feedback make the occasion even better. The Trust's annual turnover is £940 million. We have approximately 1,700 beds (87 wards). We are at the forefront of many research programmes and new surgical procedures. In partnership with The University of Nottingham we host a Biomedical Research Centre carrying out vital research into hearing, digestive diseases, respiratory, musculoskeletal disease, mental health and imaging. As a teaching trust we have a strong relationship with The University of Nottingham and other universities across the East Midlands, playing an important role in the education and training of doctors, nurses other healthcare professionals.

Summary

As a service we regularly collect patient and partner feedback to improve the service and care to our patients and relatives attending the Obstetric Theatres. This feedback is specific to theatres and is a new development in an area where feedback is not often sought. The feedback we receive looks at the whole theatre journey and has been invaluable in helping us develop patient centred services. This project resulted from specific feedback received from a father supporting a mother during a caesarean section. The father wanted to participate in skin to skin contact with his baby, but unfortunately due to theatre greens sizing and design he was unable to do so in the theatre for dignity reasons and midwife access to baby reasons. A Theatre Support Worker and Patient and Public Involvement advocate from our team were asked to research possible clothing options available for birth partners to wear whilst in theatre. They were asked to consider appropriate access for skin to skin contact that maintained wearer's modesty and also allowed safe and easy access to baby by the midwife. They sourced an affordable disposable button up front warm jacket that allowed the wearer to undertake skin to skin contact whilst also maintaining the wearers dignity, whilst providing warmth to baby. This also helps with maintaining dignity for same sex couples attending caesarean section and female partners now have the option to participate in skin to skin contact without the fear of the loss of their dignity. This is also relevant if the birth mother is being accompanied by other female family members.

Impact

Birth partners are now offered jackets which allow skin to skin contact whilst maintaining the wearer's dignity. Since the introduction of the disposable jacket more and more birth partners are undertaking skin to skin contact with baby. Our hospital communication team released pictures on Facebook with the parents' consent of dad wearing the jacket and received fantastic reviews and positive shares. The patient information booklet given to mothers prior to their admission was updated to include the new jacket, again with great responses.

What Makes Us Special?

At the time no other obstetric theatre offered skin to skin jackets to birth partners, now we can offer all birth partners a chance to participate in skin to skin contact whilst maintaining their dignity. This can only help to support the positive child birth experience for all those involved.

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PEN National Awards 2017

Re:thinking the experience

Plymouth Hospitals NHS Trust

Bereavement Bags

Category

Support for Caregivers, Friends and Family

Plymouth Hospitals 
NHS Trust

Organisation

Plymouth Hospitals NHS Trust is the largest hospital in the South West Peninsula, providing comprehensive secondary and tertiary healthcare and we are the region's major trauma centre. We offer a full range of general hospital services to around 450,000 people in Plymouth, North and East Cornwall and South and West Devon, including maternity services, paediatrics and a full range of diagnostic, medical and surgical sub-specialties. The population is characterised by its diversity – the rural and the urban, the wealthy and pockets of deprivation, and wide variance in health and life expectancy. Population ageing is a recognised national trend, but is exacerbated locally by the drift of younger people out of the area and older people in. The proportion of our population aged 85 or over is growing ahead of the national average by approximately 10 years, giving Plymouth the opportunity to innovate on behalf the nation in services for the elderly. We work within a network of other hospitals to offer a range of specialist services. The Trust has an integrated Ministry of Defence Hospital Unit which has a staff of approximately 250 military personnel who work within a variety of posts from lead doctors to trainee medical assistants.

Summary

Dealing effectively and positively with grief caused by the death of a loved one is central to the recovery process. The bereavement bag was conceived by Senior Sister Ali Griffiths to provide an alternative to the Trust standard plastic carrier bags, currently being used for bereaved families to collect their loved one's belongings. Ali visited the Bereavement Team to collect the medical cause of death certificate and was handed a Trust standard green patient property bag, containing her mum's belongings. On lifting the bag from the floor, the essence of her mum could be smelt through her clothing and hairbrush, with traces of her hair at the top of the opened carrier bag. The experience was a painful assault on her senses during the very raw and early stages of her grief process. The idea of the bereavement bag was formed to allow individuals to collect their loved one's belongings whilst maintaining a sense of dignity and respect during what may be a very distressing time for them.

Impact

The bereavement bag is designed to maintain a sense of solemnity and be a recognisable symbol around the hospital so staff and the public can show sympathy and understanding towards those experiencing bereavement. Following Ali's very raw and personal experience she wanted to make a change in order that no other family felt the same emotions she experienced following the sad passing of her dear mum and Ali wanted the bereavement bag to be a legacy to her mum's memory. Ali's presentation to the Trust Board in September was filmed and posted on to Plymouth Hospitals NHS Trust Facebook page. There were 78 comments, 56 shares and over 20,000 views of the video. All comments posted were positive but there were a handful which stood out: • *"This makes me so proud to be a nurse. I trained at Freedom Fields and Derriford and am still nursing 30 yrs on. Am now at The Royal Marsden, I would be really interested to talk to you about this Ali Griffiths if someone could pass this on!"* • *"It's a wonderful idea for all of us that have been through a bereavement especially losing a loved one in an hospital environment perhaps they can also do one similar for babies and children you are a very special lady much love xxx"* • *"Wish she had been around then, the "plastic bag" held my partners comb, pyjamas, a piece of paper with telephone no's on (no mobiles in 1990) toiletries and 1 slipper they had lost the other one!!!"* • *"What a great thing to come out of your sad experience. This will certainly change how I present belongings to bereaved people from now on."* Although the number of complaints received is very low, how an organisation manages the property of a deceased patient has a significant impact on the bereaved relatives, which is shown below in one of our complaints. *'All her property had been piled high on the chair & it looked like everything had been dumped in the room'.*

What Makes Us Special?

We believe this project stands out above others and demonstrates the care and compassion the Trust has committed to deliver following a patient's death. It offers families and relatives the opportunity to collect their loved one's belongings whilst maintaining a sense of dignity and respect during what may be a very distressing time for them. It is also felt that by presenting loved ones belongings in this way it is like receiving a gift, that gift being the precious memories of your loved one. It is also a stand out message that says although your loved ones journey with us has come to an end we still care about your emotional journey as your grief begins.

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PEN National Awards 2017

Re:thinking the experience

Plymouth Hospitals NHS Trust

Empowering Care in Partnership: #letsbeopen Campaign

Categories

Strengthening the Foundation & Turning it Around When it Goes Wrong



Organisation

Plymouth Hospitals NHS Trust is the largest hospital in the South West Peninsula, providing comprehensive secondary and tertiary healthcare and we are the region's major trauma centre. We offer a full range of general hospital services to around 450,000 people in Plymouth, North and East Cornwall and South and West Devon, including maternity services, paediatrics and a full range of diagnostic, medical and surgical sub-specialties. The population is characterised by its diversity – the rural and the urban, the wealthy and pockets of deprivation, and wide variance in health and life expectancy. The proportion of our population aged 85 or over is growing ahead of the national average by approximately 10 years, giving Plymouth the opportunity to innovate on behalf the nation in services for the elderly. We work within a network of other hospitals to offer a range of specialist services. The Trust has an integrated Ministry of Defence Hospital Unit which has a staff of approximately 250 military personnel who work within a variety of posts from lead doctors to trainee medical assistants. Developmental services for young children are provided at the Child Development Centre with close partnership working between Plymouth Hospitals NHS Trust, primary care and Plymouth City Council.

Summary

Having a loved one in hospital can be a really worrying time, for the patient and their loved ones, to then be told that visiting times are restricted can further increase that anxiety. This initiative has had multiple benefits; it enhances recovery, improves communication between relatives/carers and our staff and it allows the person who knows the most about them, to be with them, thus aiding a more positive overall experience. Understandably, there were some concerns. But through regular discussions, working with colleagues and seeking feedback, which helped shape the development and implementation of our Visitors' Charter, we were able to address these. #letsbeopen meant we went from: *'@Derriford_Hosp disgusting go to say goodbye to grandma for the last time & get told to leave as its not visiting hours I live 5 hours away.'* To *'My grandad passed away but the change in visiting hours allowed his grandchildren to spend time over the last week of his life saying goodbye and giving him comfort. Time is the most precious gift you can give anyone.'*

Impact

More than 160 comments were received before and after the launch, from our social media accounts, in person, via email and also via a feedback form we created on the Trust website, which users could comment on anonymously. The majority of the positive comments were around the flexibility the new times offered to loved ones; allowing them to not only see their relatives at times that worked around busy lives but also it allowed more opportunities to see medical and nursing staff, provide help where possible but most importantly of all, it gave family members time with their loved one that they wouldn't have had before. Comments included: 'The extended opening hours allowed me to spend lots of time with my Nan in the week she was in Derriford before she passed away. I am eternally grateful for that. "Yes, being a young adult and not particularly liking being in hospital, also never having been admitted until this year, the new visiting hours definitely make my stay easier to cope with. "Having relatives present anytime of the day is good, especially for the patient's peace of mind. On the unit I work I have found their presence valuable.' To measure the impact of #letsbeopen we looked at some of the key areas we knew were important to our target audience and/or had been raised as an initial concern. We identified: Better communication. The number of enquiries from patients and families relating to 'communications' during August – December 2016 reduced by nearly 50% in comparison with the same period in 2015. Improved patient experience. There was a marked improvement in the response rate for the Inpatient FFT, with a 35% increase between Aug 2016 (45.4%) and Aug 2015 (33.8%). The percentage of inpatients recommending Plymouth Hospitals increased from 94.9% (Aug 2015) to 96.7% (Aug 2016). There was a rise in compliments received Aug–Dec 2016, compared to the same period in 2015. Staff support. In March 2017, 7 months after #letsbeopen launched, we surveyed ward managers. 73.3% said the changes had been positive and 66.7% reported feeling supported by the Visitors' Charter.

What Makes Us Special?

The initiative was special for many reasons: • The idea of introducing came from one of our nursing colleagues; • She had already trialled on her ward and found it to be a success; • #letsbeopen is an example of how joint working between communications and nursing can really make a difference to the quality of our patient's care; • We listened and took on board concerns and shaped the Visitors' Charter accordingly; • The feedback from families and patients tells us that it has really made a difference, as well as the rise in compliments and the fall in complaints about 'communications'

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PEN National Awards 2017

Re:thinking the experience

Plymouth Hospitals NHS Trust

Healthy Bones Mobile Service

Category

Bringing Patient Experience Closer to Home



Organisation

Plymouth Hospitals NHS Trust is the largest hospital in the South West Peninsula, providing comprehensive secondary and tertiary healthcare and we are the region's major trauma centre. We offer a full range of general hospital services to around 450,000 people in Plymouth, North and East Cornwall and South and West Devon, including maternity services, paediatrics and a full range of diagnostic, medical and surgical sub-specialties. The population is diverse – the rural and the urban, the wealthy and pockets of deprivation, and wide variance in health and life expectancy. The proportion of our population aged 85 or over is growing ahead of the national average by approx 10 years. We work within a network of other hospitals to offer a range of specialist services. See previous entries for more details.

Summary

The Healthy Bones Service brings essential osteoporosis assessment outlying areas via mobile bone density scans (DXA) in our bespoke lorry. These scans evidence treatment to prevent fragility fractures, keep patients out of hospital and continuing to enjoy their daily activities, and reduce mortality. The first of three mobile NHS DXA services nationally to be successfully integrated as part of a commissioned DXA service, the mobile unit covers an area of 2500 square miles representing the 25% of our population with poorer transport links to Derriford Hospital. Funded by commissioned tariff the service remains flexible to ensure cost effectiveness and sustainability and is clinically and operationally led by a Consultant Radiographer ensuring high clinical standards are maintained across the whole service. Since launching in 2010; over 5500 scans have been performed, at 5 host locations. This has resulted in: • Reduced environmental impact of journeys to Plymouth; • Reduced patient travel times; • Improved attendance; • Reduced patients anxiety; • Improved access to assessment and treatment; • Reduction in preventable fractures. We are proud that our model has been influential in the development of other mobile DXA services in remote areas like NHS Grampian which now serves Orkney and Shetland with a service similar to ours.

Impact

1) Number of patients scanned: Main project goal. There has been a significant increase in patients accessing DXA scans with direct correlation to the launch of the mobile DXA service. Growth continues with more than double the patients being seen across the whole service in 2016/17 than in 2008/09. **2008/09** Total Patients Scanned = 1551, Mobile Scans Performed = 0 **2016/17** Total Patients Scanned = 3428, Mobile Scans Performed = 642 = 18.7% of total patients; Projected **2017/18** Total Patients Scanned = 3665, Mobile Scans Performed = 877 = 24.2% of total. 2) Number of failed attendances (DNA): Chosen as a guide to ease of access and patient choice for location. DNA rates have reduced, from an estimated 7% to less than 1% in this current financial year. Reflects increased patient choice about appointment time and location, reduced waiting times and a more personal appointing system. 3) Scan quality: Introduction of peer review audit across all scan sites in second half of 2010 demonstrated no difference in quality of the scans provided at our main hospital site or on the mobile scanner. 4) Feedback: Chosen as the patients' own opinion is as valuable a metric as the number of scans we perform. If we are not getting it right for our patients', the rest is irrelevant. - Without exception, patients prefer to be seen at their community hospital or GP practice and feedback via routine audit demonstrated that 97% of felt that the mobile service was Excellent or very good. Patients say: • 'Excellent service on the mobile unit'; • 'I was particularly grateful to have the scan at Kingsbridge instead of Derriford'; • 'I was a real advantage to be able to go to the mobile unit instead of having to go to Derriford'; • 'I was very pleased to go to my community hospital for this scan rather than Plymouth'

What Makes Us Special?

This service stands out as only one of three nationally to take part of the service's regular activity on the road to meet with patients in their own community. We have also been able to collaborate with a GP practice to provide our scans in a setting not normally associated with this activity. It would never be cost effective for each of the community hospitals to have a DXA scanner at each location and the quality of the measurements may be compromised also if this were the case. By providing the service from one quality assured point we really are extending our service beyond the confines of easy travel to the main hospital site. We are very proud that in terms of quality assurance and scan measurement precision it makes no difference if a patient is seen at the main hospital site for their scan or on the mobile; the quality is the same. Key to our success is collaboration with our hosts, leadership, having robust systems in place to ensure mobile service delivery compares to standard service delivery.

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PEN National Awards 2017

Re:thinking the experience

Plymouth Hospitals NHS Trust

Patient Diaries in Intensive Care

Category

Personalisation of Care

Plymouth Hospitals 
NHS Trust

Organisation

Plymouth Hospitals NHS Trust is the largest hospital in the South West Peninsula, providing comprehensive secondary and tertiary healthcare and we are the region's major trauma centre. We offer a full range of general hospital services to around 450,000 people in Plymouth, North and East Cornwall and South and West Devon, including maternity services, paediatrics and a full range of diagnostic, medical and surgical sub-specialties. The population is diverse – the rural and the urban, the wealthy and pockets of deprivation, and wide variance in health and life expectancy. The proportion of our population aged 85 or over is growing ahead of the national average by approx 10 years. We work within a network of other hospitals to offer a range of specialist services. See previous entries for more details.

Summary

Intensive care patients frequently experience memory loss, nightmares and delusional memories. Some may also develop symptoms of anxiety, depression and post-traumatic stress disorder (PTSD). The use of Patient Diaries in this population has emerged as a valuable tool to fill in memory gaps and to promote psychological recovery. Majority of reported diary usage has been within Europe, however there is little evidence of use of diaries as standard practice within the UK. Following publication of the 'Rehabilitation after Critical Illness' NICE Guidelines, it recommended services should be developed to meet the psychological care needs of patients following critical illness. In December 2016, our ICU introduced Patient Diaries following a 3-month trial. It was recognised we needed to try and reduce the impact of psychological trauma following a stay in ICU. Diaries offer a simple yet very effective way of helping patients understand and come to terms with what has happened to them whilst they have been critically-ill. Equipping patients with a better understanding of what has happened to them whilst in ICU may help them to set realistic goals for recovery and minimise the risk of adverse long-term problems.

- NICE (2009) Rehabilitation after Critical Illness. (CG83) www.nice.org.uk/CG83

Impact

Diaries have been shown to be hugely beneficial, not only in helping to aid the patient's experience but also to improve the psychological health of these patients and their families. We have received an enormous amount of positive patient feedback regarding these diaries. One patient has described it as a 'gift' and another 'invaluable to their recovery'. Another patient also wrote the following on the back of his PTSS-14 questionnaire: 'addressed my needs as a patient. In particular I and my family have been impressed beyond belief at the introduction of a daily diary with very endearing and real testaments and daily comments on my progress and care'. Following the introduction of a Clinical Psychologist to the unit in May 2017, patients that trigger as showing signs of psychological issues following their stay in ICU are invited to a follow-up clinic to be reviewed. Part of the process of treating patients that have undergone psychological trauma includes allowing that person to reprocess or revisit the traumatic event/experience over and over again. ICU patients often report feeling 'out of control'. The diary provides a trauma narrative; it provides them with information about what happened and allows the person to go back to that particular 'traumatic experience'. Consequently, it has helped patients to feel in control of that experience again. Lots of different people write in the diary (healthcare professionals and family) which helps to give the diary grounding allowing patients to process the truth. Currently we have very little quantitative data regarding usage/outcome we only have qualitative feedback. This is something that we are looking to measure.

What Makes Us Special?

We believe this project stands out above others as it demonstrates the care and compassion the Trust has committed to deliver to a patient and their loved one. It had also been shown to be hugely beneficial to nursing staff as it helps them reflect upon their shift. It offers a medium for those patients and families who often find it difficult to verbally communicate their thoughts and feelings during a time of increase anxiety. It also provides them with a document that they can use to reflect back on and see how far they have progressed. They also provide a source of comfort for the bereaved allowing them the information to process what had happened. Diaries provide a written narrative which represents the reality of care. Not many documents provide a space where patients and their loved ones can write down their own thoughts and fears as well as reflecting on their own experiences. Observing and communicating the intense personal experience of critical illness has been shown to have enormous benefits for both the patient and their loved ones. Patient and relative feedback about the initiative has been fundamental in driving this initiative forward as we have been able to see first-hand the difference that they can make.

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PEN National Awards 2017

Re:thinking the experience

Plymouth Hospitals NHS Trust

Providing Patients, Visitors and Staff with More Choice for Hearing Services

Category

Communicating Effectively with Patients and Families



Organisation

Plymouth Hospitals NHS Trust is the largest hospital in the South West Peninsula, providing comprehensive secondary and tertiary healthcare and we are the region's major trauma centre. We offer a full range of general hospital services to around 450,000 people in Plymouth, North and East Cornwall and South and West Devon, including maternity services, paediatrics and a full range of diagnostic, medical and surgical sub-specialties. The population is diverse – the rural and the urban, the wealthy and pockets of deprivation, and wide variance in health and life expectancy. See previous entries for more details.

Summary

The importance of effective communication cannot be underestimated and we are very proud to be working with SignLive a company who provide online video British Sign Language (BSL) interpreters through an app on iPads accessed via Wi-Fi throughout our hospital. This new system has enabled us to provide our patients and staff with more choice for hearing services and solutions for our deaf patients. The benefits to patients and clinicians has been overwhelmingly clear and ensured we are providing improved access to a quick and immediate BSL interpreter. Deaf patients can attend their appointments without having to wait for the availability of a face-to-face interpreter and are able to sign up for SignLive free of charge in order telephone the hospital to book cancel or amend their appointments independently. If a deaf patient presents at the ED, this can be a very worrying and frightening time and it is not always possible to have an interpreter immediately available to them. The introduction of SignLive means that our clinical teams can easily communicate direct with the patient, previously staff have relied on a relative or friend, which is not always appropriate.

Impact

By introducing SignLive, we have been able to provide our patients and staff with access to a quick and immediate resource, as well as providing options for them to choose a service that is suitable and meets their needs. Some patients will still prefer to have a face-to-face interpreter to accompany them at their appointment which is to be expected and supported. There will be occasions when only a face-to-face interpreter will be appropriate, for example when breaking bad news or seeking consent for an operation. Not just patients can benefit from SignLive, visitors to the Trust who might wish to give feedback or raise a concern can use this tool in the Welcome Centre, in the main entrance of the hospital and it is also helping to improve the lives of our staff too. The feedback from our clinicians who have used this service has been very positive and we continue to monitor and review its progress. Period 4/16 to 3/17: 404 booking requests made, 49 could not be filled. For the period 4/17: 216 requests and of those 46 we were unable to fill. Since the go live of SignLive in September 2017 the system has been used for over 61 times for planned and non-planned activity as follows: Sept = 11; Oct = 19; Nov = 31. Monthly usage has increased significantly: No. of Hrs/Mins Used Sept = 3:09; Oct = 4:07; Nov = 10:34. It is anticipated the number of failed booking requests will fall further; ensuring a deaf patient's appointment will not need to be cancelled. Coming to hospital can be an anxious time and to have to rearrange their appointment can cause more distress and a further wait time for them. The system works by providing a monthly minute's package similar to a mobile telephone contract which the hospital pays for. Amanda Holland, a Clerical Officer at the Trust, has been using SignLive in the workplace since earlier this year, and feels it has made a massive difference to her. *"I started using SignLive earlier this year to help with one to one meetings, team meetings, as well as training. It has had a huge impact and has given me much great flexibility, both for holding meetings and also for training too. I can now book onto a training course rather than wait several weeks to arrange for an interpreter."*

What Makes Us Special?

The benefits of SignLive clearly speak for themselves, for patients, visitors and staff. At the very first meeting with SignLive, Amanda was asked attend with no time to prepare. She was introduced to Joel and they began to sign to one another, the team were visibly moved to see her reaction to the technology being presented. The process for accessing the service for our member of staff was explained and an application was made through the Access to Work funding to use SignLive, the application was successful and she is now able to easily communicate with her colleagues, which has transformed her working environment. Amanda had always previously needed a face-to-face interpreter to attend for her 1:1 and team meetings, but since she started using SignLive, it's had a huge impact and has provided her with great flexibility at work. She is now able to dial in and use the interpreters to chat with her colleagues, something she was never able to do before.

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PEN National Awards 2017

Re:thinking the experience

PPL & West London Clinical Commissioning Group

West London – My Care, My Way Learning Labs



West London

Clinical Commissioning Group

Category

Commissioning for Patient Experience & Using Insight for Improvement (Other NHS Funded)

Organisation

PPL is an award-winning healthcare specialist management consultancy, working on practical projects that promote health, wellbeing and economic success across the UK. We are based in London and have around 25 staff. Innovation Unit (IU) is a social enterprise that grows new solutions to complex social challenges. By making innovation happen they help create a world where more people belong and contribute to thriving societies. IU has offices in London and Australia.

West London Clinical Commissioning Group (CCG) was established in April 2013 under the Health and Social Care Act 2012. It is made up of 45 GP member practices that in 2016/17 served an estimated registered patient population of 245,315 and is responsible for planning and buying (commissioning) health services for the people living in the Royal Borough of Kensington and Chelsea and the Queen's Park and Paddington area of Westminster. In 2016 West London CCG joined with Kensington & Chelsea Council, Westminster City Council and other local partners to look at what they wanted to do to make positive change happen, and feed this into the wider NW London Sustainability and Transformation Plan (STP). The STP which covers the eight boroughs in NW London takes its starting point from the national NHS Five Year Forward View strategy and translates it for our local situation

Summary

My Care, My Way (MCMW) represents a radical shift from reactive, hospital-based service provision to a proactive holistic model. West London CCG made a significant investment in the programme, but found a mismatch between its ambition and vision and the level of ownership, staff motivation and relationships on the ground. PPL with Innovation Unit facilitated a 3-month 'innovate & scale' approach to: 1) co-produce an improved operating model based on staff-led rapid design, testing and learning; and 2) create an on-going culture of continuous improvement. The programme set the foundation for scaling up the programme. Specifically, we have:

- Secured buy-in to proposed changes with over 100 staff across 5 organisations;
- Tested and embedded practical changes to improve the working culture and ways of working across 9 practice teams and the 4,475 people they serve;
- Created a MCMW 'Quick Guide', which outlines roles, responsibilities and interfaces;
- Strengthened the investment case to further develop the model from older people to whole population (267,000) in 2018-2020.

Key to success was effective communication of the changes & of what staff need to do differently to deliver better care. We reflected on lessons learned throughout, which was used to improve the service model.

Impact

Despite tight timescales, small budgets, and the large number and complex set of stakeholders, organisations and challenges, the project kept to plan and we effectively engaged a wide group of people involved in making changes happen on the ground. The most important achievements were:

- Developing a patient facing anticipatory care plan – to reduce unnecessary hospital visits;
- Broadening case finding beyond using the Electronic Frailty Index to working with other services, e. g. social care – to identify people's needs proactively;
- Developing an outline for mental health training and development needs – to ensure MCMW staff have a broader range of skills;
- Sharing patient lists with adult social care – to plan and deliver care holistically;
- Introducing virtual appointments to get the most of geriatrician time – to ensure people benefit from specialist's input;
- Improving joint working with mental health teams through virtual Multi Disciplinary Team meetings (MDTs) & attending weekly MDTs – equally taking into account physical & mental health needs

What Makes Us Special?

The most innovative and key element of our approach was the Learning Labs (LL), which we established within each of the 9 practice groups. Through fortnightly cycles of planning, action and reflection, the practice teams discussed and developed practical responses to complex challenges, building on local learning and evidence of what works elsewhere. The LL approach was based around 5 core methodological principles:

- create real world learning opportunities by asking people to try things out in their day to day practice;
- support professionals to learn from and with each other by creating regular space for collective challenge and reflection;
- create an engaged audience for practice teams by asking them to present their findings to the leadership forum;
- focus on improving patient outcomes by developing personas and collecting patient stories to inform experiments;
- designed to be the coolest party in town - energetic, dynamic and fun!

LLs are a safe space - practice teams were able to step out of their comfort zone, ask difficult questions and take manageable risks. Strength was a shared focus on improving outcomes: we did not simply analyse the problem & develop a solution, we harnessed the value of innovation & practical implementation to drive real impact within health & care.

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PEN National Awards 2017

Re:thinking the experience

Public Health Wales

Listening and Learning from Children and Young People

Category

Championing the Public



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Organisation

Public Health Wales is the national public health agency in Wales and exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales. We are part of the NHS and report to the Welsh Government Cabinet Secretary for Health and Social Services. With a strong Board, 1,700 staff and a budget of £106 million, the organisation employs the majority of the specialist public health resource in Wales. We provide advice, expertise and specialist services to Welsh Government (working across departments), the 7 health boards, 2 NHS Trusts, 22 local authorities, other agencies and to the population of Wales. We provide the public health knowledge, scientific expertise and intelligence to lead transformational change and to drive a focus on ensuring that we deliver tangible improvements in health and wellbeing outcomes and reduce health inequalities in Wales. Health and local government are among the devolved areas in Wales so, working nationally and locally, Public Health Wales has access to both policy levers and local delivery systems by working closely with our partners.

Summary

It was recognised by Public Health Wales that we did little to engage with children and young people; we needed to involve them in the work we do and gain their views on what we should be doing to impact on their future. This is particularly pertinent in Wales with the Well-being of Future Generations (Wales) Act 2015 which requires public sector bodies to think about the long-term impact of their decisions and how they work with people & communities sustainably. We worked with an organisation 'Children in Wales' to identify a group of young people from across Wales to come together and write a children and young person's Annual Quality Statement. This is an annual document for the public setting out the work we do, what has gone well and what improvements are required. The CYP enjoyed the workshop so much that they requested a Children and Young Person's Summit was held to consider public health issues across Wales. The Summit was planned, Chaired and facilitated by young people and attracted over 70 children and young people ranging from 8 to 26 years from across Wales. The feedback was extremely positive with the children and young people gaining agreement from Public Health Wales that the event would become an annual occurrence.

Impact

Impact/Difference made: • Children and young people felt that they were listened to; • They felt empowered to plan and facilitate a Young Person's Summit that included inviting the Public Health, The Children's Commission for Wales, The Well-being of Future Generations Commissioner and the Public Health Wales Chief Executive all of whom attended and supported the Young Persons Summit; • Contributed to Public Health Wales' 10 year vision 2018-2028

Success Measures: • First ever Children and Young Persons Annual Quality Statement produced and published; • Children and Young Persons planning group established and agenda planned by the children and young people; • Children and Young Persons Summit held with attendees from across Wales; • A mechanism agreed to continue engagement with the children and young people.

Results/Outcomes achieved: • Writing, editing and production of a CYP Annual Quality Statement. <http://www.wales.nhs.uk/sitesplus/documents/888/PHW%20Youth%20AQS%20Supp%20English%200517.pdf> • Youth Summit held - over 70 children and young people from 8 to 26 years attended from across Wales; • The Youth Summit, planned, delivered, Chaired and evaluated by young people; • Agreement by Public Health Wales that the Youth Summit will become an annual event for CYP to interact and contribute to the public health agenda; • Creation of an all Wales Young Persons Advisory Group which meets at least 3 times a year and reports directly to the Executive Team; • Control of organisational social media handed over to Children and Young people during the Youth Summit event.

What Makes Us Special?

The main factor that makes this initiative stand out is enabling children and young people to take control of the planning, delivery and outcome of a document and event that will help influence their future health and wellbeing. The key elements that contributed to the success were: • Working with partners such as 'Children in Wales' to facilitate children and young peoples' involvement from across Wales; • Enabling the children and young people to write, edit and produce the Annual Quality Statement by providing them the tools, skills and environment to enable this to happen; • Having the support of the Executive Team and the Board; • Listening to the children and young people who asked for a Youth Summit; • Enabling them to plan, facilitate & Chair the event; • Delivering on request for an annual event & ongoing involvement.

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PEN National Awards 2017

Re:thinking the experience

Purple Rainbow Supporting Pancreatic Cancer UK

Purple Rainbow Pancreatic Cancer Stories



Category

Access to Information & Using Insight for Improvement (Outstanding Contribution)

Organisation

Purple Rainbow has been set up to raise awareness and funds for Pancreatic Cancer UK. It is led by Lesley Goodburn whose husband Seth died from pancreatic cancer in June 2014. Seth died 33 short and heart breaking days after his diagnosis and Lesley promised Seth that she would share their story to raise awareness and funds but also to campaign for change. Lesley is supported in her Purple Rainbow Work by many people including friends, colleagues and often strangers who give time and support freely to raise funds and awareness.

Summary

November is pancreatic cancer awareness month, pancreatic cancer has dreadful statistics and to help the wider public to understand the emotional and physical impact of the disease a social media campaign was launched. <https://www.pancreaticcancer.org.uk/fundraising-and-events/pancreatic-cancer-awareness-month-2017/> Each day throughout November a short digital story was published on social media, each day had a different story told by a patient, family member who had lost a loved one, professionals and supporters. The films shared an emotional and personal story that explained the impact of the disease and covered signs and symptoms of the disease as well of the heartbreak of loss, the challenges of survival and the dedication of professionals who support people with this disease. The project was developed by Lesley a patient leader who worked with the storytellers to write their story, and then identify photographs that would represent the story visually and then finally working with filmmaker who gave his time freely to develop the film. This project was entirely led by a patient leader to improve the experiences for people affected by pancreatic cancer.

Impact

The campaign has achieved 236,000 impressions on Twitter with over 4000 views of the films and this combined with the activity on Facebook has resulted in over 7000 views of the films. That includes the statistics up until 28th November as the campaign is still underway and will continue to accrue statistics. There have also been over 500 impressions on the Purple Rainbow website. We also used Instagram however this did not support the full length of the films and was used to signpost to other media. Evaluation against the aims of the project will be undertaken over the coming weeks and an initial set of surveys results in acted in the documentation to give a flavour of the impact on participants and non-related people who viewed the films through social media. The films and their message have created a community of practice with people interested in the content and people talk of *"feeling like a member of a conceptual pancreatic cancer club"*. The results of the limited evaluation show that people are more aware of the signs and symptoms of the disease and this also the case for people who have survived the disease who have learned from hearing others experiences of depression, lethargy and living with type three diabetes after losing their pancreas to surgery. All free text comments from Facebook and twitter are currently being collated however they are positive an example of one is listed below it relates to the story Grey Hairs. *"I know face book is full of cancer and other heart-breaking stories. It seems harsh to skim over them. . . but sure we are all guilty of this. November is Pancreatic awareness month. This silent cancer can hit young and old with limited symptoms. The attached blog is from the surgeon who diagnosed and treated my Dad. His passion made such a difference to my Dad and his 3 year survivorship. Not many achieve. . . this milestone. Please take time to watch and be aware of the very few symptoms."* The limited evaluation so far suggest that all of the aims are being met with the exception of improving the experience of pancreatic cancer patients and their families and it is too early in the campaign to assess the impact and develop measurements.

What Makes Us Special?

This project was initiated by person with lived experience of the disease and was undertaken on voluntary basis and received no funding. The campaign has maintained the momentum across 30 days of awareness raising and encouraged people to more curious about the stories by giving them titles that don't really tell you what the story will be about. This has been an initiative led by patient leader working patients, staff and people who have lost loved ones to the disease, a person working with people rather than an organisation working with people. The approach using storytelling and pictorial representations meant that I would work with people across the whole the country and people could record third own satires using the choice recorder on a smart phone and this could all be pulled together remotely and published. Taking the approach of publishing a mix of stories across the thirty days, with stories of loss, treatment, survival interspersed with stories from professionals and charity supporters.

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PEN National Awards 2017

Re:thinking the experience

Sandwell and West Birmingham Hospitals NHS Trust

The Triple "D" Team and Pathway - Meeting the Needs of Patients with Dementia, Delirium and Distress

Category

Personalisation of Care

Sandwell and West Birmingham Hospitals 
NHS Trust



Organisation

Sandwell and West Birmingham Hospitals NHS Trust is a provider of both acute hospital and community services for the people of West Birmingham and across six towns in Sandwell, serving a population of around half a million people. Services are provided from two main acute locations, City Hospital (to the West of Birmingham) and Sandwell General Hospital. On the City Hospital site there is also the Birmingham Treatment Centre (BTC) and a Birmingham Midland Eye Centre (BMEC). The trust also provides community services to include Adult services, End of life care, Inpatient services at Rowley Regis Hospital and Children and Young people services. There are approximately 7,500 employees.

Summary

Through listening to experiences of patients, carers and staff it was recognised that patients with cognitive impairment due to Dementia, Delirium or Learning Disabilities experience high levels of distress during admission to hospital. Risks are routinely identified during admission, but with this specific patient group, through patient centred care and assessment, if staff work to identify and address NEED, distress is dramatically reduced and therefore so is risk. In most instances, meeting a need will avoid a risk developing. Therefore, a Dementia, Delirium and Distress pathway and clinical multidisciplinary team, the Triple D Team, were developed. The purpose was to embed a compassionate and person centred approach to managing distress based on holistic need, not diagnosis. This unique and pioneering and person centred teams approach to assessment is not just changing a process but changing a culture. Through role modelling and educating care teams, the Triple D Team are supporting staff to approach patients previously recognised as presenting with 'challenging behaviour' with compassion and in collaboration with their carers, as they now see a patient in distress which they strive to reduce through patient centred care plans and therapeutic activity. Their on going work is increasing patient & carer satisfaction and achieving positive outcomes for patients with their sense of self at the heart of their care.

Impact

The objectives of the team and pathway are: • Improve patient experience through holistic assessment and promotion of patient centred care; • Reduce length of stay; • Avoid delayed discharge; • Proactively aim to get patients back to their address on admission; • Provide a 'Dementia Friendly Environment'; • Increase carer involvement; • Reduce the number of bed moves of patients living with dementia and learning disabilities; • Improve the management of challenging behaviour. Qualitative and quantitative data is gathered monthly by the team through assessment and patient and family feedback. Approximately 120 patients are assessed by the team monthly, referrals are both proactive and reactive. The team has achieved the 100% target that all referrals are seen within 2 working days. Approx 85 patients are commenced on the Triple D pathway monthly and, due to daily ward rounds completed by the team within the trusts AMU's, we have seen a reduction in bed moves as we are able to signpost them to the appropriate wards. Since April 2017, we have reduced the amount of bank/agency used for 1:1 care by 85%, this evidences a decrease in challenging behaviour. Anecdotally, staff have reported increased moral and confidence when working with patients from these client groups. Family and carer feedback has been phenomenal, families have reported that their experience has been enhanced and often is detrimental in the care. The team have been actively involved in getting patients back to their home environment.

What Makes Us Special?

This way of working is pioneering and unique. I feel that the work this team are doing around culture is paramount in improving patient experience for all of our patients across the trust. If we can get patient centred care right for this patient group we can get it right for everyone. The two main aspects of this initiative that are unique to our Trust are firstly, the emphasis on distress, and secondly, the emphasis on need. Care staff often describe behaviours of distress as 'challenging behaviours'. Nursing teams can often feel ill equipped to meet the needs of these patients and in turn, avoid giving their personal care and sadly, perceive them with a judgemental attitude. Educating staff to recognise these challenging behaviours as symptoms of distress develops an approach of compassion. As nurses we feel confident to comfort others and ease their distress, this term alone can eradicate unconscious bias from the staff. The emphasis on need rather than risk or diagnosis ensures that all patients who require this support receive it from the start of their admission. A service based on risk or diagnosis often leads to formatted care plans that are not person centred. Emphasis on distress and need puts the patient at the very centre and engages staff more in delivering exceptional care.

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PEN National Awards 2017

Re:thinking the experience

South Devon and Torbay Clinical Commissioning Group - Northern, Eastern and Western Devon Clinical Commissioning Group "Yellow Card"



South Devon and Torbay
Clinical Commissioning Group

Category

Commissioning for Patient Experience

Organisation

South Devon and Torbay Clinical Commissioning Group and Northern, Eastern and Western Devon Clinical Commissioning Group are the 2 NHS commissioning organisations for the county of Devon responsible for commissioning health services for a population of over 1 million people. Located in Devon both organisations are responsible for commissioning services for both rural and urban populations including 2 cities, Exeter and Plymouth and major towns such as Torquay. A combined staff base of nearly 700 employees in bases all over Devon we have specific challenges to commissioning health services for the population, challenges include areas of rurality, significant deprivation and a huge increase in population during summer months. We have 4 acute hospitals, one ambulance service and 2 main mental health providers for the population. The two CCG teams for nursing and quality are working as one team to ensure that all aspects of quality assurance namely, safety, clinical effectiveness, experience, and risk is managed once effectively across the system.

Summary

'Yellow Card' is an innovative approach to solving the problem of seeking feedback from healthcare professionals about where they continue to experience poor systems or processes that impact on their ability to carry out their role fully. It is a simple electronic online form located on the CCG's public website. It has been adopted by all providers in South Devon and Torbay area & in 2016/17 has seen a 150% increase in the number of submitted compared to the previous year. Feedback from HCP's is that it is easy to use, responsive and they can see change happen as a result. The system does not cost anything for providers to use, requires no installation and is managed in house by the CCG meaning that it is sustainable and expandable as required and is able to respond quickly and easily. Following a very successful implementation in South Devon and Torbay, it is now being rolled out across the rest of Devon at pace, and because it requires no installation and minimal training to use it, initiation in new areas can be very quick, within 4 weeks we already have expanded usage to 6 new providers in wider Devon. Learning is shared via the CCG's quality committee and direct with providers via Contract Review Meetings as well as a quarterly newsletter. The simplicity of the system and the fact that real improvement can be demonstrated has been key to its success and the effective implementation of wider roll out.

Impact

We wanted to ensure that feedback received via Yellow Card was themed in the same way as other feedback to enable us to establish key subject areas, we used the Department of Health Domains of Safe, High Quality Care, Information Communication and Choice, Building Relationships, Clean, Safe Place to Be and Access and Waiting to theme each Yellow Card by. This enabled us to triangulate feedback received via other means such as complaints to understand system pressures more widely. This was demonstrated well when we started receiving Yellow Cards from GPs about patients who were telling them of problems arranging appointments for community physiotherapy, GPs explained that patient were telling them that they could not book appointments either online or by telephone within the advertised 3 days, this was impacting on general practice because patients were using a GP appointment to try and seek an alternative solution and clearly impacting on patients not only in their experience but also potentially safety. With Yellow Cards being submitted, complaints and PALS cases and a serious incident we were able to establish that there was clearly a problem, presenting evidence to the physiotherapy provider from difference sources demonstrated the system wide impact that the problems had and helped in seeking a resolution to the problem. A change to the physiotherapy service was made which solved the problem and meant that we were able to go back to Yellow Card submitters and demonstrate service change as a result. We have received positive Yellow Cards now highlighting the much improved position within Physiotherapy services.

What Makes Us Special?

This initiative has been successful for many reasons, from the start we worked with providers to understand what would work for them so as not to unduly increase workload. We made the form easy and simple to use whilst at the same time capturing the essential information we needed. The team managing the system are responsive to feedback and issues that may arise with the use of Yellow Card. It is free to use, requires no installation, no password, no special equipment so we have removed many of the barriers that could have existed to prevent its use and further roll out. We offer face to face training & support for its use which is invaluable to providers seeking to use Yellow Card within their organisation.

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PEN National Awards 2017

Re:thinking the experience

South Staffordshire & Shropshire Healthcare NHS Foundation Trust

Service User Involvement and Empowerment in Acute Mental Health and Forensic Services

Categories

Championing the Public & Turning it Around When it Goes Wrong



South Staffordshire and
Shropshire Healthcare
NHS Foundation Trust

Organisation

Our Trust provides mental health, learning disability and children and family services across South Staffordshire, Shropshire and Telford and Wrekin. We have over 350 in patient beds and a broad range of community services such as crisis resolution and home treatment, early intervention and memory services, specialist mother and baby, eating disorder and medium secure forensic mental health services. We care for service users from across the region and we have contracts across the country for IAPT, addiction and some health services in prisons as well as hosting a network for in-patient mental health care for serving military personnel. Our 3,500 staff serve a local population of 1.1m in Shropshire and South Staffordshire, and within a range of services based from Leeds to the Isle of Wight and Liverpool to Cambridge.

Summary

There are often barriers to involvement, particularly in acute/forensic mental health services. We relied on staff to promote involvement and equip people with the skills they required; service users felt uncertain, the resultant effect being that people did not opt in. To break down these barriers, a role was created for a Service Improvement Peer Worker (SIPW) who was employed as a member of staff to design and deliver training for staff and service users on all aspects of involvement. A further role was then developed for a Forensic Involvement Representative to ensure involvement of this hard to reach group, who designed training packages for forensic service users via co-produced modules. Through these sessions he was able to share this learning with his peers on the forensic units, encouraging others to become involved in shaping our services. The involvement training has been extremely successful; staff attendees have now been identified as patient experience champions within their own areas of work and there is an increased bank of involvement service user representatives who have gone on to make some real, tangible improvements, e.g. improvements to the environment, hobbies and interest groups being established, breaking down of barriers and stigma around forensics/mental health.

Impact

Over 50 people completed the training over the last 12 months – more than half of these attendees were service users /carers. We measured the success of the training by collecting feedback on the courses which has been extremely positive. 8 new people have been identified to carry out Patient Led Assessments of the Care Environment (PLACE) inspections and are supported throughout this process by the peer support worker roles – staff/service users were better engaged with the inspections and the PLACE score for the Trust improved. Staff patient experience champions have been identified to promote involvement in Trust activities, to identify any opportunities in their own areas of work for improvement and to identify any service users/carers who may be at a point in their recovery where they are willing to engage further with the Trust. We now have 71 involvement representatives on our database taking part in a variety of activities, e.g. sitting on interview panels, reviewing literature, policy/strategy development, taking part in PLACE assessments, chairing forums etc. The Peer Worker became a trainer in the Recovery College (a recovery-focussed education and training college which runs a number of co-produced and co-delivered courses which are open to all). The Forensic Rep became an involvement representative for community meetings and as a direct result, improvements were made to the ward environment, has delivered presentations to over 160 people. He has also been instrumental in developing a reach out model of the Recovery College for service users not able to access the mainstream Recovery College.

What Makes Us Special?

Engaging people within adult mental health and forensic mental health units can be challenging for a number of reasons. People on these units are often under represented due to these issues and yet often are the people who need their voices to be heard most. This initiative was led by a SIPW recruited to work as a member of staff within the Involvement and Experience Team, providing hands-on lived experience - this initiative demonstrates true co-production. The Peer Worker provided continued support and training and developed his skills so that he was able to provide training and share this learning with his peers, encouraging others to become involved in shaping our services. The Forensic Representative has improved so much that he is being stepped down and moving to a low secure unit in the near future; he will continue his involvement with service users on the forensic wards. He has been asked to consider a role within the Involvement and Experience Team once he is discharged. Breaking down barriers that service users face has been key to the success of our approach as our involvement representatives have provided a “bridge” between staff and service users, improving the lives of people with mental health issues whilst empowering the service users to make a difference.

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PEN National Awards 2017

Re:thinking the experience

St Mary's Sexual Assault Referral Centre

Bringing Information to Life for People with Learning Disabilities

St Mary's Centre



Sexual Assault Referral Centre

Categories

Innovative Use of Technology/Social Media &
Using Insight for Improvement (Other NHS Funded)

Organisation

St Mary's Sexual Assault Referral Centre was the first Sexual Assault Referral Centre to open in the UK. It provides a comprehensive and co-ordinated forensic, medical, counselling and aftercare service to women, men and children living in Greater Manchester or Cheshire who have experienced rape or sexual assault, whether this has happened recently or in the past. Last year we saw more than 1,454 people and just under half of those were children.

Summary

Improving the services we provide to people with learning disabilities was a key focus of our work this year. NHS funding allowed us to explore the issues surrounding sexual violence among people with learning disabilities and how we could improve both our service delivery and communications. Key objectives:

1. Encourage people with learning disabilities to access the services of St Mary's SARC
 2. Explore how new technology could improve the way we communicate with people with learning disabilities
 3. Improve confidence through training of our staff and other professionals who work with people with learning disabilities.
- As a result of our research we decided to incorporate augmented reality into our information leaflets. This allows short films, triggered by text in newly created booklets, to be easily accessed on smart phones. In addition, booklets are used to record all information discussed and act as a record of their visit to SARC. The use of augmented reality has been welcomed by both clients with learning disabilities but also general users who have welcomed the visual and interactive use of technology to help explain and record their visit to SARC.

Impact

Understanding the evaluation of this project requires also understanding how we work with our clients. Often clients will arrive with the police having reported rape or sexual assault immediately. However, it is also possible to attend the service without making a report to the police. Often people are in a state of high anxiety and trauma when they arrive so it is important for crisis workers and doctors to take the time to explain what the service is and what is happening very clearly so as to reduce stress and ensure clients understand what is happening and why. This is particularly important for people with learning disabilities. We launched the new booklets at our Annual Conference and involved people with learning disabilities in the presentations about how these were developed. Professionals from a range of organisations from health, police, social care and voluntary sector gave positive feedback and sought information on how to develop similar products in their areas. The new booklets, have provided crisis workers with a simple but effective tool to help with their communications. People with learning disabilities have expressed their gratitude that the films used are easy to access and understand. They have commented to staff that they were apprehensive about attending SARC and in particular, what the forensic examination entailed, but the ease to access, short films helped with that explanation. Staff also said it was a useful tool in reinforcing medical information that could easily be picked up following a visit to SARC. Since the pilot, the two core leaflets have been adapted to include Augmented Reality in the general leaflet aimed at promoting our services. This includes a key piece about the forensic examination which causes anxiety among many professionals and clients. Health professionals who work with those who have experienced child sexual exploitation have also said they find the leaflets an excellent way of engaging with young people. Following a forensic examination, all clients are re-contacted after three working days to check how they are doing and during this time our clients were asked about the leaflets and whether they found them useful. Feedback received has been universally positive.

What Makes Us Special?

The interesting element of this project has been combining the traditional (and much sought after) method of providing detailed information through printed materials with new and innovative technology. We know that smart phones are used by a wide range of people with a wide range of abilities and recognising this reliance on technology and using it to improve our communications with people with learning disabilities has been rewarding for the whole team. Outcomes have delivered on our project aims.

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PEN National Awards 2017

Re:thinking the experience

Tees, Esk and Wear Valleys NHS Trust

Making Best Use of Technology to Collect, Report and Use Feedback to Improve Services

Category

Measuring, Reporting and Acting

Tees, Esk and Wear Valleys 

NHS Foundation Trust

Organisation

Tees, Esk and Wear Valleys (TEWV) NHS Trust provides a range of mental health, learning disability and substance misuse services across County Durham & Darlington, North Yorkshire, Teesside and York and Selby. TEWV has around 6,500 staff working out of a wide number of sites. Services are delivered by working in partnership with many local authorities and primary care trusts, a wide range of voluntary organisations, as well as service users, their carers and the public. The services are spread over a wide geographical area, which includes coastal, rural and industrial areas. The Trust is committed to a whole system approach to providing an excellent patient experience. This commitment is evident in the Trust's investment in a dedicated Patient and Carer Experience (PaCE) Team (five staff) whose role is to engage staff with the process of gathering and analysing patient and carer feedback and supporting them to implement improvements to services from feedback received.

Summary

The Trust procured Meridian, a system provided by Optimum Health Technology to make best use of available technology to support the collection and reporting of feedback. The system provides a variety of electronic methods, including SMS/e-mail as well as paper to collect feedback. The initiative was led by the Patient and Carer (PaCE) team and the objectives of minimal disruption to staff and service users and no loss or delay in data during the transition were achieved. A clear and robust communication strategy was implemented to communicate consistent, relevant, timely and clear messages about changes to the system. The system went live in April 2017 across 77 inpatient wards and 206 community teams and has been well received and system issues minimal. Use of the system is monitored via a Quality Assurance Programme. Providing a user-friendly system, continued and accessible support from the PaCE Team will be the enablers for sustainability and improvement in feedback collection and reporting. The initiative has been implemented across the whole organisation. The model is relevant to any NHS organisation willing/able to dedicate the necessary resource.

Impact

The objectives of the implementation were to ensure the least disruption to staff and service users and no loss of or delay in reporting the data due to the change of system. All objectives were achieved and the Trust continues to be one of the highest reporting mental health trusts for FFT results nationally. The main impact the implementation of the system is outlined below: Real-time reporting; Customised views of information; Automated alerting; DRIVE IMPROVEMENT; Action planning; Dissemination of good practice CQC/Commissioning evidence. Ward managers can access their survey responses instantly and narrative feedback within 24 hours meaning that if there is a particular issue troubling a patient on the ward at the time it can be addressed immediately, whilst maintaining the anonymity of the person completing the survey, resulting in a better experience for the patient. On the trust's web-site there is now a link to the trust's dashboard which is a live feed from the system, showing the public exactly what people are saying about the trust right now: [https://www. oc-meridian. com/OCQ/public/dashboard/TEWV](https://www.oc-meridian.com/OCQ/public/dashboard/TEWV). The PaCE Team spends less time on manual data collection and reporting processes freeing up time to support staff with improvement initiatives. "Is there anything we could do to improve our services" question has generated a significant amount of constructive suggestions from people who use our services. Between April and September 2017, there were 4,595 responses to this question; 74% were positive with 1,673 (36%) coded negatively i.e. offered suggestions for improvement. Examples of comment generated are: • If I could get my bloods taken here again it would be better - Any client who has chosen to have their bloods taken elsewhere and wishes to use the Clozapine Clinic service for blood taking again is encouraged to speak to staff and book it into their appointment. • More relaxed waiting area - We have changed some of the furniture in the waiting area to make it more comfortable and we are hopefully to have some music playing in the near future. There is cold water available for visitors and magazines.

What Makes Us Special?

The trust's commitment to listening to and acting on feedback from its service users evident in its financial investment in the system as well as the PaCE Team. Instant and easy access to results enabling staff to resolve/address problems immediately improving the patient experience. Using the Quality Assurance Visit programme as a vehicle to visit wards/teams to support staff with the system and process of collecting and acting on feedback. The Patient & Carer Experience Virtual Network and Key Message bulletins to communicate and share good practice and key developments.

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PEN National Awards 2017

Re:thinking the experience

The Dudley Group NHS Foundation Trust

Improving the Experience of Patients with a Learning Disability

Category

Staff Engagement/Improving Staff Experience



The Dudley Group
NHS Foundation Trust

Organisation

Based in the heart of the Black Country, The Dudley Group NHS Foundation Trust is the main provider of hospital and adult community services to the populations of Dudley, significant parts of the Sandwell borough and smaller, but growing, communities in South Staffordshire and Wyre Forest. The first hospital trust in the area to be awarded coveted Foundation Trust status in 2008, we provide a wide range of medical, surgical and rehabilitation services. The Trust serves a population of around 450,000 people from three hospital sites at Russells Hall Hospital, Guest Outpatient Centre in Dudley and Corbett Outpatient Centre in Stourbridge. The Trust provides the full range of secondary care services and some specialist services for the wider populations of the Black Country and West Midlands region. The Trust also provides specialist adult community based care in patients' homes and in more than 40 centres in the Dudley Metropolitan Borough Council community.

Summary

The learning disability student nurse Pathway was developed because of an identified gap in Nurse Education and reports from patients and carers that nursing staff did not have an understanding of the needs of people with a learning disability resulting in them receiving a poor patient experience. The team felt that the current adult nurse education around supporting people with a learning disability was inadequate as it was only a workbook. This did not enhance the skills of the student nurses, leaving them lacking in their ability to deliver a great patient experience for patients with a learning disability. The 'live simulation' element of the pathway is unique and innovative within national adult student nurse pathways, using the state of the art simulation equipment within our education department in the hospital and a local self-advocacy charity run by and for people with a learning disability. The outcomes for the students were measured by their evaluation of the week which were overwhelmingly positive; this method of student nurse education is continuing and will be delivered twice a year.

The team were inspired to be involved with improving patient experience through education because of the health inequalities experienced by people with a learning disability when they access mainstream hospital care. The recent Confidential Enquiry into the Premature Deaths of people with a learning disability (CIPOLD) shows a disparity of life expectancy with the general population of up to 20 years for people with a learning disability. As this is a key element of the Trusts vision and values, the team felt this work was essential to upskill the nursing team of the future.

Impact

The impact of the student nurse pathway has been far reaching as the experience of the students, because of the week, has been taken onto each ward and department where the students have placements. Patients with a learning disability have reported improvement in communication and with the use of easy read information. The evaluations from the students following the week have been collated with one student giving the following feedback 'The Learning Disability Pathway was incredibly stimulating and educational. The passion Jackie has towards improving services at Russell's Hall Hospital is quite remarkable and inspiring. The pathway has shown me areas in my practice that can be greatly improved to ensure that I provide person centred care for all patients. Jackie has highlighted resources within the hospital that can help improve the experience that people with a learning disability have. One important thing I have taken away with me is the idea of what 'reasonable improvements' can I make in my practice to ensure that care is equal to all patients.'

What Makes Us Special?

This initiative stands out as all team members are experts in their own fields of practice. The inclusion of people with a learning disability in the co-production of this programme and the delivery of live patient interaction makes this programme stand out from any other education programme. Having people with a learning disability 'acting' as patient gives direct feedback instantly to the student nurses. This coupled with the work of the self-advocacy charity who have unique experts by experience understanding has meant a purpose specific programme has been developed, which has met the educational needs of the students, but equally importantly has had the added value of the patient experience element from the patients themselves.

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PEN National Awards 2017

Re:thinking the experience

The Ipswich Hospital NHS Trust

Involving Patient Leaders in Human Factors Training

Category

Strengthening the Foundation

The Ipswich Hospital 
NHS Trust

Organisation

Acute district general hospital + 3 community hospitals and some community health services. Catchment of more than 330,000 people living in and around urban Ipswich. Remainder of the population is rural and quite isolated. 500+ beds + community beds. Annual turnover £200+ million. 3,500 whole time equivalent staff. Typically older catchment population than the England average with a greater proportion over 55. Population served is an aging one (one of the fastest growth rates of very elderly people – over 80s – in the country), increasing levels of complexity of care including dementia, learning and other disabilities, co-morbidities; increasing population non-English reading/speaking; alongside older patients there are older family carers.

Summary

The initiative is innovative and we believe the first in the country to utilise a patient/staff collaborative approach to Human Factors training. Human Factors, often referred to as ergonomics, is an established scientific discipline used in many other safety critical industries. The principles and practices of Human Factors focus on optimising human performance through better understanding the behaviour of individuals, their interactions with each other and with their environment. By acknowledging human limitations, Human Factors offers ways to minimise and mitigate human frailties, so reducing medical error and its consequences. From the start the manager of the simulation suite and the Chair of the Ipswich Hospital User Group (IHUG) built a solid and trusting rapport and understanding that enabled them to lead the different aspects in a complementary way – selling it to staff and patient leaders alike. There was very strong and robust planning and governance with clear measurement decided on ahead of the pilot sessions. There was a high level of ongoing partnership in developing the roll out. The success of the project has been tangible, demonstrated via the feedback from participants who appreciated the extra value of 'real' patient participation as well as patient feedback measures indicating improvements back on the wards. The training aims to provide a sustainable change of behaviour on the wards/in the participants – demonstrated over time back on the wards. The training has continued in collaboration and plans are in place to extend. No one could have predicted the hugely beneficial outcomes which resulted from working with IHUG.

Impact

Before, during, immediately after and 6-8 weeks post the course, the team sent questionnaires to both staff and patients to identify if the impact of the course could be seen on the wards. Staff reported improvements in their understanding of the concepts, of how patients/carers felt and improved team sense. They specifically looked at the following aspects of Human Factors, based on the Improving Patient Safety Ipswich DUECAREs® chart:- Distribute the workload; Use all available resources; Effective Leadership and Followership; Call for help early; Anticipate and plan; Repeat assessment; Effective communication; Situation Awareness. During the course, delegates were able to see the IHUG members as real relatives and patients, and therefore tended to literally treat them as if it was a real situation. Due to this reality, the impact of the learning was definitely far more significant, and comments such as – “Now I understand” and “I had never considered relatives as a resource before” were made. The biggest impact was the unexpected one of staff discovering through IHUG participants' feedback that in stressful situations such as CPR relatives overwhelming desire was to stay in the room and quietly observe what was happening to their relative, whereas the instinct of staff was to remove the relative, believing this was kinder. IHUG feedback clearly showed that their stress levels were far higher when they were taken away imagining the worst. Involving IHUG literally changed the thought process of staff. At the end of the courses, there was a statistically significant sustained improvement from the patient's perspective. By April 2016 IHUG provided a total of 60 hours for free. Huge personal benefit reported by IHUG members, as they were also learning. No one could have predicted the hugely beneficial outcomes which resulted from using IHUG.

What Makes Us Special?

Involving real patients in this way is thought to be unique in this country. Working together with IHUG from the initial ideas through to delivery – ensuring they fully understood the human factors concept, their roles, boundaries and the issues of confidentiality – demonstrates a very good example of co-design and enabled total trust to be built between the staff leaders and the patient leaders. IHUG's involvement has changed how staff deal with relatives in stressful situations by giving them the option of remaining in the room. This has been one of the biggest, and most unexpected, successes of the IHUG involvement with the Human Factors course thereby achieving a really positive outcome

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PEN National Awards 2017

Re:thinking the experience

The Ipswich Hospital NHS Trust

Lavenham Ward Supporting Family Carers & Frailty Initiative

Categories

Measuring, Reporting and Acting & Support for Caregivers, Friends and Family

The Ipswich Hospital 
NHS Trust

Organisation

Acute district general hospital + 3 community hospitals and some community health services. Catchment of more than 330,000 people living in and around urban Ipswich. Remainder of the population is rural and quite isolated. 500+ beds + community beds. Annual turnover £200+ million. 3,500 whole time equivalent staff. Typically older catchment population than the England average with a greater proportion over 55. Population served is an aging one (one of the fastest growth rates of very elderly people – over 80s – in the country), increasing levels of complexity of care including dementia, learning and other disabilities, co-morbidities; increasing population non-English reading/speaking; alongside older patients there are older family carers.

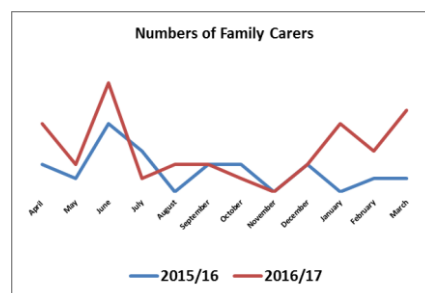
Summary

Background: Ipswich Hospital has a well-established Carers' Cabin and partnership with Suffolk Family Carers to deliver support across the hospital for f/carers. Much of this support has been focussed on the older people's wards and medical wards. Lavenham Ward is a surgical ward with, at the time of instigation, a new ward leadership team including a new post of Consultant Nurse for Frail Older People in the surgery division. **The Proposal:** To increase the number of family carers from current baseline, who are identified and supported during a patient's acute hospital admission to Lavenham Ward; and beyond to ensure safe and sustainable discharge. To improve patients, staff and f/carer knowledge and skill base around re-ablement and prevention of deconditioning to create empowered partners in care.

Creation of a holistic frailty focussed culture with an emphasis on the identification and support of family carers is central to supporting patients; especially around a sustainable discharge. Led by nursing teams on an acute surgical ward, the first of its kind nationally. Sisters have striven for ambitious results. All areas of MDT involved and actively encouraged for their opinion and ideas for innovation. Collaboration and support from EAHSN provided structure to clarify objectives; communicated via core team meetings, MDTs and daily huddles. Clear measurements identified at the start; audits and surveys carried out prior to commencing and during to enable benchmarking and to highlight initial focus areas. Enabled a decrease in length of stay for patients; improved satisfaction from patients and carers - better informed, involved, motivated to be mobile and less likely to suffer deconditioning. Ward sisters have both motivated, dynamic and enthusiastic with guidance from the Frail older person nurse consultant to strive for excellence ensuring that all initiatives are both achievable and sustainable not only on Lavenham but across the trust. The results have been regionally and nationally recognised for the nurse led approach on a surgical ward opposed to a care of the elderly ward.

Impact

Overall the outcome demonstrated greater identification and engagement of family carers – see chart for 2015/16 and 2016/17. Carer survey redesigned to aid completion – numbers completed increasing. Agreement of Care designed and in use. Referrals to SFC workers made easier. SFC workers undertaking short focussed training Carers' Champions identified F/carers engaged in awareness raising around re-ablement Suffolk Family Carers (SFC) awarded Lavenham ward a Gold Award in the first SFC 'Carer Friendly Hospital' awards December 2016. In addition the Ward Sisters and Consultant Nurse for Frail Older People, focussed on engaging staff in an awareness raising programme focussing on re-ablement to create a holistic, frailty focussed environment and culture.



What Makes Us Special?

Co-design methodology built in from the start – patient leader participation and partner organisation (Suffolk Family Carers) integral to the success. Importance of an ethos of leadership through a collaborative approach. Continuous review and small changes using the PDSA model

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PEN National Awards 2017

Re:thinking the experience

Virgin Care

Feel The Difference

Categories

Strengthening the Foundation & Using Insight for Improvement (Staff)



Organisation

Virgin Care runs over 400 healthcare services from 500 sites across England. We began life in 2006 as Assura Medical and rebranded as Virgin Care in 2012. During 2016, Virgin Care took on new services in Wiltshire (Children's Community Services), North Kent (Adult Community Services) and in East Staffordshire, where we're looking after all care for over 65s and those with long term conditions. We're focused on community services and primary care and we currently employ more than 7,000 people and treat more than a million people each year.

Summary

Virgin Care has set out to build a culture of 'Everyone Feels the Difference' (FTD). In 2016, after a decade of delivering and improving healthcare services we strengthened our purpose. This purpose and vision came from a year-long consultation with our colleagues and it was to be the golden thread that ran through everything we did, from the decisions we made to the experience we provide. In healthcare, whilst the treatment and outcomes are clinically good, the customer experience could be better. With robust governance FTD sought to focus on the customer experience. The FTD programme sets out our journey to provide the best foundation for our colleagues to be their best selves every day. It's vital for colleagues to focus on customer experience and listen and learn from the feedback they receive. We have developed the foundations through Customer Experience BETTER principles and the Leadership behaviours framework which applies to all colleagues. FTD provides the tools and culture to empower colleagues to act on what people want us to change, to focus on a goal that will ensure we Feel the Difference, to provide support and finance if that was needed to make it happen, and remove obstacles, to publicly congratulate colleagues on their successes and share best practice as quickly as possible.

Impact

100% of teams set an FTD goal for 2016/17. There have been 130 applications for funding submitted with over £43,000 being awarded since April 2017 alone. We have supported projects which included a new sensory garden which will enhance the lives of the young people at our specialist children's home in Devon, guest beds for carers of patients with dementia, as well as equipment to help patients who are at the end of life being transferred from their own bed to a hospital bed. This equipment which will improve patient care whilst promoting safe manual handling for the colleagues involved. 207 colleagues have been peer nominated for an award and attendees at our FTD training sessions have regularly fed back that it will help them change the way they think, react, and reduce stress. We ask people, following an appointment/interaction, how likely they are to recommend that service (FFT). When our FTD programme launched in Q3 of 2016, our average FFT score was 91.31% recommended, our latest FFT score across the business is now 94.33%, an increase of 3.2%. The number of complaints from service users has decreased from 203 received in Q3 2016 to 137 in Q2 2017, a decrease of 32.5%. During announced inspections of Virgin Care Services Limited by the Care Quality Commission (CQC) inspectors found evidence of sustained improvements to patient care, 'outstanding' leadership, management and governance and positive feedback from service-users and colleagues. The report directly referenced aspects of the FTD programme.

What Makes Us Special?

1. There is absolute sign up and conviction from the leadership Executive Team that empowering colleagues is essential to improving customer experience. They really mean it
2. Training and development is promoted, not just for the technical side of our work, but the people skills including resilience and MBTI training
3. We have clearly stated what we mean by good Customer Experience using the BETTER principles
4. Everyone can see their Friends and Family Test results anytime through our reporting system
5. Everyone can see what their responsibility is regarding leadership and driving improvements in customer experience
6. The FTD panel is made up of people from across the whole organisation and not just the senior team
7. FTD panel is supported by feedback from our citizens panels in each community

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PEN National Awards 2017

Re:thinking the experience

Walsall Healthcare NHS Trust

Informed and Empowered

Categories

Innovative Use of Technology/Social Media

Walsall Healthcare 

NHS Trust

Organisation

We are an integrated provider of NHS acute care in Walsall, providing inpatient and outpatient services at the Manor Hospital as well as a wide range of services in the community. We also provide high quality, friendly and effective community health services from some 60 sites including health centres and GP surgeries. There are approximately 4,000 staff in the organisation serving a population of 269,000 in a densely populated suburban area in the black country. The paediatric department includes a 21-bedded ward, busy paediatric assessment unit and outpatient department, seeing over a thousand patients a week.

Summary

The Walsall Children's Healthcare app is unique as it was born out a patient shadowing experience which highlighted the plight of a worried mother who did not have the right information at the time that she needed it most. The intelligence gained highlighted a gap in the information available to patients and families about hospital visits, procedures and investigations. The consultant observing this experience translated this into a patients, families and staff teams' enterprise to explore it further and co-produce a solution. The app introduces children and families to the teams looking after them and provides a plethora of information around procedures and investigations conducted in our department. It also allows children and young people to feedback about the service or individual clinicians they would like others to learn from. It also has protected sections for staff including guidelines and teaching timetables in the same app. With limited resources and a limited budget of £500, the app was created using in-house resources, staff voluntary time and readily available web tools. The content was developed in consultation with patients and staff ensuring that it is fit for purpose and user friendly. E.g. the CYP section was developed following a focus group and user testing. The app continues to. Since its launch a mere 12 weeks ago, the app has been downloaded over 150 times and received in excess of 5,500 page-views. It has been shared in many forums including local press and has generated national and international interest. Link to the app: <https://apps.appmachine.com/walsallchildrenservice>

Impact

It was important to us to measure the impact of the Walsall Children's Healthcare app and respond to this intelligence throughout its development. The site chosen to host the app allows for detailed information to be gathered including downloads by device and geography as well as page views. We were able to drill down to which sections of the app were used and how long (in seconds) people spent in them, allowing careful crafting of the content to maximise benefit and maintain interest. This content has been carefully curated by the team and is therefore credible and kept current. Updates to the app can be done in real time and in response to feedback or novel information. The links/pages have been created in response to patient/families/staff input through surveys, discussions and formal meetings. The results demonstrated that 100% of patients/families found the app easy to use and liked the appearance; 90% felt the app had all the info they needed. There have been over 5,500 page-views and the multimedia section in the app are amongst the most commonly accessed. We have examples of children having watched the app videos and being better prepared for what would otherwise be frightening tests. One young boy said after an MRI brain scan, "That was easy!". The staff section of the app was developed at their request and helps increase the quality of care by making accessible training schedules and clinical guidelines. GPs and senior staff at the Walk-in Centre have also asked for the app, they can access the guidelines and can attend the teaching sessions, making for more consistent care throughout the patient pathway. The app also allows for patient experience intelligence to be gathered through a link to the FFT. To date there have been 164 downloads.

What Makes Us Special?

Our Walsall Children's Healthcare app is a fresh, innovative, user friendly and cost-effective platform for providing information to both service users and staff members and supports the National NHS drive to develop apps providing digital health tools and services that can connect patients to the information and services they need, when they need them. Our app is constantly being reviewed and information added providing users with instant access to up to date evidence-based information. Staff are empowered to make improvements in quality and safety, to support better patient experience. Success comes from team working across the service including clinical and non-clinical staff, patients and families working co-productively to develop and promote the app inspiring innovation across the trust. This has made it relevant and responsive to the needs of the service users and the department in an easy to use format.

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Information about our Partners



The Picker Institute is an international charity dedicated to ensuring the highest quality health and social care for all. Our work is underpinned by a commitment to the principles of person centred care and our core aims are to:

- influence policy and practice so that health and social care systems are always centred around people's needs and preferences;
- inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood; and
- empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people's feedback.

We are a leading authority on understanding and measuring people's experiences of health and social care, and using the results to improve quality in the areas that matter most to patients. We are internationally recognised for our research in the field of person-centred care and for developing tools to better understand the experiences of different care groups.

Our service user and staff experience programmes are used internationally, by both commissioners and providers of care, to measure and improve people's experiences. Within the NHS we act as the coordination centre for the NHS patient and staff survey programmes on behalf of the Care Quality Commission (CQC) and NHS England respectively.

www.PickerEurope.Org



NHS England believes that Patient Experience is everybody's business, good patient experience is associated with improved clinical outcomes and contributes to patients having control over their own health. We also know that good staff experience is fundamental for ensuring good patient experience. In partnership NHS England with Clinical Commissioning Groups and partners such as patient representative groups is focusing on:

- Improving the experience of the most vulnerable and reducing inequality
- Commissioning for good patient experience
- Measuring patient experience for improvement
- Systematic approaches to seeking out, listening to and acting on patient feedback

NHS England is committed to sharing examples of practice to inspire consistent good patient experience across the NHS. www.england.nhs.uk

What are the experiences that patients/families/carers 'Always' want to happen?

What can we learn from improvement science to assist us?

If these are questions you are pondering on too, perhaps Always Events® can assist? [Always Events®](#) are defined as "those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the health care delivery system".

NHS England, in collaboration with [Picker Institute Europe](#) and the [Institute for Healthcare Improvement \(IHI\)](#), have been leading an initiative for developing, implementing and spreading an approach, using service improvement methodology to reliably listen to what matters to patients/families/carers.

Genuine partnerships between patients, service users, care partners, and clinicians are the foundation for co-designing and implementing reliable care processes that transform care experiences and this is at the heart of the Always Events® approach, with the goal being the creation of an "Always Experience."

Working together the three organisations have developed the Always Events® framework. 10 provider pilot sites across England have tested the approach and a further 50 organisations are now using the toolkit that has been developed, this is available to download at: <https://www.england.nhs.uk/ourwork/pe/always-events/>. Teams across the country have made a range of improvements with service users, one Trust has worked to



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ensure that birth partners can now remain resident the night after the birth of their child should they wish to, another Trust has introduced flexible approaches to visiting and a third has introduced images of staff onto their letters that were sent to people with learning disabilities. These were all improvements that patients, families and carers identified as priorities for them; the Always Events® approach addressed these improvements in a structured manner.

The patient experience team at NHS England is keen to share the Always Events® approach so that local services adopt the framework to ensure that improvements in experiences of care are sustained and effectively embedded in practice. For further information please contact ENGLAND.PEAdmin@nhs.net



The School of Nursing and Allied Health at Liverpool John Moores University are delighted to be sponsoring two new award categories: **Patient Experience Advocate of Tomorrow** and **Patient Experience Transformer of Tomorrow**. The awards recognise that students of

Health and Social Care, Nursing, Medical and Allied Health Professional education will be in a unique position to champion and enhance patient, service user and carer experience. We recognise the fresh perspectives learners can bring to services and the innovative ideas they may have. They have the potential to generate positive changes in practice, or through projects and research. The awards provide an opportunity to recognise and celebrate the positive impact outstanding undergraduate and postgraduate students can have in improving the experience of patients, service users and carers they come into contact with today and across future decades as their careers develop.

Contact: Nick Medforth: N.Medforth@ljmu.ac.uk



Most people with learning disabilities live in a world where decisions that affect them are made by non-learning disabled people. We believe people with learning disabilities are the experts on the changes they need to lead a good quality of life and to get equal access to employment, healthcare, housing, community involvement and information they can understand. **CHANGE is built on this belief.**

The majority of our Board of Trustees are Disabled People, including people with learning disabilities. We employ experts with learning disabilities in leadership roles. Our skilled volunteers with learning disabilities participate actively to help deliver our services. People with learning disabilities are central to our organisation and are involved fully in co-delivering our work.

<http://www.changepeople.org>



Events Northern Ltd is a **professional event and conference management company**, based in Preston, Lancashire and operating nationally across the UK. We provide **effective event solutions** and offer comprehensive event management services from conception through to implementation. We are committed to producing bespoke conferences and events to the **highest quality** which surpass the expectations of client and attendees. We go the extra mile to deliver **engaging events** which **inspire, provoke action** and **deliver results**. Conferences are our speciality and our passion!!

www.eventsnorthern.co.uk



GalbraithWight is the global specialist in strategic healthcare business consultancy. We build sustainable competitive advantage with measurable return on investment for our clients. We are recognised for:

- Unparalleled knowledge of the healthcare marketing, the healthcare customer and medicines industry environment
- Outstanding service quality, innovation and value
- Delivery of the highest professional ethical standards
- Dedication to outstanding client, team and shareholder satisfaction

www.galbraithwight.com





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Healthcare Conferences UK recognises The Patient Experience Network as a valuable resource providing support for healthcare organisations and individuals wishing to deliver a great experience for patients. The PEN National Awards are an opportunity to celebrate and promote excellence in patient experience, and as the media partner for the awards Healthcare Conferences UK is pleased to share the important work of PEN and the many examples of high quality care that the awards uncover. Healthcare Conferences UK holds a number of CPD conferences and master classes providing practical guidance for healthcare professionals to deliver high quality care with dignity and compassion and by involving and engaging with patients, their family and carers.

www.healthcareconferencesuk.co.uk



MES helps organisations build engaged communities through efficient, joined-up communication, accessible systems and effective use of data. We are specialists in the health sector and provide a variety of patient experience, membership and community solutions to help NHS bodies engage with their members, patients, careers and staff. As experts in our field, we also inform and guide strategy and lead discussion. From small beginnings in 2006, MES (formerly Membership Engagement Services) is now the leading provider of patient and public engagement tools for the health sector, yet we have a diverse client base including local authorities, housing associations and membership organisations. We offer an extensive range of integrated services and have an experienced, dedicated team of advisors looking after over 200 clients. Our high level of customer satisfaction (97% of our customers would recommend us) is testament to our guiding philosophy; we are focused on looking after people, providing outstanding customer service, and having excellent knowledge and experience of our subject matter. Simply put, we want to be the best partner to our clients that we possibly can.

www.membra.co.uk



Our **vision** is for Monkey to help improve the wellbeing of primary-aged children. Monkey's **mission** is to help build the confidence, knowledge, experience and thus wellbeing of primary-aged children, helping them to deal with as many of life's challenges as possible.

Our resources cover a range of subjects, from Asthma to Visiting the Emergency Department and from Having an Injection to Starting School. Our resources are always evolving and we hope to launch our Emotional Health and Wellbeing books soon.

Over the past ten years our educational Story Books and Activity Guides, used across the NHS, have reached over one million children.

Visit our website www.monkeywellbeing.com or contact Helen, on helen@monkeywellbeing.com

Monkey loves making new friends!



Delivering value added PA, Business Administration, Business Support & Development Services. Our Proposition - Life is busy...time is money...flexible, reliable, on demand support will give you more time to focus on growing your business and achieving your work-life balance. We are a team of experienced professionals providing value-add resource on demand. We bridge the gap when your business needs it most freeing up your time to concentrate on growing and developing your business to its full potential. We provide a flexible & affordable administrative, business development & support service. If you need support to help your business thrive, get in touch. •PA & Business Administration •Sales & Marketing Support •Business Advice & Coaching •Tailored Recruitment Solutions

www.sourceandeffect.com



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Established in 2005 by Sarah Preece, Professional Call Minders (PCM) was created with true passion for delivering exceptional customer service. What started as a small entrepreneurial idea full of promise and potential has developed over a decade into a blossoming business that has seen significant expansion and has evolved from a telephone answering service to a specialised virtual services provider. We provide a variety of services including an expert call answering and diary management service perfect for the health and wellbeing industry. Using PCM Medical is a brilliant business strategy for those operating in vocational occupations where they literally cannot get to the phone. Working primarily for those in the medical field, we offer clinics full-time reception cover for a fraction of the cost of an in-house member of the team. You can focus on treating your patients with the freedom of knowing that your customers calls are answered, appointments made and enquiries dealt with.

www.professionalcallminders.co.uk



We work tirelessly to bring innovative communication services across the UK, offering so much more than just BSL/English interpreting. Sign Solutions is committed to delivering high-quality training and assessment in British Sign Language and Deaf Awareness. Since 1998, we are committed to providing high-quality video and face-to-face interpreting services which are backed up by our ISO 9001/27001 accreditation. We boast an excellent reputation for meeting the needs of all of our clients.

<https://www.signsolutions.uk.com>



101 SystemWorks Ltd is a Birmingham based Microsoft Office Consultancy company. We can help you to make your business database, spreadsheets, or Microsoft Office documents more practical and productive and save you time and money. We will look at what you do and how you do it, then suggest ways of working smarter. We guarantee to save at least 30-40% of your time with what we develop and what we do for you will exceed expectations.

What do you need?

- Consultancy to pinpoint strengths and weaknesses in your operation?
- A great database or spreadsheet system to streamline your work?
- Terrific training to help your staff's productivity?
- Check out our website www.101systemworks.co.uk for more information!

We created the admin system for PENNA 2017.

Ring 07973 507371 or email les@101systemworks.co.uk **now!**

We are extremely grateful to all of our partners for this year's PEN National Awards, without whose contributions in time, expertise and support we would not be able to host this prestigious event.





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Our Judging Panel

Marie-Louise Allred	Melanie Foster-Green	Jacqueline McKenna
Bev Balin-Bull	Annie Gilbert	David McNally
Hilary Baseley	Lesley Goodburn	Nick Medforth
Nicky Beecher	Manda Graham	Carol Munt
Lee Bennett	Melanie Halstead	Jenny Negus
Kenny Bloxham	Birte Harlev-Lam	Gillian Radcliffe
Hugh Blunt	Tracy Haycock	Daniel Ratchford
Louise Blunt	Jennifer Hicken	Amanda Riches
Karen Bowley	Sam Holden	Joan Saddler
Helen Brady	Julia Holding	Paul Sanguinazzi
Sam Bray	Sian Hooban	Manish Seth
Kevin Brent	Darren Hudson	Kuldeep Singh
Georgina Craig	Steve Johnson	Mary Skeels
Belinda Crawford	Marsha Jones	Phillip Stylianides
John Dale	Michelle Jones	David Supple
Maureen Dale	Raphaella Kane	Michaela Tait
Nichola Duane	Anand Kumar	Nikki Thomas
Clare Enston	Annie Lavery	Selina Trueman
Kath Evans	Alicia Lucas	Tara Webb
Ruth Evans	Elaine Marshall	Susan Woodward
Caroline Faulkner	Kate Martin	Michael Young
Rupert Fawdry		

One judge commented: "Yet again, they are all massively inspiring initiatives! I'm so impressed. Really hard to judge." Another said: "Really impressive work happening around the country"

The Patient Experience Network would like to extend its grateful thanks to all of the judges who gave so freely of their time and expertise in judging this year's Awards.

If you would be interested in becoming a judge for next year's Awards please get in touch

Contact Details for all things PEN:

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Your Notes





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Your notes





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Your notes for voting

Category	Winner	Your notes	Your rank