

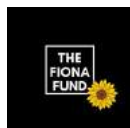


Patient
Experience
Network

NATIONAL AWARDS 2018

Awards Conference

20th March 2019



PEN National Awards 2018
Re:thinking the experience



PEN National Awards 2018

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 ninth year and what a year it has been for us all, especially the team at PEN!

We have once again been blown away by the entries and today you will have the opportunity to see many wonderful examples of best practice, join in the celebrations as the winners are announced and take the opportunity to learn, network and 'Steal with Pride'. 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. The Insight for Improvement roadshow will host events across the country throughout Summer 2019.

Enjoy the day.

Ruth Evans MBE, *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.

England

The patient experience movement continues to grow 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 Experience, Participation and Equalities – NHS England*



PEN National Awards 2018

Re:thinking the experience

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 experience.

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.

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



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



PEN National Awards 2018

Re:thinking the experience

Liverpool John Moores University



School of Nursing and Allied Health

Building on over 25 years' experience, today at LJMU we're as passionate as ever about providing inspiring and exemplary health and social care education - from pre-registration to specialist practitioner - with the aim

of impacting patient experience for the better. We are delighted to be working with the Patient Experience Network to sponsor the Patient Experience Advocate of Tomorrow and Patient Experience Transformer of Tomorrow awards at this year's ceremony. With guidance from experienced and invested practitioners and staff, students can make immensely positive contributions to patient care and service-users. This is often whilst on practice placement in one of the many healthcare settings, or through student networks and volunteering within their local communities.

Frequently learners see services from fresh or alternative perspectives, based on their own unique life experiences; enabling them to combine care and empathy with a commitment to improving the lives of the people they meet whilst on their journey to becoming health and social care professionals. Once qualified, graduates have the potential to become agents of positive change, turning creative ideas into innovative projects to improve the lives and experiences of their patients and service users.

It is important that as a sector, we recognise and celebrate students who are already generating positive change and inspiring others to champion the enhancement of patient and service-user experiences in the future. They will be the next generation of service providers, managers, leaders and commissioners; having the potential to shape health and social care services for the next forty or fifty years.

If you would like to find out more about the School of Nursing and Allied Health at Liverpool John Moores University, visit our website: www.ljmu.ac.uk/ehc or follow us on Twitter @LJMUEHC.

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

The Wellbeing Choir takes a holistic approach to promoting and maintaining good mental and physical health through singing. It is a choir open to the whole community, but supporting individuals, suffering with, or recovering from a mental illness or chronic medical disability - its appeal is universal. Many members are vulnerable adults who experience difficulties in everyday life and who would otherwise be isolated and marginalised. The choir enhances the lives of its members and reaches out to the wider community by performing in places that have little or no contact with the outside world. Members of the choir are mental health service users, carers, professionals and other members of the community from diverse backgrounds. The choir uses music to embrace and include people from all ages and all walks of life.





PEN National Awards 2018

Re:thinking the experience

The Birmingham Rep – Home of PENNA

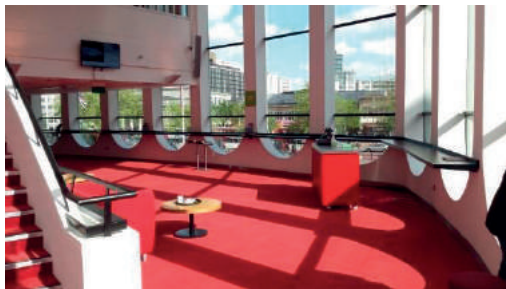
We are now in our fifth year at the Birmingham Rep and it is proving to be the ideal home for our Patient Experience Awards, offering a truly creative and dynamic environment to showcase some of the great work that is happening around the UK to improve the experience of care.



Birmingham Repertory Theatre, commonly called Birmingham Rep or just The Rep, is a producing theatre based on Centenary Square in Birmingham, England. It is the longest-established of Britain's building-based theatre companies and one of its most consistently innovative.

“A great patient experience connects clinical excellence with outcomes. It connects efficiency, quality, behaviours and mission with caregiver experience and engagement. The patient experience relies on teamwork, communication, shared decision making, empathy, compassion and human connection. It is also influenced by dignity, respect and humanistic values, as well as the ability and willingness of clinicians to relate to their patients as people, not as a medical condition or a room number.” Christy Dempsey

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.



2013 was also their Centenary and they celebrated with a range of talks, tours, performances and exhibitions, as well as the launch of an extensive digital archive containing photographs and documents from a century of theatre.



Best Practice - Re:Thinking the Experience Conference 2018

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> Keynote Speaker - Sara Turle, Cancer and Clinical Support - Patient Partnership Council Last Year's Winner Recap – Walsall Healthcare NHS Trust, Speaker Hesham Abdallah and Kuldeep Singh Announcement of the Winners Presentation of Awards (Part 1)
10.50	Coffee and Exhibition Morning Category Presentations and Questions Category Winners present in two streams (4 presentations in each stream)
12.20	Exhibition and Lunch
13.20	The Wellbeing Choir Key Note Speaker – Clare Enston – NHS England Announcement of the Winners Presentation of Awards (Part 2) Afternoon Category Presentations and Questions Category Winners present in two streams (3 presentations in each stream)
15.45	Voting with Refreshments and Exhibition Announcement of the Overall Winner and Other 'Best of' Categories 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: Delegates will be able to cast their individual vote contributing towards the overall winner of the PEN National Awards 2018 during the voting opportunity at 15:45.

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.



Sarah Turle – Barking, Havering & Redbrige University Hospitals NHS Trust

Sara Turle is a member of the Patient Partnership Council at Barking, Havering And Redbrige University Hospitals NHS Trust with a remit for Cancer and Clinical Support. She is passionate about working together with staff in improving patient experience. In collaboration with staff and lay colleagues, she is actively involved in the improvement journey the Trust is travelling, contributing to and supporting a diverse range of initiatives to help make things better for patients. She is a nine-year survivor of cancer, a keen follower of F1 and enjoys running.



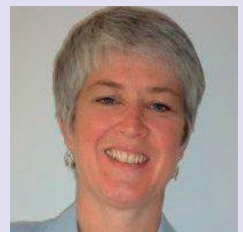
Clare Enston – NHS England

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 specialised 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.



Richard Littledale – Fiona Littledale Award

Richard Littledale is the minister of Newbury Baptist Church as well as a regular broadcaster and an author of books for adults and children. His next book 'Postcards from the land of grief', will be published in August of this year. During the past 15 months, since the death of his wife, Fiona - he has been writing for Sue Ryder - and recently delivered their annual lecture at the Houses of Parliament.



Hesham Abdalla, Paediatric Respiratory Consultant and Trust Quality Improvement Clinical Lead and Kuldeep Singh, Patient Experience Manager, Walsall Healthcare NHS Trust

Hesham and Kuldeep lead on last years Patient Experience Network Overall Winner project. The team created the 'Walsall Children's Healthcare App' as a result of listening to a child's mother whilst undertaking a patient shadowing exercise. The aim was to ensure patients and their families felt welcomed and empowered to look after themselves while in hospital.





PEN National Awards 2018

Re:thinking the experience

Award Categories and Partners

Categories



Communicating Effectively with Patients & Families

Engaging and Championing the Public



Environment of Care



Fiona Littledale Award

Innovative Use of Technology / Social Media



Integration & Continuity of Care

Measuring, Reporting & Acting

Partnership Working to Improve the Experience



Patient Experience Advocate / Transformer of the Future

Patient Experience Professional of the Year

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



Using Insight for Improvement (4 Sub Categories)

Outstanding Contribution 2018



Overall Winners



The Finalists

CATEGORY: Communicating Effectively with Patients and Families

Ashford and St Peters Hospitals NHS Foundation Trust	What Matters to You: A Patient, Family and Staff Focused Model of Care
Benenden Hospital Trust	Introduction of Post-operative Cataract Information Films
Cambridgeshire Community Services	Community Nursing Team Carers Cards
Pluto Productions	Fighting For Life' play
Royal Cornwall Hospitals NHS Trust	The Success of Take Over Day in Child Health at The Royal Cornwall Hospitals Trust
University Hospitals Plymouth NHS Trust	vCreate: Bringing Parents Closer to Babies in Neonatal Care

CATEGORY: Engaging and Championing the Public

Cambridgeshire Community Services	Community Nursing Team Carers Cards
Cardiff and Vale University Health Board	Listening and Learning Together to Improve Patient Experience
Healthwatch Birmingham	Community Collaboration to Empower Seldom Heard Groups
Nottingham University Hospitals (NHS) Trust	The NUH Memory Menu
Public Health Wales	What makes a Healthy Community?

CATEGORY: Environment of Care

Air Arts	10th Anniversary Celebration Art
Hospice UK	Fresh Eyes to Improve End of Life Care
Hywel Dda University Health Board	Mynydd Mawr Rehabilitation Ward
Manchester University NHS Foundation Trust	First Impressions Training Programme
Serco	Nobody is 'just a' - Empowering Support Staff
University Hospitals of Derby & Burton NHS Foundation Trust	Sleep Kits

CATEGORY: Fiona Littledale Award

Chesterfield Royal Hospital NHS Trust	Maria Leadbeater - A Macmillan Cancer Information and Support Service Centre Service for Parents (or main carer) Diagnosed with Advanced Cancer who have Dependent Aged Children to Help them Talk with their Children and Find Appropriate Advice and Information Resources.
Whittington Health NHS Trust	Laura Gratton / Sonal Patel - Paediatric Oncology
Manchester University NHS Foundation Trust	Kath Hewitt and Caroline Gee
Royal Cornwall Hospitals NHS Trust	Karen Cock – on behalf of The Royal Cornwall Hospital Bowel Two Week Wait Service

CATEGORY: Innovative Use of Technology

Healthy London Partnership	NHS Go - An app for Young People, by Young People
Mid Cheshire Hospitals NHS Foundation Trust	Virtual Fracture Clinic
University Hospitals of Derby & Burton NHS Foundation Trust	Virtual Reality Pathways
University Hospitals of Derby & Burton NHS Foundation Trust	QR Code Interactive Boards
University Hospitals Plymouth NHS Trust	Salus – Patient Care Manager

CATEGORY: Integration and Continuity of Care

Ashford and St Peters Hospitals NHS Foundation Trust	What Matters to You: A Patient, Family and Staff Focused Model of Care
Barking, Havering and Redbridge University Hospital's	Trusted Assessor Working in Collaboration with Local Nursing Homes
Cardiff and Vale University Health Board	Support for Carers in GP Practices
Central Cheshire Integrated Care Partnership	Transformation: Community Matron to Advanced Community Practitioner
Hywel Dda University Health Board	MACAM, Improving the Experience
Mid Cheshire Hospitals NHS Foundation Trust	MCHFT Surgical Ambulatory Care Unit

CATEGORY: Measuring, Reporting and Acting

Ashford and St Peters Hospitals NHS Foundation Trust	What Matters to You: A Patient, Family and Staff Focused Model of Care
ERS Medical	Putting Patient Experience at the Top of the Agenda
NHS Wales	Standardising Collection of Patient Reported Experience Measures in Wales
Surrey and Sussex Healthcare NHS Trust	Patient Reported Outcome and Experience Measures for Paediatric Dental Patients Undergoing General Anaesthesia
University Hospitals of Leicester NHS Trust	Patient Experience/Share Your Experience Bulletin
Ashford and St Peters Hospitals NHS Foundation Trust	What Matters to You: A Patient, Family and Staff Focused Model of Care

CATEGORY: Using Insight for Improvement (4 Subcategories)

Using Insight for Improvement - Accessibility

Ashford and St Peters Hospitals NHS Foundation Trust	What Matters to You: A Patient, Family and Staff Focused Model of Care
Hertfordshire Partnership University NHS Foundation Trust	The Broadland Clinic Carers Group
Royal Cornwall Hospitals NHS Trust	The Success of Take Over Day in Child Health at The Royal Cornwall Hospitals NHS Trust

Using Insight for Improvement – Other NHS Funded

Barking Havering and Redbridge University Hospitals NHS Trust	Collar and Brace After Care Service (CBACS)
Hospice UK	Fresh Eyes to Improve End of Life Care
University Hospitals of Leicester NHS Trust	Patient Experience/Share Your Experience Bulletin
Walsall Healthcare NHS Trust	Back to Basics - Improving Patient Experience in the Emergency Department

Using Insight for Improvement - Integrated

Leeds Teaching Hospitals NHS Trust	Making The Friends and Family Test Fabulous!
Manchester University NHS Foundation Trust	'What Matters to Me' Patient Experience Programme
St George's University Hospitals NHS Foundation Trust	New Beginnings

Using Insight for Improvement - Staff

Cheshire and Wirral Partnership NHS Foundation Trust	Lived Experience Connectors
Gloucestershire NHS Foundation Trust	Everyone Likes to be Thanked – How Receiving Positive Staff Feedback is Improving our Maternity Services
Nottingham University Hospitals NHS Trust	The Chief Nurse Excellence in Care Fellowship Programme
University Hospitals of Derby & Burton NHS Foundation Trust	Cognitive Stimulation to Reduce Distressed Behaviours
University Hospitals Plymouth NHS Trust	ACEmobile App

CATEGORY: Partnership Working to Improve the Experience

Defence Medical Welfare Service	DMWS South Project
NHS Blood and Transplant	NHSBT Tissue and Eye Services - Hospital Development Initiative to Increase Tissue Donation for Transplant
PINNT in partnership with Inspiration Healthcare, Fresenius Kabi Ltd & Calea UK Ltd and Becton Dickinson	#verify – A Medical Tag for People on HAN
Surrey and Sussex Healthcare NHS Trust	Quick Access Dental Pathway For Vulnerable Children – Homeless/Roma Travelling Communities and Refugees
Whittington Health	The Young Carer Identification Card: Uncovering a Hidden Population

CATEGORY: Patient Experience Advocate of Tomorrow

University of West London	Maria Carmo PintoMonge
Leeds Teaching Hospitals NHS Trust	Jessica Smith
Teeside University	Jess Craggs
Barking, Havering & Redbridge University Hospitals NHS Trust	Alina Stevens

CATEGORY: Patient Experience Transformer of Tomorrow

University of Dundee	Charlotte Scotland & Lynn Graham - A Collaborative Approach in Supporting Undergraduate Nursing Student Placements with General Practice Nurses
Teeside University	Student Midwifery Society - Kate Husband, Emma Hutchinson and Katherine Comac
University Hospitals Plymouth NHS Trust	Kelly Whitehorn - Nutrition & Hydration Week – Student Support
University of Plymouth	Rebecca Baines
University of Plymouth	Toni Page - Digital Health Champions: Supporting Local Communities in Using Digital Health

CATEGORY: Patient Experience Professional of the Year

Manchester University NHS Foundation Trust	Dr Anna Sharman
Northumbria Healthcare NHS Foundation Trust	Jan Hutchinson
Virgin Care Limited	Julie Andrews

CATEGORY: Personalisation of Care

Ashford and St Peters Hospitals NHS Foundation Trust	What Matters to You: A Patient, Family and Staff Focused Model of Care
Barking Havering and Redbridge University Hospitals NHS Trust	Collar and Brace After Care Services (CBACS)
Barking, Havering and Redbridge University Hospitals NHS Trust	'Creating Memories for Children and Young Adults in the Acute Hospital Setting'
Nottingham University Hospitals NHS Trust	Carer2Theatre - Improving the Theatre Experience for Confused Adult Patients
University Hospitals of Derby & Burton NHS Foundation Trust	Cognitive Stimulation to Reduce Distressed Behaviours
University Hospitals of Leicester NHS Trust	Fixing the Fundamentals of Care for Older People

CATEGORY: Staff Engagement/Improving Staff Experience

Ashford and St Peters Hospitals NHS Foundation Trust	What Matters to You: A Patient, Family and Staff Focused Model of Care
Leeds Teaching Hospitals NHS Trust	Making the Friends and Family Test Fabulous!
Public Health Wales	Staff Engagement / Improving Staff Experience
University Hospitals of Leicester NHS Trust	Patient Experience – Patient Recognition Award
University Hospitals Plymouth NHS Trust	Staff Mealtime Volunteers
Virgin Care Limited	Staff Engagement / Improving Staff Experience

CATEGORY: Strengthening the Foundation

Manchester University NHS Foundation Trust	Rapid Access to Pulmonary Investigations and Diagnosis (RAPID) Programme
Mid Cheshire Hospitals NHS Foundation Trust	MCHFT Surgical Ambulatory Care Unit
Nottinghamshire Healthcare NHS Foundation Trust	Giving Patients the Key: Unlocking Patient Experience and Involvement in Secure Mental Health Services
Serco Health Limited	Nobody is 'just a'. Empowering Support Staff
University Hospitals of Leicester NHS Trust	Art Tour for Dementia Patients
University of Plymouth	Embedding Wider Patient Engagement into a Pre-Registration Nursing Programme
Walsall Healthcare NHS Trust	Back to Basics - Improving Patient Experience in the Emergency Department

CATEGORY: Support for Caregivers, Friends and Family

Cardiff and Vale University Health Board	Support for Carers in GP Practices
Fruit Fly Collective	When Cells Have Behaved: Creative Cancer Family Workshops
Global Initiative	Care Companion - A Free Online Resource for those Looking after their Loved Ones
Hertfordshire Partnership University NHS Foundation Trust	The Broadland Clinic Carers Group
Nottinghamshire Healthcare NHS Foundation Trust	Building a Carer Friendly Organisation
Royal Cornwall Hospitals NHS Trust	Butterfly Scheme

CATEGORY: Team of the Year (including PALs)

Cwm Taf University Health Board	Patient Experience Team of the Year
Kettering General Hospital NHS Foundation Trust	It's My Health - Youth Voice
NHS Blood & Transplant	Team of the Year
Royal Cornwall Hospital Trust	The Royal Cornwall Hospital Bowel Two Week Wait Service

CATEGORY: Turning it Around When it Goes Wrong

Barking, Havering and Redbridge University Hospitals NHS Foundation Trust	'Dispelling Myths and Increasing Confidence to Provide Dignified Care after Death'
Cardiff & Vale University Health Board	Developing a Patient-centred Service for Neuroendocrine Cancer across South Wales Through Commissioning and Co-production
The Mid Yorkshire Hospitals NHS Trust	End of Life Fast Track Discharge (Led by Justin Trewren)
Virgin Care Limited	Turning It Around

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



PEN National Awards 2018

Re:thinking the experience

Air Arts

10th Anniversary Celebration Art



Category

Environment of Care

Organisation

Air Arts is the arts charity for University Hospitals Derby and Burton NHS Foundation Trust, which aims to improve patient and staff experience through the arts and culture across the whole Trust. Air Arts delivers arts exhibitions and performance in public spaces and participatory art on the wards for patients and staff. The programme is funded entirely through charitable donations, sponsorship, and funds from Trusts and Foundations. The team is made up of 5 artists, all of whom work part time.

Summary

In 2017, Air Arts celebrated its tenth anniversary. To have survived, and grown through such a period of financial difficulty for the NHS is quite an achievement, so we wanted to ensure the milestone was marked by sharing and celebrating the positive impact of the arts on wellbeing. We also wanted to use this as an opportunity to raise awareness of the programme both within and outside the hospitals. Following a yearlong in-depth consultation with patients and staff, a varied and exciting series of events and opportunities were devised to bring 'something for everyone'. We also refreshed our website, introduced a social media strategy, created new publications and established many new partnerships across the region and nationally to support our programme, expand its offer and make a real difference. We presented at national conferences and set up a new network of UK arts managers to share best practice across the country. The project was a huge success leading to national recognition of the programme, a successful funding bid with Arts Council England, many follow on projects, an increased demand for our work within the hospitals, and requests to develop similar programmes in other UK hospitals.

Impact

At each event, we provided feedback forms and also gathered feedback through the hospital PALS service, the NHS friends and family test, our own website and email. We gathered a huge amount of positive feedback from the activities across the year and worked directly with around 5,000 extra visitors, patients and staff. With the additional exhibition pieces from Paintings in Hospital, we doubled the footprint of our exhibition spaces. With our 'Colour me, read me' books, we also brought the Air Arts experience into the waiting spaces and wards without the need for artist facilitators. Due to the success of TEN, we set up 'Creative Prescriptions', a subscription programme for wards to buy in arts projects through their own charitable funds and we now have 6 wards who subscribe to this service on a regular basis. We have successfully continued our photography 'image club' for staff which has already been replicated in Sheffield Hospitals. We successfully ran staff arts exhibition showing over 300 pieces of visual artwork created by staff. This was so successful that we have subsequently arranged to do staff exhibitions on an annual basis. The participatory programme has been supported by our library service who have provided more funding for Air Arts to work in partnership with them to provide 'A Breath of Fresh Air'; additional drop in activities on ward including local interest talks, music and magic shows. Thanks to increasing demand for music on the wards, we have set up a successful training programme for musicians wishing to train in hospital settings with the Royal Birmingham Conservatoire. The Chief Executive of our Trust has requested that Air Arts is established at our new hospital sites as part of a recent merger with Burton Hospitals.

What Makes Us Special?

To prepare for our tenth year, we really listened to the people who we wanted to support to ensure we made a difference to their hospital experience. We then devised a year of activities to include as many people as possible and to have the most impact. We worked on developing partnerships both within and outside of the hospital to support us in our aims and to ensure a well-researched foundation to the programme. This approach has ensured that Air Arts has become one of the most well respected arts in hospital programmes in the UK. This success is due to a focus on whole environment; supporting patients and staff at every stage of their journey through our hospital buildings. The programme is embedded within the hospital culture, dovetailed as much as possible with existing hospital routines and structures. The breadth of the programme is vast covering a wide range of receptive and participative artistic interventions including large scale public sculptures, departmental enhancements, staff exhibitions, colouring and poetry books, children's theatre, magicians and musicians playing on the corridors, and one to one creative activities at bedside. We truly offer 'something for everyone'.

Contact Details: Laura Waters - laura@airarts.net



Ashford and St Peters Hospitals NHS Foundation Trust

What Matters to You: A Patient, Family and Staff Focused Model of Care

Categories

Communicating Effectively with Patients and Families, Integration and Continuity of Care, Measuring, Reporting and Acting, Personalisation of Care, Staff Engagement/Improving Staff Experience, Using Insight for Improvement.



Organisation

Ashford and St Peter's Hospitals became a Foundation Trust in December 2010 and was formed by the merger of St Peter's Hospital and Ashford Hospital in 1998. It is the largest non-teaching Trust in the region and provides a full range of Acute Hospital Services. Ashford and St Peter's Hospitals NHS Foundation Trust serves a population of around 450,000. There are 413 beds in a range of specialties. With a workforce of around 3,500 staff and £213m income, the Trust has an impressive track record of developing integrated models of care. The patient population within our locality is significantly older than many other parts of the country. Across the Trust, there were 7,347 care episodes for patients over the age of 75. All patients aged over 75 on Swift and Holly ward will be affected by the project, which is approximately 110 patients per month. Similar to most NHS trusts, there are a significant number of registered nurses and health care assistants who are from countries other than the UK. This means that there is a varying level of English language used on the wards as well as confidence in their ability to communicate effectively. Staff turnover and the resultant vacancies impacts the emotional needs of the remaining staff as well as affecting the skill mix and consistency of the team. Although the senior doctors on the wards are permanent, the junior medical staff are flexible and tend to only remain on the wards for a few months at a time when they are not on call.

Summary

This was a collaborative project with SAMS team (Senior Adult Medical Services) and Palliative care team that centred on delivering compassionate care for people with life-limiting illness or uncertain prognoses. We used "shadowing" as a patient/relatives experience measure to identify areas for improvement. It will be used as an ongoing measure to review our work. It engaged a wide range of staff from school leavers to senior consultants, nurses, health care assistants, exec team and admin staff. The main area of focus was the introduction of "what matters to you?" which led to an ethos change that includes all patients, MDT staff and relatives. Other change ideas included:

- We developed a "Matters" communication tool and Palliative care team facilitated small group teaching on this;
- We co developed "hands" that went above every bed and prompted the question to be asked and shared by all to focus their care on that individual;
- We asked relatives, staff and patients for their feedback that was visually displayed on the wall;
- We created excitement with Blogs, Comms, presentations and "walk abouts" on the ward;
- We asked our staff "what matters to you" daily and acted as a team to support one another in these findings.

Impact

We started by measuring that the behaviour (question) "what matters to you" was reliably asked and documented. We hoped and were not disappointed that the rest would follow. At baseline - 75% of end of life patients had the correct name above the person's bed, after 81% and 96% of all patients over 2 wards. 100% of what matters hands filled in on both wards. 53-80% reduction in delays to discharge secondary to family conversations. 38-59% reduction in delays to care homes. 10-15% improvement in advance care planning conversations shared with families and GP's. Reduction in length of stay of patients by average of 3 days. We also showed improved team working and safety with questionnaires and improved recruitment and retention. This was at 5 months.

What Makes Us Special?

This is not another "tick box exercise" of the past, or an audit cycle. This is an ethos change that will go on re evaluating care focusing on the patient experience, the staff experience and the relative experience. The projects come out of this ethos. This idea puts staff at the heart of how patient care works and seeks to enable a caring profession to do their best and facilitate what they trained to do. It puts the patients and relatives wishes as the goal for all staff and by doing this we have proven that the trusts /NHS aims can follow. The key is that we are not making more work/ forms for staff to do, but enable them to do what they trained to do – provide the best care they can to the people they look after and enjoy the satisfaction in that pleasure.

Contact Details: Emma Wilkinson - emma.wilkinson4@nhs.net




Barking Havering and Redbridge University Hospitals NHS Trust

Collar and Brace After Care Service (CBACS)

Categories

Personalisation of Care and Using Insight for Improvement

Barking, Havering and Redbridge 
University Hospitals
NHS Trust

Organisation

BHRUT is a large acute Trust bordering East London and Essex. We have two hospitals, Queen's Hospital, Romford and King George Hospital, Goodmayes and also serve clinics across our local area. We have a staff of 6,500 and serve around 750,000 people from a variety of backgrounds, across a wide area. The collar and brace after care service (CBACS) is a service within our Cancer and Clinical Support Division and is part of the integrated therapies team. The service was set up in 2017 to support patients in their own homes whilst they require the use of a collar or brace device.

Summary

We see a number of patients who need to have a collar or brace device to support their recovery. It was identified that these patients were staying in hospital for longer than necessary due to a lack of community services. This initiative bridges the gap and ensures that patients can be discharged safely and cared for in their own homes. This initiative required engagement with and support of our local partners. Success has been due to the way the service responds to individual needs and is testament to staff members commitment, kindness, compassion and overwhelming ability to go above and beyond for the benefit of the patient.

Impact

Through evaluation of the pilot, it was identified that relatives also needed to have information and advice to support their loved ones at home and they are now fully engaged at every stage of the service, accessing support and training where required. The team can attend any hospital appointment related to the patient's spinal injury – so the patient has someone in the consulting room who understands and can communicate in a language they understand exactly what is happening with the patient's condition and plan. The team can liaise with the consultant to ensure they see the patient holistically. A recent example of this was a patient who had a spinal injury and was in a CTO (collar and brace) who required a surgical procedure which the Anaesthetist wanted to complete under general anaesthetic. It had not been considered that the patient couldn't remove the brace and have their head put in extension for the ETT tube to be inserted. CBACS met with the Anaesthetist and were in theatre on the day of surgery ensuring that the patient was fully supported and not subject to any additional risks. They stayed with the patient throughout and the patient was managed under an epidural. The patient, family and surgery team were appreciative of the team being available to provide this level of expertise. Below are some comments/feedback from staff, patients and relatives about their experience of the service:

"I found your help in theatre of a tremendous benefit and I believe the success of the whole procedure was made possible due to your help.....The whole procedure was done in a timely and professional manner, to the benefit of our patient and to the benefit of the Trust. I am extremely grateful for your professionalism, your attitude to do above and beyond your regular duties and sincerely do believe you made all the difference." Consultant Anaesthetist

"I don't know what I would have done without this service" – patient; "The sheer existence of this service is inspired" – patient;

"First class, excellent service, all delivered with a smile. Who could ask for more. Thank you to Jennie, Sarah and Claire for being so kind and considerate, even moving the treatment nearer reception as Dad can't walk very far." – relative

"Thank you for making an unbearable situation bearable. We'll never forget your kindness and caring" – patient and relative

Evaluation of this project in October 2018 showed that since May 2017 the service has seen 87 patients. The bed days and cost savings are outlined below: Patients seen – 87; Bed days saved – 1911; Total cost saving - £675,975. This equates to a total of 2 consultants, 2 band 7s, 3 band 6s, 5 band 5s, and 3 band 3s. You could staff an entire ward based on these savings.

What Makes Us Special?

This initiative was identified from patient and staff feedback and was set up in response to extended, unnecessary length of stay for this patient group. It is truly holistic and individualised. This is the only service of this type in the country. There are other projects that have aspects of the service, none provide the truly bespoke and complete service that CBACS is able to provide. The impact on patients and their relatives has been significant.

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Barking, Havering and Redbridge University Hospitals NHS Trust

Creating Memories for Children and Young Adults in the Acute Hospital Setting

Category

Personalisation 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 Good Mayes 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

BHRUT Treasured Memories Appeal was set up in 2006. It provides support to children and young people whose family members/friend has a life limiting illness. Treasured Memories believes in an open and honest approach to support children/young people, enabling them to share their anxieties and feelings in a trusting and safe environment. Before this project started there were limited spaces available in the Trust to conduct these types of conversations. Dennis’s Den was created to provide a dedicated space where this type of work could be carried out. The Trust Mission Statement for End of Life Care (EOLC) written in 2013 states that “care will be delivered by staff that is knowledgeable and compassionate in surroundings that provide comfort and dignity”. Staff tried to accommodate for patients to have an opportunity to say goodbye to loved ones especially with young children.

Impact

Over the past five the project has gained momentum as other health care professionals have a better understanding of the important of preparing children for the death of a loved one. Creating memory boxes with patients and their families/carers has increased dramatically and feedback from families has been positive... Since the opening of the dedicated space (Dennis Den) patients now have a protected area where difficult discussion can take place and spend some time together before heading back to their bed space.E.g.

- Patients are now able to skype family and friends so they do not miss out on important experiences;
- Able to read children a bedtime story as well as completing memory boxes;
- Write feelings on stars that can be tied to the blossom tree, they can also decorate and leave a message on a star which they can tie them on the tree together to add a positive stance to a negative experience which is essential for bereavement care;
- There are aids within the room to help children discuss their worries and feel supported;
- Memory boxes can be completed without being disturbed by the business of the ward;
- The room has sensory lights to help create a more calming environment for those that might have special needs

Quotes

- *“just being able to be together as a family off the ward environment ”* patient
- *“A beautiful room to hold our wedding service, a time I will always remember”* wife of a patient
- *“ Thank you for giving me time away from the ward to tell my 10 year old daughter that my cancer had returned and have family time together that was never possible before”* Patient
- *“ after telling young children that there mother was going to die very soon, it was a great space for them to be able to cuddle and share a pizza that they always usually do together, it helped me a professional to feel that we had been able to make a difference”* staff member

What Makes Us Special?

In EOLC it is the small things that make a huge difference. This project has enabled patients who are going through a difficult time to have some pleasures by being able to create memories with their love ones (particularly children and young adults).Historically there are usually dedicated spaces in areas like A&E, maternity and ITU but not for the general wards. This project has enabled our Trust to stand out as they believe that this is important for patients who are nearing the end of their life.The feedback from the patients has been heart-warming and extremely positive. One lady had been in hospital for 8 weeks and had not been able to get outside, she was able to be wheeled into this room on her bed where there is a blossom tree and even though artificial she felt overwhelmed with emotions and gratitude.

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Barking, Havering and Redbridge University Hospitals NHS Trust

Dispelling Myths and Increasing Confidence to Provide Dignified Care after Death

Category

Turning it Around

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

Care of the deceased patient within the Trust was often hit and miss (some good care and some not so good) as no formal education was in place. The anatomical pathology technologists (APTs) (mortuary staff) worked in collaboration with the senior nurses in the cancer and clinical support division to improve the care after death. Mortuary insight visits were set up alongside an elearning module called ‘Care after death’. It comprised of top tips from the mortuary staff and best practice from the NHS ‘Improving End Of Life Care programme’ on how to care for the patient and family/carer after death. Providing insight visits to the mortuary although controversial have provided first-hand experience of what happens after death and have raised awareness of the care and how important it is to treat patient’s as an individual and with dignity.

Impact

This initiative was started in June 2018 and there has been a significant improvement of the presentation of the patient after death when received in the mortuary eg less leakage of bodily fluids, better positioning of the head, more lines left in place where appropriate, and better identification tags. Since June 2018 356 insight visits have been attended and 1276 Staff has completed the e-learning. The visits are twice monthly (one at each hospital site). Feedback from ward areas has been that there is a greater awareness of care after death and staff confidence has increased in the preparation of the patient after death. Individual feedback:

- *“It has enhanced my knowledge for the deceased”* staff nurse
- *“have learnt how to prepare a deceased patient properly”* Health care assistant
- *“Reassured that the mortuary staff treat patients with dignity and respect”*
- *“Since attending the visits I have overcome fears and how to be able to support patients and families at the end stage of life, this session was excellent and my patient after care has improved.”*

There have been minimal negative feedback; however there have been anxieties about attending the mortuary and this has been dealt with by senior nurse’s support. The APT lead is now presenting quarterly data at the Trusts end of life care advisory board in order to monitor improvement and address any issues raised.

What Makes Us Special?

- This initiative is unique as when the lead APT did some research into what other Trusts do there were very few Trusts that provided insight visits.
- The initiative has been received in a very positive manner and staff have fed back that they have learnt a lot about the care after death.
- Before this initiative started the care given to patients was not always of a good standard due to lack of knowledge and adhoc teaching.
- This initiative has now improved the relationship between the mortuary staff and the hospital and has raised the awareness of what actually can be achieved. E.g. by an accurate handover to the mortuary staff there is better communication enabling staff to fulfil individual unique requests.
- The overall awareness has greatly improved around the work done in the mortuary and some of the myths and fears have been dispelled.
- This has led to better communication between ward staff and the mortuary, and when complications have arisen then they are easily rectified.

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Barking, Havering and Redbridge University Hospitals NHS Trust

Trusted Assessor Working in Collaboration with Local Nursing Homes

Category

Integration and Continuity of Care

Barking, Havering and Redbridge 
University Hospitals
NHS Trust

Organisation

We work in a busy NHS hospital that has the demography of a diverse and transient community and is based across two sites. Barking Havering Redbridge University Trust (BHRUT) is based in Romford and Ilford Essex and has a work force of approximately six thousand five hundred staff supporting over six hundred inpatients. We are part of the Palliative Care Team providing care and support for adults who have a life limiting and/or terminal diagnosis. We practice multi-disciplinary care ensuring that our patients are cared for by the appropriate palliative care professional, this includes, Clinical Nurse Specialists, Palliative Care Consultants, Specialist Occupational Therapist, Discharge Facilitator and Specialist Social Worker.

Summary

It was evidenced in the BHRUT Trust that patients with Fast Track Funding agreements (NHS funding via local CCG's provided for patients who have a terminal diagnosis and/or unpredictable disease progression and have the propensity to rapidly deteriorate) were waiting on average 12 days before placement to a nursing home. This was due to Nursing Homes having difficulty releasing staff to complete the assessments. In March 2017 NHS Improvement introduced The Rapid Improvement Guide for Trusted Assessors. This gave the Palliative Care Team not only the framework but the innovation to introduce the Trusted Assessor model of care within the Trust.

The Specialist Palliative Care Team (SPCT) set up a task and finish working group to look at how to improve the process of assessing patient for discharge to nursing homes. Initially one healthcare provider (which supported 2 nursing homes) was approached. We then commenced a programme of visiting the homes to explain the process; following this we completed a series of joint assessments within the hospital environment. This allowed us to build our working relationships to ensure that trust was gained and allowed the SPCT insight into the information and knowledge that the home would require to support a successful transfer. We independently completed the assessments and communicated with the nursing homes to ensure they were happy with the information provided and negotiated a transfer date. Following a very successful pilot The Trusted Assessor programme was expanded to eight nursing homes within our catchment area.

Impact

- The Palliative Care team commenced The Trusted Assessor programme in December 2017 and to date has facilitated the discharge of 28 patients within 24 hours of assessment and 13 patients within 48/72 hours (delayed due to outside interventions).
- We manage the sustainability by being proactive within the initial referral by ensuring a rapid and appropriate response to patients that require a nursing home placement.
- It is recognised locally by our partners in the Nursing Home sector and we now have 8 nursing homes working in partnership.
- The Trusted Assessor programme continues to support the rapid discharge of patients to the Nursing home of their choice.
- This demonstrates that 62% of patients were discharged within 24 hours of funding, reducing the number of actual bed days by 11 days per patient.

What Makes Us Special?

- It is fundamentally based on the needs of the patient and the willingness of staff to work together to ensure that the preferred place of care is met in a seamless and timely manner.
- This is an initiative project for BHRUT who had the fore thought to allow the SPCT to move forward with this model of care.
- This model is not complicated to achieve but good communication is at its core.
- It has allowed us to facilitate and nurture good working relationships with our community caring colleagues. E.g. care homes will now ring directly to the SPCT to inform them of empty beds and if there any complications with discharges they can be quickly rectified. This has allowed care homes to have the confidence in the SPCT to make decisions on their behalf regarding acceptability for nursing home beds.

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PEN National Awards 2018


Re:thinking the experience

Barking, Havering and Redbridge Hospitals NHS Foundation Trust

Alina Stevens

Category

Patient Experience Advocate of the Year

Barking, Havering and Redbridge 
University Hospitals
NHS Trust

About Nominee

BHRUT is a large acute Trust bordering East London and Essex. We have two hospitals, Queen's Hospital, Romford and King George Hospital, Goodmayes and serve clinics across our local area. The Trust has a Trainee Nurse Associate (TNA) programme which is currently supporting our first cohort of students. The TNAs have been selected from current Band 2 Healthcare Assistants in the Trust. The purpose of the role is to bridge the gap between Healthcare Assistant and Registered Nurse to achieve better outcome for patients and to improve patient experience. This was set out in the national document "Leading Change, Adding Value" – NHS England. Within our Trust, Alina Stevens is one of our first cohort students and is currently aligned with the Dementia Team.

At Work

The initial concept came from an individual patient who was distressed by having to give up her sensory aids and teeth prior to surgery. An immediate, make-shift solution was found for Betty, but Alina then reflected that this would be an issue for a large number of patients and that there needed to be a potential solution for everyone. On discussion with patients, she became aware that removal of sensory aids and teeth leaves our patients feeling quite vulnerable. In addition, a lack of robust process means that often items removed from patients can be mislaid and this results in avoidable distress for patients and a significant cost to the Trust each year from reimbursement claims. Alina thought that this concept was something that could potentially achieve real results. She was already aware of the Plan, Do, Study, Act (PDSA) cycle and this became the methodology by which Alina developed the initiative. The purpose was to improve patient dignity, inclusion in care, involvement in decision making and reduce unnecessary loss and the impact of this.

The Professional

Alina believed this was a problem that many patients were experiencing but before going ahead with the project she wanted to have some evidence of the scale, so she undertook some observations on the ward to identify the scale of the potential issue. She observed how many patients were having their sensory aids and teeth removed before they left the ward for surgery. She also designed a patient feedback survey which she worked with volunteers on the ward to discuss with all appropriate patients obtaining their views on the current arrangement and the proposed solution. She held a focus group with the original patient, Betty, and others on the ward to discuss potential designs and materials that could be used. Patient involvement in this project was key to understanding the impact and therefore designing a solution that would meet the needs of our patients. Alina undertook lots of research regarding infection prevention and control and waste management – both the national and local picture. Alina reviewed the NHS Model of Change to identify how to embed small scale change in the organisation using shared vision between multi-disciplinary teams.

After undertaking the research and obtaining patient views and feedback, in her own time, at home, with the use of a standard kitchen kettle and food processor, Alina started making a number of prototypes. She used disposable kidney bowls to break down into pulp and made many different versions based on the concept of a plastic take away container. Each time, using the PDSA cycle to identify what was working and what needed to be changed or adapted. The aim was to develop a final design for a prototype solution that could be available for all patients to house their sensory aids and teeth as one unit to keep with them throughout their patient journey.

Summary

This initiative was the result of a direct conversation with a patient which resulted very quickly in a solution being put in place. Alina has taken it upon herself to develop this outside of the requirements of her programme of study. This also stands out due to the wide-reaching impact implementation of this solution could have across the whole NHS system.

Following surgery, Alina visited Betty who still had the makeshift container secured to her bedding. She was extremely thankful to Alina for recognising that this was important to her and for responding in a way that made such a difference. Betty told Alina that this made her feel listened to and included in her care. Subsequently Betty used the makeshift container throughout her entire inpatient stay. Alina realised that this was a potential problem for many patients and decided to explore creating a permanent solution that could be available on the wards – she came up with an excellent solution based on understanding patients' needs, testing solutions to find the best one and improving patient experience.

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Benenden Hospital Trust

Introduction of Post-Operative Cataract Information Films

Category

Communicating Effectively with Patients and Families



Organisation

Benenden Hospital is a members hospital providing discretionary care to assist and run alongside the NHS. The hospital was set up originally in 1908 to serve the postal workers who had succumbed to TB. Over the years the hospital has seen many changes which has allowed it to become a CQC rated Outstanding hospital specialising in Consultation, Diagnostics and Elective Surgery. The Hospital has a staff base of 350 and a range of specialities including EVLT, orthopaedic and cataract surgery is catered for by our sessional doctors.

Summary

Telephone calls to the Eye Unit identified that post discharge not all cataract patients fully understood or absorbed all the information that was given to them at discharge. By introducing a short film that patients and their relative/friend who were accompanying them home watched together before discharge ensured that the information given was:

- Generic information given to all patients ensuring the information given was clear, concise and consistent.
- Patients who had just undergone eye surgery found it difficult to see and concentrate on the information given to them in written form. The film is watched twice before leaving the department provided an easy visual way in which to gain the information needed and is backed up with a written leaflet.
- Written discharge information given to the patient includes a link to enable patients to view the short film on U Tube.
- The film is produced by a professional company to ensure quality of production produced, but starred members of the eye unit team making it relatable for patients.

It was noted by staff that despite all staff using the same script when discharging patients that there was a higher than expected incidence of patients contacting the department to ask questions about things they didn't fully understand, couldn't remember or wanted clarity on. The purpose of the film was to ensure that the information given within the film was consistent and the message given was calm and concise. The purpose of using members of the team within the film was to raise patients interest (the stars of the film are 2 key members of staff) and in turn this installs trust in the message given. The film is shown in the discharge room which is private and a quiet space which enables the patient and their escort to listen and concentrate on the information given with an opportunity to ask questions of the discharging staff member before leaving the department.

Impact

The initiative has ensured that the information given to all patients is consistent, clear and concise. The department have noticed a marked reduction in the number of telephone calls to the unit post discharge. These queries typically included asking basic advice washing hair post-surgery, when it was safe to drive, swim etc. all of which is covered in the discharge film. Following the introduction of the film calls to the unit have been markedly reduced allowing staff to focus on aspects of the patients journey through the department.

What Makes Us Special?

This initiative put the needs of the patient ready for discharge to the top of the agenda. Delivering important information in a concise, clear and efficient manner. Ensuring that the information is received in a fun informative and relaxed manner. The team members starring in the film was an important element, ensuring that the film pricked interest when key members of the team that had looked after them were recognised as the stars of the show. The film is short and this allows for two showings, thus allowing the patients to see it and then view again to retain the information given. The process of taking the patient to the "discharge lounge" a small room which was otherwise used for storage, enables patients to prepare mentally for discharge giving them an area in which to absorb the information given and then the opportunity to ask questions in a confidential and safe way. The film has been well received and has created discussion with patients.

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Cambridgeshire Community Services

Community Nursing Team Carers Cards



Categories

Communicating Effectively with Patients and Families & Engaging and Championing the Public

Organisation

Cambridgeshire Community Services NHS Trust provide the following extensive portfolio of services:

- a range of children's services to children, young people and families in (Cambridgeshire and Norfolk)
- school age immunisation programme (Cambridgeshire, Norfolk, Peterborough and Suffolk)
- iCaSH: Integrated Contraception and Sexual Health Services (Bedfordshire, Cambridgeshire, Norfolk, Peterborough and Suffolk)
- dental services (Cambridgeshire, Peterborough and Suffolk)
- musculo-skeletal services and uro-gynaecological physiotherapy services (Cambridgeshire and Peterborough)
- the Oliver Zangwill Centre for Neuropsychological Rehabilitation and the Evelyn Community Head Injury Service
- Children and Adults' Community Health services for the residents of Luton
- Children and Adults' Community Health services for the residents of Bedfordshire are provided in partnership with East London NHS Foundation Trust (ELFT).

We believe that community based health services are fundamental to the success of an NHS that gives people more choice and control over their health. The populations we serve are approximately: Bedfordshire – 437,817; Cambridgeshire – 644,000; Luton – 214,000; Norfolk – 883,000; Peterborough – 193,000; Suffolk – 743,000

Summary

It was identified that due to a high turnover of staff in continuing care provisions for families of children with long-term complex health conditions, new carers were entering family homes as virtual strangers to the family and the child. There was a clear need for a way to introduce new carers to families without being intrusive into the lives of children with complex medical and mental health conditions. The Community Nursing Team 'Carer's Cards' idea has been loosely based on the idea of top trump cards. As an organisation, we have staff information displayed in our clinics and on our website, however, never before have we sent out information about carers in the form of an introductory card. The cards themselves are bright and fun for children. They are roughly A6 size laminated paper and with the involvement of the nurse or carer involved, they have a picture of the person, their first name and a few interesting facts. This may be their favourite colour, or the name of a pet for example, something small but that will break the ice with a new child and family.

Impact

We have had feedback from families expressing the simple yet effective nature of the cards. One family in particular receives care from the team for their disabled son who is unable to communicate verbally. He relies heavily on the cards to help him adjust to any changes in the rota of nurses providing his care. The family uses the carers cards as part of their night time routine to let the child know who will be in the room with him overnight as he is asleep at the time of the carers arrival. Feedback from the nurses providing care for the families is also very positive. The nurses are able to read the case notes and medical history of a child before they attend to them and can therefore feel they know a bit about a child, having these cards allows the family to have the same insight and can help to break the ice for new nurses. They also help to build the initial relationship with the child and family. A quote for one of our carers 'it feels like an easier introduction to the family as they already know what I look like and they know some basic information around my working experience. It allows the parents to let the child know who will be caring for them that day.'

What Makes Us Special?

This is a very simple initiative which makes a big difference to the children and families. Something that we take for granted, knowing a person who is coming into your home, can be out of your control if your child has complex and continuing care needs, this helps to reduce the stress of having a stranger come into your home. There are also no cost implications.

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Cardiff & Vale University Health Board

Developing a Patient-centred Service for Neuroendocrine Cancer across South Wales through Commissioning and Co-production

Category

Turning it Around



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

Organisation

Cardiff & Vale University Health Board is a large and complex NHS organisation providing a wide range of health and wellbeing services to the local Cardiff and Vale population and on a wider-Wales basis through primary, secondary and tertiary care. Welsh Health Specialised Services Committee is a joint committee with the responsibility to ensure that the population of Wales has fair and equitable access to safe, effective and sustainable specialised services.

Summary

Care for patients with Neuroendocrine Cancer across South Wales has been transformed since September 2017 by developing a nationally commissioned patient-centred service across Welsh NHS organisations. Historically, a fragmented service received significant negative feedback. Led by a Gastroenterology NET expert, working with commissioners and patient groups through co-production, options of the model of care were appraised and implemented at a central and local level. Two cancer nurse specialists have been trained and provide support and education regardless of geography. There is more effective communication from the NET multidisciplinary meeting with equality of access to specialist expertise, diagnostics and treatments. The new service has gained the confidence of patient groups with overall satisfaction rate increasing from 19% to 99%. Using patient reported outcome measures (PROMS), there is a statistically significant reduced burden of gastrointestinal symptoms with 93% of patients feeling their symptoms are being addressed. To achieve sustainability, activity is recorded to guide devolvement of resource. Working with local clinicians has provided education to provide some local follow up for simple cases, guided centrally, which encourages sustainability. The success has been shared with national Wales commissioners, other NET centres in the UK and Europe through conference presentations and social media.

Impact

In a short space of time (one year), the NET MDM has been transformed, with accurate real-time digital records and timely communication to clinicians and patients with emphasis on accurate coding and database input. Excellent feedback has been obtained from health professionals in all organisations. Two specialist nurses have been appointed, trained through a bespoke training programme and are accessible to all patients regardless of geography and organisational boundaries, providing important patient information and support. Patients have access to a specialist NET expertise in a clinic based in Cardiff with a smaller hub in Swansea. On a repeat patient survey, overall patient satisfaction rate has improved from 19% to 99% with free text answers demonstrating positive patient stories. Previously, 62% of patients reported that they would have preferred more information communicated to them on their disease. After implementation of the new service, this reduced to only 6%. The proportion of patients reporting difficulty in access treatments reduced from 40% to 12%. Patient reported outcome measure (PROMS) were used to evaluate symptoms and quality of life (GI-NET21 and GI symptom rating scales) in addition to a repeat patient experience survey. Regular engagement with the two patient group meetings in Cardiff and Swansea was established for patient education, talks, Q&A and drop-in sessions. With the focus on symptoms and quality of life, 93% of patients felt their symptoms were being addressed. There was a reduction in all symptom categories reported with impact of GI symptom score reducing from 7/10 to 5/10. GI-NET21 and GI symptom scores were lower in the new service ($p=0.006$ and $p=0.004$).

What Makes Us Special?

This is the first time that specialist care for people with Neuroendocrine Tumours has been commissioned on a national level in the United Kingdom which has been noticed by international patient groups. A very successful service has been achieved, highly valued by patients which is a transformation from an extremely negative situation. In addition to the complexity of the disease (which is heterogeneous), this initiative has involved complex pathways across financially independent organisations and cancer networks. From the outset, co-production has been the approach in this service facilitated by Welsh Health Specialised Services Committee, with patients centrally involved throughout the process.

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PEN National Awards 2018

Re:thinking the experience

Cardiff and Vale University Health Board

Listening and Learning Together to Improve Patient Experience

Category

Engaging and Championing the Public



Organisation

Cardiff and Vale University Health Board is one of the largest NHS organisations in Europe. We employ approximately 14,500 staff, and spend around £1.4 billion every year on providing health and wellbeing services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan. We also serve a wider population across South and Mid Wales for a range of specialties. Our vision is to create a community where your healthy life chance does not depend on who you are or where you live. Our Services:

- Primary and community based services: GP practices, Dentists, Pharmacy and Optometry and a host of community led therapy services via community health teams.
- Acute services through our two main University Hospitals and Children's Hospital: providing a broad range of medical and surgical treatments and interventions.
- Public Health: we support the communities of Cardiff and Vale with a range of public health and preventative health advice and guidance.
- Tertiary centre: we also serve a wider population across Wales and often the UK with specialist treatment and complex services such as neuro-surgery and cardiac services.

Summary

Organizing health appointments and communicating with health professionals when you have a sensory loss can be a daunting experience and sometimes practically impossible if you are a first language British Sign Language (BSL) user. The feeling of uncertainty of how best to communicate and how to provide sensory loss patients with accessible information is something that most if not all health professionals will experience on a regular basis. These identified barriers to D/deaf/severe hearing loss patients' direct access and engagement in health services comes, at a significant cost both financial and importantly human, to both Health Board and its patients.

Following some informal concerns being raised by patients who are deaf we decided to proactively hold a public meeting to listen to their concerns. It was clear that we needed multi-channel communication. There has been significant work undertaken in Medical Records to identify people on our system who require either a BSL interpreter or a technological solution. In order to ensure an improved service for all people with sensory loss the Health Board Charitable Funds Committee have supported COS. COS was originally founded by the deaf community and with some 23 years of experience of delivering services and support to people living with sensory loss and the professionals and organisations who work with them. Whether the service is delivered online, remotely or face-to-face, they can assist members of the community with a wide range of issues, from making GP appointments to communicating with Health Care professionals. Linked with COS, the UHB is piloting DAISY Online Interpreting. This is aimed at providing quicker, more cost-efficient access to communication support for deaf/hearing loss people to engage with public sector services; COS has developed an innovative remote access British Sign Language (BSL)/English communication support and interpreting service, the first of its kind in Wales. Using skype for business, DAISY 'Face to Place' facilitates quick and cost-efficient access to vital communication support via qualified/registered BSL/English interpreters for deaf people and lip speakers and or/note takers for people with hearing loss. The project which has been accepted as part of the Bevan Programme will pilot this element within a primary care setting, such as a GP surgery. This is possible because DAISY can be accessed via iPads, tablets, Smartphones, laptops or PC's and importantly via the Health Board's own internal current IT system.

Impact

We continue to work proactively with the Deaf community. We have secured funding to provide more BSL training over the next year. The DAISY project has been supported as a BEVAN exemplar project working with our technology partner. We have established an all Wales task and finish group to improve the access for people who are deaf to use the concerns process in Wales.

What Makes Us Special?

Working with the community who have provided lots of feedback, have advised about available technology, have set up meetings for me regularly with the community and have really become involved in agreeing the solutions moving forward and become partners in developing the actions.

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PEN National Awards 2018

Re:thinking the experience

Cardiff and Vale University Health Board

Support for Carers in GP Practices

Categories

Integration and Continuity of Care & Support for Caregivers, Friends, and Family



Organisation

Cardiff and Vale University Health Board is one of the largest NHS Organisations in Wales and employs approximately 14,500 staff. The organisation is multifaceted as we care for not only acute patients but also those receiving both Mental Health and Primary Care services; which includes 63 GP Practices. Additionally the Health Board provides tertiary services such as, Neurology and Haematology. As a Health Board we care for around 472,400 people living in the Vale of Glamorgan and Cardiff areas and we have approximately 52,000, known, unpaid carers across both Local Authorities.

Summary

Unpaid carers' play a huge part in support provision and it is estimated that in Wales alone they provide what is thought to be worth £8.1 billion per year. Any initiatives that we can put in place to identify carers early has to be beneficial with GP practices well positioned to undertake this role. The challenge is that people do not view themselves as carers but in fact a 'daughter' etc., therefore the role undertaken is an expectation. This therefore affects them accessing available support to aide their caring role. Colleagues from Health and Social care were involved in the initial discussions and criteria agreement, including Third Sector, Local Authority and Health. This illustrated strong leadership in developing and implementing the accreditation process. It is sustainable as it is not heavily resourced by staff. A member of the Patient Experience Team and Carers Development Officer in the Local Authority have incorporated the training and assessing into their role. With anecdotal evidence illustrating GP Champions networking and sharing their learning. This project is transferable with Pharmacies requesting information in relation to the accreditation process and there is also an accreditation scheme in schools, identifying 'young carers'.

Impact

Across Cardiff and the Vale of Glamorgan 66% of GP surgeries are engaged with the Carers Accreditation Scheme.

- 23 have achieved bronze level;
- 3 have achieved silver level;
- 26 are working towards bronze

Due to the nature of the caring role it is difficult to measure impact, as many carers as discussed prior do not even identify as a carer, they are just doing what is expected of them as a family member or friend. As part of the initiative it is encouraged to have an area where carer information is easily accessible, so some carers may make note of numbers or organisations, but the Champions are not aware of this. However, the Champions are finding ways to engage with their known and unknown carers by holding open events.

Case Study of impact: After a presentation from Carers Wales, at a Carers Champion Network meeting, one of the Champions contacted Carers Wales to come to the practice to run a carers coffee morning, during Carers Week 2018. They invited carers to drop in for a coffee and to meet representatives from some of the organisations available to them in the local area. After this the Champion reported that the majority of carers they saw that morning were unknown to the surgery, and they had not realised so many carers were close to crisis point. This led to the champion arranging a Carers Clinic supported by the Patient Experience Team which will they are going to continue as a quarterly event throughout the year.

What Makes Us Special?

The Welsh Government have stated three National Priorities in relation to Carers which include;

1. Supporting life alongside caring
2. Identifying and recognising carers
3. Providing information, advice and assistance This GP Accreditation Scheme supports all three.

Its success has been due to numerous factors, including;

- The right people on the front line providing training and assessing
- Support from Health and Social care in driving, developing and continually reviewing
- In times of austerity, the resource implications have been a positive benefit, assisting with sustainability
- The ability to transfer across sectors

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Central Cheshire Integrated Care Partnership

Transformation: Community Matron to Advanced Community Practitioner

Category

Integration and Continuity of Care



Organisation

Central Cheshire Integrated Care Partnership (CCICP) is a new and unique collaboration between Mid Cheshire Hospitals NHS Foundation Trust (MCHFT), Cheshire and Wirral Partnership NHS Foundation Trust (CWP), and the South Cheshire and Vale Royal GP Alliance, which covers all 30 local GP practices. By working together, the three organisations aim to transform, develop and deliver health care services in the community that are focussed on delivering high quality, safe care in the right place at the right time. From 1st October 2016, the partnership provides physical community health services for people in Central Cheshire. These include: Community nursing; GP out of hours; Community rehabilitation and intermediate care; Community therapies – e.g. Physiotherapy, Podiatry, Occupational Therapy and SaLT; Macmillan Nursing and Therapies; Paediatric services – e.g. Special Schools Nursing, Complex Care at Home, Speech and Language Therapy; A range of specialist nursing services e.g. Continence, Diabetes, Respiratory and Tissue Viability.

The South Cheshire and Vale Royal GP Alliance being a contract partner ensures General Practice is in a strong position to influence and support the development and improvement of services for our local people at home, in the practices, and in our communities. CCICP staff are employed by MCHFT but work for CCICP. CCICP is governed by a Board and is made up of 3 senior members from each partner organisation which in turn is accountable to MCHFT and partner boards. CCICPs are divided into 5 care community integrated care teams across Mid Cheshire.

Summary

The Advanced Community Practitioner (ACP) Rapid Response Service is an innovative new service which offers an alternative to hospital admission for patients in the community in areas of Cheshire. The team have looked at their demographics and needs of the population it serves and have tailored their service to meet these new demands. The service supports housebound adults having an acute episode of ill-health. It is led by ACP with specialist skills of clinical assessment, diagnostics, and non-medical prescribing. Patients are assessed using a medical model complimented by nursing values and providing a holistic approach with the ethos of the right care, in the right place at the right time. It is estimated that we have prevented 72 per cent of the patients we have seen from being admitted into hospital. This sustainable model has improved the patient satisfaction levels of patients in receipt of care from the ACP team.

Impact

Please see the attachments for details.

Key points:

- 300 patients were assessed and reviewed by the service from October 2017 until May 2018. It is estimated all of these contacts avoided a GP visit and 72 per cent prevented hospital admission. On average 72 per cent of the patients we reviewed stayed at home for at least 14 days after rapid response ACP service follow up. Frailty scores were also collected 85 per cent of the patient reviewed had a frailty score of 5 or more, indicating they were highly complex patients.
- The average amount of contacts was 1.5, meaning that we followed up our patients half our patients after an initial visit, whether via phone call or a visit,
- In January 2018 a GP survey monkey established most of the GPs felt the service was excellent and kept patients out of hospital. Yet, the majority stated there needs to be increased capacity to cover absence to provide a continuity of service, as there no cross cover at present. There were some initial issues that were identified but these have started to be addressed now.
- A patient questionnaire has been developed in conjunction with the patient experience team. We are currently in the process of collating the data. The verbal feedback we have received from patient has been extremely positive, Results and an action plan will be presented to the Action Group for Patient Experience.

What Makes Us Special?

The ACP team have redesigned a service around the demands of the community that they serve. Through innovative thinking, effective and strong leadership we have implemented a sustainable service that directly impacts patient experience and reduces hospital admissions.

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Cheshire and Wirral Partnership NHS Foundation Trust

Lived Experience Connectors



Category

Using Insight for Improvement

Organisation

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) provides mental health, substance misuse, learning disability and community physical health services. These services are provided in partnership with commissioners, local authorities, voluntary and independent organisations, people who use our services and their carers. We also provide specialist services within Liverpool, Sefton, Bolton, Warrington, Halton, and Trafford. We have around 15,000 Foundation Trust Members. We employ more than 3,400 staff across 65 sites, and we serve a population of over a million people. Our vision is: Working in partnership to improve health and wellbeing by providing high quality person centred care. Our Trust values are: Care, Compassion, Competence, Communication, Courage, and Commitment.

Summary

Many of our volunteers are people who have previously accessed CWP services, and their direct experience gives them valuable insight into our service delivery. To capture this wealth of knowledge and use it to drive forward improvements in patient and carer experience, we developed our innovative new LIVED EXPERIENCE CONNECTORS programme. LIVED EXPERIENCE CONNECTORS are volunteers with lived experience of CWP's health services, who are carefully matched up with Trainee Nursing Associates, who provide care and support to people who access services. LIVED EXPERIENCE CONNECTORS share their own experiences, emotions, feelings, and concerns to help trainees to reflect on their practice, and deliver the best person-centred care. CWP places a high value on partnership working to support improvements to patient experience and foster a person-centred approach.

Since starting in 2017, the LIVED EXPERIENCE CONNECTORS programme has been an invaluable resource in training the new Nursing Associates to deliver compassionate, person-centred care. We also linked Connectors with Board Members and Executive Team, to strengthen connections between management and the people we serve. Monitoring has shown great benefits to Nursing Associates, senior staff, and to our volunteers. It adds important person-centred elements and empathy into peoples' learning experience and leadership.

Impact

Our commitment to partnership working has helped to ensure that the LIVED EXPERIENCE CONNECTORS programme has been a success. Involving volunteers with lived experience in the training of Nursing Associates has had a huge impact, and the key person-centred aspects of the programme have transferred to the trainees. We have been measuring the impact of the programme in a qualitative way so far, regularly gathering detailed feedback from trainees and their Connectors. We collect data about how their meetings together have been progressing, to understand how the programme has been adding to their learning and shaping the quality of their interaction with patients, and to inform any ways we can continually be improving the programme for the ultimate benefit of patients. Overall, the feedback from trainees demonstrates that time spent with their LIVED EXPERIENCE CONNECTORS has had a very positive impact on their approach to patient care. Many trainees acknowledge that their interaction with Connectors has been a great benefit and has changed the way they think and work. A trainee recently reported that his Connector has helped him *"look beyond the mask of illness and see the person."* This profound statement perfectly describes how our commitment to person-centredness and improved patient experience has been the driving force behind our whole programme.

What Makes Us Special?

The LIVED EXPERIENCE CONNECTORS initiative stands out because the programme connects a brand new level of trainee nurse together with people who have accessed our services and/or and volunteers with lived experience, to achieve improvements in person-centred care. This is the first time a programme has taken this approach, and we are proud of the ground-breaking work that has been done through the LIVED EXPERIENCE CONNECTORS programme.

The programme also connects our Board Members with LIVED EXPERIENCE CONNECTORS to make sure that our leaders and high-level managerial staff continue to have valuable insight into frontline patient experience and meaningful contact with patients.

The programme also supports our volunteers with lived experience, building their confidence and supporting their recovery journeys, as they get involved in training future staff members and shaping services.

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Chesterfield Royal Hospital NHS Foundation Trust

Maria Leadbeater - A Macmillan Cancer Information and Support Service Centre Service

Category

Fiona Littledale Award



About Nominee

I started in my present post as Macmillan Information and Support Lead post in 2017 in a newly opened Macmillan information and Support Centre (MCISC) at Chesterfield Royal Hospital Trust. Since qualifying in 1981 I have worked in oncology and palliative care starting in a specialist cancer centre (Weston Park Hospital in Sheffield), moving in 2002 to work in breast care a Clinical Nurse Specialist in Metastatic cancer and moving in 2011 to a local hospice working as a community Specialist Palliative Care Nurse. My mix of cancer and palliative knowledge has been valuable in setting up and running services for patients and families affected by cancer in the MCISC and we offer a range of services such as complementary therapy, survivorship courses and specific services such as wig fitting, pamper days etc. to help people with their treatment effects. One aspect of my work is developing a specific service for parents (or main carer) diagnosed with advanced cancer who have dependant aged children to help them talk with their children & find appropriate advice & information resources.

At Work

From my previous work and study (in particular some masters courses on loss and bereavement) I became aware of the importance of pre-bereavement support for families. I frequently spoke with parents with advanced cancer who told me they often found help and support had not been forthcoming and had been given inappropriate information about talking with children about cancer when the aim is curative. However, for parents who have a poor prognosis their main concern is their children and helping prepare them for the future has long lasting benefits for both the child and surviving child.

Last year I started a service for parents (or main carer) diagnosed with advanced cancer who have dependant aged children to help them talk with their children and find appropriate advice and information resources. This may be helping a parent consider and practice how to start the conversations, consider if they want to write letters for the future or start thinking about memory boxes if this feels right for them. For families with complex needs I can refer to the local hospice family support team, but the majority of parents just need support and advice to start what is a difficult but important part of their illness. Parents are offered a 1:1 appointment in the MCISC with myself, and working with Clare Dawson our Medical Librarian we identified all possible resources for families and then honed this down to have a selection of books which can back up the advice given to parents. We also developed a small list of useful websites as user feedback soon told us teenagers were more likely to use these than the books. The service is advertised by leaflets and on the website but all relevant health care professional teams are aware of the service and encouraged to refer patients.

Since the opening of the MCISC there have been several requests from parents diagnosed with both primary and advanced cancer asking for advice in talking to children. One young woman with a limited prognosis explained she had searched for information to help her 4-year-old son's understanding and he also had problems with separation from her when she needed to come into hospital but had found nothing across either Chesterfield and Sheffield or via online services. However, after discussing the available resources and giving evidence-based advice on helping her son understanding and considering using various techniques e.g. 'Big one & little one' type interventions advised by the Winston's Wish organisation when she went to hospital to reduce separation distress, she felt she had some practical ideas to use with her two children.

The Professional

With reference to this particular service I have previously researched the needs of parents as part of a master's degree when I worked as a Secondary breast care nurse. I have presented this as an abstract at the European School of Oncology (ESO) Advanced Breast Cancer Conference in 2017. In 2011 I was involved in writing of the ESO 1st International consensus guidelines for advanced breast cancer and I regular publish relevant papers and am a reviewer for RCN Cancer Nursing Practice Journal.

Summary

Information Centres are now in most hospitals across the UK and are well placed to offer resources and offering 1:1 discussion with parents helps the process. This area of work will always be a difficult area and providing appropriate information and support (and this also includes referring onto specialist services when the needs are complex), will not completely remove the distress or the difficult questions that may ensue. By providing support and information for parents can provide the potential for immediate and long-lasting support for families.

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PEN National Awards 2018

Re:thinking the experience

Cwm Taf University Health Board

Patient Experience Team of the Year

Category

Patient Experience Team of the Year



About the Nominee

The Patient Experience Team which sits under the Patient Care & Safety Directorate under the Head of Patient Experience and consists of the Patient Experience Manager and two Patient Advice & Liaison officers (PALS) all of whom focus on supporting service users by implementing initiatives to improve patient experience and their journey through the healthcare system. In 2015 the PALS Team were moved across to the Patient Experience Team to support the “speedy resolution” work stream and the wider patient experience agenda. All information captured, (e.g. informal complaints, service user feedback, social media, care to share clinics) is via the datix module, enabling access to timely reports which assist with identifying areas which need further investigation and reports which are shared with front line staff and also at Directorate level.

At Work

The team are passionate about supporting and helping those who have issues or concerns about care and treatment. Ensuring the provision of good quality care requires us as a team to listen to patients, families and carers and to learn from such experiences, the team continuously strive to improve services for patients, relatives, carers and staff. These values shine through in every aspect of their work. The team is small and covers a total of 7 hospital sites and community services. There is a wealth of experience in the team with the Head of Patient Experience (previously Midwife) in the role for 2 years Patient Experience Manager being in her role for 10 years, Cheryl Noras PALS Officer for 5 years and Kath Davies who joined the team in 2015. We are a small team who as well as supporting patients and staff the team also support each other through personal and work-related issues and gel together well. The close working relationships in the team means that we know each other well enough to identify when someone needs support and to give that support immediately. We have mutual respect for each other and recognise each other’s strengths and weaknesses and how we can match these to the task at hand. We are all passionate about helping and supporting each other as well as staff and service users and this passion has helped us achieve a considerable amount of work over the past 18 months.

The Professional

The team continue to look at new and innovative ways of working which will improve standards and experience of our service users organisational wide. One innovation was the development of a pilot “Care to Share” clinic across the ward areas on the Prince Charles Hospital site. The clinics provided service users and relatives with an opportunity to give real time feedback, discuss and resolve on the spot issues they may have around care and treatment, support staff in a mediation capacity, with the ultimate aim of avoiding escalation to formal complaints, and to capture the positive feedback and compliments which are greatly received and can raise staff morale. In March 2017 the Head of PE noted quite a high volume of formal complaints, this identified a need in change of culture to ensure that the focus would be to resolve concerns at source for example at ward level with speedy resolution and appropriate outcomes. To enable this to happen the PALS Officers devised a short training package and a criteria which streamlines the process and time scale for service users wishing to make a formal complaint. Figures clearly show that the training has been successful reducing formal complaints by half and increasing compliments by 40%. In May 2017 we were invited to join a National Patient Experience Collaborative (PEC) along with 13 other NHS Trusts across England and Northern Ireland. The focus was to identify, develop, share and embed ideas and processes for improving patient experience, sustaining that improvement and providing a measurement framework to evidence improvement. PALS provide the ward manager with the feedback the same day it is collected. The ward manager is alerted to any required immediate improvements however the majority of feedback received is positive and this is shared with staff in a timely and formal way. Patient feedback is shared with senior clinical and medical leaders the same day. Feedback is displayed on all wards using the You Said – We Did proforma. This real time work is helping to create a culture of listening and timely action to help continuously improve services.

Summary

Over the past 24 months the role of the Patient Experience team has changed significantly, change has happened swiftly, and this has been down to the dedication and commitment of all team members. Change is not easy however the team have embraced this with enthusiasm, energy and drive. The team are led by a committed Head of Patient Experience and a strong and supportive manager who is able to implement change not only by focusing on progress and achievable outcomes but by ensuring that the team are also developing through the journey. When everyone gets to the top of the hill together, you’ll be able to stay there longer. Our Chairman recently spent a “Back to the frontline” day with PALS, here are some highlights from his feedback: “I can honestly say that my day with the team was one of the best so far in my year as Chair of Cwm Taf; ... They are 'Fixers' supreme! Completely bowled over by the PALS service. It does serious work; They do it with such humanity, compassion and good humour.” Link to snapshot: https://www.youtube.com/watch?v=WLSvZA_2GjY&t=6s

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PEN National Awards 2018

Re:thinking the experience

Defence Medical Welfare Service

DMWS South Project



Category

Partnership Working to Improve the Experience

Organisation

DMWS, is an independent national charity established in 1943, provide comprehensive, confidential, medical welfare support to the Armed Forces community when they are in a physical or mental health care pathway. Working alongside medical teams in NHS Trust Hospitals and community health facilities, DMWS' welfare team's deal with issues, problems, or social influences that may prevent recovery. DMWS' professional, qualified, and expert welfare teams deliver person centric welfare and wellbeing support to the individual and their family, across military environments in the UK and Cyprus, in personal recovery centres in Shropshire and Germany, and work in NHS Trusts across the UK. DMWS has a team of 52 staff. University Hospitals Plymouth 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. For more see later entries.

Summary

Recognising the huge armed forces population in the south of England, Defence Medical Welfare Service (DMWS) worked in partnership with the army's national charity, 'ABF - The Soldiers charity' to secure funding for this initiative. We aim to see all Military personnel and their families in Derriford Hospital who require additional welfare support. DMWS are the only military charity working with teams in Derriford hospital focussing solely on the Armed Forces community under the Armed Forces Covenant. DMWS are dedicated to strengthening and sustaining health and wellbeing and have extensive experience of delivering professional welfare services within physical and mental health environments, and supporting referrals to military and non-military voluntary and statutory sector services. Working directly with the Deputy and Chief Nurse, DMWS secured an honorary contract to introduce and implement the project. The service is being replicated in 9 other Trusts throughout the South of England. The project is within its first year, the next phase will involve embedding into additional NHS trusts.

Impact

Since May 2018, DMWS have supported 30 patients admitted to Derriford Hospital and around 40 family members that have benefited from support in hospital and at home. The team collect data including changes in wellbeing scores and case complexity. By putting community support in place, DMWS have reduced re-admittance back to hospital for 27 of the 30 patients supported since May. Prior to this, ten of these patients were in and out of hospital due to alcohol related injuries, social exclusion, mental health and injuries at home. By securing mobility aids and stair lifts through military charities, DMWS have reduced injuries in the home and given veterans their life back. DMWS have been able to secure stair lifts within 2-3 months upon application through charitable donations (local authority average wait is 12-14 months). By signposting and referring patients to veteran support groups and befriending services in the community, the DMWS team have reduced social isolation and depression. Working closely with the Veterans Mental Health (TIL) Service to refer patients who are showing signs or symptoms of PTSD has resulted in faster diagnoses and support in place for the patient who previously had nowhere to turn to or nobody to talk to about mental health. Working closely with volunteering projects in the community, DMWS have reduced the amount of alcohol related injuries through engaging patients in volunteering projects to reframe the mind and in turn reduce boredom, isolation, depression and the urge to pick up a bottle. By offering bereavement support to patients or family of patients the DMWS Welfare Officer, Jason Stone has been able to secure funding for funeral costs and referred patients onto further support groups during an upsetting time filled with grief, anger, depression. Partnership feedback: *"Jason provides our specific group of patients an invaluable service. Patients can relate to him much more than ourselves because of the armed forces link, finding alternative ways to help and support them in a way we may not have thought about before."* – feedback from Alcohol Assertive Outreach Team"

What Makes Us Special?

DMWS are the only military charity embedded within Derriford delivering a welfare service. The Welfare Officers are fully trained and qualified in welfare support and 66% are ex-servicemen/women who understand the Armed Forces community. The team are able to speak the language of the Armed Forces community and identify non-disclosed previous medical conditions by spending valuable time with the patients and their families. DMWS are able to tap into further support services which may be unknown to NHS staff to improve DToC and reduce admittance back to hospital, including specific military benevolent funds and armed forces charity initiatives. The project helps to strengthen and display the hospitals commitment to uphold the Armed Forces Covenant. Outcomes have been impressive – see Impact.

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PEN National Awards 2018

Re:thinking the experience

ERS Medical

Putting Patient Experience at the Top of the Agenda

Category

Measuring, Reporting and Acting



Organisation

ERS Medical provides a range of specialist patient transport and courier services to the NHS. Our patient transport services include non-emergency patient transfers, high dependency transfers, transport for those with mental illness or in need of repatriation. We also provide a healthcare courier service providing same or next day transportation for specimens or healthcare notes. ERS Medical has been trading for 12 months under new ownership with a team assembled based on combined vast experience in the healthcare sector, clinical expertise and patient-care approach. Formed by identifying an opportunity to take the lead in the provision of independent ambulance services in the UK, ERS Medical ensures improved service, safety and governance and offers better value for money to our customers.

Summary

Patient safety and patient experience is at the very core of ERS Medical as a business. As a patient centred business we strive to provide the best care for our patients while identifying areas to continually improve. Our innovative patient experience programme ensures we are encouraging feedback at every opportunity of the patient journey with us from the initial booking process through to after the patient has arrived at their destination. Led from the top of the business by our Head of Care Standards, and supported by our Managing Director, the reporting of the feedback is now engrained into the business to allow regular and reactive improvements to be made. We believe our patient experience programme deserves recognition through The Patient Experience Network Annual Awards because we developed a system engrained in our every day process that upholds our company's purpose 'to provide a reliable, caring service that puts people at the heart of everything we do.'

We have developed an open culture of reporting and communication throughout our business. This encourages staff to report incidents, openly discuss areas of the service that require improvements and areas where they feel changes may deliver an improved service to the patients. Through reporting incidents, we are able to conduct full investigations that will result in a number of actions to ensure the incident doesn't occur again. This allows our organisation to continually improve the quality and safety of the service that we deliver to both the patient and the CCGs. Our operational managers act as cultural ambassadors providing a link between our operational bases and head office in terms of flow of communications. Through the monthly management meetings information, best practice and upcoming events are shared in a two-way dialogue. This information is then disseminated to our operational staff at each site by the operations manager. We ensure all staff hear about patient feedback through regular team meetings, Site TV, our internal InTouch magazine and through the personal 121s should the feedback be specifically about that employee. We also have an Employee Recognition scheme where anybody in the company can nominate any of their colleagues to recognise that they are delivering our services by living by our Company values.

Impact

The feedback we've gathered and reviewed so far has allowed us to already make business improvements to the patient service we offer. One survey has, for example, informed our working instruction on vehicle temperature. Following a complaint from a patient saying the vehicle was too cold, we have included as part of standard procedure to ask the patients if the temperature is ok for them and adjust it accordingly. Similarly a complaint regarding a 'bumpy ride' led us to soften the suspension in our vehicles leading to a smoother journey for our patients. Patient surveys also allow us to identify any shortfalls in individual staff competency or required conduct. The analysis and results from the surveys can be used to drive changes in staff behaviour and input into their training plans.

What Makes Us Special?

- For such a new business, in its first year of trading, ERS Medical was in a unique position to place as much emphasis on improving patient satisfaction as tracking its bottom line and financials.
- As a business we've invested in launching an initiative for all team members to have a direct involvement with and to see the results and how they shape the business going forward.

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Fruit Fly Collective

When Cells Have Misbehaved: Creative Cancer Family Workshops

Category

Support for Caregivers, Friends, and Family



Organisation

Fruit Fly Collective (FFC) is an award winning not for profit health and arts organisation that focuses on enhancing the public's understanding of cancer, aiming to educate and facilitate communication within families and communities. FFC began in 2012, based in South East London and has a core team of four people who work together on a project by project basis. FFC's work has included delivering school cancer education programmes, creating comics and animations to support parents with cancer, touring performances on the science of cancer, and developing The Cancer Cloud Kits, a kit for families affected by parental cancer. FFC collaborates with different UK NHS Trusts, charities and hospices to ensure all work is valid, effective and sustainable.

Summary

Our initiative is delivering creative workshops to support families when a parent has been diagnosed with cancer. The aims are to improve family communication around cancer; reducing confusion & anxiety in children; to improve understanding of what cancer is, how it is treated, and provide an opportunity to share experiences and coping strategies. Patients and their families are invited by cancer nurses and psychological support staff to participate in a 2 hour workshop, delivered on the hospital site, within the school holidays. The workshop consists of a short performance on the science of cancer, followed by activity stations that focus on chemotherapy, radiotherapy, surgery, the multidisciplinary team and their roles, debunking myths and blood tests. Resources are provided for the families to take home. This approach is innovative as it focuses on the whole family, addressing the impact a parent's health has on their family, and uses artistic methods to convey sensitive, difficult information to a broad diverse audience. Evaluation shows an increase in both patients' confidence in talking to their children, as well as their level of understanding about cancer.

Impact

To understand whether the workshops achieved our objectives we design questionnaires for nurses, adults and children. Results from the first workshop for nurses showed 100% agreed that the workshop would improve communication around cancer, reduce fear and improve understanding for all families. 100% of nurses said they would be confident referring families to the event. Comments included *"Brilliant event; invites authentic conversations and reduces fear"*.

At the two workshops for families, questionnaires were given to adults and children before and after the event so we could capture the effect of the workshop. All adults (both patients and carers) reported that:

1) Their confidence talking to their children had increased after the workshop; and 2) They felt their children had benefited from engaging in the workshop. Comments included *"I loved the interactive ways of engaging children and simple explanations of cancer"*; *"Role play was excellent and a fantastic way for our daughter to learn."*; *"I benefited from it all. I think I personally found it very informative and needed it in this format – being simple and visual. The main thing I wanted was to get my children to be able to talk about it. This workshop really helped.....my daughter to ask questions that she hadn't asked before."*

100% of the children reported an increased level of understanding about cancer, treatments and how it affects their parent. All children said the workshop was fun, and that they would recommend it to other children in similar situations.

What Makes Us Special?

- 1) It supports the whole family and allows the whole family to learn together in a child friendly environment. It creates empathy and understanding of what the family member with cancer is feeling and experiencing.
- 2) It makes cancer less stigmatised and less fearful as families begin to talk about cancer through their involvement in the workshop and realise the benefit of talking and being open with each other.
- 3) It enables patients' children to have a platform to ask questions, be inquisitive and explore subjects they may have previously felt unable to address. It helps adults to observe their children being unafraid to talk about cancer, demonstrating their resilience and ability to cope.
- 4) Delivering the workshop within the hospital site enables children to visualise where their parents go for treatment. The presence of cancer nurses and clinical psychologists supports the patients as well as the children as they get to meet the clinical staff. Staff get to meet patients' families allowing them to establish a closer relationship with their patients.
- 5) The design of the workshop is to make participants comfortable about learning and talking about cancer. The show with giant props and a song sets the tone and diffuses any anxieties. All the activity stations are full of interactive fun props that instantly engage the children; this means the adults are led by the children, begin to relax and ask questions they have previously been too frightened to ask their clinical team.

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Global Initiative

Care Companion - A Free Online Resource for those Looking after their Loved Ones



Category

Support for Caregivers, Friends, and Family

Organisation

Global Initiative is a digital agency in the heart of Oxford. Founded in 1999, it specialises in start-up and digital health software, websites and communication strategy. Global Initiative supports a multitude of projects through its annual £100k Social Digital Fund for non-profitable enterprises that have positive social impact.

More information about the fund: <https://www.global-initiative.com/article/100k-social-digital-support-fund-launched/>

Summary

Care Companion is a web-based suite providing tailored support to an ever-growing population of non-professional carers in the home. Starting in Warwickshire, Coventry and Rugby, the project is transforming the lives of unpaid carers and their cared for, whilst drastically reducing the number of avoidable hospital admissions. In so doing, this goes to ease pressure on the NHS frontline services. Care Companion is the product of a cross-discipline collaboration between researchers at University of Warwick, a panel of carers, Age UK, Warwickshire CCG, Rugby and Coventry CCG, Warwickshire County Council, and a design and development team at Global Initiative. It is a confident, sustainable solution to one of the country's biggest and most poorly-addressed problems. After two years of development, features are being refined based on user-feedback from the care panel. It is actively being used by over 300 carers, in preparation for roll-out to all of Warwickshire. We also plan to incorporate Care Companion, allowing its adoption by CCGs nationwide. Carers have almost universally praised the tool for opening up a previously restricted environment and allowing them to feel connected and supported once more. Care Companion is free to users and available for every step of their journeys.

Impact

Care Companion has now undergone a soft launch, and is currently being used by 300 carers in Warwickshire. As part of their research, the team from University of Warwick has recently undergone a feasibility study as to the effectiveness of Care Companion, the results of which were extremely positive, proving its efficacy. The majority of feedback was around ideas for new and improved features, which shows how invested users become in the solution. We've included a letter of support from the chair of the care panel, Mrs Gillian Grayson Smith, who highlights the efficacy of the project and its validation. As the soft launch is still in progress it is not possible to get reliable data on the long term impact of Care Companion, however we have been able to survey a small group of carers about their response to the project. All strongly agreed that they trusted Care Companion, would recommend it to a friend, and all agreed or strongly agreed that they feel more confident in their ability as a carer after using Care Companion. In July 2018 Care Companion achieved a Highly Commended award for Supporting Self Care and Prevention of Illness, at the The West Midlands Academic Health Science Network awards. This, along with the extensive feedback Care Companion has received is enormously encouraging, and confirms our assumption that long term, Care Companion will have a transformative effect on the unpaid caring community.

What Makes Us Special?

The sheer number of people with different viewpoints that have contributed their expertise to the project is quite remarkable, and it is this which makes Care Companion stand out as an incredibly well validated solution. It is the product of years of extensive research, but due to agile methodology in its development, it is easily adaptable and remains up to date and relevant. Unusually, the project has been developed in partnership with an extensive research study conducted by the University of Warwick, lead by Prof Jeremy Dale; its outcomes are evidence-based and extremely well considered. Besides the way Care Companion has been created and developed, the service that it provides also makes the project stand out. Rather than seeking to contribute or duplicate content that is already out there, it finds the best resources on behalf of carers, manually verifies the content, and then adds them to a system that can intelligently recommend resources to users based on information they provide about their situation. It relies on the efficiency of technology, and the empathy and common sense of humans to curate a resource library that will adapt to the needs of the user throughout their journey as a carer.

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Gloucestershire Hospitals NHS Foundation Trust

Everyone Likes to be Thanked – How Receiving Positive Staff Feedback is Improving our Maternity Services



Gloucestershire Hospitals
NHS Foundation Trust

Category

Using Insight for Improvement

Organisation

Gloucestershire Hospitals NHS Foundation Trust comprises 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

Our Maternity Insight Project was set up with our collective leadership to enable women to provide us with feedback about how they found our services and to provide feedback about individual staff members. This initiative was innovative as we used our FFT Provider portal. We actively encouraged women to feedback and recognise staff members who had “gone the extra mile”. We then took their comments and provided a styled recognition certificate with the woman’s personal feedback printed on it back to the staff member. One of the outcomes of this project can be measured by the fact that staff began enjoying receiving the positive feedback and so started to engage even more in the project. The success can be measured by us acknowledging that everyone likes to be thanked and staff find it motivating to be appreciated. Our project will be sustained as the staff now take ownership of their actions and communication as they know that this can become part of women’s feedback data. The project will be adopted and spread to other areas.

Impact

Quality of feedback - The number of comments that were left that had fewer than 5 words fell from nearly 20% to just under 7% indicating that the comments left during the project had more information and depth. The comments were compared against the Quality Statements and broken down using sentiment analysis to identify themes and areas where improvements could be made as well as areas of outstanding examples of care. We identified two main areas of concern, which are now being used as the basis for full improvement projects via the Sweeney Project and through our own Improvement Academy. The Academy uses tried, tested and effective tools and experiential techniques, which supports staff to identify, implement and measure improvement projects. This project allowed us to really prioritise improvements to those that mattered to the patients. Areas identified that could be changed quickly and in almost real-time were taken through the Trust Small Steps methodology where staff are encouraged to suggest initiatives to improve areas highlighted by women and where small changes could make big differences and to give them the autonomy to implement these in almost real time. The staff - An online survey was sent to all midwives seeking their views on the project. We received over 50 responses. A paper copy of the survey was left on the units for other members of staff to complete. Results indicated the certificates were very well received by the staff. The main theme from the question ‘What has been the benefits of the project to you’ was the appreciation of feedback: *‘Makes me feel valued and it encourages me, especially when feeling exhausted’* When asked ‘what are the benefits of the project to the department?’ most respondents highlighted the boost it gave the morale of the staff: *‘Encourages staff morale, it invites feedback which gives us the chance to put things right which can only benefit the women we care for’*. A Question and Answer sheet about the aims of the project was sent to every midwife alongside an invite to email any concerns that they may have had. We did not receive any. Using visually prominent envelopes for the certificates meant that staff became aware of members of staff who were receiving the certificates each month and as well as being able to congratulate them, were motivated to ensure that it was their name on the certificate the following month! Where it was difficult to identify staff members from the comments they were circulated and several identified themselves and requested a certificate. These were issued without question. We did not identify staff named in negative feedback - no intention to embarrass them. We offered coaching to any staff member that would benefit.

What Makes Us Special?

This initiative was different because it sought to link the feedback directly to the member of staff and then by linking this to the PEN award winning Small Steps Project empower the staff to feel able to make changes where they saw that small changes could make a difference. Although most survey feedback does not identify staff who patients felt went the extra mile, it was the game-changer in this project – staff looked forward to receiving their certificates and felt proud to have been mentioned personally by a patient. It also enabled us to offer coaching to staff who were perhaps struggling. The women were also given the opportunity to talk directly to a senior member of staff about their experience if they wished. The other main area in which this project excelled was in getting meaningful data from an enhanced FFT whilst maintaining a meaningful response rate.

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Healthwatch Birmingham

Community Collaboration to Empower Seldom Heard Groups

Category

Engaging and Championing the Public



Organisation

Healthwatch Birmingham (HWB) is the independent champion for health and social care services. We are a publicly funded statutory organisation, commissioned by the Local Authority, serving a diverse city of approximately 1.2 million people. We exist to ensure people are at the heart of care. We provide patients and the public with ways to feedback and have a stronger say about the NHS and social care services they use in Birmingham. By working in collaboration with voluntary, community, social enterprise and service user organisations across the city we are committed to capturing the views of people from all communities, including seldom-heard or marginalised groups. We have the power to ensure that those organisations that design, run or regulate NHS and social care listen to people's views and act on them. Our activities and investigations are all led by people's feedback and aimed at driving improvement in the quality of care for patients. We also work to embed effective patient and public involvement in health and care by encouraging services to involve people in decisions that affect them.

Summary

Through our Community Offer initiative, Healthwatch Birmingham has strengthened our ability to listen to the experiences of more citizens and increased opportunities for citizens to shape and improve local health and social care services. Working collaboratively with third sector organisations more people, particularly those from seldom heard groups, have the opportunity share their views about whether their NHS and social care needs are being met. We now understand and are highlighting more issues affecting people by providing routes for them to feedback. People from all districts and demographics heard from. We achieve this by establishing Community Champions, volunteers from partner community organisations who take an active role in collecting continuous feedback from local people. This means we are listening better: people feel more comfortable and willing to speak to others they can relate to and we are collecting feedback through reaching communities we would otherwise struggle to engage with. More views are now feeding directly into our investigations which then prompts actions and improvement in the wider NHS and social care system. The initiative demonstrates that everybody's experiences matter.

Impact

HWB is receiving more quality feedback which is being used as part of our activity to shape NHS and social care services. This includes more insight from seldom-heard groups, including people living with mental health needs, carers, homeless people, refugees and asylum seekers, people living in poverty and the long-term unemployed. More evidence based feedback is being shared with services and our investigations and recommendations to improve services are evidence. It also is supporting HWB in commenting or challenging local or national consultations to ensure people's views are considered in proposals for health and social care service change. We have seen over 40% increase in feedback heard, nearly 1000 people's views, compared to last year, with over 85% of that feedback coming through community engagement initiatives. For Community Champions, the initiative motivates them to speak up about their own experiences as well as giving them access to free and ongoing training. They have developed skills and knowledge which builds confidence and can improve health. Over 25 volunteers from diverse backgrounds have been trained as part of this initiative, with volunteers attending accredited training including Mental Health First Aid and ASIST Suicide Prevention training. Champions have the skills to allow them to listen confidently to their local community's healthcare needs.

What Makes Us Special?

The Community Offer has provided more ways for people to share their experiences. The community partners, Champions and HWB have strengthened our ability to empower and motivate people to speak up. Through this initiative we are also supporting more citizens to better understand how local services work, access support organisations and better understand their rights as a service user. In working in collaboration we have been able to achieve more. Our partners have access to people we want to hear from and we have the powers to use those experiences to improve services through our statutory powers and influence. Community organisations face challenges to instigate change in NHS and social care, something HWB can do through our legal powers to hold them to account. Ultimately this benefits those community's citizens to influence better quality care. The initiative's success has been in our ability to engage with different people in communities across the city so people from all demographics have their views represented.

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PEN National Awards 2018

Re:thinking the experience

Healthy London Partnership

NHS Go - an app for Young People, by Young People



Category

Innovative Use of Technology/Social/Digital Media

Organisation

Healthy London Partnership (HLP), a partnership of London's NHS, between all 32 London Clinical Commissioning Groups, and NHS England (London region), London Councils, Public Health England, Mayor of London with other organisations working together to make London the world's healthiest city. We work with our partners to improve Londoners' health and wellbeing so everyone can live healthier lives. We work to deliver changes best done once for London. Healthy London Partnership consists of eight overarching programmes and this submission is made on behalf of a piece of work within the Children and Young People's (CYP) programme.

Summary

NHS Go is a free app for young Londoners designed by young people, for young people. It provides instant access to confidential NHS approved health and wellbeing information, supports young people to navigate NHS services and provides them with information on their rights when accessing services. NHS Go can also be accessed through the NHS Go website. NHS Go takes an innovative approach as to how young people interact with the NHS. It can provide them with instant access to health information and direct them to a relevant service without them needing to have had an initial point of contact with the NHS. NHS Go is maintained by the HLP CYP programme. It was co-produced with Young Londoners in 2016 based on the feedback of their experience with NHS information and services and to address what was identified as a solution to ensuring young people are better informed in relation to their health and wellbeing. The app has since gone through phases of re-development with young people continuing to be at the heart of this process. NHS Go has been downloaded over 75,000 times and we are on target to reach 100,000 downloads in the next quarter. We have seen over 939,473 article views in app screen views in the app. We have run social media campaigns with reach of 1,077,512. Our Facebook page has 16,381 followers. NHS Go was designed with sustainability in mind with a funding model that allows it to be available to all 32 CCG's in London. We know we have users outside of London and there are proposals for the app to be rolled out nationally. We are also in the final stages of obtaining NHS app store approval, making the app more widely available to more young people.

Impact

NHS Go has won awards in both 2016 and 2017 and the HLP CYP team have continued to develop the app with young people to build on its initial success and to ensure it continues to meet the needs of young Londoners. NHS Go has kept momentum with 75,644 installs to date and within the last year we have seen a rapid increase in page views on the NHS Go website (currently at 110,636 page views) which we attribute to using social media as a platform whereby we link through to content on the NHS Go website. We are approaching 1 million article views on the app alone (939,473 article views in app). We have built our Facebook audience and interactions. NHS Go is endorsed and promoted widely by a range of health professionals including GP's and school nurses as well as, schools but most importantly, young people themselves. The feedback we have received from young users really highlights the success of the app's rationale; to make trusted health information easily accessible in a confidential space. A few pieces of feedback below: *"I think one of the things that is good is people who might find it difficult to talk about things... [NHSGo] allows you to answer your questions more discreetly sort of thing. Come to think about it there are certain things I'd like to look at on the app and I would look because I'd feel more comfortable"*

What Makes Us Special?

NHS Go takes an innovative approach as to how young people interact with the NHS. It can provide them with health information and direct them to a relevant service without needing to have had an initial point of contact with the NHS. It allows young people to take greater control over their health, make healthier choices and have confidence that they have information from a trusted source when they don't know where to go. NHS Go social media is a really powerful tool for engaging young people with health information. Young people engage with loads of content online from various sources and have told us that when it comes to information online unsure if to trust or conflicting information or advice can be overwhelming. NHS Go social media shares the viral content on a health topic, such as a BBC news sexual health article but then links the young person to the relevant NHS, information standard approved information which if appropriate will direct to services. We are excited to be launching a young person's Digital Ambassadors scheme in the first part of 2019 in which young people can input into NHS Go in a way that is meaningful and rewarding to them.

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PEN National Awards 2018

Re:thinking the experience

Hertfordshire Partnership University NHS Foundation Trust

The Broadland Clinic Carers Group

Categories

Support for Caregivers, Friends, and Family &
Using Insight for Improvement



Hertfordshire Partnership 
University NHS Foundation Trust

Organisation

The Broadland Clinic in Norfolk is part of Hertfordshire Partnership University NHS Foundation Trust (HPFT). It is a 25-bedded medium secure service for men with neurodevelopmental conditions (Learning Disability, Autistic Spectrum conditions) who are detained under the Mental Health Act 1983, who cannot for reasons of risk or security; access their treatment elsewhere. The service offers treatments including specialist psychological, psychiatric and behavioural therapies and complex specialist rehabilitation to support patients to reintegrate to life in society. The Carers Group within the Broadland Clinic is made up of a number of staff from different disciplines including, social work, occupational therapy, speech and language, nursing, health care assistant's managers, education and day services as well as having a carer representative.

Summary

This initiative focuses on how three team members listened to and heard carers talking at a conference about their experiences. They returned to their work base, driven to make changes within the service. The first step was the development of a Carers group; filled with individuals committed to valuing the contributions of carers both in terms of supporting individuals within the services, and to service development. The carers group have been able to work alongside carers to make our services better for the people who access them, whilst respecting and validating the needs of the carers as the primary focus. One of the main aspects of this initiative has been the introduction of Quarterly Carers Day events which aim to address relevant and timely concerns for carers and help them to understand the services in which their loved ones reside. It has enabled discussion and support networks between carers who have a shared experience of secure services. The outcomes are varied, from sustained attendance at events, through to valuable contributions to legislation reviews. The approach is simple yet requires dedication to remain focussed on the primary aim: to hear and support carers and to use their contributions to develop our services.

Impact

The results of the carers' day and what it means to the carers are reflected in the active contribution to, and attendance at, the carers' day events. Attendance is of particular importance as often carers are not local to the service and some travel great distances. Feedback is sought from the carers through a variety of mediums, feedback forms, phone calls and home visits to encourage honest feedback. This individual approach ensures that we hear from all of our carers. We have also received compliments from the CQC and through Peer Review regarding carer involvement. The wider impact of this improvement in carer involvement has been evident in increased involvement in areas of service development i.e. development of the Carers Charter, which sets out an agreed plan of how the service and carers will work together. There is now a forum for the group to discuss and contribute to making our service better and more widely, to contribute group feedback on wider NHS issues i.e. Mental Health Act Review. On a more personal level, the team have been able to build stronger relationships with carers and work alongside them in supporting their loved ones. Carers report benefiting from having a space to support each other and to share their experiences of having a loved one in secure services.

What Makes Us Special?

The initiative offers a practical and focussed approach to finding out what carers needs are and actively working to address these topics through carers' days. The main success of the approach is the active seeking out of feedback and the responsibility in delivering what is requested. The carers are benefiting, as evidence in feedback and high attendance, despite some long distance travel. The aspects that make this project different from others and that drive the success of carer involvement within the Broadland Clinic, is the passion and commitment for improving carer involvement within the carer group, and wider staff team. The team work not only to deliver within the carers day by organising presentations from different staff groups / topics but also by thinking about how they can achieve goals for the carers more broadly. For example, the carers commented that it was hard for them not being able to see where their loved one lives. It is not possible for carers to visit the wards but the team have worked to co-produce with the patients a video so that carers can have a virtual tour of the Broadland Clinic.

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PEN National Awards 2018

Re:thinking the experience

Hospice UK

Fresh Eyes to Improve End of Life Care

Categories

Environment of Care & Using Insight for Improvement



Organisation

Hospice UK supports the development of hospice care in the UK. By supporting hospice professionals, championing the voice of hospice care and promoting clinical excellence, we help hospice care providers to deliver the highest quality of care to people with life-limiting or terminal conditions and their families.

NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. We offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term challenges and secure its future.

Summary

The Emergency Care Improvement Programme (ECIP) is a programme sponsored by NHS improvement (NHSI) and delivered in partnership with Hospice UK (HUK). The programme has a specific area relating to end of life care improvement and this is the area that Hospice UK provides leadership and input of people with lived experience to help shape outcomes. Hospice UK has a patient carer group called the People In Partnership (PiP) Forum, which is made up of people with life limiting illnesses and people with lived experience of palliative and end of life care and the PiP members are integral to the ECIP programme.

In 2017 the PiP co-produced a patient carer walkthrough as part of ECIP that would use the skills and expertise of members of the PiP, the specialist knowledge of staff who worked at Hospice UK and NHSI to create assessment of the physical areas within the hospital focussing on the areas used by families and loved ones of people who were approaching the end of their lives. This walk-through is completed on site by patient/carers from PiP, specialist staff from NHSI/HUK and supported by staff who worked in the hospital who on site local knowledge of the layout, processes and procedures.

Impact

Fresh eyes visits completed at 12 Hospitals and 2 hospices during 2017/2018 with over 30 days of volunteer time from the PiP. All sites have undertaken review of information available to patients and families and have undertaken review of hospital signage as a result of the Fresh eyes visit.

6 sites have undertaken major work of their mortuary and bereavement facilities to improve the environment and the comfort of families visiting loved ones who have died. Many of these work programmes are currently in process.

1 site refurbished the family room within the A and E department

1 site is currently redesigning the locations and processes linked to collection of the death certificates to make the environment more calm and the locations less disparate

3 sites are redesigning their family rooms to make them more calm and inviting

2 sites are reviewing their chapel environment and making changes based on the Fresh Eyes review.

The 2 trial hospices are working with the programme to further explore the collection of patient/carers experience data

The collective community of practice has been established with regular webinars across the life span of the project and now the year 1 and 2 cohorts are coming together and will include year 3 sites. This is a 22 organisations spanning hospice and hospital care with over 70 participants including NHSI and HUK staff and the PiP.

In our evaluation of the Fresh Eyes process 100% of people involved would recommend the process to others.

What Makes Us Special?

This project has been driven from a carers perspective the initial assessment criteria have been defined, refined and developed using the experience of people with life limiting illnesses and those who personal experience of end of life and palliative care. The project took a quality improvement perspective and trialled the process at four locations and then reviewed the outputs, changed the approach based on feedback trailed and then created the revised Fresh eyes criteria.

The onsite visits used the special skills of people with lived experience, specialists in palliative care and the local knowledge of staff who worked within the organisation to create multi perspective approach.

Using the viewpoint of people from outside of the organisation but using people with special skills and knowledge.

Sustainable approach with an incremental approach to activity based on learning and feedback through the PDSA cycle.

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PEN National Awards 2018

Re:thinking the experience

Hywel Dda University Health Board

MACAM, Improving the Experience

Category

Integration and Continuity of Care



Organisation

Hywel Dda University Health Board provides healthcare services to a total population of around 400,000 throughout Carmarthenshire, Ceredigion and Pembrokeshire (Quarter of the landmass of Wales). Our team of approximately 10,000 members of staff provide Acute, Primary, Community, Mental Health and Learning Disabilities services via General and Community Hospitals, Health Centres, GPs, Dentists, Pharmacists and Optometrists and other sites.

Summary

MACAM - Multiagency Care Assessment Meeting (MACAM = Malay word meaning Kind). It is well proven that people with a learning disability have greater healthcare needs and are almost twice as likely to attend a general hospital for acute care as the general population. Studies also have highlighted that people with learning disabilities (LD) have greater unmet healthcare needs than the general population (National Patient Safety Agency, 2004). When people with learning disabilities are admitted into acute hospitals, communication and issues of consent are two key areas of concern for patients, carers and healthcare professionals (Mencap, 2007; NPSA, 2004). It is well recognised that when nurses are supported with a knowledge base of how to care for someone with LD in the acute setting, they perceive themselves to be more comfortable in caring for these patients and can identify possible complications and overcome many of the challenges in caring for this population (Harmon et al, 2017).

Impact

The MACAM process (summary):

- Discharge Liaison Nurse (DLN) set up twice weekly meetings on the ward within 24 hrs of admission, as per the MACAM process, to discuss previous history and present care needs. The initial MACAM included the Ward Sister, Consultant in Charge of care, DLN, LD Nurse Key worker, Social Worker, Care Manager from the Care Home and family. Admin support was also provided to take minutes;
- DLN was then involved on a daily basis with the Ward Sister, who acted as the keyworker for the patient during admission. Communication was open and available to MACAM members involved with specific patient.
- Advocate was nominated and invited to each meeting;
- The MACAM addressed issues including capacity establishment and plans considered around the care for a patient who lacks capacity to make decisions for themselves around discharge destination. Other issues discussed include 'ceilings of care' and 'Do not Attempt Resuscitation' orders;
- MACAMs arranged for the same time and day 2 x weekly, email invitations direct into everyone's diary's as a visual prompt. Meetings were held early morning as the MACAM members found it easier to commit to regular meetings if held early in the day. It also allowed for actions identified to be carried through the same day;
- The progress and treatment plan was spoken about in each meeting, this included looking at previous care needs and current care needs. There was emphasis on family involvement and ensuring the team were aware of personal care needs which enhance patients' stay on the ward;
- Objectives are set at each meeting with nominated personal to follow through the care interventions highlighted
- The MACAM process helped to ensure a seamless provision for care from the care home to hospital.

What Makes Us Special?

Feedback received: **Family comments** - *"fantastic communication throughout I felt reassured that my relative was getting the best management"* **Social Worker** - *"structured meeting in a timely manner, meeting planned in advance excellent feedback with family"* **LD nurse** - *"excellent communication between all members of MDT structure is needed in such a complex plan"* **Named Nurse** - *"plans in place twice weekly, making nursing a patient with LD a positive experience, firstly for the patient and secondly the nursing staff, staff felt they had an input and learnt about complex planning from the MDT meeting"* **Ward Sister** - *"a huge improvement on a previous admission, staff felt in control of the patient care which they provided staff reflected on the positives and negatives. Patient managed well and vast improvement noted from previous experience due to MACAM meeting"* **Consultant** - *"the patient was centre of all care, open discussions were available at each meeting allowing all personnel to input on best outcome, an excellent example of MDT working"* Improvement in communication and outcome, with dynamic teamwork, with the focus remaining on the patient at all times.

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PEN National Awards 2018

Re:thinking the experience

Hywel Dda University Health Board

Mynydd Mawr Rehabilitation Ward

Category

Environment of Care



Organisation

Hywel Dda University Health Board provides healthcare services to a total population of around 400,000 throughout Carmarthenshire, Ceredigion and Pembrokeshire (Quarter of the landmass of Wales). Our team of approximately 10,000 members of staff provide Acute, Primary, Community, Mental Health and Learning Disabilities services via General and Community Hospitals, Health Centres, GPs, Dentists, Pharmacists and Optometrists and other sites. Prince Philip Hospital provides 211 acute beds. The project area is a designated elderly care rehabilitation area (Mynydd Mawr Rehabilitation Ward) of 15 beds. Since this initiative was first established it has now been rolled out to a 23 bed elderly care ward.

Summary

Within the hospital we are continually looking at ways to improve our patient experience of care. Elderly patients admitted with cognitive impairment can become very agitated in an unfamiliar environment. The introduction of digital technology is an evidence based strategy we have introduced to improve care. The system is a new interactive touch screen system, which helps patients with dementia and elderly inpatients to have a more comfortable stay by prompting and providing access to past memories including archives of historic local photos, music, interactive games and even by supporting patients to take their own photos or upload photos of their family. The system can be used with individuals with varying levels of cognition including those who have lost the ability to verbalise.

There are a number of benefits of digital reminiscence therapy include reducing social isolation, offering an enjoyable and stimulating activity, promoting self-worth, and providing a way to sustain relationships with loved ones. We have also seen staff benefits as this initiative provides an opportunity for our staff to better understand the patients history, behaviours, personality, likes and dislikes. Key members of the multidisciplinary team have been involved in supporting this initiative including nursing staff, physiotherapists and occupational therapists. It is the intention to roll this initiative across a number of medical wards within our hospital.

Impact

We have seen a reduction in patient falls and in the number of incidents involving inappropriate patient behaviour including episodes of aggression to both staff and other patients since the introduction of the system. Although we have introduced other patient safety initiatives we believe the introduction of the RITA system has significantly contributed to this overall improvement by helping to ensure patients are provided with additional opportunities for social interaction simulation, music therapy and other reminiscence activities. Some examples of team activities such as bingo, bowls, karaoke and horseracing has significantly contributed to increased patient engagement, wellbeing and establishing friendships with other patients. This effect has helped patients with their rehabilitation programmes.

We review our falls data and patient behavioural incidents on a monthly basis through our scrutiny and assurance processes. We feel that patients being active and stimulated during the day often helps the patient get a more restful time at night. The patient experience and carer feedback has been extremely positive; we have included one patient experience story as part of this submission. This feedback has also used to improve other elements of our care environment. One additional action we have taken recently is to apply for funds to develop a sensory garden.

What Makes Us Special?

The initial outlay for this project has been very achievable, the system outlay cost was £6000, there was little training required for implementation and there are no ongoing costs to sustain other than staff support provided to the patient which has been achieved within current ward resources within the two areas the digital resource is currently used.

This investment has many benefits, the positive patient outcomes have been achieved in a short space of time and this is tangible within the ward environment and patient experience feedback.

We are hoping that as we look at other patient outcomes within our elderly care ward we can demonstrate a reduction in use of antipsychotic medications and Length of Stay.

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PEN National Awards 2018

Re:thinking the experience

Kettering General Hospital NHS Foundation Trust

It's My Health - Youth Voice

Category

Patient Experience Team of the Year



About Nominee

Young Healthwatch Northamptonshire (YHW) and Kettering General Hospital (KGH) Patient Experience Team have worked together to improve Paediatric services at KGH, both have a common goal, which is to improve the patient experience. YHW were inspired to improve patient experience because they are potential users of the hospital; they have a vested interest in KGH delivering high quality services. Both YHW and KGH believe that patients should have a voice in the services that they use. Young Healthwatch empowers people with a voice in Northamptonshire and nationally and, is all about local voices being able to influence the delivery and design of services. Not just people who use them, but anyone who might need to in future. Young Healthwatch Northamptonshire does this for young people locally who use the hospital. Although 2 separate organisations YHW and KGH worked seamlessly together while YHW maintained their independence. This was important to ensure that an open and honest report was produced.

At Work

YHW's expertise and perspective ensure they stand out from peers, the energy, enthusiasm and the way in which they present their findings is engaging and exciting. This has supported KGH to consider this approach when sharing information going forward. The members of YHW always work well with the Patient Experience Team and there are always two-way conversations that end in change and/or improvement. YHW have been working with KGH for 1 year and have future projects in mind including collaboration with local schools. An initiative which is currently in progress, is an Art project whereby primary school children share experiences and feedback of the hospital through Art. This is an inclusive project which can overcome language and communication barriers. This again will involve YHW. The young volunteers (with the support of the Head of Patient Experience and Healthwatch Project Manager) had open access to the three paediatric areas. This was a full day visit which looked at the environment, information and patient experience, and included talking to patients. The visit was based around the 15 steps audit tool often used for adult services in the NHS.

The Professional

Following the review YHW members produced a report of their findings. The highlighted areas for improvement informed an action plan to ensure learning was implemented. The Report was presented by members of YHW on takeover day 2018 to the KGH executive team and members of staff from Paediatric services including; Consultants, Nurses and play specialists. This helped share the fantastic work of both organisations and demonstrated to YHW that their views are valued and changes made because of their input. The finding of the report all highlight how improvements can be made for patients attending KGH, the review, report and improvement have been a huge success and YHW have revisited the hospital to review the changes. http://www.healthwatchnorthamptonshire.co.uk/sites/default/files/yhw_kgh_report_final_110718.pdf
Recommendations included: improved signage from the car park to the children's department, the environment in Paediatric Emergency Department and improved ways of providing feedback. The work by YHW and KGH has also been recognised by NHS England and an area of good practice and have received funding to create a short video which is being created. Here is a link to the takeover day video: https://www.youtube.com/watch?v=E6_SLXAlFzg

Summary

YHW are a team of volunteers who make sure that young people's views are heard in health and social care. They do this in their own time and fit it around other priorities such as academia and part time jobs, hobbies and extracurricular activities. They are dedicated, hardworking and are always thinking of new and innovative ways to engage with other young people, adults and the Patient Experience Team at the hospital to improve how young people access and receive healthcare. The Patient Experience Team is excited about the on-going work with YHW and have taken feedback from the work already done to ensure it is echoed in other areas of the Trust.

The work that we do together not only allows the hospital to progress but also allows young people to have a say in the decision-making process and helps these young people develop new and important skills such as public speaking.

http://www.healthwatchnorthamptonshire.co.uk/sites/default/files/healthwatch_northamptonshire_iic_report.pdf

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Leeds Teaching Hospitals NHS Trust

Making The Friends and Family Test Fabulous!



Categories

Staff Engagement/Improving Staff Experience & Using Insight for Improvement

Organisation

Leeds Teaching Hospitals NHS Trust (LTHT) is one of the largest teaching hospital trusts in Europe with almost 18,000 staff. The Trust is a regional and national centre for specialist treatments, a world renowned biomedical research facility, a leading clinical trials research unit and the local hospital for the Leeds community. The Trust provides high-quality healthcare across seven sites, including emergency, outpatient, inpatient, maternity and older people's services delivered by numerous surgical and medical speciality teams. Many Trust services have been centralised to optimise outcomes and patient experience, with work underway to build a new Leeds Children's Hospital in the city centre.

Summary

The Friends and Family Test (FFT) is a standardised method of gathering feedback about the experience of people using hospitals. The Trust has a dedicated FFT team consisting of a Senior and Assistant Officer and Data Analyst. The team have significantly raised awareness of the importance of FFT feedback, through staff engagement in support of this objective, including: • Devising a Patient Experience Competition; • Improving FFT branding, using a cartoon character, 'Fred'; • Developing a strong social media presence; • Introducing FFT certificates for impressive response and recommendation rates; • Encouraging wards to identify FFT Champions; • Ward visits from the Chief Nurse to celebrate success; • Developing an Early Warning System to highlight key changes in FFT feedback. The aim was to turn the FFT process from a 'must do' into one which was seen as valuable to staff in improving services and enhancing patient experience. This has been achieved by celebrating staff involvement, promoting excellent results, acting on staff concerns about FFT and showing that FFT feedback informs good patient care. Excellent staff engagement is evidenced through impressive FFT response rates, compared to Trusts of a similar size and improving recommendation rates. Additionally, all Trust Business Units have improved their individual performance; engagement has been genuinely embedded across the Organisation.

Impact

Better performance embedded across the Trust. The impact on staff engagement has shown an increase in: • staff requests to view FFT feedback, measured by the FFT team; Twitter interactions, with #FFTFriday proving popular and staff re-tweeting positive feedback to their teams; <https://twitter.com/PatientExpLTHT/media> - The cover photo celebrates the competition winners along with their entries under the media section, tweeted on 7th December 2018; • individual Trust business units achieving over the internal 30% response rate target; • percentage recommended rates and a decrease in percentage not recommended rates, measured in monthly Trust reports; • interest from areas where FFT is not expected to be collected, such as Estates & Facilities, Therapy Services, Critical Care and Voluntary services. All either collect or review FFT feedback for their teams; • celebration certificates. 12 departments were awarded certificates for achievement in Q4 2017/18 rising to 44 wards in Q2 2018/19. The Chief Nurse presented certificates to departments and presentations were showcased in the LTHT weekly e-mail bulletin; • the level of healthy competition between teams evidence by the number of applications to the Patient Experience Competition.

What Makes Us Special?

FFT was previously viewed by colleagues across the LTHT as a tick box exercise. The team was therefore challenged in achieving staff engagement so they would appreciate the value of FFT. This was not an easy thing to do and is a struggle many Trusts recognise. This initiative is special because we have managed to do this. The team believes key elements that have contributed to success include: • A dedicated team with time to focus on this area; • Listening to what staff said about the FFT process and making it better; • Success in encouraging wards to participate in a competition, inspired by a vision that winning teams would be celebrated across the Trust and at a Trust Board meeting; • A fun brand to promote FFT. This brand has attracted attention from other Trusts due to the colourful, visual characters portrayed in posters, feedback cards and other stationery items. The characters appeared everywhere and became synonymous with FFT, creating a subliminal link to offering feedback; • Regular support offered by the FFT team through delivery of monthly and mid-monthly updates to teams. Regular visits from the FFT team offering support makes the difference to the clinical team's attitude towards FFT; • Celebrating success. Improvements/changes as a result of FFT feedback are celebrated through social media as well as internal communications. Teams are incentivised to do more when their success is shared.

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Leeds Teaching Hospitals NHS Trust

Jessica Smith

Bedside Buddies Scheme Leeds Children's Hospital



Category

Patient Experience Advocate of the Year

About Nominee

Jessica Smith has been volunteering with Leeds Teaching Hospitals since February 2016. Studying medicine at Leeds University, Jessica joined the Leeds University Student Union group Bedside Buddies which provides a volunteer play scheme at wards across Leeds Teaching Hospitals; putting children and families first with family integrated care practices at the heart of the scheme. In 2016 Bedside Buddies won best new Society in the Leeds University Student Society Awards. The schemes development has been a success due to the collaboration and support from students within the union group. Particularly Jessica Smith during her year as President. During her time as president Jessica helped support the development of the scheme particularly in relation to occasional volunteers, fundraising, new events, and the expansion of volunteer support across wards. Jessica continues to be a committed volunteer coming in regularly to support children on the wards. Bedside Buddies volunteer across all wards and departments at Leeds Children's Hospital volunteering with children of all individual needs. The scheme ensures no child is excluded and that children in side rooms are still able to benefit from interactive play and simulation during their extended stays in hospital. The Bedside Buddies scheme brings together teams from within the Trust and Students to help deliver the best patient experience for paediatric patients.

At Work

Despite a busy student life studying medicine and the associated work and placements Jessica has always been keen to offer her own time to support our young patients, improving their patient experience. Having now volunteered for the scheme for 3 years, during the year she was president she not only provided a leadership role for the scheme being an invaluable link between the trust and student volunteers and helping to establish new initiatives. She also continued to support the wards by continuing with her ward-based volunteering throughout. Under her role as president Jessica took the lead on advertising the volunteer scheme across the University and lead on the interview and selection of new applicants, working closely with voluntary services to ensure recruitment processes were completed accurately. Jessica also led on fundraising initiatives and the application for University grants to support the purchase of new paediatric wards including new frames and creating activity packs such as Easter Egg decorating competition in 2017. Throughout her time as President Jessica was keen to develop the Bedside Buddies scheme and worked with staff at the Trust to introduce occasional volunteers to come in and support ad-hoc supervised events, such as: decorating the wards at Christmas, Halloween, pumpkin carving, the Hospitals Youth Forum, and the first Children's Hospital Conference. From Jessica's commitment to making these seasonal activities a success they are now highlights of the children's hospital calendar.

The Professional

Jessica has ensured that more students during her time as president were able to take part in the scheme whether this be through the regular volunteer process or through the ad-hoc occasional volunteer route. In particular those students studying in areas related to healthcare of childcare. A recent volunteer recruit who was supported by Jessica commented that *"I want to help make the Children's hospital experience a positive one. I enjoy being a volunteer, seeing the faces of such positive and happy children despite their surroundings and conditions and relieving parents for a short time whilst knowing their children are well looked after"*. Supporting the recruitment of volunteers who are studying in related areas provides students the opportunity to be accountable for their professional and personal development, progressing skills behind those experience of expected as part of their university course, spending time, leaving about lived experience of young people with healthcare needs. Bedside Buddies cultivate their skills whilst they volunteer directly with children, participate in fundraising activities to help support funding for their scheme or by taking an active role in running the society itself. The work of the Bedside Buddies scheme has been recognised at a National Level.

Summary

The Beside Buddy scheme at Leeds Teaching Hospitals is one of the best recognised schemes within the Leeds Children's Hospital. It improves patient experience and that of family and visitors. The collaborative work between the Trust and University has seen the development of a scheme that adds great value to the patient experience. This is open to anyone studying a degree at Leeds University and offers students their own development opportunities. Students experience the hospital environment first-hand, gaining valuable insights and learning to take forward into further study or work. Jessica has been an invaluable leader, supporter and advocate for the scheme, enabling the recruitment, development of the scheme within the University. She has supported the trust to increase volunteer numbers, ad-hoc volunteer events. Supporting the first ever Children's Hospital conference. Her dedication to the scheme has ensured the continuation and development of the project and as president has led it into a new era of success and diversity of support.

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Manchester University NHS Foundation Trust

'What Matters to Me' Patient Experience Programme

Category

Using Insight for Improvement



Organisation

Manchester University Foundation Trust (MFT) is the largest NHS Trust in the United Kingdom. It was formed on the 1st October 2017, following the merger of Central Manchester University Hospitals NHS Foundation Trust and the University Hospital of South Manchester NHS Foundation Trust. The Trust consists of nine hospitals: Manchester Royal Infirmary, Wythenshawe Hospital, Royal Manchester Children's Hospital, Manchester Royal Eye Hospital, St Mary's Hospital, Withington Community Hospital, Trafford Hospital, Altrincham General Hospital and the University Dental Hospital of Manchester. The organisation employs over 20,000 people who deliver a range of acute and specialist services to a diverse population of over 750,000 citizens of Greater Manchester.

Summary

'What Matters to Me' (WMTM) is the bespoke (MFT) Patient Experience Programme. It involves asking patients, service users and staff about 'What Matters' to them, and utilising this feedback to inform individualised care and influence service improvement initiatives. WMTM helps to ensure that 'people' are placed at the heart of decision making. It is empowering and encourages conversations which create a personalised approach to patient care and staff support. Impact is measured through existing quality metrics & provides assurance that MFT is delivering well-led, compassionate, safe and effective care; responsive to individual needs. **Innovation:** Simple and unique and empowers and equips practitioners to personalise patient experience and staff support. **Leadership:** Inclusive of all staff groups with resources and education accessible to all. **Outcomes:** Utilised across MFT to improve quality, patient and staff experience and clinical outcomes. **Sustainability:** Owned by staff and embedded. WMTM is adaptable to the individual needs of each person and easily sustainable. It is simple, accessible and inclusive. **Transferability/Dissemination:** Inclusive of everybody involved in the patient journey.

Impact

There are new WMTM work streams being launched at MFT and so measurement of success remains ongoing. Example: At St Mary's Hospital, the WMTM model was used to maximise the value of patient feedback and increase the number of opportunities for patients to tell us their stories. Patients are routinely asked questions covering all aspects of feeling well looked after by the staff; fully involved; knowing what's going on and information to make own choices; and What matters to you today? All departments in Saint Mary's Hospital have continued to undertake these conversations to support the WMTM/data collection which has been adapted to align with the WMTM Themes. As part of our Inclusive Leadership strategy, other staff undertake the round, to experience and develop an understanding of patients and their families across the Hospital/Managed Clinic Service. Where necessary, an immediate response is facilitated e.g. timely Friday discharge, managing pain relief, providing essential reassurance and information and providing patients with an opportunity to provide positive feedback or to raise awareness of a specific issue. Significant changes in the management of the Induction of Labour Pathways (IOLP) were triggered as a result of this feedback, and small changes to many activities are linked to WMTM feedback. Changes were also made in the reconfiguration of Coordinator roles within the Delivery Unit. Feedback from appraisals and WMTM forums have revealed that midwives feel more supported as a result of having two supernumerary coordinators. Outcomes for women have improved, they report a reduction in fatigue, and reduced disappointment due to long delays. IOLP audit: • 63% of all women transferred within 24 hours of admission; • 71% of all women for whom it was clinically possible were transferred within 24 hours; • 88% within 30 hours. St Mary's achieved an overall 22% reduction in complaints; NHS Patient (positive opinions) have increased and the number of negative opinions have decreased.

What Makes Us Special?

WMTM is inclusive of all staff and patient groups across the whole organisation and across a wide range of services. It provides the catalyst which supports MFT to go from good to outstanding with the ongoing aim to continually improve the patient experience placing 'people' at the centre of the decision making process. Rather than being a standalone improvement initiative, it is all inclusive of staff and patients and is woven into existing improvement work to support a person centred approach at every opportunity. Example: Asking Mr Smith at the start of his appointment about 'What Matters to him', provides a simple and achievable approach to person centred care and ensures that Mr Smith is involved and included in the decision making process from the outset of his patient journey. It allows staff to take a proactive approach to his care.

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Manchester University NHS Foundation Trust

First Impressions Training Programme

Category

Environment of Care



Organisation

Manchester University Foundation Trust (MFT) is the largest NHS Trust in the United Kingdom. It was formed on the 1st October 2017, following the merger of Central Manchester University Hospitals NHS Foundation Trust and the University Hospital of South Manchester NHS Foundation Trust. The Trust consists of nine hospitals: Manchester Royal Infirmary, Wythenshawe Hospital, Royal Manchester Children's Hospital, Manchester Royal Eye Hospital, St Mary's Hospital, Withington Community Hospital, Trafford Hospital, Altrincham General Hospital and the University Dental Hospital of Manchester. The organisation employs over 20,000 people who deliver a range of acute and specialist services to a diverse population of over 750,000 citizens of Greater Manchester.

Summary

The 'First Impressions' training programme was developed as a means of responding to patient and service user feedback collected from the 'What Matters to Me' Patient Experience Programme, campaign. The feedback indicated a need for enhanced training to empower and equip staff to create the best possible first impression when patients and their significant others first access services at MFT. The 'First Impressions' Training is aimed at frontline administrative and clerical staff to support and improve the 'first point of contact' experience for patients/service users accessing MFT services. This training supports the MFT Leadership & Culture Strategy ethos. The strategy promotes 'grass-roots' level leadership, recognising the importance of involvement and engagement from staff at every level when developing service improvement strategies within wards and departments. First Impressions training promotes ownership of the contribution made to patient experience by the administrative and clerical staff. The training provides tools and develops interpersonal skills in order to improve the first impression our frontline staff make on patients and their significant others. On completion of the course, staff are offered the opportunity to become 'First Impressions' Champions, ensuring the sustainability of the programme. We hope to adapt this to other staff groups in the future. 'First Impressions' training is now recognised by staff as 'the customer service training with a difference'. It is tailored to our organisational vision and values and to the roles of the administrative and clerical staff group.

Impact

The difference this initiative has made is that administrative and clerical staff at MFT feel valued, they understand that they are pivotal to the patient experience and that they are able to lead improvement work across our organisation. The staff now have a tailored, unique training programme which helps them to identify and remove barriers to creating an excellent first impression, training which is bespoke to their roles as an alternative to a generic customer service approach. At the end of each delivery we provide an evaluation form, offering the opportunity to feedback and review the course content, delivery and facilitation of the session. We enable staff to provide feedback which is recorded on a database, converted into report format and is used to improve the training on an ongoing basis. We hope that the first impression made by our organisation will become consistently positive and that this will be reflected in our Friends & Family data and local and national patient survey feedback. To date we have delivered the training to 20 members of staff, and a bite size version has been delivered to a further 60 staff at one of our hospital sites, with a further 20 sessions planned from now until April 2019. Of the sample of 20 staff who received the complete training session 95% strongly agreed or agreed that the session was a good way to engage with staff about first impressions and that it was useful to them.

What Makes Us Special?

First Impressions is bespoke to our organisation and created for the administrative and clerical staff on the front line of our services, whilst still being easy to adapt to other staff groups and with potential to be used by other organisations in the long term. It helps staff to identify barriers to a great first impression which are specific to their role, in their healthcare environment. Unlike traditional customer service training, First Impressions training encourages autonomy in service improvement work by exploring ways that frontline staff can make simple improvements to benefit patient experience. Collaborative working between the teams involved and the pairing of Lead Trainers with varied experience in the relevant areas of education and patient experience and engagement, has made for an effective and interactive course which is supporting our staff to see their value, take ownership of their ability to impact the patient experience, to understand the wider approach to person centred care and putting patients at the heart of decision making. The support does not stop with the training we provide, signposting to a range of other courses and resources available to support staff to translate learning into practice effectively. We also provide a post training First Impressions resource pack.

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PEN National Awards 2018

Re:thinking the experience

Manchester University NHS Foundation Trust

Dr Anna Sharman

Category

Patient Experience Professional of the Year



About the Nominee

Dr Sharman has been employed at Wythenshawe Hospital for 4 years and has been a Consultant Radiologist for 8 years. She is an exceptional patient facing radiologist, who is motivated by the best patient centred care, for the benefit of patients and their families. Her friendly, confident and ever smiling face puts patients at tremendous ease, despite the seriousness of diagnosis. Her interventional skills are excellent, providing lung biopsies with minimal discomfort, reassurance and a great bedside manner, managing to hit the smallest of areas (~5mm) with great accuracy, providing a clear diagnosis prior to major surgery where other centres shy away. She is a departmental champion that delivers compassionate radiology to a diagnostic service committed to eliminating unjustifiable delay with kindness and a reassuring word which assists the overarching team deliver excellent patient care from the outset.

At Work

She has high standards which are articulated from a patient perspective, and has built a team of nurses, radiographers and administrative assistants that pull in the right direction and who value her leadership and professional support. The CT department at Wythenshawe is a happier, more efficient and productive space due to her investment in staff at all levels. Anna has been an enormous support and wise counsel in delivering two highly regarded initiatives at Wythenshawe; the RAPID Programme and the first UK NHS commissioned lung cancer screening service. These programmes have brought a significant work burden and pressure to her personal life that she has managed without complaint, to ensure that the team can deliver the transformational services for lung cancer patients that are required. She is also held in high regard in other areas of work spanning other aspects of cardiothoracic radiology and is a truly valued clinical colleague, who ensures that patients get today whatever is required.

The Professional

Dr Sharman has been a radiology champion to improve standards, reduce waiting times, transform the patient experience and deliver new innovative services. During a redesign of the suspected lung cancer service, Dr Sharman has led and delivered a transformation of working practices within the radiology department. The redesign work and patient focussed approach has enabled:

- Efficiency with scanning /overhaul of the schedule to allow;
- 5 dedicated RAPID slots per morning;
- Time dedicated for lung biopsies;
- Block booking of Outpatient scans; ;
- Time for Inpatient/Emergency Department scans;
- Reduced Inpatient wait for CT scan;
- Alteration to job plans to enable the early morning vetting and hot reporting;
- Increased income and cost-efficiency.

Dr Sharman has led the radiology work stream for the implementation of lung cancer screening for the first NHS commissioned programme in Manchester, through the Manchester Lung Health Check program. She has developed various clinical protocol standards, assisted in procurement of ultra-low dose CT and identified a quality assured reporting solution to minimise screening harms. She has collaborated and shared learning with other Centres and advises NHSE EAG on imaging aspects of Lung Health Check programmes.

Summary

Dr Sharman is an excellent clinician driven to achieve excellence in patient care, and particularly patient experience. One might expect this from all doctors, but it is seldom my experience. This is where Anna excels. She is a crucial patient facing part of the clinical team. She is a departmental champion that delivers compassionate radiology to a diagnostic service committed to eliminating unjustifiable delay with kindness and a reassuring word. There is nothing that can't be done today, whether it is unplanned imaging, a neck biopsy or a lung biopsy, or indeed an emotional conversation about scan results simply because the patient dared to ask. Deferring to another time or individual is not on the agenda; empathy, humanity and humour are used to great effect. However, Anna is not without limitations and if required will explain and arrange for the right person to attend and ensure appropriate support with clinical nurse specialists. Anna's skills include getting to know the patient, to assist in information giving, to put the patient at ease before a big needle goes into their chest, and to be an advocate for patients during MDT discussion. She is unassuming, and frequently surprised by the positive patient feedback and seemingly unaware of the massive part she has played in a great patient experience, even despite often tragic and life changing news. She is a leader and a team player. She is a role model and mentor. She is confident yet humble. She has transformed a department into an attractive and vibrant workplace, now on the national stage for its part in innovative programs. She has no greater motivation than what is right, and what we would want for our own. She is truly unique, a great asset to our team and most importantly a champion of the best patient experience despite the daily pressures.

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Manchester University NHS Foundation Trust

Rapid Access to Pulmonary Investigations and Diagnosis (RAPID) Programme

Category

Strengthening the Foundation



Manchester University
NHS Foundation Trust

Organisation

Manchester University NHS Foundation Trust (MFT) is the largest NHS Trust in England and the third largest provider of specialist services. MFT was formed on the 1st October 2017 as an NHS Group of Acute and Specialist Hospitals and is on an exciting mission to provide world-class healthcare to the people of Manchester, Trafford and the surrounding areas, and for some of our services, nationally. Benefiting from the support of a progressive academic science centre which is leading health innovation within the UK, our teams are dedicated to working collectively to provide a seamless Single Hospital Service, ultimately improving health outcomes for our local communities. The Trust comprises of 9 hospitals (see previous entry). MFT has a £1.6 billion turnover and employs 20,000 staff across Manchester. The RAPID Programme is based within the Directorate of Thoracic Oncology at Wythenshawe Hospital. The hospital has a turnover of circa £470m with approximately 5,500 staff. Dr Richard Booton is the Clinical Director for Thoracic Oncology and Lead Lung Cancer Clinician. Wythenshawe Hospital is part of Cancer Research UK's first Lung Cancer Centre of Excellence focused on early detection the regional centre for thoracic surgery.

Summary

Lung Cancer is the leading cause of premature death in Greater Manchester. The department has a comprehensive approach to addressing this problem, with innovative tobacco addiction programme, the UK's first NHS commissioned lung cancer screening programme and a pioneering accelerated investigative pathway (Rapid Access to Pulmonary Investigation and Diagnosis Programme (RAPID) Programme) that started in March 2016 and continues to evolve. Following GP referral, patients undergo a nurse-led assessment the following day with hot-reported CT scanning and physician review. Any subsequent tests are performed where possible on a single day eliminating unjustifiable delays, minimising psychological distress and ensuring best patient outcomes. The programme has proved sustainable and has assessed over 2,000 patients in its first two years with exceptional patient experience reported. We are now a positive outlier for 1 year survival in the latest National Lung Cancer Audit 2017. The RAPID programme has attracted regional attention and a commitment to implement across all 10 acute Trusts in Greater Manchester Cancer.

Impact

Programme successes/measurements: • Consistent and improved patient experience from the outset with Formal patient feedback has been extremely positive with a satisfaction rating of 8/10 in 93% of cases; • Ability to confirm the absence of cancer on the day of CT scanning, compared with an average of 6 days previously and contributing to improved patient experience; • Positive shift in one year survival and in the National Lung Cancer Audit 2018 a positive outlier for 1 year survival; • The lung cancer pathway time has been significantly reduced with 45% of patients starting treatment within 28 days, 82% within 50 days and 94% within 62 days; • Elimination of two-week wait and 31-day breaches; • Increased the number of CT scans performed by day 7 by 3.5-fold to 92% of GP referrals; • Reduced time from GP referral to outpatient clinic, with a fully reported CT scan, by 6 days, from an average of 10 days to 4 days; • Increased number of Multi-Disciplinary Team (MDT) discussions by day 14 from GP referral, 5.25-fold (42%) and by day 21 by 4.5 fold (77%). We have improved patient experience & satisfaction, provided care that mattered to patients, and increased speed of the pathway.

What Makes Us Special?

Key elements for the successful implementation of the RAPID Programme have been its: Forward thinking, innovative and dedicated leadership team, driving the change in a truly integrated approach for the benefit of the patients and their families. RAPID Champions helped spread awareness. The successful implementation of RAPID required programme champions across all the disciplines to establish buy-in at all levels, quickly resolve problems and develop/implement additional solutions to service challenges. In 2016 the RAPID Programme won a Health Foundation Award – Innovating for Improvement and more recently in 2018 the team have won Clinical Team of the year at Manchester University NHS Foundation Trust. Additionally, in 2018 the Team have been • British Medical Journal (BMJ) Awards, London, Cancer Care Team Award – Finalists; • Royal College of Physicians, Nominated for the Patient Centered Care Award – Finalists; • Regional (Greater Manchester) winners NHS 70 Parliamentary Awards: NHS70 Parliamentary Awards, Nominated for Excellence in Cancer Care Award by MP Mike Kane • Pending outcome: HSJ Awards 2018 - Ceremony being held on 21st November 2018, Shortlisted for Acute or Specialist Services Redesign - North/Midlands/East

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PEN National Awards 2018

Re:thinking the experience

Manchester University NHS Foundation Trust

Kath Hewitt and Caroline Gee

Category

Fiona Littledale Award



About Nominee

Kath Hewitt and Caroline Gee are part of the team that delivers the UK's first NHS commissioned lung cancer screening programme and a pioneering accelerated investigative pathway (Rapid Access to Pulmonary Investigation and Diagnosis Programme (RAPID) Programme) at Wythenshawe Hospital. Both are motivated by the best patient centred care, for the benefit of patients and their families. Their friendly, confident and ever smiling faces put patients at tremendous ease, despite the seriousness of diagnosis. They deliver an oncology service committed to eliminating unjustifiable delay with kindness and a reassuring word which assists the overarching team deliver excellent patient care from the outset.

At Work

Kath Hewitt and Caroline Gee are exceptional Thoracic Oncology nurses, who are motivated by the best patient centred care, for the benefit of patients and their families. Their friendly, confident and ever smiling face puts patients at tremendous ease, despite the seriousness of diagnosis. Their communication skills are excellent, providing reassurance both in and out of clinics. They have high standards which are articulated from a patient perspective, and have built a team of nurses, and healthcare assistants that pull in the right direction and who value their leadership and professional support.

Both Kath and Caroline have been an enormous support and wise counsel in delivering two highly regarded initiatives at Wythenshawe; the RAPID Programme and the first UK NHS commissioned lung cancer screening service. Both of these programmes have brought a significant work burden and pressure to them both and their teams that they have managed exceptionally. They are held in high regard in other areas of work spanning other aspects of thoracic oncology and are truly valued clinical colleagues, who ensure that patients get today whatever is required. This frequently manifests as unpredictable work, requiring squeezing in an extra or staying late, or speaking with and reassuring patients and their families. Kath and Caroline stand out as an outstanding team players and patient advocates, I hope, by this nomination, that we can offer them some token of our appreciation of the fantastic colleagues that Kath and Caroline are and I'm sure this would be echoed; judging from the personal notes from patients, by the patients they enthusiastically serve. Kath Hewitt has been employed at Wythenshawe for 20 years and Caroline Gee has been employed at Wythenshawe for 11 years.

The Professional

Kath Hewitt and Caroline Gee are Thoracic Oncology champions to improve standards, reduce waiting times, transform the patient experience and deliver new innovative services. During a redesign of the suspected lung cancer service, Kath and Caroline have led and delivered a transformation of working practices within the nursing teams department to include:

- same day confirmation of 'no cancer';
- avoidance of unnecessary anxiety for patients and families. This has enabled better support and patient navigation. Eliminating unjustifiable delay for patients can change the stage (stage shift) of the cancer and ultimately affects the prospects of curative treatment and survival. Moreover, a delay in diagnosis has a detrimental impact psychologically to patients. The redesign work and patient focussed approach has enabled:
- Efficiency with scanning /overhaul of the lung cancer diagnosis schedule to allow;
- dedicated RAPID slots per morning;
- Time dedicated for lung biopsies;
- Block booking of Outpatient scan appointments;
- Time for Inpatient/Emergency Department scans;
- Reduced Inpatient wait for CT scan;
- Greater flexibility with nursing rotas for cross cover and enhanced services;
- Increased income and cost-efficiency

Summary

Kath and Caroline are both excellent Thoracic Oncology nurses whilst being driven to achieve excellence in patient care, and particularly patient experience, ensuring that the patients get the best outcomes possible, whilst going above and beyond for the patient and their families/carers. One might expect this level of commitment from all nurses, but it is seldom my experience. Both Kath and Caroline have a crucial patient facing part of the clinical team. They are both departmental champions that deliver compassionate nursing committed to eliminating unjustifiable delay with kindness and a reassuring word. There is nothing that can't be done today, whether it is unplanned diagnostic tests preparing the patient for a lung biopsy, or indeed an emotional conversation about results simply because the patient dared to ask. Both Kath and Caroline skills include getting to know the patient, to assist in information giving, to put the patient at ease before their diagnostic tests, their results, for reassurance and to be an advocate for patients during MDT discussion. Both Kath and Caroline are unassuming and frequently surprised by the positive patient feedback and seemingly unaware of the massive part they both have played in a great patient experience, even despite often tragic and life changing news. They are unique individuals, great assets to our team and champions of the best patient experience despite the daily pressures of NHS care.

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Mid Cheshire Hospitals NHS Foundation Trust

MCHFT Surgical Ambulatory Care Unit (SACU)

Categories

Integration and Continuity of Care & Strengthening the Foundation



Organisation

Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) manages Leighton Hospital in Crewe, Victoria Infirmary in Northwich, and Elmhurst Intermediate Care Centre in Winsford, was established 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. In 2014/15 a new Critical Care Unit, Operating Theatre Suites and a Surgical Admissions Lounge was opened. The SACU is co-located with the Surgical Assessment Unit in the centre of the surgical floor, ideal for the flow of surgical patients to radiology, the operating theatre and core wards.

Summary

The Surgical Ambulatory Care Unit (SACU) was introduced with the ambitious aim of radically challenging the traditional management of emergency surgical patients. This was in response to a number of issues: Rising numbers of emergency surgical admissions; Increased demand on the Emergency Department; Unnecessary overnight stays & prolonged length of stay; Negative impact on patient experience; Positive introduction of Ambulatory Care Service within Division of Medicine and Emergency Care. In collaboration with National Surgical Ambulatory Emergency Care Network, we implemented a SACU based at Leighton Hospital. The SACU team was established and the location tied in with the ward refurbishment programme which facilitated SACU to be co-located with the Surgical Admissions Unit. SACU is a same day emergency service for GP referred surgical patients providing rapid assessment, diagnosis and treatment in a timely manner without admission to a hospital bed. This service was introduced to improve the experience of surgical patients, to avoid unnecessary waiting and delays and reduce unnecessary overnight stays. This in turn reduces the pressure on the emergency department, and has cost saving benefits to the organisation in reductions in average length of stay and more timely discharges. The success of this project is a result of strong leadership and teamwork, with patient experience as a primary driver throughout. We have seen improvements in reported levels of patients experience and significant improvements in organisational measures such as reductions in length of stay. By reviewing current practice and thinking innovatively about how we can do things differently to improve patient experience and offer real sustainable benefits.

Impact

Three groups of patients were identified: pre-SACU (04/15 to 08/16), SACU (09/16 to 08/17) and SACU with dedicated surgeon (09/17 to 05/18). There was 104.5% increase in same day discharge rate for emergency GP referrals (22% pre-SACU to 45% in the dedicated surgeon group). Similarly, same day discharge for all emergency referrals increased from 17% pre-SACU to 29% in the dedicated surgeon group (70.6% percentage increase). There was 25.88 hours reduction in the mean length of stay for emergency GP admissions (92.95 hours pre-SACU to 67.07 hours in the dedicated surgeon group). In pre-SACU group mean length of stay for all emergency admissions was 125 hours, this dropped to 107.09 hours in the dedicated surgeon group (18.6 hours reduction). This resulted in 102 hospital bed stays saved every month since the opening of SACU. Establishing an emergency surgical ambulatory service has reduced length of stay and saved significant hospital bed stays by increasing same day discharge. This effect was enhanced by having a dedicated senior surgeon providing early input and decision making. Additionally the patient experience feedback indicated that patients felt positively about their experiences in SACU: 70% of patients worried prior to arrival, reduced to 6% following initial assessment on SACU; 100% of responses to First Impressions of SACU were very positive; Compliments to all staff.

What Makes Us Special?

The SACU is an example of multidisciplinary working at its very best involving a diverse group of staff from across all disciplines of the organisation. It is the enthusiasm and forward thinking nature of the team that has helped push the boundaries of how we manage our emergency general surgical patients, establishing a unit which has been well received by patients, alleviated pressure on the Emergency Department and reduced the overall length of stay for all patients admitted under the emergency general surgical umbrella. This is a compelling example of how a project team can work together to achieve real tangible improvement for patients. This project has demonstrated proven measurable success. In order to meet the growing demand of the population we serve, we have redesigned and reorganised a service and in doing so have improved patient experience whilst delivering cost benefits to the organisation. At the heart of this initiative is patient experience. Patient feedback has been sought regularly to evaluate the experience from the patients perspective and many small and large scale changes have been implemented as a direct result of listening to patients.

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Mid Cheshire Hospitals NHS Foundation Trust

Virtual Fracture Clinic

Category

Innovative Use of Technology/Social/Digital Media



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 can now boast about having some of the very best clinical facilities. In October 2005 the Trust opened a purpose-built NHS Treatment Centre, which specialises in day surgery and diagnostics for a range of conditions. The centre also benefited from a £23million redevelopment project in 2014/15, which led to the creation of new critical care bays, operating theatres, and a Surgical Admissions Lounge. MCHFT is continually working towards providing the safest and highest quality care possible and is regularly recognised for its work and achievements. The Trust is consistently named as one of the top employers in the NHS, is one of the handful of acute hospital Trusts in England to have a 'Good' rating by the Care Quality Commission (CQC), and achieved the best results of all acute Trusts in the 2016 national NHS Staff Survey. MCHFT also has a formal clinical partnership with the University Hospitals of North Midlands and benefits from links with the University of Chester, Manchester Metropolitan University and Staffordshire University.

Summary

In 2016-7 our fracture clinic services were becoming stretched. Clinics were overbooked and some patients were waiting 7-10 days to be seen. Our emergency department (ED) was booking all patients into the 'next' available clinic, irrespective of the type or severity of injury. This meant some patients were seen too long following their injury whilst others were requiring multiple visits before seeing the appropriate sub-specialist. Furthermore patients were only being initially managed by a consultant in around 50% of cases and we were experiencing a DNA rate of around 6% of appointments. The Mid Cheshire re-design of the fracture clinic service has used latest evidence in the medical literature (Glasgow Royal Infirmary experience) and IT technology (Bluesprier) to help provide a modern approach to managing patients with injuries. Historically all patients who sustained a broken bone and attended the emergency department (ED) would be referred to a clinic. This re-design to a Virtual Fracture Clinic (VFC) ensures that only patients who need to be seen are given a 'face to face' clinic appointment. For those who need an appointment these are provided at the correct time interval following the injury by the appropriate specialist, ensuring no unnecessary appointments or adverse delays to treatment. In conjunction with this, patients with fractures known to heal well without medical intervention are discharged directly from ED. They are provided with modern splints to support their injuries (as opposed to plasters) and given advice leaflets to help explain the recovery process.

Impact

Our Virtual Fracture Clinic has seen over a 1000 patients. Previously all would have been seen in a face-to-face fracture clinic. To date we have discharged 42% of these patients, scheduled 16% to a sub-specialist clinic (avoiding an initial inappropriate appointment) and reviewed 3% in a virtual capacity. This is a significant financial saving to the local health economy. We have also received excellent patient feedback for the service following a recent survey. By providing patients with a phone call and scheduling of a convenient appointment time we have reduced our DNA rate to 2% from 5%.

What Makes Us Special?

We believe this process has helped to modernise fracture care and the patient pathway which had been unchanged for many years. It has used latest evidence as well as technology to help improve the service for both patients and the orthopaedic department.

The key to its success has been engaging all parties involved in the patient journey including the different medical specialties, managers, IT team, Business Unit and Patient Experience team. Furthermore the spread of the virtual clinic concept within the trust and also regionally highlights the benefit realisation for patients and health economies

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NHS Blood and Transplant

NHSBT Tissue and Eye Services - Hospital Development Initiative to Increase Tissue Donation for Transplantation

Categories

Partnership Working to Improve the Experience and Patient Experience Team of the Year



Blood and Transplant

Organisation

NHSBT provide a blood and transplantation service to the NHS, providing blood donation services in England and transplant services across the UK. We manage the donation, storage and transplantation of blood, organs, tissue, bone marrow and stem cells whilst also researching new treatments and processes. Our purpose is to save and improve lives. NHSBT Tissue and Eye Services (NHSBT TES) is the part of NHSBT that supplies the NHS with human tissue for transplantation. NHSBT TES saves and improves the lives of thousands of patients each year and has the UK's largest tissue bank. They are the largest not-for-profit organisation providing human tissue. Most tissue comes from deceased donors; however, many families are not offered the option of donation. This is mainly due to healthcare professionals having a lack of confidence in approaching bereaved families or patients at the end of their lives. NHSBT TES are required to ensure that there is a consistent supply of tissue for recipient patients and that supply tracks demand. In order to address this in Dec 2014 the first Hospital Development Nurse Practitioner (HD-NP) was employed to work with key hospital trusts in order to ensure that all deceased patients are assessed as potential tissue donors and are offered the option to donate. They lead in the provision of education and training to ensure that the potential for tissue and eye donation is embedded in all clinical settings and within Trust based clinical/practice guidelines. HD-NPs are required to be innovative, proactive and forward thinking. We now have 3 Hospital HD-NPs who cover 3 Supercentre sites for Tissue donation across the country.

Summary

Supercentre sites provide a robust referral system to offer the option of tissue donation, particularly, corneal donation to all patients after death by incorporating it into end of life care, facilitating end of life wishes and ensuring that there is a sufficient supply of tissues for individuals awaiting life changing transplants. Key issues include: •A failure to recognise potential donors linked to a lack of knowledge among Health Care Professionals •The reluctance of Health Care Professionals to raise the issue of tissue donation despite national guideline recommendations •Personal views held by potential donors and family decision makers leading to a high number of decline for donation (particularly eyes) •Those who have signed up to the donor register are being missed It has required excellent team work and collaborative working between the Hospital Trusts and NHSBT. Since 2015 the 3 key Supercentre sites have seen an increase in tissue referrals and donations. Success is attributed to the close working of the HD-NP's. Working in a proactive, collaborative way and peer feedback has provided a consistent approach backed by evidence whilst ensuring our focus remains on improving the experience. Our varying skills and experience has enabled us to break down any barriers.

Impact

We required quantitative data therefore the HD-NP monitors and audits all referrals and donations to demonstrate whether the initiative is working. Referral numbers are measured against the data from the hospital death rates. This has shown an increase in the number of referrals for potential tissue donation. Key Performance Indicators were set and senior management and trust staff kept fully updated with activity, this helped to identify any issues or educational needs. The HD-NP also provides regular reports to the hospital's senior management staff. We wanted to gain some qualitative data, to see the impact on the experiences of staff, family members and the donors; this also demonstrated success of the initiative. The evidence shows over 3 years that we have increased the number of referrals for potential tissue donation by 17% whilst increasing the number of donations by 7%. Of the 533,253 people who died in 2017 [ONS 2018], 16,000 people were referred for potential donation and almost 3,500 donors went forward to donate tissues for transplant.

What Makes Us Special?

This unique initiative has helped change end of life practice nationally. It is the only system in place for ensuring that all families are offered the option of tissue donation. The key elements are: • Special partnership working with HD-NPs; • Collaborative working with key stakeholders; • Empowering others and sharing a clear vision; • Access to expert practitioners; • Changing practice to make a positive difference; • Providing comfort to bereaved families; • Facilitating end of life wishes; • Giving a voice to donor families and recipients; • Empowering patients and their families to make an informed decision around donation

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NHS Wales

Standardising Collection of Patient Reported Experience Measures in Wales

Category

Measuring, Reporting and Acting



Organisation

The PROMs, PREMs and Effectiveness Programme (PPEP) was initiated in 2016 following Welsh Government Grant funding. It aims to invite patients across Wales to complete PROMs and PREMs forms via a purpose built electronic platform. The PPEP consists of a small NHS team including two programme managers, and small technical and analytical teams. The PPEP works across Wales involving patients from each of the Health Boards. The data collected can be linked to clinical data to give evidence on the effectiveness of care. Importantly it can also give patients an opportunity to feedback on their experiences of healthcare.

Summary

Gathering Patient Experience feedback is an essential step in helping to improve the service of care that we provide in the NHS. In NHS Wales, Patient Experience teams across the country are already collecting patient and user feedback via a range of methods including Patient Experience surveys. In some areas this work is advanced, although a lack of resources can be limiting. This means that data collected is not always utilised to its full potential, often due to a lack of analytical capacity. Furthermore there is currently no way to benchmark across organisations, and therefore opportunities for shared learning are restricted. Standardising PREMs collection across Wales will also provide patients from all areas with an opportunity to provide feedback following both good and bad experiences. We aimed to work with patients and colleagues across Wales to agree a set of universal Patient Reported Experience Measures (PREMs) to help provide a baseline for measuring patient experience across Wales. This will allow local PREMs teams to focus on specific areas in a targeted approach, while also identifying areas which are receiving positive feedback to help facilitate shared learning.

Impact

Following input from patients across Wales as well as experts in Patient Experience from around the country we have developed a tool which has been validated for use across the Welsh NHS. The work has been published as a peer reviewed manuscript allowing any users to follow the development process. In October 2018 the PREMs were issued by Welsh Government supported by The Chief Nursing Officer (CNO) of Wales and The Head of Healthcare Quality in Wales in a Welsh Health Circular as the **“Validated core service user questions and updated Framework for Assuring Service User Experience”**. The introduction to this circular advises “These validated core questions are to be used in all NHS Wales organisations to obtain real time feedback”. This important approval and recommendation of the PREMs we have developed means that their use is supported and encouraged all across Wales. Collection using a single agreed group of questions will support PE teams in focusing their work in targeted approaches while improving our ability to benchmark and share learning opportunities both within and across hospital sites, and Health Boards. We feel that the development of a universal core set of PREMs questions for use across Welsh healthcare organisations will ensure a consistent base approach to assessing patient experience across Wales. The ability to benchmark and identify areas of excellence and areas where targeted initiatives may be most useful will help maximise the role of the local experience teams. The ability to measure experience across sites and Health Boards will facilitate shared learning and may help us work together to an improved user experience. Our approach has been published so is available to replicate and the PREM tool is in the public domain and is freely available to use. The endorsement of the tool by Welsh Government and their advice to use it across Wales means that we can be confident that it has been fully shared.

What Makes Us Special?

There is excellent work being done by many patient experience teams across the NHS. However, often due to limited resources and the way the Health Care system functions in the UK, often these excellent initiatives develop in silos and it can be difficult for the benefits and learning points to be shared. By utilising an existing national programme of work, we were able to link in with representatives from all of the patient experience teams in Wales, including Welsh Government. This allowed us to identify an unmet need, and to learn from the vast experiences of those involved. We then utilised these contacts to involve patient representatives from different demographic groups to gain input from a wide range of service users. Our finalised PREM tool has been developed with a range of patient experience experts and service users, resulting in a validated tool that is fit for purpose. The approval of the PREM by Welsh Government as the tool of choice for use in Wales makes this piece of work significant on a National level.

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PEN National Awards 2018

Re:thinking the experience

Northumbria Healthcare NHS Foundation Trust

Jan Hutchinson



Northumbria Healthcare
NHS Foundation Trust

Category

Patient Experience Professional of the Year

About Nominee

Jan Hutchinson is a remarkable colleague and friend – it is such a pleasure to reflect on why I think she is worthy of this year's Patient Experience Professional of the Year award. The NHS has been around as a very special institution for 70 years – Jan has committed to the NHS, its work and founding principles for 42 of these! A quite remarkable legacy in terms of not just longevity but also the energy that Jan has brought to every single day of a career spent helping patients, families and colleagues.

Jan started her training at Preston Hospital in North Shields in October 1977 – she qualified as state enrolled nurse in 1979 in the same year as McFadden and Whitehead had a massive hit with "There ain't no stopping us now" How right they were! Jan got married in the same year to her beloved John and worked in rehabilitation wards for respiratory care and care of older people until 1983.

At Work

If you asked Jan to talk about what matters to her she'll talk about her family – if you ask her to describe herself, she'll say I'm a nurse to my bones. This is one of things that I really admire about Jan. She brings her whole self to work and the love of family and love of work are beautifully entwined – stemming from the extraordinary amount of love she has to share.

Always juggling motherhood and time with her children with a deep commitment to nursing at the NHS, Jan found time to study for her degree, gaining a 2:1 in 1999 – the year that Westlife agreed she was "flying without wings"

In 2004 having thrown her passion into Critical care she became senior sister on the North Tyneside unit and Trust representative for the regional network. She was recognised as an outstanding leader of her team with a deep commitment to excellence. Jan's one of those nurses who leads from the front with her sleeves rolled up, always asking more of herself first before being clear of what she expects from others.

Don't ever walk through Northumbria hospitals with Jan if you're late for a meeting – at every corner of our organisation, whatever site you're on, you'll be stopped along the way by people who want to say hello to because they have been helped by her in some way. Her investment in relationships is remarkable.

The Professional

Change is a very funny thing – sometimes something happens just when you were least expecting it and it turns out to be the very thing you needed all along. In 2010 the patient experience team was in its infancy and as a result of organisational change and restructure Jan and I had a meeting to agree if a move to a newly formed team was going to work for her. We hit it off immediately, I loved her passion for patients, mild disrespect for authority, and willingness to be honest and say it like it was. Her values were palpable, and I had a partner in crime to bounce ideas off. We've never looked back. Ariana Grande sang about a dangerous woman that year and I was really excited to have her on board.

Since then, Jan has led the team through a remarkable discovery of improvement that has lasted almost a decade. The team trust her implicitly and would willingly follow her anywhere to do work that really matters. Jan has been at the very heart of the Northumbria Patient Experience success precisely because she is a nurse to her bones. Her commitment to her profession is just as strong now as it was in 1977.

Summary

Jan's desire to improve patient experience is not restricted to her own organisation – she has supported countless learning exchanges and visits from other organisations and thought nothing about going on a UK tour of the country to visit 10 organisations in little over a month as part of our Patient Experience Collaborative (PEC) and continuing to support them thereafter in implementing Real Time Data Collection for patient experience, with fantastic results. Three years ago, Jan lost her precious husband John to cancer – with extraordinary courage she nursed him to the end. From somewhere deep, she also found the strength to return to the NHS to stay focused on improving care for families.

She is quite simply amazing in her capacity to care and respond. She's not all sweetness and light mind ... she has the wickedest sense of humour and understood years ago about the importance of fostering joy at work. Above all her professionalism is wrapped up in the biggest heart and I couldn't be more grateful that our lives crossed so fortuitously in 2010.

Thanks Jan – you're simply the best xx

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Nottingham University Hospitals NHS Trust

Carer2Theatre - Improving the Theatre Experience for Confused Adult Patients

Category

Personalisation of Care



Organisation

Nottingham University Hospitals NHS Trust. Formed in 2006, we are now one of the biggest and busiest acute Trusts in England, employing 14,500 staff. We provide services to over 2.5 million residents in Nottingham and its surrounding communities. We also provide specialist services to a further 3-4 million people from neighbouring counties each year. We have achieved a national and international reputation for many of our specialist services, including stroke, renal, neurosciences, cancer services and trauma. QMC is home to the Nottingham Children's Hospital. The Trust has an annual income of £824 million, 87 wards and circa 1,700 beds.

Summary

Our innovative project 'Carer2Theatre' aimed to improve the theatre experience of confused adult patients. To achieve this we proposed that all confused adults within our care should have the opportunity to be accompanied to the theatre anaesthetic room by a carer or relative pre-surgery and theatre recovery post-surgery. The national dementia strategy highlights the need to improve care for people with dementia in hospital. Family carers are the most important resource available to people with dementia. 'Carer2theatre' supports families and patients who fall into this category. We hoped that this project would lead to a better emotional environment by providing a known reassuring face in an unfamiliar and confusing environment. This would benefit both the patient personally and the theatre team professionally. We believed we would achieve an increase patient cooperation whilst also improving communication between the patient, relative and theatre team whereby questions could be asked by the relative both pre and post-surgery. The project was planned by a multi-disciplinary team including Orthopaedic Wards, Orthopaedic Theatres, Theatre Recovery and Anaesthesia. The trial period for the initiative has been completed and the review of feedback is underway.

Impact

There were a number of unexpected improvements made as a consequence of planning this project. These included having dedicated theatre recovery bays for vulnerable adult patients. These bays are larger which allows relatives to be escorted to theatre recovery sooner. Dedicated dementia aids have been implemented into all recovery bays whilst ensuring that the patient 'About Me' document comes with the patient allowing theatre recovery to assess the patient post-op compared to pre-op. Relatives were invited to the post-take ward round after admission, so that carers/relatives get to meet the orthopaedic consultants and ask questions if needed. During the trial, direct observations and comparisons of patients 'with' and 'without' relatives were taken from within the anaesthetic room. Extensive verbal feedback was collected from carers, anaesthetists, theatre team members, recovery and ward staff who were asked to comment on their perceptions of the initiative. This project has been difficult to measure from a quantitative perspective but undoubtedly is a quality intervention. Feedback from an anaesthetic colleague: *"As a principle, I think that this is something that we should aspire to offer to all elderly patients coming to theatre. It may slow the process slightly but in this case certainly added to the perception of "quality care" that we all aspire to. Whatever metric is employed to measure this intervention, the perception of quality care noted by the patient's carer is I think very important."* More importantly, a sample of feedback from a carer who attended the theatres with a patient: Daughter stated *"it would be nice for everyone not just confused adult patients. It gave me reassurance that my mother was in good hands. It sped up the efficiency of administered anaesthesia"* She summarised it as *"perfect, worked very well and said she would recommend it to anyone"*.

What Makes Us Special?

The ambition of this project lay in challenging a historical way of working by highlighting and improving the experience of a group of patients who had not previously been considered in terms of their individual needs. As patients suffering with dementia, Alzheimer's, mental health needs and learning disabilities may not always be able to give clear concise feedback on the service that we are offering, we wanted to try and understand and examine the service from their point of view. The desire to improve the standards of care that these patients receive has driven this project. Although the proposal may seem fairly simple on the face of it, the change in working impacted many different departments. The success of this project has relied primarily on successful communication between all concerned parties. By recognising that the patient journey does not start and end in one department, but rather is fluid across many, we sought to engage all concerned departments to ensure the success of the project. By working closely with other colleagues across the Trust, we have not only successfully implemented this project trial, but have also created links and working relationships which we can build on for future development. The initiative is cost-neutral but relies heavily on the engagement of all departments involved.

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PEN National Awards 2018

Re:thinking the experience

Nottingham University Hospitals NHS Trust

The NUH Memory Menu

Category

Engaging and Championing the Public



Organisation

We're based in the heart of Nottingham and provide services to over 2.5 million residents of Nottingham and its surrounding communities. We also provide specialist services for a further 3-4 million people from across the region. We're one of the largest employers in the region, employing around 15,000 people at QMC, Nottingham City Hospital and Ropewalk House. QMC is where our Emergency Department (A&E), Major Trauma Centre and the Nottingham Children's Hospital are based. QMC is also home to the University of Nottingham's School of Nursing and Medical School. Nottingham City Hospital is our planned care site, where our cancer centre, heart centre and stroke services are based. Ropewalk House is where we provide a range of outpatient services, including hearing services. We have 90 wards and around 1,700 beds. In partnership with The University of Nottingham we host a Biomedical Research Centre carrying out vital research. As a teaching trust we have a strong relationship with our colleagues at The University of Nottingham and other universities across the East Midlands, including Loughborough University, we are part of the Olympic Legacy project.

Summary

The NUH memory menu was launched in 2018. Over a few months the patients and public of Nottingham have been given the chance to put forward suggestion of their favourite dishes and menu suggestions to be added to the patient menu as part of the new initiative. We hoped by adding popular nostalgic meals will encourage patients to tuck in and help with their recovery as well as helping older patients with dementia eat well and provide a lift to others being treated in hospital. Good nutrition and hydration is a fundamental part of patient care. Providing food with the correct nutrients that people will enjoy eating has an important role to play in supporting recovery from illness or surgery. Food is medicine but also has a huge impact on our health and emotional wellbeing. Making sure patients are well nourished is an important part of a patient's recovery and can also help to prevent losing mobility and independence which is important to help patients get home sooner. The NUH Memory menu was a new innovative way of working in designing a hospital menu by the team for our patients at NUH. The trusts vision at putting the patients at the forefront of our decision making was a driver for the memory menu. As a service the catering team already had strong working relationships with our patient partnership groups, including attendance at their monthly meetings and monthly patient food quality tasting sessions. We wanted to take it one step further in our ambition to design a new menu by going out to the public of Nottingham to ask what dishes they would like to see on the menu. We gathered feedback from inpatients, visitors and careers at ward level along with the feedback via social media. We recognised that not everyone has access to social media so it was important to not isolate a large proportion of our service users. This project was all about listening to the patient's voice and implementing changes. Social media resulted in over 1 million impressions within the first couple of months of the launch, and many wards used notice boards to capture feedback from patients and visitors. The menu has been hugely successful due to the involvement and feedback received with an overwhelming positive response. It proved that when people can have involvement about the NHS they really do take the opportunity and were pleased to be involved and have a say, as were we. The catering service at NUH has an excellent relationship with local farmers and suppliers with whom we work closely with to ensure the freshest seasonal produce available. 60% of the ingredients used in the memory menu are sourced locally within the east midlands.

Impact

With this being a very much "just do it" project to ensure we included the service user in the decision making we didn't set any formal measures as such. By working closely with ward teams and PPG we continue to receive positive feedback from patients and staff with how well the new memory menu has been received. With the most common feedback being that it's a menu designed by the users with food that is recognised as being good quality comforting food that is enjoyed. Picker, PLACE and friends and family results have all improved with positive comments. We have a well-established monthly food tasting group which includes the MDT and patients. We use these sessions to taste the food for quality, appearance, taste and texture. It allows us to continue to adapt and improve the produce and ensures the working together ethos is embedded into practice. We also developed a finger food/easy to eat menu into our service as it was identified that this was needed for our patients particularly with dementia.

What Makes Us Special?

We believe this stands out due to the amount of involvement by the service users and staff. With positive changes to the menu following the feedback received.

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Nottingham University Hospitals NHS Trust

The Chief Nurse Excellence in Care Fellowship Programme

Category

Using Insight for Improvement

Organisation

Nottingham University Hospitals NHS Trust (NUH) is an aspiring American Nurses Credentialing Centre (ANCC) Magnet® organisation providing high quality and safe clinical services, and excellent staff experience. We are one of the largest Trusts in the UK and one of the largest employers in the region, employing around 15,000 people at QMC, Nottingham City Hospital and Ropewalk House. We are based in the heart of Nottingham, providing services to over 2.5 million residents of Nottingham and its surrounding communities. We also provide specialist services for a further 3-4 million people from across the region. Our portfolio of activities range across 90 clinical ward areas, approximately 1,700 beds and day-case ambulatory and midwifery community services.

Summary

The Chief Nurse Excellence in Care Fellowship (CNEF) is an innovative initiative that has shown to empower junior front line nurses, midwives and operating department practitioners to make significant impacts on patient care through quality improvements projects, whilst gaining academic experience and leadership skills. This initiative is designed specifically to retain talented staff as well as allow them to experience the early stages of a clinical academic career pathway. Informed by our consultation with over 5000 nurses, midwives and ODPs, an initial pilot cohort of six frontline junior nurses was commenced. The model ensures frontline staff continue to work in clinical practice, with one day per week over a year to undertake a bespoke training programme with support of a clinical and academic mentor. A further three cohorts have since been recruited, totalling 22 CNEFs. It is now being adopted within midwifery and AHP communities at NUH and within 4 Trusts within England. Outcomes of the initiative are consistently three fold. Individual quality improvement projects, which were diverse and across a range of specialties showed significant impact on patient care and outcomes. All participants were retained within the organisation and also reported gaining valuable leadership and academic skills.

Impact

Impact from the initiative has been two fold. Firstly frontline nurses who undertake the programmes are given an opportunity to evaluate the year and the experience they have had via an online survey feedback form. All individuals who have subsequently been involved in the programme report positive impact on their personal and professional development and overall satisfaction at work. Specific feedback from CNEFs includes:

"These roles allow individuals to explore opportunities, evoke change, work with the wider team and uncover their own unique approach to nursing" "The Chief Nurse Excellence in Care Junior Fellows has given me opportunities I would never have had to meet Directors/Matrons of Nursing within NUH and receive their mentorship, support and advice. These opportunities have helped me to develop my work network within [trust] and my own leadership skills and I feel the past 6 months to be the highlight of my career so far".

Secondly, the individual quality improvement projects undertaken by the CNEFs have also had positive impacts on patient outcomes and staff satisfaction. This has been measured by individual projects using audit and feedback cycles and plan do study act (PDSA) cycles using both qualitative and quantitative data. Two case study examples of this are provided as supporting documents to this application. The entire original pilot cohort of CNEFs has been retained in the organisation, with many of them moving into junior leadership positions. Since the initiative started, there have been a total of 22 CNEFs who are undertaking or completed the programme.

What Makes Us Special?

Our experience has shown that this is a relevant, achievable and sustainable initiative that meets the expectations of our contemporary nursing and wider NHS workforce. It is a unique opportunity for nurses, midwives and ODPs who work on the frontline to engage with their colleagues and the wider workforce to develop as clinicians, engage in high quality improvement projects and impact directly on patients and staff satisfaction. Although it is commonplace for Medical staff to undertake clinical academic roles, to our knowledge, this is the first initiative of its kind to be implemented for nurse that encourages frontline clinical practice alongside quality improvement and a bespoke personal development programme. Allowing staff to experience aspects of clinical academic roles as part of a strategic talent-management approach has proved successful in developing talented individuals. It has also been an opportunity for those individuals to gain the requisite skills in evidence-based practice, improvement science methodologies and change management.

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Nottinghamshire Healthcare NHS Foundation Trust

Building a Carer Friendly Organisation

Category

Support for Caregivers, Friends, and Family



Organisation

Nottinghamshire Healthcare is a major provider of mental health, intellectual disability and community healthcare services for the people of Nottinghamshire. These services are provided from community settings through to acute wards as well as low, medium and high secure settings. It employs 9000 staff from over 100 sites. It has an income of over £400 million.

Summary

We have developed and implemented an ambitious, transformational and comprehensive programme in partnership with our carers to build a carer friendly trust. With the collective commitment of Trust staff, carers and local organisations we have: changed culture and practice through staff induction and development programmes; raised awareness through innovative films, the carers section on our website and increased social media presence; tackled issues that carers raised (e.g. information sharing); supported and informed carers through guides, information, support groups and forums; ensured that all our 100 plus mental health teams have evidenced they have improved their involvement of, support for and communication with carers. This was backed by Trust leaders who proactively enabled the aim of supporting and involving carers. We were awarded two gold stars from the Carers Trust as part of their national Triangle of Care (ToC) programme in recognition of our work, which we have shared widely. One of our carers said: *"The impact of the work Notts Healthcare has done and continues to do is immense and has made a huge difference to the way carers' needs are recognised and addressed. It has made me, as a carer feel valued. Thank you."*

Impact

Impact measured in several ways. • The ToC self-assessments that our 115 mental health teams completed showed how each team was meeting the six standards. These evidenced how teams ensured they had identified and supported carers, produced information about their service for carers and had trained their staff. • Changes reported 6 monthly by each directorate. Our Carers Survey has had 869 responses during 2018 and of those 97% said they were extremely likely or likely to tell friends and family that the service was helpful to carers. One of the 618 responses we got to the question 'What did we do well?' *"Dementia team are excellent & the courses are brilliant. Information giving, support for my husband & me, as carer - brilliant all round!"* • We produced an easy to use guide to sharing information with carers, carer awareness training for staff and a variety of information on our website and in printed form to support carers. **Information sharing:** The simple guide to Carers and Confidentiality was widely circulated across the Trust and has gone down really well. We wanted all staff to understand that sharing of information between staff and carers is vital to the care of our service users and to the support of carers. **Training:** We worked with carers and the L&D Dept to develop Carer Awareness Training for staff. We run four sessions a year. We co-present a session with carers at the start of the induction day for all new staff who are also given our simple guide to Carers and Confidentiality/Information Sharing. We deliver carer awareness sessions twice yearly for clinical Bands 2-4 staff and the Band 5 Nurse Preceptorship Programme. The Trust's Recovery College developed carer courses co-produced with carers and partners aimed at supporting carers through self-management **Information:** • Improved information for carers on the Trust website • Quick guide for carers • Rampton Hospital has produced a film to help carers understand the Hospital, the treatment available and how to keep in touch with and visit patients. Carers, carer organisations and staff tell us that it has been a significant culture and operational change in the organisation. **Quotes:** Carer: *"The ToC has led to a change in staff attitudes to carers – a result of training and leadership. It has led to new networks for staff and interaction with carer groups."* Carer Organisations: *"I represent some 190 untrained, unpaid carers. My rewards come in the introduction of new initiatives that I have been able to work on (and there are many) with the Trust."* Staff: *"We have developed Carer Champions on all our wards. They now regularly attend our quarterly Carer events and add value to the relationships that are built with families and friends who visit our patients."*

What Makes Us Special?

This stands out due to its ambition and commitment to changing the Trust's culture so we work in partnership with and support carers at every level of our Trust. It has taken a strategic approach to culture change via training, films, guides and working with the Trust's leadership. It has made sure that changes happened operationally and has been special because of the great partnerships we developed with carers, carer organisations and staff and the leadership at every level of the organisation. **Carer:** *"The Triangle of Care has led to a change in staff attitudes to carers – a result of training and leadership. It has led to new networks for staff and interaction with carer groups."* **Carer organisation CEO:** *"I have been heartened to see the enthusiasm & energy staff have shown in implementing the ToC with carers across so many differing teams in a large Healthcare Trust. The Triangle of Care has been hugely positive in terms of carer/family engagement."*

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Nottinghamshire Healthcare NHS Foundation Trust

Giving Patients the Key: Unlocking Patient Experience and Involvement in Secure Mental Health Services

Category

Strengthening the Foundation



Nottinghamshire Healthcare
NHS Foundation Trust

Organisation

Nottinghamshire Healthcare is a major provider of mental health, intellectual disability and community healthcare services for the people of Nottinghamshire. These services are provided from community settings through to acute wards as well as low, medium and high secure settings. It employs 9000 staff from over 100 sites. It has an income of over £400 million.

Summary

We have pioneered an approach to capturing the views and experiences of patients in national high secure mental health services. We have progressed from having ineffective, closed patients' meetings and a survey as the only real opportunities for patients to have their say (which lead to little observable change) to a set-up which demonstrates that the views of patients in even our most challenging services have a significant impact on how services are run and how care is provided. We have recruited and placed service user volunteers into services traditionally viewed as too risky, where they are now established advocates and champions of patient voice. We were the first NHS organisation to post stories and feedback from patients in a secure forensic setting on Care Opinion. This programme of work has shown a significant increase in feedback, numerous major improvements in services, improvement to patients' sense of being listened to/having control and measurable culture change, and could be replicated in any inpatient service.

Impact

- More feedback from patients in the Forensic Division (survey responses increasing by 39% from 2016, 335 stories posted to Care Opinion since January 2017).
- Patients play a bigger part in influencing the day-to day decisions about their environment, care, freedom and restrictions (including a service user volunteer appointed as representative on the Trustwide Restrictive Practice Group).
- Patients have more of a role in influencing larger scale decisions (such as merging/closing of wards, staffing decisions). *"We now have real discussions about shaping services and improving the way we deliver care. We provide accessible information which means patients can participate in an informed discussion about what's working and what needs to change"* – Associate Director of Nursing, Quality and Patient Experience for Forensic Services
- Staff are held to account more effectively – actions cannot roll over months (or if they do, are escalated), and senior members of staff attend patient meetings and have sight of the action plans.
- Dialogue between staff and patients is more constructive due to more open, honest and respectful conversations. *"We have worked particularly hard on reinforcing a culture that supports and encourages patient engagement and introduced various mechanisms to encourage openness. This has resulted in improved understanding from patients on the issues we face - like staffing - and the impact this has on our services. There is a much better sense of shared understanding between patients and staff, and it means we work better together."* – Head of Governance and Risk.
- Monthly Patient Voice reports evidence significant improvements made in Forensic Services instigated by patient feedback/involvement
- Service user volunteers have good, productive relationships with patients which is proving invaluable in capturing good, honest feedback even on sensitive and emotive topics such as bullying.
- The specific issue of bullying amongst patients at Rampton has significantly reduced (based on staff observations), and is no longer an issue raised by patients. *"The wide ranging work that we have carried out in embedding patient experience and involvement is exceptional for such a complex and unique setting. There is significant focus on promoting the voice of all patients, even those that cannot actively participate in the activities highlighted here. All of this has already and continues to change the hospital for the better, to make it a great place to live and work."* - Deputy Director, Forensic Services

What Makes Us Special?

- Trusted and established service user volunteers in every area of Forensic Services – with varied skills and experience, who show real sensitivity, non-judgemental attitudes and commitment.
- Transparency and courage in knowingly encouraging negative public feedback on sensitive issues from mental health services, with the intention of improving patients' situations and care provided.
- Use of Care Opinion in a high secure forensic setting; Nottinghamshire Healthcare were the first NHS Trust to take this leap.
- Leadership at every level – we secured the backing of the Executive Director, Deputy Director, Head of Clinical Operations and Head of Quality Governance for Forensic Services. These individuals have continued to use their positions of authority to good effect in improving service user experience. Impressive leadership has also been shown by ward managers, patient representatives and named volunteers.

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PEN National Awards 2018

Re:thinking the experience

**PINNT in partnership with Inspiration Healthcare, Fresenius Kabi Ltd & Calea UK Ltd
and Becton Dickinson**

#verify – A Medical Tag for People on HAN

Category

Partnership Working to Improve the Experience



Organisation

PINNT - More than 30 years ago when four people had to adjust to life on artificial nutrition at home, they and their families had to cope with the daily practicalities and challenges of these life-saving, complex therapies by themselves. The medical support and care was excellent, but those people did not live with it, a whole new concept. These four people decided that no-one else should have to go through that on their own ever again. Out of that personal commitment our support group, Patients on Intravenous and Naso-gastric Nutrition Treatment (PINNT), was born. We have continued their ethos that PINNT should be run by patients for patients. Today PINNT is a national, independent, not for profit membership charity established for over 30 years providing mutual support and understanding to hundreds of adults and children and their families adapting to life on home artificial nutrition. PINNT provides this support direct via local and regional groups, online via forums and literature and a national telephone and email helpline. This site is intended for all nutrition patients and their carers. We also welcome and work with healthcare professionals, industry (in relation to products and services) and the general public and of course, PINNT members, both adults and children. Our aims are: to promote greater understanding of the therapies amongst patients, potential patients and the medical profession; to provide contact between patients to work towards improving homecare services and range of equipment have a united voice to campaign for a better, flexible and safer service. PINNT is proud of the relationships we have built with industry. PINNT have been asked by many external bodies for the user perspective and we take pride in many of the collaborations we have enjoyed with NICE and the NHS. Over the years we have been able to network with other patient groups, both on a European and International level, and we will continue to do so. Our role as a complimentary service to the healthcare provide has earned us a reputation of being friendly, co-operative and the ideal forum in which to discuss and convey the users perspective. Bringing together people in similar situations allows an openness some find hard to share with those close to them. Our finest achievement has been to get the voice of the patient heard. For many years others spoke on our behalf; now we have a platform to share our own thoughts and experiences. PINNT continues to uphold that the patient comes first; we demonstrate this in our actions. We will support requests from members to the best of our ability and continue to provide the practical support for day-to-day living with artificial nutrition at home.

Summary

In the current climate of heightened security it has become apparent that those requiring Home Artificial Nutrition (HAN) may be seen as a threat with a rucksack, tubing and possible noise from essential alarms. PINNT (Patients on Intravenous and Nasogastric Nutrition Therapy), a national, independent, not for profit membership charity providing mutual support and understanding those adapting to life on home artificial nutrition invited current Parenteral Nutrition (PN) ambulatory pump suppliers and manufacturers to support the project and created TeamTag. TeamTag designed, developed and produced a medical tag including information and links to hidden information on the PINNT website to verify the medical equipment when patients are questioned in their daily lives.

Impact

There was consensus to work as a team, commercial and not-for-profit equality. A medical tag, data card and bespoke packaging was designed. It was launched during HAN week 2017 in the UK. Phase 1; PN patients applied for a tag, EN patients shared their enteral pump manufacturer with team TAG. 650 medical tags were distributed in Phase 1. Positive feedback was received: Monika, Czech Republic: *"I was delighted to receive my medical tag, what a great idea. It's attached to my rucksack when I travel, I've been looking for something like this for some time"*. Amanda, UK: *"The medical tag has gone on my sons' rucksack. He's deaf, as is his carer so it is a great help. The letter and the card are great too. It's hard for the m to explain with the communication barrier so this is perfect"*. The project has given confidence to daily living with HAN. It has led to the tag being distributed around Britain and Europe. We've shown a successful commercial and charity collaboration. The medical tag is visually recognisable and therefore transcends all language barriers.

What Makes Us Special?

The project was a true partnership with all parties from commercial companies inputting the same amount of time and money to ensure the success. It was a project driven by the needs of the patients and very much led by the charity to ensure that the project came into fruition. See video here: <https://pinnt.com/Support/Medical-Tag.aspx> The Tag is free to members of PINNT (and PINNT membership is free). It is a practical resource that is a response to the real daily challenges of patients on HAN.

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Pluto Productions

'Fighting For Life' play



Category

Communicating Effectively with Patients and Families

Organisation

Pluto Productions is a registered charity created in 1997 to produce new and innovative plays around health and social issues. Brian Daniels is the Chief Executive/Artistic Director and also an established and award winning playwright (Penna Awards 2017 for Homeward Bound). Pluto Productions is the producing vehicle for these plays which are increasingly well recognised by many NHS organisations. Other staff members are Sophie Turner, Head of Strategy, Ahuva Cohen, Head of Press/Marketing and Bev Ibbetson, PA.

Summary

"Great voices. Great acting. Brought the frustration to life. Very effective" are reactions from those attending performances of 'Fighting For Life' play. The setting provides an innovative and supportive learning environment for exploring difficult issues in health and social care towards the end of life especially for older people. It is inspired by a personal family-written case study, 'The Findlay Report.' The play premiered in January 2018 and been performed across the UK in hospices, hospitals, community theatre and a church during the year. A Q&A after each performance enabled professionals, family carers, people with life-limiting illnesses to discuss the issues and raise very personal, difficult and emotional issues. After seeing the play and listening to the Q&A, one professional admitted it had persuaded her to change her thinking and consequent behaviour towards those she is caring for – a prime motivation behind staging the play. The project involves Brian Daniels, playwright who was commissioned by family member, Helen Findlay, to write the play. They have worked hard together over the last two years and garnered strong support for the play using press and media and social media to good effect as well as personal approaches to organisations for their support.

Impact

A combination of audience feedback forms available at performances plus written notes of contributions from audience members were used to gather feedback. These enabled assessment of whether the play was highlighting issues in an understandable way that people recognised and showed very strongly that these issues are still very relevant today. Some of the audience contributions have been very emotional for those relating their personal experiences that then went on to have an impact outside of the event. For example, the difficulties inherent in accessing Continuing Health Care by the family carer of a person with a terminal illness was made very strongly at a performance in a hospital. This issue featured very strongly in a local newspaper article written afterwards about the play and the play organisers passed information on to a national palliative care organisation that was developing a campaign around CHC. This organisation has sought further information from those expressing their views to help inform the campaign. A health professional caring for people with dementia admitted it had persuaded her to change her thinking and consequent behaviour towards those she was caring for. In presenting the story of one family, the play has helped to open up lines of communication for other people to air their views and concerns that has helped persuade professionals to behave differently so influencing practice and also added to intelligence gathering about various issues for informing national health and palliative care campaigns. If the play can help to change the perceptions and practice of professionals as they provide care for older people, whatever conditions they may have particularly towards the end of their lives, then that is regarded as a very successful outcome for the initiative.

What Makes Us Special?

The play is successful because it enables sometimes very difficult issues, particularly around palliative and end of life care, to be aired in an innovative and supportive way through story-telling based on a family's experiences and provides a great discussion, education and learning environment for those attending. Adding to the points made in 5 above, the play has enabled various lines of communication to be opened between professionals as well as between professionals and families that previously may have not been available. It has also enabled more voices to be heard leading to potential influence on practice and decision-making around health and social care. Over 130 people attended a performance in June 2018 that was held at a large Midlands hospital and within that number there were around 30 medical students from the local university. There is a strong possibility that the hospital will host another performance of the play in the future specifically for medical students as they recognised what a great learning environment it would provide for them.

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Public Health Wales

Staff Engagement / Improving Staff Experience

Category

Staff Engagement/Improving Staff Experience



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 seven health boards, two 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 and therefore, working nationally and locally, Public Health Wales has access to both policy levers and local delivery systems by working closely with our partners. Each of the seven health boards in Wales employs a Director of Public Health who is supported by the critical mass of expertise employed by Public Health Wales at the local and community level and who, under an honorary contract, manages locally based Public Health Wales staff.

Summary

In April 2017, Public Health Wales launched its values which are “Working together, with trust and respect, to make a difference”. A programme of work was launched to underpin these values, to demonstrate practical actions for staff to understand how they are valued, and for us to be recognised as an inclusive employer. This is a journey of continuous improvement, which started with the establishment of Diversity Networks for LGBT+ staff, Women, Carers, Disabled and BAME Staff. Other awareness raising has taken place such as factsheets published on Religious Observations, Coming Out at Work, Being an Ally and Part Time workers. We attended Pride events in Swansea and Cardiff, promoting our organisation and health messages to the LGBT+ Community. As a Stonewall Diversity Champion, we also participated in the annual Workplace Equality Index benchmarking exercise. This has given us a steer going forward of where to focus our efforts as well as a way of measuring our success. Senior Support has also been key to raising the profile of this work, with Diversity a standing item on our People and Organisational Development Board Committee, and monthly messages from the Chair and Chief Executive reinforcing the culture we are embedding.

Impact

The work undertaken to date, has resulted in positive feedback from different staff groups. In July 2018, a Staff Survey was undertaken within the organisation which identified encouraging results; demonstrating impact. The number of staff who say that they feel they are treated with respect increased from 74% (in the previous survey in 2016) to 83%. The declaration rates for disability, ethnicity and sexual orientation have also increased by between 2%-5% which indicates that staff feel safe in disclosing this information with levels of trust increasing. The organisation submitted its first entry into the Stonewall Workplace Equality Index in September 2017, and was placed 338th out of 434 organisations taking part. This provided a clear mandate for change and drove the programme of work forward. The entry for this year was submitted in September 2018, with the results being released in January 2019. We are expecting a significantly improved score to reflect the work that has been undertaken.

What Makes Us Special?

This work stands out for us within Public Health Wales as we previously didn't have a set of 'Values' and had not undertaken work focusing on improving our culture. This programme is changing the way we work both internally and externally. The key elements to its success are:

- Senior support
- Listening to staff
- Acting on feedback received
- Continually raising awareness

Ensuring that this is more than just a tick box exercise and having tangible improvements and successes which are shared with all staff has led to people talking about equality and wanting to adopt more inclusive practices.

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Public Health Wales

What Makes A Healthy Community?

Category

Engaging and Championing the Public



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 seven health boards, two 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. Each of the seven health boards in Wales employs a Director of Public Health who is supported by the critical mass of expertise employed by Public Health Wales at the local and community level and who, under an honorary contract, manages locally based Public Health Wales staff.

Summary

Working in partnership with the Pobl Group we identified a group of residents to support us in creating a piece of art work for the cover of one of our public documents. We asked the residents to think about their community, their health and well-being (diet, exercise, play etc). We worked with a community artist and Pobl to capture the resident's thoughts in a piece of art, which was completed over several weeks. This process enabled the residents, many of whom had not previously interacted with each other, to talk together and discuss their concerns about their health and in particular the health of their children. At the end of the project the residents decided that they wanted to keep meeting and work to improve both their health and the environment. They developed a community garden on a piece of land within their community. A year later the 'garden' was officially opened, which includes a vegetable patch (with free vegetable for residents), fruit trees, a safe play area, a seating area and flowers for residents to enjoy. The residents state that it has had an enormous impact on their health and well-being, and in particular for their children.

Impact

Creation of a piece of art was the first outcome achieved, but far more important was the community empowerment and impact on the mental and physical well-being of the residents by the creation of their community garden. The artwork generated the thought process amongst residents of issues that they felt affected them negatively within their community; issues they had not necessarily considered previously. The project then focused on working with the residents to identify positive issues and a wish list of what they would like within their community. The project not only impacted on their community cohesion but also on individual life styles with all residents encouraged to participate in the planning, creation, maintenance and use of garden. This includes sharing the fruit and vegetables produced within the garden. Another outcome was the residents attended a Pobl Board meeting and a Public Health Wales Board Committee (which is open to the public) where they explained the project and the initial outcomes from their perspective. These included self-realisation, community cohesion and a collective will/desire to change things for the better.

What Makes Us Special?

This initiative stands out because of the wider health and well-being impact that has been achieved. The project set out to engage a small community in a piece of art work. While it did achieve that, it also achieved far more, enabling a community to think about its health and well-being. The project empowered the residents to take positive steps to improve not only their environment, with the creation of the community garden, but the health of the residents and particularly their children with the growing of vegetables and working and playing outside on the garden. There are a number of key elements that have contributed to the success of the project.

- A willingness from Pobl to become involved in the project
- Support and encouragement provided by Pobl to the residents including the donation of land to enable the residents to fulfil their dream of a community garden
- Most importantly, the enthusiasm and willingness of the residents to improve their health and well-being once they had considered the impact that negative influences could have on them and their children

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PEN National Awards 2018

Re:thinking the experience

Royal Cornwall Hospitals NHS Trust

**The Royal Cornwall Hospital Bowel
Two Week Wait Service**

Category

Patient Experience Team of the Year



About the Nominee

Currently the team is made up of nurse practitioners who have undergone further education in clinical examination and history taking, plus a rigorous training programme devised and overseen by the colorectal consultant nurse and the GI speciality lead. Each nurse undergoes a supervisory period where they are trained, observed and monitored for consistency and adherence to guidelines. Once competent at face to face assessments, further training is provided so that they can undertake the telephone assessments, which arguably require a greater level of skill. There is a great camaraderie within the team and each member will seek advice and support from colleagues where required. As a team they are respected amongst the surgical consultants of whom they are free to approach with queries.

At Work

Originally the team began with 3 permanent members; however, the increased patient demand (from 1500 patients in 2015 to 3500 patients in 2017) has seen this rise to 5, with a further 4 in the process of training. Prior to the change in service delivery the patients were seen on an ad hoc basis by junior medical staff in a geographically blind fashion (resulting in many patients travelling excessive numbers of miles through-out the County) and the waiting time was at the 14-day limit. Since implementing a nurse led service delivery the waiting time has consistently been kept below 5 days. Not only do the nursing team undertake the majority of the patient assessments, but they also review all the results from the booked investigations and determine whether a patient can be discharged or requires additional care. This is a highly complex skill and carries a great deal of responsibility. This is also done expediently as all results are checked within 4 days of reporting, meaning that patients do not have to wait an extended period of time before getting potentially sensitive results.

The Professional

In 2015, the colorectal 2-week wait NICE guidelines were broadened with a view to reducing the cancer detection rate from 7% to 3%. This resulted in an annual increase from 1500 to 3500 referrals and required an innovative approach to improving service delivery and the upsurge in demand. In addition to face to face clinics offered by the Trust, standard operating procedures were developed so that patients who fell within predetermined parameters could be assessed over the telephone, not only reducing the demand for clinic space but allowing patients greater freedom in how their assessment is undertaken and reducing pressure on the hospital infrastructure (not to mention, parking expenses). As previously undertaken with the face to face clinics, a patient satisfaction survey was carried out which demonstrated that patients were very satisfied with their assessment experience, regardless of its delivery however the telephone consultation offers a more responsive approach to increasing demands on the healthcare system. The team is capable of providing up to 10 clinic sessions per week, with 9 patients per clinic and patients have seen a benefit to this through a waiting time of consistently less than 3 days between initial assessment by their GP to their nurse-led colorectal 2 week wait appointment. We have recently been approached by a colorectal team from Barnstaple and provided advice and support to enable them to set up their own service.

Summary

The colorectal 2 week wait team is a highly skilled, efficient and effective service which operates under the direct supervision of a nurse consultant. They have undergone extensive training which in turn has allowed them to meet the challenge of an ever-increasing referral rate, whilst enabling timely investigation, and treatment where required. They consistently achieve high levels of patient satisfaction. The team have presented on the development of the service and its subsequent success at the RCN Centenary (London) November 2016, the ASGBI (Belfast) May 2016 and more recently, the Nurse Clinics Conference (London) November 2018 (presentation minus patient satisfaction video attached below). Peer feedback provided by the Nurse Clinics conference was resoundingly positive and we would like the opportunity to share our success in this endeavour and hopefully encourage other teams to pursue a nurse-led service.

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PEN National Awards 2018

Re:thinking the experience

Royal Cornwall Hospitals NHS Trust

Butterfly Scheme

Category

Support for Caregivers, Friends, and Family



Organisation

The Royal Cornwall Hospitals Trust Treliske Hospital is located in Truro Cornwall. Royal Cornwall Hospitals NHS Trust (RCHT) is the main provider of acute hospital and specialist services for the majority of the population of Cornwall and the Isles of Scilly, approximately 450,000 people. The population we serve can more than double during busy holiday periods. The Trust employs approximately 5,000 staff. We deliver care from three main sites – Royal Cornwall Hospital, Truro; St Michael's Hospital, Hayle; and West Cornwall Hospital, Penzance – as well as providing outpatient, maternity and clinical imaging services at community hospitals and other locations across Cornwall & the Isles of Scilly.

Summary

The Royal Cornwall Trust 'Butterfly Scheme' is an innovative initiative to improve the way patients and their loved ones spend their last day's together. The Scheme is led by the Trust's Specialist Palliative and End of Life care (SPEOL) team. The scheme is an initiative that acts as an enabler for quality at the end of life. The aim of the initiative is to empower staff with the required skills and confidence to care for patients approaching end of life and their relatives. Encouraging communication and identifying what is important to the patient. The initiative was developed as the team realised that often the needs of the relative were overlooked with a variation in what wards were offering in the form of support. The butterfly is the symbol for end of life care in the Trust and appears on the Trust's End of Life paperwork. Butterfly magnets and stickers along with yellow 'dignity clips' were funded by the Hospital League of Friends. Consent is gained from the relative or patient prior to these indicators being used. A letter is given to the relatives explaining what the scheme entails and what they can expect under the scheme. The scheme includes, snack boxes, hot drinks, open visiting, guest beds and pet visits. The SPEOL team also have developed:

- Comfort bags 'which contain the essentials that relatives may forget when they have a loved one admitted suddenly. These contain toothbrush, toothpaste, comb, details of shower facilities, drink, snack etc.
- Butterfly Bags which are for the deceased belongings – these bags aid sensitive communication and are a dignified way of returning belongings.
- Wedding Boxes - containing picture frame, disposable camera, confetti, bunting, photo album, candle, champagne flutes and wedding card. These are held by the chaplaincy team for end of life weddings.
- Rainbow Days` adding colour to someone's day has also been introduced as part of the scheme. This particular aspect of the Butterfly scheme is supported by the trusts `Charitable Funds` it aims to encourage staff to ask the patient what is important to them, recently we have had ad-hoc gestures by staff, providing a favourite tippie, a bacon sandwich and arranging for a cat to visit. Requests could be as simple as wanting to read a favourite magazine, eat a special meal, having nails painted, a haircut, or perhaps a visit to the beach. The aim of the Rainbow Days initiative will be to make the granting of these wishes accessible to more patients highlighting just one of the elements of the holistic approach to care.

Impact

Following the pilot questionnaires were given to staff to evaluate how they had found using the scheme and whether they wanted to suggest any changes. Feedback was 100% positive. Relatives were given a feedback questionnaire on how they found being part of the scheme and how they felt it had supported them. Again this was 100 % positive. For the future roll out of the scheme staff will be given a confidence scale to complete prior to implementation which will then be repeated post implementation on each ward area. The relative feedback questionnaire will continue. In the future there is the potential for incorporating relative questions regarding the scheme into the trusts bereavement survey.

What Makes Us Special?

This initiative is particularly special as it aims solely to improve the support and care we give to patients and relatives approaching end of life in a personalised way. It removes the clinical aspect and focuses on what matters to the patient and family. The acute setting can be a difficult place to implement personalised care at end of life, however there are many patients that remain in hospital for the last few days of life and the scheme aims to ensure effective communication between patients and carers and ensure that the needs of both are met at a difficult time. One of the aspects that have contributed to its success is the simplicity of the scheme. It is easy to use and does not put additional pressure on staff working within the clinical areas. Feedback from staff is that they found it easy to use and it helped them think differently regarding caring for patient/relatives at end of life. Noting that it is often the small things that make the most difference. It is also inclusive of all staff working in the ward area including ward clerks, house keepers, nurses, doctors. This we have found has made non-clinical groups of staff feel more involved and aware of end of life situations on the wards. Taking the education to the ward area enables us to work around the staff during busy periods.

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Royal Cornwall Hospitals NHS Trust

The Success of Take Over Day in Child Health at The Royal Cornwall Hospitals Trust

Categories

Communicating Effectively with Patients and Families & Using Insight for Improvement

One + all | we care



Organisation

Child Health spans health services across acute and community services for children and young people from birth to when they transition into adult services. The Child Health Directorate combines three Subspecialties, Acute paediatrics, Community Paediatrics and Neonatology. Nursing staff and therapists work across all these services and are very proactive in breaking down barriers between different specialties and organisations to streamline care for children and families and deliver seamless care. Within acute paediatrics the majority of admissions are unplanned and come through our Paediatric Assessment Unit. The ward areas provide all paediatric inpatient, day case and assessment. This comprises 41 beds. The service offers age appropriate and same sex accommodation. There is a dedicated paediatric theatre and recovery area in Tower Block. Close working exists between paediatrics and ED and surgery/anaesthetics. The Child Health directorate is part of the Royal Cornwall Hospital Trust, Cornwall's only District General Hospital.

Summary

On 24 November 2017 Child Health held their first ever National Takeover Day, to engage a group of 8-11 year olds and hear their voices in relation to three specific areas we wanted to improve in direct response to findings from the CQC National Children's Survey. We wanted to make meaningful change in response to the survey that so many young people and parents had taken time to complete. Our aims for the Takeover Day were to make a radical difference in how we obtain feedback from this age group to ensure our service met with their specific needs. We also wanted to allow the children the freedom to express their opinions and have them heard and acted on by professionals. The success of this day has led to more opportunities for patient engagement and positive change within our directorate than we ever believed possible. The changes made as a result of the project have not only been sustainable but have led to an ethos of constant patient engagement to further improve our service.

Impact

The results from the day were compiled and presented across the Trust. Top trends and themes were identified. The results gave us clear direction and the outcomes to our aims; however the impact has also made us all think about looking at our service from a child's perspective even more. The results showed us that what is important to a nine year old may not always be what adults perceive it to be. The children's focus was on comfort, companionship from staff, and communication at their level and not just with their parents. They asked parents on the ward directly '*are you frightened?*' their communication was simple and focused. This learning may seem simple but has been shared throughout our directorate and made a real impact on assessing parent's ideas, concerns and expectations. This is now embedded in our medical admissions proforma. The impact of running this day has led to us installing an amazing feedback wall in our acute paediatrics corridor, this gives us instant real time feedback from children and families but also acts as an interactive play feature, allowing children to move the magnets and design their own landscape encouraging them to stop and take a minute to provide us with feedback. We have three different surveys for our admissions area and acute ward, one for children, one for parents and one for our adolescent unit. These surveys, having been designed by the children, allow us to keep focused on the basic needs they deem so important. The numbers of feedback we now receive have dramatically increased; this data is shared in our monthly newsletter. The Patient Experience team visit our Wonderwall and share the comments on social media on a weekly basis raising our profile and work within the Trust.

What Makes Us Special?

Our entire project had children well and truly at its core. The result is a diverse, honest and colourful day that has led to fantastic end products, that we believe truly represents the input of our local children. The energy that children bring to our area is something we experience on a daily basis with our patients, but embedding well children within our staff group for the day was such a positive and rewarding experience. We feel that if you are going to ask to hear the voice of the child it is vital to truly listen and act on their opinions without doubting or questioning their views. Having held our first Takeover Day, we are now planning another event to involve children in the design of our new build Woman and Children's, scheduled for completion within the next five years. The knowledge and experience we gained from this project will help us keep children at the centre of the new build to ensure we have the very best for the children of Cornwall.

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Royal Cornwall Hospitals NHS Trust

Karen Cock – on behalf of The Royal Cornwall Hospitals, Bowel Two Week Wait Service

Category

Fiona Littledale Award

One + all | we care



Royal Cornwall Hospitals
NHS Trust

About Nominee

Karen Cock is a Consultant Colorectal Nurse at Royal Cornwall Hospital Trust, Truro. She has held this role since June 2018, and prior to that was the lead colorectal nurse specialist for 3 years. Her current role includes lead of non-medical prescribing at R.C.H.T., provision of autonomous independent clinics, facilitation of the enhanced recovery programme, named responsibility for incidental cancers found through bowel referrals, management of the 2ww service, management of complication data, primary investigation of research studies, formal training of GI surgical care practitioners, education and training of medical students, provision of specialist knowledge to other specialties within the Trust and named link for Primary Care Providers. She is educated to Masters level through Plymouth University and is currently considering a PhD.

At Work

In response to 2ww requirements, the nominee's acute hospital Trust provided a geographically blind service whereby patients were fitted into existing consultant clinics. This was usually on the second side and the ad hoc allocation of appointments meant that patients were often not seen until day 14. They were predominantly assessed by very junior medical trainees with minimal colorectal experience which resulted in variation of both assessment and test selection. Karen was instrumental in writing standard operating policies and a pro forma assessment was developed to ensure consistent service delivery across the team of 3 permanent CNSs. Her initial team were awarded the RCHT Clinical Schools inaugural travel scholarship in 2015 based on the progress made within their service. Karen developed a rigorous in-house training programme to ensure an efficient and effective service, which is regularly reviewed and revised according to patient need. The increased patient demand (from 1500 patients in 2015 to 3500 patients in 2017) led Karen to procure 3 more permanent CNSs and this has allowed the team to reduce waiting times to well below 5 days.

The Professional

In 2015, the colorectal 2-week wait NICE guidelines were broadened with a view to reducing the cancer detection rate from 7% to 3%. This resulted in an annual increase from 1500 to 3500 referrals and required an innovative approach to improving service delivery and the upsurge in demand. Standard operating procedures were developed by Karen so that patients who fell within predetermined parameters could be assessed over the telephone, looking to reduce the demand for clinic space and allow patients greater freedom in how their assessment is undertaken thus reducing pressure on the hospital infrastructure. A patient satisfaction survey was carried out which demonstrated that patients were very satisfied with their assessment experience, regardless of its delivery however the telephone consultation offers a more responsive approach to increasing demands on the healthcare system, and in such a rural community, patients were not expected to travel significant distances at personal expense. In addition to the telephone assessments, Karen initiated a virtual cancer clinic, whereby any patients who are more complex can be referred by the CNSs to have their assessments reviewed at consultant level to expedite appropriate investigation, diagnosis and treatment. She also provides autonomous clinics to assess post cancer surgical patients (whom she has already cared for on our dedicated surgical ward) or those who were referred through alternative urgent channels. This has the added benefit to patients by reducing their wait for consultant appointments and allowing them to progress through the cancer care pathway. Karen was more recently approached by a colorectal team from Barnstaple and provided advice and support to enable them to set up their own service.

Summary

Key workforce drivers, as identified by the King's Fund, include investment in the training of HCPs with a view to producing an adaptable workforce responsive to the long-term needs of the service user. With this in mind, Karen saw an opportunity to provide patients, referred from Primary Care, a streamlined journey through the cancer care pathway. The colorectal 2 week wait team is a highly skilled, efficient and effective service which operates under the direct supervision of a nurse consultant. They have undergone extensive training which in turn has allowed them to meet the challenge of an ever-increasing referral rate, whilst enabling timely investigation, and treatment where required. They consistently achieve high levels of patient satisfaction and this has been driven from the outset by Karen Cock. The team, led by Karen, have presented on the development of the service and its subsequent success at the RCN Centenary (London) November 2016, the ASGBI (Belfast) May 2016 and more recently, the Nurse Clinics Conference (London) November 2018. Peer feedback provided by the Nurse Clinics conference was resoundingly positive and Karen hopes to take every opportunity to share our success in this endeavour and hopefully encourage other teams to pursue a nurse-led service. Without Karen we would not have achieved the level of success we have been afforded, she has led by example and been instrumental in developing a cohesive, patient-centred approach to cancer care.

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Serco Health Limited

Nobody is 'just a' Empowering Support Staff

Categories

Environment of Care & Strengthening the Foundation



Organisation

Serco Group plc is a UK based FTSE 250 service delivery company with a strong public service ethos and nearly 50 years' experience in helping deliver essential services for government and public sector customers. Serco's health business has proudly been partnering with the NHS for 25 years. We provide generalist support services in the UK and around the world and employ over 6,500 people in some of the largest NHS hospitals across the UK. Our goal is to deliver a better environment for patients, visitors and staff; deliver better value for the NHS and support better care, through enhancing the experience for all patients and their families and releasing clinicians' time to focus on clinical care. We help customers make best use of hospital clinical assets and think innovatively to provide tailored solutions. Our work in non-clinical support for integrated health and care is helping the NHS to address some of the current challenges facing the healthcare system and to focus on delivering the high-quality care their patients need.

Summary

As a service provider to the NHS it's Serco's belief that the way our staff provide facilities management (FM) services is just as important as what we provide. Serco Cares is our way of embedding a culture where all our staff are empowered, motivated and clear about their responsibility to positively impact patient, staff and visitor experience. The programme has been described by a leading change management academic as putting 'the dignity of the worker at the heart of its design'. It's innovative, ambitious and challenges thinking around traditional NHS hierarchies. Recognising & appreciating the role of support staff in the patient care journey will benefit patient wellbeing, their experience of being in hospital and contribute to Trusts becoming increasingly caring, safe and efficient. The principles we advocate are relevant to all support staff, regardless of who they are employed by. The programme is in its third year and will be implemented in all our contracts by the end of 2019.

Impact

The difference Serco Cares has made to our staff is palpable. For many it represents an investment in them that they have not had before. Workshops are lively, interactive, thought-provoking, fun and nothing like mandatory training as they know it. They are as relevant to long service staff as they are to recent joiners. To date over 3,100 staff have completed the programme. We've trained staff at each contract to continue to deliver the workshops to new starters and secure its sustainability. The programme is live in nine sites and we have another six planned for 2019. The expectation is that all our 6,500 staff will attend workshops by the end of 2019. Quantitative measures of success for a soft skills programme like Serco Cares, in what is a very complex setting, are difficult. We know that the benefits may take time to be realised, but it's the right thing to do for our staff, our clients and their patients, carers and families. The measures and assessments that we have support this. The staff engagement scores at the three most mature sites have all increased, as have our client feedback scores. For our clients we anticipate a positive contribution to their patient experience metrics (eg FFT) and more frequent mentions of our staff in comments left on surveys and Care Opinion posts. The close collaboration between support and clinical staff was noted at an inspection at one of our client's hospitals and held up as an exemplar to share.

What Makes Us Special?

Staff, whether they are clinical or in support roles, are caring for people who don't choose to be patients, carers or visitors, so Serco Cares needed to take account of this. Most employees, regardless of their role, care and genuinely want to make a difference. Serco Cares connects with the emotional side of working in a hospital and celebrates the impact that caring has. Everyone has a contribution to make and should be encouraged to do so. For our experienced staff it's about recognising and appreciating the small acts of kindness that make a difference to people every day. For our less confident staff the programme aims to upskill, empower and give them confidence to make a difference. We encourage staff to personally relate to content through sharing their experiences and encouraging delegates to see things through the eyes of a patient. We're not prescriptive in specifying what people have to say and how they have to say it, over the course of the workshops we ask them to adopt the principles of Serco Cares and make them their own. Increased value and recognition also improves staff satisfaction and engagement. The direct and positive link between staff satisfaction and patient satisfaction/positive health outcomes is being increasingly discussed. Happy staff that feel valued are more likely to deliver greater consistency and high-quality effort. We're encouraging our staff to tell nursing staff when they have a concern about a patient or pass on requests patients make of them. Patients aren't interested in who someone works for, they see a person in uniform and anticipate that they will be able to help. Working as one team on the wards makes communication easier and more efficient.

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St George's University Hospitals NHS Foundation Trust

New Beginnings

Category

Using Insight for Improvement



Organisation

St George's University Hospitals NHS Foundation Trust in Tooting offers planned and emergency care to the population of South West London and specialist care across South East England and beyond. It is a teaching hospital, co-located with St George's, University of London and employs approximately 9,000 staff. Around 5,000 babies are born at St George's every year and their mothers can receive antenatal, labour and postnatal care in the hospital, in the community and at home. The service has over 200 midwives, 30 obstetricians and 16 obstetric anaesthetists caring for women alongside other support staff. Just over 25% of women give birth via a caesarean section in theatre and around 40% will visit the obstetric theatre at some point in their care.

Summary

"For two minutes, I thought my baby was dead". Six months in, our project purpose was crystallised by one woman telling us her story. She couldn't hear the child cry, and no-one's task list included telling a new mum her baby was fine. The impact of moments like this stay with women forever. New Beginnings is a project supporting women having babies in theatre to have the best possible experience. They might need an emergency caesarean, or have other complications, but transfer to theatre should not mean a less magical birth or one devoid of personalisation. We've done this by filming women's stories – good and bad – and working with them to design and implement improvements for the future, based on emotionally significant 'touch' points, using EBCD methodology. Passionate leadership has come from the Consultant Anaesthetist, Emma, who designed the project and assembled a steering group of interested staff and patients. Positive change has begun. The use of patients' stories to reflect experience and create change, over tick-box survey responses, is now being pursued elsewhere in maternity and shared with the Trust Board.

Impact

Some of the achievements are intangible but there is a feeling that staff are now more invested in making women's experience in theatre better. This has come in the form of: Strengthened connection between theatre and maternity teams; Improved incorporation of birth preferences in theatre; More staff interested in looking at women's eye view of the theatre, informing their own practice; Monthly theatre team training programme offering slots for New Beginnings patexp focussed sessions; Incorporation into Trust Maternity Transformation Programme as a key project on patient experience; Plan to redesign the IT process for registering birth in theatre to enable the midwife to stay with the woman throughout, increasing personalisation and connection; Increasing view that women's and staff partnerships are part of the future for maternity theatre process design; new views on what a clinical space could look and feel like which moves away from the traditional norm. There are also measurable outcomes, including: an increase in compliments sent to the Maternity Unit from women specifically around a positive theatre experience; a rise in the number of positive comments about theatre staff in the anaesthetic satisfaction feedback forms; shadowing opportunities for staff to better understand their colleagues' roles; better integration of the theatre team into the delivery suite 'family' by inviting them to handover; having their photos/names on display and in the written handover sheets in maternity rather than just anaesthetic and obstetric staff. Staff have also been empowered to make changes themselves – one member of the theatre team painted the noticeboard outside theatres explaining the roles of the different members of the team. Decorative decals were added to the ceiling in theatre so that women lying on the operating table had something to look at other than the theatre lights.

What Makes Us Special?

Patient feedback can often be either tick-box survey and based on complaints or compliments. Patient-centred methods such as EBCD place the experience of service users at the centre of improvement projects, using the lens of women's experiences to scrutinise services. There is evidence that using this approach impacts on all dimensions of quality: effectiveness, safety and experience. It enables staff to see care through the eyes of women and families and in doing so, re-connects them with their motivation in their roles. For staff who have less face-to-face contact with patients, it gives greater meaning to their work. Although these methods are beginning to be more widely used in the UK, they had not been used before in maternity, which is what makes this project innovative and exciting. The success of the project has hinged on both women and staff feeling able to open up about their experiences and an understanding that this was both a way to explore their frustrations but also to recognise the good and learn from both. The use of social media as a way of both sharing our learning and learning from others, has also helped to keep us motivated and to feel part of a wider community seeking to improve women's experiences in obstetric theatre.

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Surrey and Sussex Healthcare NHS Trust

Patient Reported Outcome and Experience Measures for Paediatric Dental Patients Undergoing General Anaesthesia

Category

Measuring, Reporting and Acting



Surrey and Sussex Healthcare
NHS Trust

Organisation

Surrey and Sussex Healthcare NHS Trust (SASH) provides emergency and non-emergency services to the residents of east Surrey, north-east West Sussex, and South Croydon, including the major towns of Crawley, Horsham, Reigate and Redhill. At East Surrey Hospital, Redhill we have 697 beds and provide a range of outpatient, diagnostic and less complex planned services at The Earlswood Centre, Caterham Dene Hospital and Oxted Health Centre, in Surrey, and at Crawley Hospital and Horsham in West Sussex. SASH is a major local employer, with a diverse workforce of over 4,300 providing healthcare services to a growing population of around 535,000. On average each month during the last 12 months there were: 2,803 Ambulance arrivals at A&E; 8,454 A&E attendance; 3,107 Emergency Admissions; 32,018 Outpatient Appointments; 3,194 Day cases; 437 Elective Inpatients. SASH is part of the NHS partnership with Virginia Mason Institute to develop a 'lean' culture of continuous improvement which puts patients first. Jeremy Hunter, Secretary of State for Health and Social Care visited SASH in 2017 and stated: "They have fantastic values, but what sets them apart is their measurement of these values, which allows patients to see for themselves how the attitudes and ethos of staff directly improves the care they receive." The NHS National Staff Survey results place SASH in the top 20% nationally for the last three years and some scores ranked in the four organisations. Whilst the GMC (junior doctors) survey show that SASH has the best reported clinical supervision in the region. The Dental & Maxillofacial department offers comprehensive care for those from infancy to adulthood, covering a wide range of dental sub-specialities. The care is patient centred, and is delivered within an outpatient, inpatient, and day case general anaesthetic setting.

Summary

The paediatric dental team at SASH piloted a study that incorporated both patient reported outcome and experience measures in order to provide the highest possible standard of care for children undergoing a general anaesthetic. This is the first study that is changing protocols based on the child's and parent/guardian's insight. A two cycle audit measuring Oral Health Related Quality of Life (OHRQoL) was completed with an action plan and changes made at the end of the first cycle based on the results. The initiative was taken on with great enthusiasm by the paediatric and dental teams; with training it was implemented quickly and efficiently. The results were impressive. A significant improvement in OHRQoL was measured, and overall their experiences revealed an excellent service. A small number of comments were used creating new protocols, and once again an improvement was seen in the second cycle. The changes made can easily be sustained, and with further awareness across the organisation and external sources be an excellent benchmark for not only paediatric dental patients, but for ALL patients in ANY modality. The lessons learnt have already been disseminated throughout various departments at SASH and will continue to grow as quality of life does.

Impact

Cycle 1: 70 pre-operative and 60 post-operative questionnaires (86%). 100% reduction in dental pain, and significant improvements in eating habits, oral hygiene, smiling, and sleep. Anxiety reduced by 13% post-operatively. Experience (dignity and respect, advice, pain relief, amongst others) was very positive, with the lowest score of 12% feeling they were not seen on time. **Cycle 2:** 70 pre-operative and 61 post-operative (87.1%). 100% improvement in all but oral hygiene and anxiety. 5% felt they were not seen on time, all other areas showed 100% positive results. Overall, quality of life is dramatically improved by the intervention of care under a general anaesthetic. We knew from the first cycle (before changes implemented) that the clinical outcome was immediately successful. The children were no longer in pain, did not have strange-looking teeth, were able to eat and drink without problems, and were not having repeated infections. The experiences they reported were very good and generally an excellent service is provided, however the few negative comments that were made allowed us to implement the necessary changes. Cycle 2 (after changes) showed similar results clinically – this is expected as the treatment itself and the expected outcome has not changed, but the experiences reported still showed improvement despite the original levels being very good. Anxiety was the only factor that did not significantly change; this is understandable as there is no acclimatisation period to allow the child to learn about dental care, therefore even routine examinations or application of fluoride varnish (an excellent preventative resource) can still seem daunting. These results show us that implementing small changes has a big effect on the patient's journey.

What Makes Us Special?

This project puts the child at the heart of the care they receive. Parents are being listened to, and made to feel like part of the hospital community. Empowering staff, getting them engaged and enthusiastic.

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Surrey and Sussex Healthcare NHS Trust

Quick Access Dental Pathway For Vulnerable Children – Homeless/Roma Travelling Communities and Refugees

Category

Partnership Working to Improve the Experience



Surrey and Sussex Healthcare
NHS Trust

Organisation

Surrey and Sussex Healthcare NHS Trust (SASH) provides emergency and non-emergency services to the residents of east Surrey, north-east West Sussex, and South Croydon, including the major towns of Crawley, Horsham, Reigate and Redhill. At East Surrey Hospital, Redhill we have 697 beds and provide acute and complex services. In addition, we provide a range of outpatient, diagnostic and less complex planned services. SASH is a major local employer, with a diverse workforce of over 4,300 providing healthcare services to a growing population of around 535,000. On average each month during the last 12 months there were: • 2,803 Ambulance arrivals at A&E; • 8,454 A&E attendances; • 3,107 Emergency Admissions; • 32,018 Outpatient Appointments; • 3,194 Day cases; • 437 Elective Inpatients

SASH is part of the NHS partnership with Virginia Mason Institute to develop a 'lean' culture of continuous improvement which puts patients first. Jeremy Hunter, Secretary of State for Health and Social Care visited SASH in 2017 and stated: *"They have fantastic values, but what sets them apart is their measurement of these values, which allows patients to see for themselves how the attitudes and ethos of staff directly improves the care they receive."* The NHS National Staff Survey results place SASH in the top 20% nationally for the last three years and some scores ranked in the four organisations. Whilst the GMC (junior doctors) survey show that SASH has the best reported clinical supervision in the region. The Dental & Maxillofacial department offers comprehensive care for those from infancy to adulthood, covering a wide range of dental sub-specialities. The care is patient centred, and is delivered within an outpatient, inpatient, and day case general anaesthetic setting. Within the dept the paediatric dental unit is a high profile consultant led service that has expanded to include a specialty training role and has developed an integrated care pathway for patients with special needs from childhood to maturity. Treatment is provided under local anaesthetic, conscious sedation, and regular general anaesthetic.

Summary

This multi-disciplinary care pathway is the first in the south east which focuses on meeting the dental health needs of vulnerable children. It has resulted in a robust partnership with First Community Health and Care enabling us to fast track cases and to maintain anonymity for those children under protected care. Because of the shared commitment to improve the shocking dental health of this client group, The Dental and Homeless Teams have been able to jointly and dramatically improve this situation. We have shown that by working with partner agencies we can identify those in need quickly and address their dental needs.

Impact

Since this initiative started 12 months ago, the dental team have assessed and treated more than 50 homeless children, including those from the Gypsy and Traveller communities, families fleeing Domestic abuse, families from war-torn countries such as Syria and those in our local homeless hostels. In some cases, as many as 14 teeth have been removed per treatment but, more importantly preventative treatments and dental education and advice has been given and subsequent visits for both the children seen and younger siblings, has shown a significant improvement in the children's teeth. Unlike the usual process when non-attendance to a clinic results in referrals being cancelled, the dental team have put in protocols which has led to the team following up on these non-attenders and involving the safe guarding team where necessary. We have been exceptionally persistent and shown both empathy and commitment in order that vulnerable children get the dental care that they desperately need.

What Makes Us Special?

This initiative is unique in that:

- This project puts the child and their families at the heart of the care they receive;
- We have demonstrated an effective care pathway for delivery of care;
- It has shown great multi agency collaboration within agencies;
- It has demonstrated great partnership between primary and secondary care givers;
- We have demonstrated an effective care pathway which ensures anonymity of patients and their families;
- We have shown that through a rigorous process we make sure those who do not attend an appointment are followed up and where necessary safe guarding team are involved in order to address any welfare issues regarding the child.

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PEN National Awards 2018

Re:thinking the experience

Teesside University

Jess Craggs



Category

Patient Experience Advocate of the Year

About Nominee

Teesside University is located in Middlesbrough and offers an amazing range of courses in exciting subjects. There are approximately 20,000 students completing many different courses and degrees. I am currently in my third year of my degree, BSc (Hons) Nursing Studies (Child), studying at Teesside University. On the nursing programme, it is 50% theory and 50% practice, meaning that I spend half of the year out on placement. The University works in partnership with many organisations, which can vary from hospitals within different trusts, to placements in community settings across the area. At the time of completing my service improvement initiative, I was in my second year, completing my placement with the health visiting team.

At Work

My incentive for developing the visual booklet was firstly initiated during a team meeting. During the meeting, one of the health visitors was allocated to take the lead on a new role that was brought in by Harrogate Trust. This involved implementing the top-to-toe review into the health visiting role, which was to be carried out at the new birth check. The allocated health visitor followed a flow chart on how to perform the top to toe review. However, the flow chart only consisted of written medical terms, which seemed impractical and unsupportive to the health visitors. Therefore, my innovation was to create a visual checklist which entailed a small booklet consisting of images and clear explanations of the terms within the checklist. I felt that this was an appropriate tool to implement as it was easy to follow and understand. This would ensure that the assessments were being carried out in a thorough and competent manner. Therefore, in doing so, the assessment could be performed in a set, standardised way by all health visitors. In addition to this, evidence showed that congenital abnormalities had been missed in these assessments, consequently meaning they were not picked up until a much later stage. Therefore, in developing a standardised checklist, it meant that the assessments would be performed methodically, which would allow for early identification of any abnormalities, and a reduction in the number of missed referrals. This demonstrates the importance of the innovation, in improving and providing the highest possible standard of care to every family.

The Professional

Once I had delivered my service improvement idea to the team, I asked for feedback from each health visitor. From all of the responses which I received, every health visitor stated that it had benefited their practice, by increasing their confidence when carrying out the top-to-toe assessment. They stated that having the visual tool allowed them to become more skilful and competent when performing the assessment, due to an increase in knowledge and understanding of what to look out for when assessing the new-born. This will therefore aid health visitors in identifying any abnormalities, which allows for early identification and referrals to be made. Therefore, this demonstrates the success of my initiative as the visual booklet has had the intended positive outcome to each of the health visitors' practice. This outcome produces a higher standard of care to be delivered to the new-born and their families due to a clear and thorough delivery of care. In addition to this, the increased confidence and skills within the health visiting team will allow them to support the parents to the best of their ability, as their knowledge and understanding has increased. The success of the initiative has meant that I am a proud winner of the Professor Leni Oglesby Prize for Achievement, in acknowledgement of my studies in the academic year 2017/2018.

Summary

As a future nurse, I am always looking for ways to improve practice and patient care within the teams which I am part of. An important aspect of nursing for me is equality, to ensure that everyone is treated fairly and equally. This is especially important in the health visiting role, as they can provide every child with the best possible start in life. Having this outlook and vision led me to developing my service improvement idea whilst on placement with the health visiting team in my second year of nursing. Whilst out in practice, I identified a knowledge gap and differences in the way in which the new-born top-to-toe assessment was being performed. I felt this was a starting point for an implementation of knowledge, as taking a lead in developing this role would lead to an improvement and standardisation of care to new-born babies across the whole service. This demonstrates the rationale behind my service improvement idea. My innovation involved creating a visual booklet/checklist to create a standardised way for health visitors to perform the top-to-toe checklist, this improved the standard of care provided to families and new-borns, and the skills and knowledge of the health visiting team.

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PEN National Awards 2018

Re:thinking the experience

Teesside University

Student Midwifery Society - Kate Husband, Emma Hutchinson and Katherine Comac

Category

Patient Experience Transformer of Tomorrow



About Nominee

The Midwifery Society was set up in 2016 to support students to continue their development in midwifery. The society enabled members to expand their extracurricular opportunities to progress professionally and increase employability within Midwifery. However now in its third year the society has evolved and ultimately its vision is to put the art back into midwifery, achieved through a holistic program of study days, conferences and events that facilitate the development of evidence-based practice during and beyond childbirth. A key component of this includes; helping professionals understand how to meet women's emotional, psychological and physical needs, as well as protect them from breaches in their basic human rights and at times acts of torture, for example female genital mutilation and the long-term effects of losing a child. The key focus of this extra-curricular work is to improve the experience of women not just during pregnancy and birth but beyond. Initially set up to support students from its own organisation, the society now offers attendance to students and qualified professionals locally and regionally. Students willing to give up their personal time to take on the role of society representatives have emerged from their role with additional skills sets having practised the skills of leadership, communication and networking while facilitating the development of the society's members. Although we have focussed on the work of the Society as a whole in this submission, we wanted to enter to particularly acknowledge the work of Kate Husband, Emma Hutchinson and Katherine Comac who have taken the initial project forward and continued to develop the Society to ensure that patient experience is at the heart of everything the Society does.

At Work

Initially the University Students Union assisted with the formulation of a business plan for the development of the midwifery society with its originator, student midwife Afshan Ali. Following this initial development society representatives assisted in designing its own marketing logo and materials and has organised relevant and fantastic study days which highlight current affairs in midwifery practice. Emma, Kate and Katherine have worked hard to continue the work and develop the Society into the success it is today. The Midwifery Society was initially founded in November 2016 by midwifery students enrolled onto the 3-year BSc Midwifery Honours Degree Program at Teesside University. The aim of the midwifery society was to provide students with extracurricular activities not available on their current midwifery course which specifically enabled them to develop and improve patient experience awareness and skills. Recently the midwifery society was voted Teesside University's, Society of the Year 2018, and since then has gone from strength to strength running several study days whilst also supporting the bereavement charity 4Louis. This is in large part due to the hard work of Kate, Emma and Katherine.

The Professional

The overall performance of the society has been evaluated as outstanding and the midwifery society was nominated by the student union and its members for the society team of the year award 2018. To learn and progress the midwifery society evaluates its own achievements and success. Both society members and non-members attending workshops, conferences and events are asked what they felt they learnt from the day and more importantly how they can take what they learned and apply it to practice. Kate, Emma and Catherine have been instrumental in achieving the successes to date.

Summary

The midwifery society representatives and its members adopted the general aims of midwifery society's in the UK and strive to increase students' level of knowledge and employability through extracurricular activities. However, the students recognised the huge benefits they gained from this additional knowledge and wanted to share it with wider audiences. They have opened the doors of their society to other midwifery programmes within the North East of England.

Expanding on this and considering the: The International Childbirth Initiative (ICI) 12 Steps to Safe and Respectful MotherBaby-Family Maternity Care, the aim of the society is to introduce midwifery students from middle to low resource settings to share in best practice initiatives which are safe, effective and cost efficient. Evidence clearly demonstrates the impact adopting techniques such as alternative therapies, communicating with empathy and respect has on fostering positive experiences of women and facilitating positive birth outcomes.

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The Mid Yorkshire Hospitals NHS Trust

End of Life Fast Track Discharge

Category

Turning it Around



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. With more than 8,000 staff the Trust offers services in three main hospitals – Pinderfields (Wakefield), Dewsbury and District 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.

Summary

This initiative was identified from negative feedback from the CQC and a reflection on complaints relating to patients at the end of life (EOL). Feedback highlighted that the process for rapid discharge of patients at the end of life was long and protracted and often resulted in patients dying in an acute ward environment against their stated wishes. The average length of time to discharge was 13.8 days. An ambitious target time of within 72 hours was set. A comprehensive review of the process and a multi-agency agreement on an EOL Rapid Discharge Pathway was achieved. By making patients' time our most important currency, challenging the way things were done and the timescales we had come to accept, we created a new approach paying attention to the things that get in the way of the care we want to give. We focused on how to minimise wasted time and prioritise patients' time to create a sense of urgency and reduction in the loss of precious days.

Impact

Some outcomes • Increase in the numbers of palliative care patients able to die in their preferred place of care and the proportion of dying patients who are managed on the EoL Care Pathway; • Reduction in complaints regarding End of Life Care, length of hospital stay and re-admission rates with associated cost savings; • Staff time saved by reducing duplication of documentation; • Improved ward staff experience. • Improved patient, carer/family and multi-agency working, improved skills / knowledge in discharging patients with complex palliative care needs, positive relationships across MDT teams. • A standardised process of care which improves coordination and minimises variation and waste.

We set an ambitious target time of discharge to preferred place of care within 72 hours (75% reduction). **60 days** post implementation a sample of 10 patients who had been case managed by the Fast Track Facilitator were audited: All 10 patients were discharged within an average time of 15.72 hours and all achieved their preferred place of care and death.

12 month review audit (sample 100 patients): 49 patients were discharged home with a package of care – the average discharge time was 21.35 hours; 27 patients were discharged either back to a care home or to a new Nursing Home – the average discharge time was 44.46 hours; 6 patients were discharged to a hospice – the average discharge time was 34.58 hours; 18 became too unwell to discharge within the target time frame. Of the 82 patients discharged only 7 were readmitted back to hospital. Information on preferred place of care was captured on EPaCCS: 79% achieved their preferred place of care; 96% discharged home achieved their preferred place of care and death. A 14 page MDT report was streamlined to a 4 page document. Baseline data = 73 mins to complete the MDT report. Post changes = average of 15mins (79% improvement). Turnaround times for Fast Track TTO from pharmacy are now achieved within an hour. Patient Experience feedback example: *"The calm, kind and sensitive information given by the Fast Track Facilitator gave us as a family much comfort, he did a good job of coordinating with the other agencies involved"*. 100% positive feedback from evaluation of the patient and carer information leaflet: *"Clear easy to use"* Staff experience feedback example: *"The Fast Track Facilitator brought up difficult, sensitive topics (such as advanced care planning) providing reassurance and encouraging the family to be open and honest about their thoughts. An invaluable mediator throughout the meeting guiding and supporting the patient's family in making a discharge plan."* (Occupational Therapist).

What Makes Us Special?

For a patient to die in the place of their choosing is an experience they will only have once. Despite the hard work of caring staff, systems and silos in healthcare lead to a tendency for patients, particularly those with life limiting illnesses, to get 'stuck' in hospital. These are the very people who have the least time to waste. Our evidence demonstrates a number of improvements following negative experience feedback regarding patients who are at their most vulnerable. The project has achieved significant outcomes in terms of reductions in length of stay, associated financial costs, impact on flow across the organisations and has eliminated many wastes within the system. By recognising that patient time is the most important currency in health care, our approach to achieving this innovative and ambitious project has raised morale and galvanized staff from multiple agencies to act and support a common cause for change. Most importantly, sustainable improvements have been achieved which have had a positive impact on patient and family experience by enabling patients to spend more of their last precious days with those they love most in the place they wish to be.

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University Hospitals of Derby & Burton NHS Foundation Trust

Cognitive Stimulation to Reduce Distressed Behaviours

Categories

Personalisation of Care & Using Insight for Improvement



Organisation

Derby Teaching Hospitals and Burton Hospitals had a long history of working closely together, and two years ago plans to formally merge the two organisations were first explored, resulting in the creation on 1 July 2018 of University Hospitals of Derby and Burton. Bringing the two hospital trusts together benefits the local people in southern Derbyshire and south east Staffordshire as we bring together the expertise of our 12,000 staff across our five hospital sites. We have five hospitals – the Royal Derby Hospital, Queen’s Hospital Burton and the Samuel Johnson, Sir Robert Peel and London Road community hospitals. Across all five sites, we treat around 2 million patients every year.

Summary

The Cognitive stimulation to reduce distressed behaviours project has been developed by the Lead Nurse for Vulnerable People and Enhanced Care Team to support the needs of patients with cognitive impairments. The team engages with patients who have a cognitive impairment that affects their behaviour in practical activities which stimulate the senses. The project has been very successful in delivering person centred care; improving patient experience - backed up by feedback from patients involved; and has reduced the need and cost of one to one nursing. The incidence of falls has also decreased on those wards which have been participating in the project. It has been so successful that the project is being piloted on wards at Royal Derby Hospital with similar positive results. The Executive Nurse for the Trust is very supportive of the project and is keen to roll it out further. It’s an excellent opportunity to share good practice across the new Trust.

Impact

Measures for evaluating the success of the initiative were agreed as part of the planning process for the project: • the impact on patients – patient experience and sense of wellbeing; • the impact on staff – of taking a creative approach to engagement; • monitoring the use of 1 to 1 nursing. Patients who took part in activities were asked how they were feeling before an activity took place; and how they were feeling after it had taken place. The questions and response options were kept as accessible as possible. Feedback was overwhelmingly positive with 64 out of 72 who gave feedback indicating that they felt happier after taking part in an activity; further backed up by their additional comments, including: • *It was humorous for me when I was feeling down* • *I am very pleased to have met (named staff) who has restored my faith as I was in despair* • *I enjoy doing things like this being busy with my hands enjoyed it...* • *It has broken the day up and to see different people has cheered me up* • *It was a good opportunity to meet other patients* • *I felt sad before the lady came along and a big smile came on my face. I like my pumpkins and bats* • *Happier than before you came.*

Staff also observed the positive impact it had on individual patients’ behaviour and in identifying factors which may be causing them stress. The types of activities patients had been involved in included: playing skittles and table football; talking; games; going for a walk; doing a jigsaw puzzle; playing bingo; watching a DVD ; playing dominos; drawing/painting; having a manicure; making Halloween decorations; singing; hand massage; having a shave; holding the doll. Staff retention levels within the Enhanced Care Team have improved as members of the team enjoy the new approach and feel a greater degree of job satisfaction. It has transformed the way they work and gives them the opportunity to pass on their experience and skills to wider members of the ward staff/team – and to challenge any preconceptions which staff may have about individual patients. The team have raised awareness that often behaviour that challenges occurs when someone is confused or trying to make sense of what is happening, or when they are trying to communicate that they need something. The project has had a significant impact on reducing the need for one to one nursing. In the month prior to the project, on ave. over 500 of 1 to 1 nursing hours were delivered each week. The no. of hours reduced, on ave. to less than 100 hours per week when the pilot took place. Currently no one to one nursing is used at the three hospital sites. This has a positive impact enabling a wider spread of the team to work on wards as they are not working with one patient for hours; as well as making a significant financial saving. The approach has created a more positive environment on the wards – for patients, staff and visitors. By working alongside the Enhanced Care Team other colleagues have picked up skills and the confidence to interact with patients in a different way to the benefit of everyone.

What Makes Us Special?

The project has encouraged us to look at the way we work – to challenge ourselves on our working practices – and given the confidence to develop new creative approaches which deliver real benefits to patient and staff. The approach is very patient centred and encourages staff to understand/engage with patients in a more innovative way and to see the individual behind the behaviour. The support of senior colleagues and the willingness of the team and wider ward staff to embrace new ways of working has been central to the success of the project. It has enabled staff to share and develop their skills in a practical way to the benefit of both patient and staff wellbeing.

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PEN National Awards 2018

Re:thinking the experience

University Hospitals of Derby & Burton NHS Foundation Trust

QR Code Interactive Boards

Category

Innovative Use of Technology/Social/Digital Media



Organisation

Derby Teaching Hospitals and Burton Hospitals had a long history of working closely together, and two years ago plans to formally merge the two organisations were first explored, resulting in the creation on 1 July 2018 of University Hospitals of Derby and Burton. Bringing the two hospital trusts together benefits the local people in southern Derbyshire and south east Staffordshire as we bring together the expertise of our 12,000 staff across our five hospital sites. We have five hospitals – the Royal Derby Hospital, Queen’s Hospital Burton and the Samuel Johnson, Sir Robert Peel and London Road community hospitals. Across all five sites, we treat around 2 million patients every year.

Summary

Using technology to improve patient experience by giving instant access to on-line patient information publications and information about the Emergency Department (ED). The Patient Information Service and ED have produced an innovative interactive wall art; carefully designed to incorporate QR codes and webpage information in a visually clear, colourful, user friendly way. The wall art illustrates a human body with QR codes placed in specific areas, linking the user to publications about the chosen body area or wound care information. Redesigned ED webpages utilise the wall art design and allow the user to click on the relevant body area to access publications. The webpages are now easier to use with clearer navigation and eye-catching layout.

Essential ‘Live Wait’ information has also been incorporated to offer meaningful timely information for patients. This initiative links with the NHS Digital Strategy and enables world-wide 24 hour access to ED patient information publications. There are potential cost savings to the Patient Information Service and Trust as patients choose to access information electronically rather than take a printed publication from ED. The innovative wall art has the potential to be used across the Trust and shared with other NHS Trusts.

Impact

The benefits of this initiative are instant, easy access to ED patient information publications and information, 24 hours a day. It is envisaged that potentially fewer paper copies of the ED patient information publications will be required in the future as patients are given the choice to access information about conditions and treatments electronically. This could have cost savings of around £800 p.a. to the Patient Information Service and administrative savings to the ED. Implementing this project required limited financial resources, although the skills and experience of those involved were heavily utilised.

An analysis of webpage hits during the period July 2017 - Nov 2017 shows the ED pages had an increase of almost 2,500 hits to over 9,000 hits compared to the same period last year. The new Consultants page added another 10% of the overall views. The new pages have had over 500 hits:

Head and neck - 178 hits; Body – 148 hits; Leg and foot - 83 hits; Arm and hand - 74 hits; Wound care - 78 hits.

This is all without any promotion via social media. A social media campaign via Twitter and Facebook is planned to promote the pages and patient information publications.

What Makes Us Special?

- The wall art illustrates a human body with QR codes placed in specific areas, linking the user to publications about the chosen body area or wound care information.
- The wall art is prominently displayed in two waiting areas within the ED minors. One is 5ft tall and the other A3 size.
- The design and size of the artwork make it eye-catching – a simple way to attract people to use it.
- Redesigned ED webpages utilise the wall art design and allow the user to click on the relevant body area to access publications. The webpages are now easier to use with clearer navigation and eye-catching layout.
- Essential ‘Live Wait’ information has also been incorporated to offer meaningful timely information for patients.
- This initiative links with the NHS Digital Strategy and enables world-wide 24 hour access to ED patient information publications.

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University Hospitals of Derby & Burton NHS Foundation Trust

Sleep Kits

Category

Environment of Care



Organisation

Derby Teaching Hospitals and Burton Hospitals had a long history of working closely together, and two years ago plans to formally merge the two organisations were first explored, resulting in the creation on 1 July 2018 of University Hospitals of Derby and Burton. Bringing the two hospital trusts together benefits the local people in southern Derbyshire and south east Staffordshire as we bring together the expertise of our 12,000 staff across our five hospital sites. We have five hospitals – the Royal Derby Hospital, Queen’s Hospital Burton and the Samuel Johnson, Sir Robert Peel and London Road community hospitals. Across all five sites, we treat around 2 million patients every year.

Summary

Innovation – The Sleep Well trial is different as the simplicity of the kits and its contents had such a significant impact on our patient’s. It improved the quality of sleep and rest with the hope of making patients feel better quicker and going home sooner.

Leadership – It was an important element in carrying out the trial, however it was more important that ward Sisters were fully engaged in the process so they could lead their teams in helping to apply the REST principles.

Outcomes – The Sleep Well Trial increased the number of hours sleep patients had using items from the kits. Data was collected and saw an increase in the numbers of hour’s sleep patients had. Patients saw an average increase of 4 hours sleep.

Sustainability – We are still assessing the usage of the sleep kits. In the future, we hope to appoint a sponsor so we don’t have to rely on securing funds from our Hospital Charity.

Transferability and Dissemination – Derby Hospitals merged in summer 2018 with Burton Hospitals. This is a great opportunity to implement the same kits for their patients too. The kits are so simple I can foresee them being well utilised across other acute settings.

Impact

Facilities Management purchased 1,000 trial sleep kits through Derby Hospitals Charity in 2016, knowing about similar successful sleep trials. Included in the kits was a pair of earplugs, an eye mask, a small pot of lip balm, non-slip socks and a patient information booklet with additional puzzles in the back and blank pages to write down any burning questions. The aim of the Sleep Well trial was to allow patients to have access to items which might help elevate some of the noise disturbances experienced in hospital. It was hoped that this would promote more restful sleep and help patients to feel better quicker, going home sooner. The results were simple. Patients benefited hugely from using some or all of the items in the sleep kits. Over a four week period, patients saw an increase from 3 to 7 hours sleep making them feel much brighter during the day. The most popular items used were the ear plugs and the eye mask.

Some example quotes from feedback were as follows:

Ward 203 – used ear plugs and the eye mask for 6 nights. Increased sleep from 4 to 7 hours. *“Eye mask was invaluable. Thank you for making a difference”*.

Ward 216 – used the eye mask for 6 nights. Increased sleep from 2 to 8 hours. *“Eye mask is the best thing ever. It makes such a difference. Thank you so much, made me feel much better during the day time”*.

Ward 303 – used the eye mask for 2 nights. Increased sleep from 4 to 8 hours. *“I used the eye mask through the day. Better sleep - days and nights go quicker. Thank you, I feel so much brighter the last few days”*.

Ward 405 – used the eye mask and ear plugs. Increased sleep from 2 to 6 hours. *“Ear plugs are a god send - people shout on this ward. Eye mask is super for keeping the light out”*.

What Makes Us Special?

- The stand out part of this trail is its simplicity.
- A small pouch with 3 essential items in, have proved to be conducive to a restful night’s sleep for an inpatient in hospital.
- Staff engagement was straight forward and easy to remember with four basic REST principles.
- The kits are free to wards and easily accessible to both staff and patients.
- The Sleep Kits have a direct impact on patient experience.

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PEN National Awards 2018

Re:thinking the experience

University Hospitals of Derby & Burton NHS Foundation Trust

Virtual Reality Pathways



Category

Innovative Use of Technology/Social/Digital Media

Organisation

Derby Teaching Hospitals and Burton Hospitals had a long history of working closely together, and two years ago plans to formally merge the two organisations were first explored, resulting in the creation on 1 July 2018 of University Hospitals of Derby and Burton. Bringing the two hospital trusts together benefits the local people in southern Derbyshire and south east Staffordshire as we bring together the expertise of our 12,000 staff across our five hospital sites. We have five hospitals – the Royal Derby Hospital, Queen's Hospital Burton and the Samuel Johnson, Sir Robert Peel and London Road community hospitals. Across all five sites, we treat around 2 million patients every year.

Summary

The virtual reality pathways project has been twofold:

1. Virtual reality tours of two key pathways – theatres and maternity
2. Google Streetview of the main hospital site

Both strands of the project give the patient or visitor a fully immersive experience in touring the hospital before their visit, helping with wayfinding when they arrive to limit stress. The footage can be viewed on a Smartphone or Tablet – when the device is moved around, the footage shows a 360° view of the environment. It was initially the idea of our Director for Patient Experience & Facilities Management, so had the support of senior management from the beginning. There has been an increase in hits on Google maps of the hospital, and a large volume of people access the footage of maternity and theatres, demonstrating how useful it is to patients. The project is sustainable in that, once the footage is uploaded, it is there for life and freely available to the general public. The work involved can be achieved easily with the right equipment. The team invested in a 360° camera, and used Google's own equipment to map the hospital site. As such, any organisation can achieve the same results.

Impact

The footage is clearly helpful for patients, as we have seen large volumes of hits on both the pathways footage and Google Streetview. Within the first few weeks of the Streetview footage being live, over 185,000 hits were made. As at 13th November 2018, there have been almost 400,000 hits. The Theatres film has had over 4,000 hits on YouTube. The Maternity film has seen much fewer hits, however, we will look to promote this film better through the Trust Maternity webpages, which is undergoing considerable work at present as well.

The next plans are to film Imaging pathways in the same way as Theatres and Maternity – the filming will focus on the typical pathway for having an MRI Scan or a CT Scan. The rationale for choosing this pathway is that many patients report being nervous when coming for a scan. Many patients tell staff they are surprised that it isn't frightening once they are there, so if patients could view footage in advance, they wouldn't experience nervousness and anxiety before their scan.

Another area where we will be filming 360° footage is for various pathways for learning disabled patients. Again, the rationale is to reduce the anxiety experienced before visiting hospital for routine procedures and tests. Google street view filming continues – eventually the plan will be to film all five hospitals. However, this takes considerable resourcing from the AV Team so it will be some time before all five hospitals are fully mapped on street view. As the Trust has recently gone through a merger (Burton Hospitals with Derby Teaching Hospitals), a new website is being built at present. It is hoped the 360° footage will feature prominently in the relevant departments' webpages for easy access for patients and the public.

What Makes Us Special?

Other similar projects have been observed at other Trusts in the past – various pathways have been filmed and given narration explaining where to go, what to bring, who will greet you and what happens. However, many are done using standard filming methods. This project was different in that it went one step further by offering the viewer the opportunity to view that footage in a 360° format, making it more real for them, so that they see things the way they would when they come into the hospital.

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University Hospitals of Leicester NHS Trust

Art Tour for Dementia Patients



Category

Strengthening the Foundation

Organisation

University Hospitals of Leicester NHS Trust (UHL) is one of the ten largest Trusts in the country and a leading teaching hospital with one of the strongest research portfolios outside of the “Golden Triangle” of Cambridge, London and Oxford. Our 15,000 staff provides acute hospital care across our three main sites in Leicester City (Leicester Royal Infirmary (LRI), Leicester General Hospital and Glenfield Hospital). We also deliver community based healthcare services for patients across Leicester, Leicestershire and Rutland (LLR).

Summary

Our entry is for the Leicester Royal Infirmary Arts and Heritage Trail which takes patients, visitors and staff on a 3,000 step walking tour around the art and heritage highlights of our hospital. The Trail is available as a printed map and on our website with guide points to direct participants located around the Trail. More specifically our entry is for how we have used the Trail with our Meaningful Activities Team to encourage older people to leave the wards and engage with the works on display. Our first tour was arranged as part of Older People’s Month, but following positive evaluation we now have plans to offer the tour on a monthly basis. Once set up, the Trail itself requires little maintenance. The Tour is provided over an hour by our Arts and Heritage Officer supported by the existing Meaningful Activities Team. We expect that over time members of the Team will be able to deliver the tour independently. We hope to design Trails for all three of our hospitals to support additional patient tours. This simple concept could be easily reproduced at any other hospital with Art or Heritage on display.

Impact

The impacts of the initiative can be observed through the feedback received through the Arts and Heritage Twitter page. Comments from staff and visitors engaging with the trail include:

“Looking at the art work is very calming”;

“It is nice to have something different to do when you are waiting at the hospital”;

“It’s great to do something like this on your lunch-break”

The guided tour for older patients was monitored by the Arts and Heritage Development Officer who interviewed participating patients and staff throughout the tour. The outcomes of the activity included: Improved mood, improved outlook about recovery, improved association with the hospital. Quotes from participants at the end of the tour:

“It’s simply beautiful”;

“It was wonderful, thank you very much”;

“It’s amazing what you don’t see when you’re not looking”.

Following the tour, the Arts and Heritage Officer received the following email from one of the Meaningful Activities team members:

“Thank you so much for today and also for supporting Older Peoples Month. The patients have thoroughly enjoyed the morning and are still talking about the tour. Just to let you know also, from this tour I have identified that our gentleman that came alone, stated how he misses social interacting with other people, so now I will sign post him to Age UK for maybe Day Group Support.”

What Makes Us Special?

The role of Arts in improving health and wellbeing are increasingly being recognised; in July 2017 the All-Party Parliamentary Group (APPG) on Arts, Health and Wellbeing published a comprehensive report on its findings.

The Arts Trail we produced is, as far as we know, a unique use of existing assets to engage patients, visitors and staff and get them exercising and interested in their environment. This promotes health and wellbeing, both physically in walking the steps and mentally in improving mood. This has been successful because of the ease in which it was implemented and maintained drawing on the enthusiasm and interest of staff.

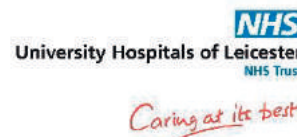
The Arts and Heritage trail is a highly visible element of our developing programme of participatory arts activity which we plan to use as a flagship for the programme.

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University Hospitals of Leicester NHS Trust

Fixing the Fundamentals of Care for Older People



Category

Personalisation of Care

Organisation

University Hospitals of Leicester (UHL) is one of the largest and busiest teaching trusts in the country, serving one million residents of Leicester, Leicestershire and Rutland. The Trust comprises of three main hospital sites: Leicester Royal Infirmary; Leicester General Hospital; Glenfield Hospital. There are currently 15,722 staff. We constantly strive to improve the care patients receive, looking at the ways we work, acting on patient feedback, ensuring staff are highly trained and encouraging research. It is imperative we 'get it right' for our older patients and deliver the fundamentals of care they deserve. As an Older People and Dementia Sister I support inspiring teams to implement initiatives that will undoubtedly influence change, promoting kind, compassionate and effective care.

Summary

UHL have ambitions for transforming the care of older frail patients and this has been identified in the Trusts Five Year Plan (A Blueprint for Health and Social Care in, Leicester, Leicestershire and Rutland 2014-2019). We held a listening event and engaged with patients, visitors and staff. Feedback highlighted older people wanted small fundamental things to improve. A new initiative was developed - Fixing the Fundamentals (FTF), an innovative strategy to develop aspects of care for older people. Teams were well led, and supported with FTF throughout its 18 month implementation. Action Plans were developed using patient feedback. A steering group ensured the ambitions of FTF were delivered. Action Plans had clear outcome measures to deliver the fundamentals of care and remain patient focussed. Regular reviews allowed teams to assess performance and ensuring outcomes were achieved. Following success we are exploring how this can be adapted to meet the needs of patients in the Emergency Department. The FTF action plan has been streamlined to five areas of improvement allowing teams to access any/all of the areas of improvement to address gaps in care in their clinical areas.

Impact

Observations of care were undertaken on each ward before and after implementation to measure the improvements and to ensure staff adhered to the standards of care emphasized throughout FTF. Initial observations identified some common areas for improvement across all the wards involved + some that were ward specific. Common areas included: mealtimes, communication, privacy, dignity and independence, the environment & continence. Each ward took overall responsibility for addressing one of these aspects and shared their learning with the other areas so all benefitted and the scale of the project remained manageable for teams. Improvements across the common areas included:

- Mealtime experiences were enhanced; patients were given time to choose their meal, the eating environment improved, nursing documentation for nutrition and hydration improved. Patients could eat uninterrupted, those needing assistance were identified using red trays and jugs and supported ensuring dignity was maintained. Snacks offered regularly.
- Communication with patients and families improved, patients and relatives were confident in both the medical and nursing care received. Communication was tailored to each person in calm reassuring tones. Time is allocated. The Carers Charter / Stay with Me was in place. Hearing loops available. Call bells answered promptly.
- Patient's independence was promoted to aid recovery. Patients actively encouraged to wear their own clothes to promote privacy, dignity and personal identity - important for recovery.
- The social environment was improved; day rooms were encouraged for mealtimes and socialising. Volunteers provided company and activities. OPUS, a music making group visited. Staff collect the Metro newspaper for patients. Meaningful Activity Facilitators engage with patients and families with dementia.
- Continence care and awareness improved via baseline assessments + offering the toilet regularly, commodes rarely used. Staff received additional training in continence care and products, increasing knowledge and awareness about choosing the appropriate continence aid. Ward specific improvements included reducing noise at night, improved person centred care for people and families living with dementia, additional drinks rounds and developing patient activities. FTF demonstrated an improvement; Dec 2017 – Feb 2018 (Final 3 months) – 98.3% recommend - 0.1% not recommend (843 surveys) Dec 2016 – Feb 2017 (First 3 months) – 97.9% recommend - 0.4% non-recommend (896 surveys)

What Makes Us Special?

UHL have seen many benefits from teams adopting FTF, improving older peoples care has been the biggest achievement but the influence FTF has had on staff has been remarkable. FTF has inspired teams to be creative by having the opportunity to enhance the fundamentals of care identified through the voice of the patient. Teams have engaged well with internal and external agencies and have recognised the benefit of their specialist support. FTF has given staff a tremendous sense of achievement as they have influenced positive changes in practice through simple application of FTF. Passion, professionalism and excellent leadership are key to the success of FTF. Teams have displayed these qualities throughout FTF which influenced the success of this simple initiative to improve the quality of care for older, frail patients.

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PEN National Awards 2018

Re:thinking the experience

University Hospitals of Leicester NHS Trust

Patient Experience – Patient Recognition Award



Caring at its best

Category

Staff Engagement/Improving Staff Experience

Organisation

University Hospitals of Leicester is one of the largest and busiest teaching Trusts in England, it was formed in 2000 and is made up of nine hospitals, the largest three being: Leicester Royal Infirmary; Leicester General Hospital; Glenfield Hospital. The other hospitals are located in and around Leicestershire. The Trust has a national and international reputation for the high quality specialist care, particularly in cancer, renal and cardiac services. The Trust is at the forefront of many research programmes and new surgical procedures, such as keyhole heart valve surgery. Based in the heart of Leicester the Trust serves the one million residents of Leicester, Leicestershire and Rutland. Our Specialist services serve another 2-3 million patients from across the rest of the country. There are currently 15,722 staff working within the organisation, under a variety of job descriptions, but working as a team towards giving and promoting excellent patient care and experiences.

Summary

Feedback is essential for organisations to develop future improvement plans. Feedback can be used to recognise staff who have 'gone the extra mile' or had a particular positive impact for patients and their families, at for what is for most patients a very distressing and difficult time. The Trust values aspire to providing 'Caring at its Best' consistently for all patients. The Patient Recognition Award was launched in 2017-18, embracing patient feedback and recognising 'Caring at its Best' through the Friends and Family Test. Any member of staff can receive this award. Patient and family feedback is reviewed quarterly using our electronic platform; to identify staff that have been named positively on five or more occasions. This prestigious award is presented by the Assistant Chief Nurse, who highlights their achievement as this accolade is purely from patients and family feedback and recognition. Other organisations could replicate this as there is minimal cost and has a positive impact on staff morale. Staff value direct and personal feedback from patients, families and carers and have been moved and highly emotional when presented. The majority of the feedback recognises the compassion exhibited often in very difficult and distressing scenarios.

Impact

The impact of this initiative has been immediate; staff who have been presented this award were surprised and very humble in their response. One winner quoted:

"this has totally made my day, I was feeling down and this has made everything worthwhile"

For the team present when the award is given, and the winner themselves, it reinforces that patient feedback received by the Trust from patients and their families highlights excellent care as well as areas for improvement. This is still a relatively new initiative, but it is hoped that even with the stringent rules in place the numbers of award winners will increase, as staff see award winner's behaviour and approach to patient care and work to replicate this.

What Makes Us Special?

This initiative embraces feedback received from patients and their families about the experience of care received whilst in Leicester's hospitals. As a Trust we receive over 5,000 pieces of feedback a month, excluding the feedback received from the Emergency Department and outpatient areas. This feedback enables us to identify areas for improvement and therefore achieve organisational and cultural change. In this feedback patients have also taken the time to give names of members of staff, who have given exceptional care and have stood out to them. It is vital that this care and behaviour is promoted and exemplified to others. The Patient Recognition Award is an initiative to achieve this. For members of staff the recognition of their hard work and dedication encourages their behaviour and work ethic to continue.

The award is presented to the winners in their clinical area and although their colleagues are gathered to congratulate them, they are not expected to stand up in front of a vast audience, which not all staff would be comfortable with. However the importance of receiving the award is still highlighted to all present. The method of recognising the winners means that there are very few winners within the Trust, which makes the award a greater honour to receive. The winners are visited in person in their clinical area and presented the award by the Assistant Chief Nurse.

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University Hospitals of Leicester NHS Trust

Patient Experience/Share Your Experience Bulletin



Categories

Measuring, Reporting and Acting & Using Insight for Improvement

Organisation

University Hospitals of Leicester NHS Trust is one of the largest and busiest teaching trusts in England, it was formed in 2000 and is made up of nine hospitals, the largest three being: Leicester Royal Infirmary; Leicester General Hospital; Glenfield Hospital. The other hospitals are located in and around Leicestershire. The Trust has a national and international reputation for the high quality specialist care, particularly in cancer, renal and cardiac services. The Trust is at the forefront of many research programmes and new surgical procedures, such as keyhole heart valve surgery. Based in the heart of Leicester the Trust serves the one million residents of Leicester, Leicestershire and Rutland. Our Specialist services serve another 2-3 million patients from across the rest of the country. There are currently 15,722 staff working within the organisation, under a variety of job descriptions, but working as a team towards giving and promoting excellent patient care and experiences.

Summary

This year University Hospitals of Leicester has set out in the annual Quality Commitment a goal to improve the patient experience in outpatients. Using Friends and Family Test results (FFT) to find areas of excellence, a monthly newsletter called the 'Quality Commitment Outpatient Bulletin' was launched. This recognises services that have improved and showcase ideas that could be shared across outpatients to support the improvement agenda. Each bulletin describes how a particular service has listened to patient feedback, implemented changes that address the issues raised and illustrate the resulting improvements in the feedback score. So far there have been seven editions, each showcasing a different outpatient service. The publication has had a positive effect on the morale of the teams that have been featured. Staff involved expressed their gratitude and satisfaction that their efforts were being recognised by the Trust. Writing the bulletin gives staff a chance to fully realise their achievements and reflect on them. The process to identify each area and tell a story is relatively simple and can easily be replicated in other organisations. For instance, an equivalent publication for inpatient wards has just been launched.

Impact

Since the publication launched in April 2018, the process successfully delivered a different outpatient showcase each month; these seven editions are our key measure of success. Being featured in the bulletin has proved time and time again to be a real morale boost for teams. How staff express this is our second main measure of success as these examples of responses from outpatient service managers illustrate:

"Thanks for getting in touch. Yes we are very proud of our Friends and Family Test (FFT) results as we do think of ourselves as being caring and compassionate!!" – Dietetics Manager.

"Thanks again for all of your help and for thinking about us - it's really good news for the service" – Breast Imaging Service Manager.

"Each team has a target number of FFT surveys to collect monthly, which can at times, seem like quite a task. However, featuring the Therapy Service in the Outpatient Quality Commitment Bulletin, as a service with outstanding results, has rewarded the efforts of staff, encouraging them to continue to collect the surveys. The Outpatient Quality Commitment Bulletin allows diverse staff groups to view good practice in other clinical areas and learn from that good practice." – Therapy Service Team Leader

What Makes Us Special?

The Quality Commitment Outpatient Bulletin has been successful and stands out because it is:

- Very easy to engage with staff and get back meaningful information because the whole publication is so positive
- Relatively simple to implement and resource light
- Inexpensive
- Not requiring new data collection because the Friends and Family Test is already established
- Giving teams a chance to raise their profile and get known across the organisation
- Fits in perfectly with a wider strategy to embed patient experience in the organisational culture as recommended in the Patient Experience Improvement Framework
- Improves staff retention and recruitment by making this a fulfilling place to work

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PEN National Awards 2018

Re:thinking the experience

University Hospitals Plymouth NHS Trust

ACEmobile App



Category

Using Insight for Improvement

Organisation

University Hospitals Plymouth 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. 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. The Trust is developing rapidly as a centre for research in partnership with the Peninsula College of Medicine and Dentistry and Plymouth and Exeter Universities. Derriford Hospital - More than 48,000 people pass through the main entrance of Derriford in a week. The hospital has more than 900 beds and 1,000 public car parking spaces. Plymouth Dialysis Unit - This purpose built unit opened in August 2011 and provides outpatient haemodialysis, education and dialysis training to patients with advanced renal failure.

Summary

ACEmobile is a free-to-use iPad based tool, developed to guide clinicians through the dementia screening process and reduce human error. This app was designed by clinicians for clinicians. The app was developed using human factors testing to reduce the error rate when used in routine clinical practice. It collects secure and anonymised data which allows the team to improve their understanding of dementia and ability to detect it earlier. ACEmobile now has over 1,000 registered clinical users. The app is the first tool of its kind designed to support doctors and nurses through the whole process of a common dementia screening assessment known as the Addenbrooke's Cognitive Examination III (ACE III). The ACE III consists of 19 activities testing cognitive domains including attention and memory processing. It uses the benefits of computerisation, such as onscreen instruction, to empower more members of the clinical team to feel confident in carrying out screening for dementia. Prompt dementia assessment is a national priority for the government, NHS, patients and their loved ones with fears they are in decline. The ACEmobile app has been developed by Clinical Psychologists, Dr Rupert Noad and Dr Craig Newman from University Hospitals Plymouth NHS Trust.

Impact

Clinical Resourcing: The team evidenced in a peer-reviewed study, using usability methodology, that none-specialist junior clinical staff could complete an assessment of cognition, as required in a dementia assessment, at a standard that is 85-93% more accurate than the audited 'average' specialist clinician using the none-digital tool in specialist services. (Newman, CGJ et, al (2018). Alzheimer's and Dementia: Diagnosis, Assessment and Disease Monitoring 10:182-187 01).

Time efficiency: ACEmobile was shown to reduce the assessment time by an average of 20%. However, this does not include the additional time savings of the app providing multiple reporting methods (digital and paper). The app still remains free four years later and this zero cost:high return for health services that likely reduces costs for teams. ACEmobile supports offline use and provides both cloud based storage, local storage and team sharing modes. The App fully functions offline, providing a forced sync mode every 10 assessments to ensure data safety. It is therefore usable in all contexts. The team has now (with consent) collected nearly 5,000 clinical assessments to support a raft of ongoing projects. This is effortless for the clinicians and patients as a means of engaging in dementia research.

What Makes Us Special?

ACEmobile is an innovative method of solving two dementia related problems with one solution. It provides a free means for clinicians to support the reliability; accuracy and efficiency of ACE based assessments in dementia clinics whilst also generating research data to improve the assessment of dementia into the future. ACEmobile has also shown to reduce the assessment time by an average of 20%. However, this does not include the additional time savings of the app providing multiple reporting methods (digital and paper). The app still remains free four years later and this zero cost: high return for health services that likely reduces costs for teams.

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University Hospitals Plymouth NHS Trust

Salus – Patient Care Manager



Category

Innovative Use of Technology/Social/Digital Media

Organisation

University Hospitals Plymouth 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 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. The Trust is developing as a centre for research in partnership with the Peninsula College of Medicine and Dentistry and Plymouth & Exeter Universities. See previous entry for more details.

Summary

University Hospitals Plymouth IM&T dept have implemented a single sign on application with access to real-time clinical and operational information which has replaced laborious, often inaccurate hand written processes. Salus has been developed by the in-house development team and is a vital operational tool with its primary function to support patient flow. Historically, processes were paper based and introducing an electronic solution has meant safer recording and accessibility of information. Patient status is known during an inpatient episode and planning can be made for the patient throughout their stay. Salus displays outstanding radiology requests, transport requiring booking, to take away (TTA) status and any outstanding specialty to specialty requests. During implementation the Trust's Chief Executive promoted the importance of keeping patient records up to date. Their engagement and support has been part of Salus' success. They understood and saw the benefits Salus brought to the Trust. Daily emails are regularly sent by the Senior Management to staff. Salus has revolutionised the way UHP NHS Trust manages its bed occupancy, supporting patient flow and reducing the delays for patients during their inpatient stay, which can only mean positive outcomes for patients.

Impact

Salus successes: **Accessibility:** 7,363 users are registered to access Salus. All PC's and laptops have the Salus icon on the desktop and training is available face to face or via an eLearning package. Hospital staff are able to access the patient record when required and are able to retrieve and update information easily. **Real Time Bed state:** Historically the recording of information on the PAS in real time was non-existent. Clinical staff did not have access to the PAS due to its complexity & access to Training. Salus has improved this for users & has the ability to 'drag & drop' patients electronically into bed spaces 24/7. Knowing what beds are available on what wards for each speciality means appropriate patients are transferred to their appropriate ward. If a patient is outlying we identify them with an attribute, this reduces the risk of them being not being seen by their appropriate Clinical Team. **Reporting:** More reports created based on the information available from Salus. **Attributes:** Attributes act as a visual communication tool to identify at a glance a piece of information relating to a patient. This could be an attribute to indicate the patient has memory problems or is End of Life to Patient, requires assistance with feeding or Pathology results are available to view. **Speciality to Specialty requests:** These are requested electronically in Salus with a response time set for 24 hours. This has replaced a paper based system where forms were continuously misplaced and patients not receiving the attention they required in a timely manner. It opened up the communication channels for multidisciplinary teams. **Managing Patient Flow:** One of the biggest benefits of the system has been the ability to 'track' a patient's journey through the Trust. Previous paper based systems were unreliable and unsafe and meant no reporting could be completed. Salus allows the Trust to know what patients are ready for discharge and plans can be put in place or continue to support inpatients not fit for discharge. **Alerts:** In Salus there is an alerting app that notifies users when a patient on a caseload has been admitted to hospital or passed away. This means a reduction in Care Workers in the Community attending a patients home and the patient whereabouts being unknown. Clinicians are alerted to abnormal results and these can be acted upon urgently. **Tracking TTA's:** Within Salus Pharmacy use the TTA tracker to track patients who have prescriptions ready for screening and dispensing. This has had an impact on Pharmacy processing times, significantly reducing the delays patients experience with their prescription.

What Makes Us Special?

A key element to the success of Salus is the support of the users throughout the Trust. The collaborative nature of the project meant the system was built by Clinicians for Clinicians. They had continuous input into the requirements and changes made to Salus overtime. With the size of the Trust in mind, the development team built features that could be used on a large scale. For example a form template that all specialties would use. The availability of information to staff means they can see what actions are required in real time for the patient. It doesn't rely on paper notes or processes and information is updated by all levels of staff at easily accessible workstations.

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PEN National Awards 2018

Re:thinking the experience

University Hospitals Plymouth NHS Trust

Staff Mealtime Volunteers

Category

Staff Engagement/Improving Staff Experience



Organisation

University Hospitals Plymouth 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 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. The Trust is developing rapidly as a centre for research in partnership with the Peninsula College of Medicine and Dentistry and Plymouth and Exeter Universities. Derriford Hospital - More than 48,000 people pass through the main entrance of Derriford in a week. The hospital has more than 900 beds and 1,000 public car parking spaces. Plymouth Dialysis Unit - This purpose built unit opened in August 2011 and provides outpatient haemodialysis, education and dialysis training to patients with advanced renal failure.

Summary

University Hospitals Plymouth NHS Trust 'Making Mealtimes Matter' campaign aims to support patients at mealtimes by improving their experience and offers an opportunity for non-clinical staff to become involved in the care of patients. To support this aspiration, we launched the Mealtime Staff Volunteer project, which aimed to encourage non-clinical staff to sign-up and help make a difference. Our National Staff Survey showed that staff felt patient care was best delivered when they have time to sit with patients to talk and listen to them. In response we developed our staff volunteer programme providing 3 options for volunteering one of which was as a staff mealtime volunteer. The campaign intended to:

- Provide an opportunity for staff to expand their knowledge and experience by working as a volunteer, promoting the involvement of non-clinical staff at mealtimes
- Increase the amount of staff volunteers supporting mealtimes on wards
- Encourage departments to support releasing staff for "short burst" volunteering activities such as helping for 30 minutes at mealtimes. Staff volunteers attend training which explains the role and its requirements, once a placement is agreed support is available from ward staff as part of their induction onto the ward.

Impact

Initially 60 members of staff registered as prospective volunteers of that number we have: 23 active DBS checked volunteers. 16 trained shadowing volunteers without DBS. 8 interested volunteers awaiting further information and/or training. The HR & OD team will now continue this work and expand it further to include other volunteering roles. Opportunities to speak directly to corporate teams about volunteering were used to promote the campaign, for example our Voluntary Services Co-ordinator gave a talk at the Finance Department Away Day and encouraged staff to consider volunteering with a focus of mealtime assistance. Patient feedback has improved in relation to food and nutrition, which is evidenced through our PLACE assessment and FFT survey feedback. Staff feedback is assessed at regular intervals through our programme of Big Conversations where staff have an opportunity to share their views and also through the next National Staff Survey in 2019.

What Makes Us Special?

Our campaign aimed to support patients at mealtimes by improving their experience and crucially offered our non-clinical staff an opportunity to become more involved in the care and experience of patients in a supported way. This approach enabled the Trust to take into account both patient and staff feedback and implement a programme to benefit both groups and improve their experiences. As an organisation we were able to:

- Engage with staff who would like the opportunity to have some patient facing contact by becoming involved with supporting patients at mealtimes
- Raise awareness of the volunteer role to trust staff so that they can support volunteers and ensure both patients and the volunteer have a good experience and that this supports the recruitment and retention of volunteers generally
- Raise awareness to carers and families about the importance of their involvement in their loved ones care by supporting at mealtimes and how this can have a positive impact on wellbeing and recovery.

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University Hospitals Plymouth NHS Trust

vCreate: Bringing Parents Closer to Babies in Neonatal Care

Category

Communicating Effectively with Patients and Families



Organisation

University Hospitals Plymouth 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. 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. The Trust is developing rapidly as a centre for research in partnership with the Peninsula College of Medicine and Dentistry and Plymouth and Exeter Universities. Derriford Hospital - More than 48,000 people pass through the main entrance of Derriford in a week. The hospital has more than 900 beds and 1,000 public car parking spaces. Plymouth Dialysis Unit - This purpose built unit opened in August 2011 and provides outpatient haemodialysis, education and dialysis training to patients with advanced renal failure.

Summary

Parents of premature and sick newborn babies being cared for in the Neonatal Intensive Care Unit (NICU) at Derriford Hospital are able to receive video updates of their baby when they can't be with them in hospital using the app, vCreate Neonatal. vCreate, is a safe and secure service that allows hospital staff to record and send video updates to parents. Through vCreate, NICU staff are now able to record short video updates for parents to watch when away from the Unit. Parents can be with us any period from a week up to about 14 weeks so it's not always possible for the parents to be here with their babies. Before the app was in place, parents risked missing important moments. Now, we can capture those moments when parents aren't on the unit, for instance, the first time a baby has come off their ventilator, or the first time the baby has had its feeding tube removed. It's about capturing those moments and the short times they're free of breathing tubes and feeding tubes. The NICU unit at Derriford Hospital was the first to obtain external sponsorship to fund the programme instead using charitable funds.

Impact

Feedback from parents has solidified how important the app is for those who have to spend time away from their babies and have entrusted us with their care. Leesha Warring, whose son Romeo was born at 26 weeks, was one of the first to use the app and says it put her mind at ease during Romeo's stay in NICU.

Leesha told us: *"Having a baby in NICU, you find you are always thinking of them. So when you can't actually be there, but you see a video of them, it makes you so relieved and happy. It's surreal to have carried the baby but then after you've had them, not be able to be with them all the time. The video clips help because it's like the baby is still with you. If you wake up worrying in the night, you can see that they're okay. Using vCreate means I feel a lot closer to Romeo, because even when I'm not there, I still know what is happening and how he is doing."*

We are the Level 3 NICU for Devon and Cornwall, we take the sickest and smallest babies. When a baby is repatriated back to their local hospital, their vCreate account will go with them to their new care setting, so parent's will not have to create new accounts, or lose their video's from referring hospital. Currently there are 6 units within the South West ODN offering vCreate with another 4 more planning to take this venture forward.

What Makes Us Special?

vCreate is offered in a few units around the country but University Hospital Plymouth's NICU at Derriford Hospital was the first to seek corporate sponsorship for the programme rather than use charitable funds. This means that charitable funds can be used to support other services within the unit. Babcock were very pleased to be able to sponsor this programme and support the work carried out on the neonatal unit in ensuring parents are able to maintain a closeness with their baby even when separated. This important relationship with Babcock and the work put into finding a sponsor has kept funds available for other services.

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University Hospitals Plymouth NHS Trust

Kelly Whitehorn - Nutrition & Hydration Week – Student Support

Category

Patient Experience Transformer of Tomorrow



About Nominee

University Hospitals Plymouth 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.

At Work

Kelly Whitehorn led a team of student nurses to volunteer their time to engage with our patients at mealtimes. They assisted with lunch clubs, meal time service, sitting patients up correctly and even better out in their chairs and beyond to the communal lunch clubs on the wards. Beyond all the practicalities they gave the occasion a sense of joy which lifted everyone and helped deliver so much more to the patients beyond an effective or enhanced service.

Kelly recruited her student nurse team via a Facebook campaign and very quickly had a group of volunteers ready to get involved and support the week. She made contact with the manual handling team to provide support and education for ward staff around optimal patient positioning for mealtimes, which had been identified as fundamental aspect of good practice and patient safety at mealtimes. In preparation for the week Kelly developed a fluid intake chart to encourage patient, visitor and staff engagement to improve hydration by encouraging a daily target for patients and to assist with documentation to enable the nursing teams to better understand how much their patients were drinking. This was distributed as part of the ward information and education packs that were designed for the making mealtime matters campaign for all inpatient wards to trial.

The Professional

It's really very difficult to quantify the overall impact made by Kelly, but observations from the team involved in the Making Mealtimes Matter campaign, showed the difference this made to the overall patient experience and the smiles her team put on patients faces; they could enjoy their lunch in a communal setting away from the bed space with plenty of laughter. Those patients who could not mobilise and join the lunch club were not left out and Kelly's ability to engage with our most vulnerable patients and socialise with them really was something special to witness.

What's special about Kelly is her ability to naturally draw everyone in to a conversation even when they may be slightly apprehensive in doing so. We are aware that social needs are a key area where we can intervene to support the needs of our older patients and Kelly's contribution during the week was outstanding.

Patient feedback has improved in relation to food and nutrition, which is evidenced through our PLACE assessment and FFT / survey feedback. Staff feedback is assessed at regular intervals through our programme of Big Conversations and Let's Talk About MEEE (Making Every Experience Excellent) where staff have an opportunity to share their views and also through the next National Staff Survey in 2019.

Summary

During Nutrition and Hydration Week in 2018 one of our students Kelly Whitehorn led a team of student nurses to volunteer their time to engage with our patients at mealtimes. They assisted with lunch clubs, meal time service, sitting patients up correctly and even better out in their chairs and beyond to their communal lunch clubs. But really beyond all the practicalities they gave the occasion a sense of joy which lifted everyone and helped deliver so much more to the patients beyond an effective or enhanced service.

Without Kelly's leadership we would not have been able to make that work - she led, organised and shone really demonstrating the energy students brought with them to our patients.

The key learning points from this initiative are:

- Engaging individuals who demonstrate leadership qualities and giving them the autonomy to deliver
- Having a mentor who is able to provide overall support and a framework for the students to deliver
- Not underestimating the positive impact of having people come together to build a relaxed environment for our patients
- **Everyone needs a Kelly!**

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University of Dundee

Charlotte Scotland & Lynn Graham - A Collaborative Approach in Supporting Undergraduate Nursing Student Placements with General Practice Nurses

Category

Patient Experience Transformer of Tomorrow



University
of Dundee

About Nominee

Charlotte Scotland (Fife placement)

Charlotte has been chosen as she has demonstrated a passion and enthusiasm for this area of nursing. Her career plans and ambition are to secure a position within general practice as a newly qualified nurse. She has displayed resilience throughout her undergraduate programme, receiving positive feedback from both mentors and patients. Her application for this pilot placement displayed a clear understanding of the direction of nursing within the community and the value and role of the General Practice Nurse within NHS Scotland's 2030 vision for nursing.

Lynn Graham (Tayside placement)

Lynn has demonstrated passion and enthusiasm for this pilot and embraced the opportunities that have been provided to her within her time in general practice. She is a consummate professional and since the pilot commenced Lynn has been very active on social media and has made numerous connections with students detailing her passion for this area of practice. She has linked in with the newly developed General Practice Student Nurse Network (GPSNN) and between the 6 students involved in this pilot is spearheading the campaign to raise awareness of this area of nursing practice and the opportunities a learning placement here provides.

At Work

In 2016 the Scottish Government introduced the *Transforming Roles* programme, which aimed to ensure this innovation by promoting role developments and General Practice Nurses (GPNs) were identified as a key professional group marked for development (SG 2016). Currently within Scotland undergraduate nursing students are generally not placed with GPN's. An increase in undergraduate nursing student numbers and challenges with placement areas requires the SNHS to be innovative when considering available options. It is recognised that placements with GPNs would increase the available learning opportunities within the community and provide students with an appreciation of the pivotal role of GPNs in promoting the health and wellbeing agenda and the skills needed to prepare them as the future workforce.

The Professional

This initiative was developed and enabled through the Transforming Roles Programme (SG 2016) and funding from NHS Education for Scotland. The main aims for this innovative practice placement were to enable undergraduate nursing students to learn about the role and function of the GPN. Additionally, it was anticipated that this placement opportunity would promote and develop a sustainable workforce for the future by showing GPN to be a realistic and attractive career pathway. Following collaborative discussions between the University of Dundee, NHS Fife, NHS Tayside and three local medical practices, six 3rd year undergraduate Adult Nursing students undertook practice placements with GPN's. The placements lasted either four or five weeks in duration. The Health Centres have a range of NHS professionals contained within them, offering a breadth of multidisciplinary and multi-professional learning opportunities which will enable preparation of nurses to deliver healthcare in line with the 2030 Vision and Health and Social Care Delivery Plan (SG 2017, SG 2016).

Summary

Placements within General Practice settings are unusual and are not currently available at all in NHS Tayside. Charlotte and Lynn and GPN's have worked hard to make sure their placements ensure meaningful and appropriate knowledge and skills are developed. Anecdotally they have advised their learning experience has been enriched as a result of these placements and are eager to or are actively seeking employment within General Practice settings on completion of their undergraduate degree programme. This aligns with one of the aims of this placement opportunity, promotion of a sustainable future nursing workforce. Charlotte and Lynn have been keen to become involved in developing a student nurse network for students being placed in general practice, as this is a new placement area for students. To this end Dundee were invited to attend NHS Education for Scotland (NES) in Edinburgh to meet with the National Co-Ordinator for General Practice Nursing to realise this development. This national invitation to students is highly unusual, but supportive of their passion and enthusiasm. There is a GPN student nurse network in England and we discussed joining together with this network and the students have already linked in on social media with them. Without a doubt the key to the success of this project has been the students and GPN's they have been placed with.

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University of Plymouth

Embedding Wider Patient Engagement into a Pre-Registration Nursing Programme

Category

Strengthening the Foundation



UNIVERSITY OF
PLYMOUTH

Organisation

The University of Plymouth has 21,645 students and 2915 staff. The School of Nursing and Midwifery (SNAM) has 126 staff located across 3 sites: The main University of Plymouth Campus, The Cornwall School of Nursing (Truro) and The Exeter School of Nursing. SNAM'S portfolio offers pre-registration undergraduate degree programmes in adult, mental health and child health fields of nursing and midwifery. SNAM provides a BSc [Hons] Emergency care programme which is successful in attracting intercalating students (Nursing, Medicine and Paramedicine). The three-year undergraduate BSc [Hons] pre-registration nursing programme is delivered across three sites in the South West with 750 adult, 180 child and 180 mental health nursing students. Our health care programmes involve a strategic partnership with placement provider organisations across the south west peninsula and include NHS, independent and voluntary sectors organisations.

Summary

Our nursing curriculum has introduced creative innovations to enhance students' understanding of patient experience. Our Wider Patient Engagement (WPE) innovation offers students opportunities to work directly with patient representation groups and engage with patients, service users and carers in the health communities. This project started with a collaboration with the Patients Association (PA) to introduce student volunteers into Patient Participation Groups (PPGs). This was a national first for a Higher Education Institution (HEI) and PPGs. Our students are learning to become digital champions in health and wider community settings across SW England. Our collaborative partnership with the patient representation organisation, Care Opinion (CO), has resulted in students learning from online patient stories. This has developed their understanding of the importance of listening to patients and carers and how health care organisations should respond as a result of patient feedback. We initiated a unique module, devised and delivered with a local mental health organisation to reflect experiences of service users, expanding students' learning from patient and carer feedback.

Impact

We co-hosted the first University of Plymouth collaborative conference with the PA and NHS England in 2015 at which the PPG pilot was evaluated. Conference participants perceived that nursing students could provide PPGs with different skills and ideas, and students learn about local health profiles, practice issues, and demonstrate leadership and communication skills. Nursing students who had excelled in showcasing their PPG activities were awarded prizes by the organisations involved. This work has led to additional collaborations with PPGs. This WPE innovation was hailed as a 'national first' by the PA and Health Education England and is now being considered by other nursing programmes across the country. The PPG pilot work was published in 2016 (<https://www.nursingtimes.net/roles/practice-nurses/pilot-scheme-engages-student-nurses-with-gp-patients/5087859.article#>) . Further info: <https://www.plymouth.ac.uk/news/nursing-students-receive-national-recognition-for-patient-engagement> We have also published an exploratory study in Nurse Education Today which evidences our WPE pilot work with Patient Opinion. Feedback has indicated that students: • Have a better understanding of the importance of listening to patients and learning from feedback; • Gain wider experience of working closely with hard to reach groups in local communities; • Learn from reading CQC reports; • Choose from a 'menu' of WPE activities and the option to change their WPE activity throughout the programme; • Develop their digital champion skills to introduce patients, carers and families to e-health and online patient resources; • Undertake E-engagement with online patient representation organisations; • Have confidence to deal with patient feedback from clinical and community settings. The WPE framework is now recommended to all students on our programme. The new nursing curriculum will ensure that all students will commence WPE from September 2019. Students will be required to evidence their WPE experiences and learning in the final module which links to a specified learning outcome.

What Makes Us Special?

Innovative: WPE has led the way in highlighting the need for students to be aware of the patient experience and voice. **Leadership:** Led by a committed team delivering education in strategic positions within the school. It has engendered and developed our students' leadership skills in planning, delivering and working independently with patient representation groups. **Outcomes:** Our students have a new dimension of understanding in relation to the real patient experience. SNAM has established innovative working relations with patient groups to national level. **Sustainability:** The WPE framework is now embedded to ensure its sustainability. This cultural change has developed a new awareness in our students that will be sustained throughout their professional career. The Citizen Contact Project has enabled service users and carers to develop skills in using the internet for health and this will lead to improvements in sustaining their independence in our local communities. **Transferability and dissemination:** WPE is transferable to all agencies and professionals working with service users in health and social care. The WPE framework can easily be adopted by other nursing programmes.

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PEN National Awards 2018

Re:thinking the experience

University of Plymouth

Rebecca Baines



Category

Patient Experience Transformer of Tomorrow

About Nominee

The University of Plymouth is based in the South West of England and supports 23,000 students and 2,900 staff members. Founded in 1862, it has a strong research component and was awarded the Guardian University Award for social and community impact. The lead entrant (Rebecca Baines) is a PhD student exploring the impact of patient and public involvement (PPI) in the design, delivery and evaluation of patient feedback tools in psychiatry. The patient experience initiative presented below comes from this project of work – lead and championed by Rebecca Baines.

At Work

Being able to effectively respond to patient feedback is considered integral to patient safety, quality improvement and patient-centred care. Patients are increasingly sharing their healthcare experiences online through publicly available websites such as Care Opinion and NHS choices. However, not receiving a response, or receiving a response of low quality can degrade public trust, disrupt organisational reputations, encourage service dissatisfaction and lead to further complaint behaviour. An evidence-based understanding of what makes an effective response is therefore imperative. Despite this, limited research has previously explored how organisations respond to patient feedback, if at all, how patients perceive and react to these responses, and how organisational response might be improved from a patient perspective. Directly responding to this issue as raised by the patient-research-partner involved, we sought to co-produce a best practice response framework designed from the patient perspective, particularly from those ‘seldom heard’ or involved in the mental health community. The initiative provides previously unavailable evidence-informed guidance on how to effectively respond to patient feedback, an activity that remains fundamental to the effective and sustainable delivery of health and social care.

The Professional

Results: 19 factors were considered influential in response quality. These centred around seven subject areas: (i) introductions; (ii) explanations; (iii) speed of response; (iv) thanks and apologies; (v) response content; (vi) signposting; and (vii) response sign-off. Quality appraisal of existing responses highlighted areas for further improvement demonstrating the framework's utility.

Impacts: While only published in April 2018, this initiative has already led to a number of impacts including:

- being used as a training resource for healthcare professionals and staff members

“We use this as part of our training to become a responder, it’s a really useful tool to ensure that our staff are confident in replying to stories” Royal Cornwall Hospital Patient and Family Experience Team

- being showcased as an example of good co-production practice by the national research body [INVOLVE](#), and
- being incorporated into the [Care Opinion](#) online platform and training to encourage and support responding best practice.

Collectively, these impacts have helped to ensure that the initiative has made and continues to make a difference to the patient experience by enhancing organisational responses to patient feedback, or experience data.

However, perhaps most importantly, the initiative has also had a significant impact on those involved in its design, delivery and continued implementation.

“We’ve really valued the opportunity to work together to generate questions, refine methodologies, interpret findings and help disseminate findings. We are all learning together, and we want our service to create worthwhile benefits for real people. So for us, learning from research findings, hearing other points of view, engaging in critical debate and bringing our own questions to the table has been immensely valuable. The outputs to date have supported our sense that we are on the right path. And it has also encouraged us to think about how we can evolve our platform further to support (and measure) evidence-based good practice.” James Munro, CEO of Care Opinion.

Summary

We have designed an innovative patient feedback response framework in co-production with a volunteer mental-health-patient-research-partner, local mental health charity, [Heads Count](#), and national patient feedback platform – [Care Opinion](#). Despite its centrality to patient safety and quality improvement, no study has previously explored the importance of responding to patient feedback from a patient perspective, highlighting our unique contribution to the field of patient experience. Although relatively new (April 2018), our evidence-based initiative is already being implemented as a training resource by some healthcare organisations to transform patient and service-user experience, being showcased as an example of good co-production practice, and being incorporated into the [Care Opinion](#) platform to encourage and sustain good responding practices. This will lead to enhanced confidence, self-worth and empowerment for those involved.

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University of Plymouth

Toni Page - Digital Health Champions: Supporting Local Communities in Using Digital Health

Category

Patient Experience Transformer of Tomorrow



UNIVERSITY OF
PLYMOUTH

About Nominee

The University of Plymouth has 21,645 students and 2,915 staff. The School of Nursing and Midwifery (SNaM) has 126 staff located across three sites Exeter, Plymouth and Truro. SNaM offers pre-registration undergraduate degree programmes in adult (750), child (180), and mental health (180) fields of nursing. Toni Page is a PhD Student at University of Plymouth.

At Work

There is an opportunity for Higher Educational Institutes (HEIs) to work with local communities and offer support in using digital health, tailoring it to the person. The School of Nursing and Midwifery (SNaM) has already introduced the concepts of Digital Professionalism (Jones *et al.*, 2016) and Wider Patient Engagement (WPE) (Young *et al.*, 2016). Digital Professionalism focuses on teaching students about digital health and being professional in using social media such as twitter. WPE enables all students to develop wider knowledge of what matters to people and their families in terms of their healthcare and experiences, giving a greater understanding of how concerns are acknowledged, addressed and changes made by healthcare organisations. The notion of Digital Health Champions builds on this existing work, developing a scheme that enables all nursing students and community volunteers the opportunity to help service users and carers in learning about and using the Internet for health. Importantly nursing students to have the opportunity to listen to and learn from the service users' and carers' experiences of accessing healthcare services and develop a better understanding of how they live and manage their health conditions.

The Professional

The Digital Health Champions Scheme has been developed collaboratively with a range of stakeholders. We envisage this increasing the number of service users and carers who are able to make effective use of digital health, and for students to have a better understanding of person/family centred care. From recent presentations we found that half of our first-year nursing students were either 'very interested' or 'quite interested' in becoming a Digital Health Champion. Many students are interested in showing at least two people how to use the Internet for health, followed by attending at least one workshop or roadshow, and supporting people via the Citizen Contact Project. Other results contributing to the development include:

- Showing a health site: In 2016 and 2017, first year nursing students were invited to support a friend, family member or neighbour to use a health site (NHS Choices, Care Opinion, Healthtalk Online, their GP website, Skype or Facetime) as part of an assessment. Due to the benefits identified, this has been incorporated as an activity in the Digital Health Champion Scheme for both students and community volunteers.
- Workshops/roadshows: Since September 2018 some students have assisted local roadshows in supporting attendees to use digital health. More events are planned for the New Year.
- Citizen Contact Project: In 2017, three volunteer adult nursing students, Toni and her PhD colleagues (Martina Fiori and Clare Wyatt) supported five citizen contacts in their home. Preliminary findings suggest that citizen contacts appreciated having someone to talk to about their health conditions and experiences, whilst students benefited from seeing the citizen contact in their home. For example, one citizen contact learnt about and used Care Opinion, another was supported in gaining access to the Internet and was also made aware of Care Opinion. Toni and Rachel have been developing the model for child nursing students, at present eleven third year child nursing students have volunteered to support families in using the Internet for health over the next few months.

Summary

Toni has led the development of a Digital Health Champion Scheme and is keen to embed the model into the undergraduate nursing curriculum for all students. Toni has worked collaboratively with organisations (Healthwatch, Age UK Plymouth), students, academics, and healthcare professionals to develop acceptable and feasible models. In these, volunteers (nursing students or community volunteers) support service users and carers at home, in public, or NHS settings, enhancing their experience of using digital health. Students also benefit by learning about the social context of people they support.

Innovation: Others have recruited volunteers to help patients' better use digital health, but nobody has embedded this within an undergraduate nursing curriculum. **Leadership:** Engaged stakeholders to clarify aims and inform the model's development. Being responsive was key given time pressures. **Outcomes:** For the scheme to be embedded and sustained by academic staff and organisations beyond Toni's PhD. **Sustainability:** Embedding this as part of the nursing curriculum will ensure sustainability. Toni is supporting Healthwatch to develop website-listing opportunities to support communities in using digital health. **Transferability:** The research has been presented at national and international conferences and via social media. The scheme could be adopted by other nursing schools working with organisations.

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PEN National Awards 2018

Re:thinking the experience

University of West London

Maria Carmen PintoMonge

Be Kind To Yourself- Yoga for People with Learning Disabilities

Category

Patient Experience Advocate of the Year



About Nominee

I wish to nominate Maria Carmo PintoMonge for the award of Patient experience advocate of tomorrow. Maria has a passion for alternative therapies and the use of complementary therapies in the management of anxieties and Behaviours that Challenge.

At Work

Maria enrolled on the BSc (Hons) Nursing (Learning Disabilities) in September 2016 and has endeavoured to strive for excellence thus far. During the academic year of 17-18 Maria was the Student Representative for her cohort. Maria engaged with supporting her peers during her tenure. As part of her role, Maria was responsible for representing her colleagues in sharing their experiences as well as raising these informally with her Personal Tutor or formally with the Students Union. Being a Student Rep gave Maria the opportunity to learn and practice life skills that improve employability.

The Professional

Outside of being a Learning Disabilities Student Nurse, Maria is a Certified Yoga Instructor. During one of her 6 weeks second year placement, Maria was placed in a Residential Home for people with moderate learning disabilities. During this placement Maria got to know the service users well and introduced Yoga sessions for them with the aim of improving their mental health and wellness. Following her 6 weeks placement, and as a result of the Yoga sessions, the organisation is happy to support Maria to continue to support service users. Maria has continued to volunteer her time to provide Yoga sessions to service users. In their feedback, the management from the establishment were impressed with Maria they found yoga a particularly valuable therapy for with people with learning disabilities within this service. They reported that Service users and staff look forward to this session and it is a good way to practice relaxation and deep-breathing techniques which we envisage will gradually helped them to develop new coping skills.

Summary

Through this innovation, Maria has demonstrated that she understands the needs of individuals with learning disabilities as she has modified the postures (exercises) to suit individual needs, the holistic approach of yoga is beneficial both mentally and physically and Maria has a calm way about her which also helps with service user participation within these sessions. Service users particularly like the hands-on approach of the yoga postures and the interaction and individual attention they receive in these sessions. They are enthusiastic about Yoga and the Yoga has become a welcome addition to their routine and something to look forward to as part of their routine. When I gave Maria this feedback, she didn't realise the impact of her work and she provided a simple rationale "to improve the lifestyle of the people with learning disabilities".

Maria's passion to share and introduce Yoga for the promotion of good mental health has led her to opportunities to present at the World Mental health Day Seminar at the University of West London. Maria provided the audience with a background to Yoga whilst emphasising the importance of 'bringing the mind and body together in balance and harmony' - 'yoking'. She introduced the importance of breathing and giving one time to do so. Maria led the audience in focused breathing. She emphasised that it helps to reduce the clutter of the mind as the thought process can slow down and the mind can become still and peaceful. The feedback provided was overwhelming. The delegates felt relaxed and commented that this is was a good way to finish the seminar. Delegates said that they will recommend Yoga for their service users as well as themselves. Maria has used her initiative and existing skills selflessly in order to enhance the experiences of people with learning disabilities using Yoga. She has strived for excellence and has endeavoured to be the best role model for Learning Disabilities Nursing. Maria has heightened her understanding of People with learning disabilities and how to respond to those needs using innovative ways. She is further exploring ways to improve this innovation through her dissertation on complimentary therapies to improve mental wellbeing. Maria deserves to be recognised for her contribution to good mental and physical health outcomes of people with learning disabilities. She is highly organised, has good communication skills and Maria is focused and engages really well with the demands of the Learning Disabilities Nursing course she is undertaking. I have always been impressed with the way that she has approached her studies. Having discussed her future and career aspirations, I am familiar with Maria's education and carer goals, and I know she will make an excellent Learning disabilities Nurse. When she qualifies, she intends to work with People with Learning Disabilities with mental health illness by exploring or using complementary therapies.

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Virgin Care Limited

Staff Engagement/Improving Staff Experience & Turning It Around

Category

Staff Engagement/Improving Staff Experience & Turning It Around



Organisation

Virgin Care Limited provides more than 400 NHS services delivered from over 500 sites across England. The organisation began life in 2006 as Assura Medical and rebranded as Virgin Care in 2012. During 2018, Virgin Care took on new services in Bath and North Somerset (Integrated Health and Social care, West Lancashire (Urgent and Community Care Services) and Essex (Child and Family Wellbeing service). The organisation is focused on community services and primary care and currently employs over 7,000 staff. Since our creation we've now treated around six million people, adding another million each year and focusing entirely on NHS services. We are also providing Prison Healthcare Services at HMP Bure, HMP Wayland and HMP Norwich. We pride ourselves in promoting service user engagement and providing a responsive approach to care for this vulnerable group with the aim to discharging patients in the community in better health with a greater opportunity to continue with their rehabilitation and integration in the community. This is in line with the objective of continuous improvement and fits into the Feel the Difference Programme within Virgin Care to help colleagues to be at their best. We work closely with the Prison to enhancing the staff and wellbeing of the prisoners with the purpose to "Building on the future".

Summary

Since being recruited for the Norfolk Prisons, as a PALs officer in 2015, Julie has exceeded on her expectation to deliver a sustained improvement in patient engagement linked to the service outcomes. Initially she created a partnership between key stake holders within a prison setting, more importantly patients in improving outcomes for them by introducing a robust complaints, and concern process in the Prison and introducing Healthcare Reps and associated forum to promote patient engagement. In 2018, in light of the increasing violence in Prisons, which in turn impacts on the stress level of staff, outcomes for patients, and finally increase in complaints. By proactively addressing the situation Julie focussed on finding a solution to support staff to then influence outcomes for patients by stopping complaints in the first place through engaging the workforce. Improving stress level in staff was aimed to have a positive influence on patient outcome. By introducing Mindfulness and Mind Coach across the workforce, this initiative and ultimately a change in culture. This improved sickness rates by creating an environment where members of staff are engaged in the program. This initiative to be shared across the organisation particular in areas where staff experience high stress levels.

Impact

Impact on Staff: • Post session surveys were completed on 7 staff members who were referred out of 120. • Within 4 months, this demonstrated a significant reduction in stress levels as evidenced by the Graph below. • A self-referral received in January 2019 from a member of staff who is currently on Long Term Sick.

Impact on Patient Outcomes: In relation to complaints and concerns, the Graph supplied clearly demonstrates a downward trend and it can be suggested that there has been an increase in satisfaction. As MindCoach is implemented with all the staff, a post training evaluation will be completed and we are expecting to see a further reduction in complaint and stress levels of staff within the 3 Norfolk Prisons.

Summary: Measuring improvement was key to demonstrating impact of this initiative and a simple measure was agreed. After the first survey was completed this showed a dramatic decrease in stress and moods and a reduction in sickness. We also saw a reduction in concerns raised from prisoners about communication and attitudes of staff. We believe that building and delivering a programme of training and workshops held locally, this will guarantee the survival of this initiative and coupled with on going support through Mindfulness sessions, we will see a change in culture, a focus to positive psychology and further influencing outcomes for patients.

What Makes Us Special?

This initiative stands out as independent because it is bold and radical conceptually and it is about stopping complaints getting to complaints in the first place through provision of care by a group of staff who are resilient, positive and at their best. We believe that we are the first healthcare provider to attempt to rollout the MindCoach Programme working across the country to deliver measurable results. The key elements of success has to be the commitment from senior managements through inclusion within the service strategy and delivery plan, the need to support a positive mind-set culture and attempts to reduce stress levels amongst staff. Resource commitment was also crucial as without the time allocated for this initiative for training and delivery, this would not have been possible.

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PEN National Awards 2018

Re:thinking the experience

Virgin Care Limited

Julie Andrews

Category

Patient Experience Professional of the Year



The Nominee

Julie Andrews was recruited to join Virgin Care in 2015 in order to manage the introduction of an improved customer services function within the Norfolk cluster of prisons where Virgin Care provides healthcare services. Since being recruited as a PALS officer Julie has exceeded on expectations to deliver a sustained improvement in patient engagement linked to the service outcomes and won Awards in the process.

At Work

The service was created as a partnership between prisoners (patients), prison staff, the prison management, Virgin Care's operational healthcare team and Virgin Care's customer service team. Julie works tirelessly to continually improve experience for the inmates and create a better environment for staff within the Norfolk prisons. Julie set up clinics in each prison, worked with prisoners to nominate healthcare reps – prisoners who would act as champions on each wing – and to identify where issues lay and could be resolved. Sometimes the resolution was simple, other times more complex.

Julie has a constantly positive, can-do attitude to improving both patient and staff experience. She is always happy to share her experiences and expertise with others. Julie frequently goes above and beyond and has achieved excellent results for Virgin care and the people she looks after.

The Professional

Julie's launch of the PALS healthcare representatives has improved patient experience by increasing awareness among prisoners of the healthcare services, what they offer and how long they can expect to wait for treatment or to be seen, as well as providing a simple and easily understood route to raising issues and complaints. Julie has involved prisoners in identifying issues and finding solutions at many levels. The healthcare representatives have benefitted greatly from the additional training and expertise they've developed in handling sensitive matters, being trusted, and the transferrable skills they have learned as part of their rehabilitation and return to the community.

Following on from setting up the clinics and healthcare reps Julie has turned her attention the staff. Rising violence in prisons impacts on the stress level of staff, outcomes for patients, and finally increase in complaints. Julie focussed on finding a solution to support staff to then influence outcomes for patients by stopping complaints in the first place through engaging the workforce. She worked with senior management to gain commitment to investment and continued delivery of the programme.

Summary

The work Julie has done since she joined Virgin Care has resulted in both a measurable improvement in patient experience at the Norfolk prisons, but also improved the prospects for prisoners once they have been released. The impact has been more far-reaching than just within the service itself. Satisfaction survey results have shown improvement over time which have resulted in an 'excellent' rating and complaints reduced by over 30%. In addition to working with the prisoners to address their issues Julie is also working to improve experience for staff which is the basis of her submission this year. She has introduced Mindfulness and Mind Coach across the organisation – which has resulted in significant improvements in staff morale and engagement and a reduction in staff sickness. This programme is now being adopted across the organisation as a whole. Julie has had a very positive impact on both patients and staff at Virgin Care in the time she has been in the organisation. She is an essential cog, is always cheerful and has been key to the improvements made.

Contact Details

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Walsall Healthcare NHS Trust

Back to Basics - Improving Patient Experience in the Emergency Department

Category

Strengthening the Foundation & Using Insight for Improvement



Organisation

Walsall Healthcare NHS Trust provides local general hospital and community services to around 260,000 people in Walsall and the surrounding areas. We are the only provider of NHS acute care in Walsall, providing inpatients and outpatients at the Manor Hospital as well as a wide range of services in the community. Walsall Manor Hospital houses the full range of district general hospital services under one roof including an Accident and Emergency Department. We provide high quality, friendly and effective community health services from some 60 sites including Health Centre's and GP surgeries. Our multidisciplinary services include rapid response in the community and home-based care, so that those with long-term conditions and the frail elderly, can remain in their own homes to be cared for. The Trust's Palliative Care Centre in Goscote is our base for a wide range of palliative care and end of life services. Our teams, in the Centre and the community, provide high quality medical, nursing and therapy care for local people living with cancer and other serious illnesses, as well as offering support for their families and carers. As an ED we see 80,000 patients per year, which includes circa 12,000 Paediatrics attendances. We are also a designated Trauma Unit linked to Tertiary Trauma Centre.

Summary

It was clear through the FFT and other patient feedback sources that patients in ED were having a poor experience. The ED Leadership worked closely with the Pat Experience Team to develop a comprehensive pat exp improvement plan that would address this. The following improvement actions were actioned: • FFT – reviewed and shared themes and monitored trends on a regular basis; • Leadership Culture – The Team brought patient experience to the top of the department's agenda and made improvement changes our priority; • Patient Experience Weekly Huddles – Staff at all levels were involved in reflection and continuous incremental improvement; • Innovative environment improvements – Co-produced a new patient journey map, signage (including renaming triage room), waiting times ticker and started filming an ED video describing what happens and when; • Communication – Values based Customer Care training (influenced by John Lewis) with focus reception team and clinical interactions. Trust values of Respect, Compassion, Professionalism and Teamwork at heart of it; • Friends and Family group involvement – Local service users supported improvement planning and implementation; • Path-breaking ED volunteer role was introduced to support patients and staff through the treatment journey; • Process mapping and collaboration with other clinical team to shorten the time patients with minor injuries spend in ED; • The FFT improvements put forward as a Quality, service improvement and redesign (QSIR) project through the Quality Improvement Academy

Impact

The 'Back to Basics' patient experience improvement programme has had multifaceted and far-reaching positive results. Some of the measurements of success such as the FFT 'would recommend' scores and PALS concerns/complaints were set out at the beginning while others like reduction in medico-legal claims and improvements in patient pathway times were incorporated as the programme evolved. • Improved results for Friends and Family Test - The ED department's initial FFT recommendation score of 71% (Oct 2016) was amongst the lowest in the country and as the improvement programme took shape it reached 82% (Oct 18); • There was a marked reduction in the number of (Moderate) severity of complaints. The staff were more empowered and involved in local resolution; • Staff feedback led to more Imaging training for ENP's and imaging interpretation built into the Junior Doctor's induction programme. This had a direct impact reducing the number of medico-legal claim pay-outs, 2017 = 0 claims; • Staff experience improved and monitored using 'What matters to you' approach; • Patient journey efficient & quicker via process maps developed with Imaging & Pharmacy teams.

What Makes Us Special?

We feel that this programme stands out because as a starting point we put focus on listening to and understanding patients, carers and staff experiences. The insight gained was then used as the core of the 'Back to Basics' improvement programme. Co-production and co-creation of the improvements with service users and staff members was the main reason for success and sustainability of this programme. 'Back to Basics' reconnected us with providing better fundamental care standards and improved our understanding of how team behaviours, attitudes and work culture affecting our service and what it takes to provide care and treatment personal to every patient. We faced significant challenges at the start of this programme such as a deprived and poor catchment area with poor awareness about correct use of A&E, an ED department building that is not fit for purpose, funding squeeze for improvement initiatives and a poor staff moral and engagement. A leadership culture shift which empowered all team members to be improvement champions and belief in making small incremental changes continuously was our USP.

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Whittington Health NHS Trust

The Young Carer Identification Card: Uncovering a Hidden Population

Category

Partnership Working to Improve the Experience



Organisation

Whittington Health is an integrated care organisation providing general hospital and community care across North London. More than 4,000 staff work for the organisation to provide care to over 500,000 patients.

Summary

Young carers are under 18s assisting in the care of a relative/friend who is ill, disabled or misuses drugs/alcohol. Despite their integral role within society, they remain a largely 'hidden' population and initiatives specific to their identification within healthcare are absent. Voices of young carers, healthcare professionals and voluntary organisations were acknowledged to improve young carer recognition. The co-creation of the young carer identification card was led by Colette Datt and Naheeda Rahman from Whittington Health in collaboration with Family Action, Healthy London Partnership and Together Creative. Multiple multidisciplinary team meetings, young carer workshops and presentations were executed to develop and disseminate this project. By identifying themselves as young carers, users can open up much-needed channels of communication with professionals. This can lead to greater opportunities for young carers to positively contribute towards patient care and receive support. Supporting young carers, mentally and physically, will prevent future burden to the NHS. The identification card is being piloted by young carers across North London. Regular feedback will influence future prototypes and dissemination plans. Young carer identification is a universal issue – id cards can be adapted and used across London to improve their access to healthcare.

Impact

As a result of the rights workshop, young carers in Islington and Camden reported a 48% and 56% increase in their perceived knowledge and confidence to assert their rights in healthcare. These factors were assessed before and after the workshop via self-assigned 5-point Likert scores. Semi-structured interviews were conducted with 10 paediatric healthcare professionals, 8 adult healthcare professionals and two young carers. Responses were thematically analysed and a lack of awareness and recognition of the young carer phenomenon by healthcare professionals was found to be the foundation of their poor healthcare experiences. The young carer id cards are being piloted via Family Action Islington and Camden and Tottenham Early Help and Prevention Service. Young carers provide feedback every three-months through workshops and questionnaires to establish where, how and why they used the cards and how they have been received by professionals. E.g. a young carer in Islington used the card to access information about her mother's condition from a healthcare professional. Young carers also believe that the card will help them to collect prescriptions they have previously been denied. Conversely, feedback from both young carer cohorts identified the following barriers: loss of card, misunderstanding of the card's purpose and limited interactions with healthcare professionals. Young carers have also expressed their desire for the card design to be similar to that of a more widely recognised id card (i.e. a student id card) instead of current cardboard material. We will re-design and print the cards onto recyclable plastic for phase 2 of the pilot.

What Makes Us Special?

This initiative worked in collaboration with young carers – an often difficult population to engage with. Young carers communicated difficulties they face when interacting with healthcare services and their desire for change. Whittington Health partnered with Family Action, Tottenham Early Help and Prevention Services and Healthy London Partnership to use this information to educate young carers and provide them with rare opportunities to advocate for themselves within healthcare. Working with voluntary organisations through several mixed multidisciplinary team meetings has allowed for enhanced communication between sectors and thus greater understanding of the barriers young carers face in healthcare. This project has used the perspectives of young carers and healthcare professionals to create a cost-effective solution. H/care professionals acknowledged that they heavily relied on visual cues of caring to signpost them to consider the patient's wider caring network. It is anticipated that an id card will encourage healthcare professionals to include young carers in conversations and that improving young carer experiences within healthcare will positively enhance their relationship with the NHS, improving overall patient experience. This could reduce the rates of mental and physical illness among young carers and therefore save the NHS money in the long-term. This initiative shows what can be achieved by partnering with several organisations, in addition to NHS users themselves. Young carers have consistently engaged with services to co-create a tool they believe can help them to access support. While there are challenges in partnering with multiple organisations, the commitment and passion shown by all parties is a true testament to this initiative's potential.

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PEN National Awards 2018

Re:thinking the experience

Whittington Health NHS Trust

Laura Gratton / Sonal Patel - Paediatric Oncology

Category

Fiona Littledale Award



Whittington Health
NHS Trust

About Nominee

The oncology CNS team comprises of 1 WTE band 7 and 1 OWTE band 6 Clinical Nurse Specialist: Laura Gratton & Sonal Patel. The clinical nurse specialists cover the oncology service Monday – Friday in our integrated care organisation. They advise and support families and patients and multidisciplinary teams and liaise with tertiary community nursing and palliative care teams. The team work within a paediatric oncology shared care unit, so they work closely with Primary treatment centres such as Great Ormond Street Hospital and University College hospital, to provide supportive care which is more local to patients and families. As part of their roles, Laura and Sonal provide supportive care to children (0-18 years old) receiving treatment for cancer. Laura and Sonal work as keyworkers to the patients and families, therefore they are always the first point of contact for advice and support. They work closely with various children's community nursing teams and orchestrate care which is close to home. Patient experience is extremely important to Laura and Sonal, they are continuously working to collect data from patients for both inpatient and outpatient stays to reflect on their care and improve the services provided. Patient experience is at the forefront of everything they do.

At Work

Laura and Sonal work effectively and efficiently. They are always smiling and positive in their attitudes, which makes a huge difference to families going through some of the darkest of days. They are both committed to their professional development and ensure they optimise the service they deliver. They are continuously seeking out new opportunities to develop their skills and knowledge to improve patient experiences of care. The senior managers' feedback is that their consistent approach to delivery of an excellent service is reflected by the diverse range of compliments they receive in their inbox each month commending the service and the individual clinical nurse specialists for going above and beyond in their duties. Parents and children send their compliments and they have had several directed from our chief nurse and CEO of the trust.

The Professional

Laura and Sonal continue to promote and improve standards in their field. They are continually seeking to affect change in the workplace in order to provide a seamless service for their patients. They provide monthly updates to the ward clinical staff to ensure clinical skills and knowledge in relation to paediatric cancer care is up to date. In these sessions' staffs are updated on any protocol changes in treatment and any foreseeable change being suggested by primary treatment centres. They provide peer support to junior staff on the ward, in the outpatient settings and community settings. Laura and Sonal provide bereavement debrief sessions, again this is vital for peer support and information sharing. They also provide six monthly study days for clinical nursing staff. This ensures staff are well-equipped and trained to provide excellent and efficient care to children with oncological conditions. Most recently Laura has developed some new learning materials for newly qualified staff to ensure staff are competent in using central lines, which are devices for delivery of chemotherapy, intravenous medications and blood sampling. She is also part of the working party group with Capital Nurse, who are aiming to develop a passport system for clinical nursing staff trained in intravenous drugs. Laura and Sonal believe it is vital for excellent care to provide consistent standards across trusts; therefore, they are keen to work with trusts across London. Currently they are working on a project and liaising with Primary treatment centres, they hope to expand their services and provide infusion chemotherapy, and this will again enhance patient care as patients will be permitted to have more treatments closer to home. Laura and Sonal also work with various other charities, such as 'Beads of Courage'.

Summary

Laura and Sonal are confident, knowledgeable, hardworking, enthusiastic members of the team at the Whittington Hospital. They are conscientious, loyal and committed to the wellbeing of their patients and their families. They work hard to build trusting rapport with children and families, offering them endless support in one of the most difficult situations. As a team they continue to progress and improve their service for the benefit of their patients. They continually seek to affect change in their workplace and create positive patient experiences of patients and families. They work tirelessly to improve the outcomes and lives of children with cancer. As an advocate for children of diverse backgrounds, they apply equal opportunities to their roles to ensure quality and proficient family-centred care regardless of ethnicity, religion or disability. Senior members of staff have positively reflected on their abilities to relate to and build a trusting rapport with families in times of distress. Strong organisational and time management skills are instilled within this team to meet the many commitments of a very busy service. As a team, Laura and Sonal provide the highest standard of care and treatments to children in the hospital and at home, which is essential in an ever-changing healthcare system. They bring their personal qualities of enthusiasm, patience, compassion, a sense of humour and a friendly nature to their role daily.

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Information about our Partners



Picker is a leading international charity in the field of person centred care. We have a rich history of supporting those working across health and social care systems measuring patient experience to drive quality improvement in healthcare. Picker believes that everyone has the right, and should expect, to experience person centred care, and that it should be ingrained into the fabric of health and social care systems and services. As a charity, we strive to influence, inspire and empower care providers, practitioners, and policy makers to implement person centred approaches and to improve people's experiences of care. To learn more about our work, visit www.picker.org or follow us on Twitter @pickereurope



England

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 with a wide range of NHS organisations and voluntary and charitable organisations, NHS England seeks to increase the experience of all patients, particularly the most vulnerable, and to reduce health inequalities. We have a strong focus on driving participation and co-production with patients and carers, and on using insight from service users and staff to identify what is working well and what needs to be improved.

NHS England is committed to sharing examples of practice to inspire consistent good patient experience across the NHS. You can find out more about our work at: 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 led 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." See the toolkit at www.england.nhs.uk/ourwork/pe/always-events/

Indicators of how well the NHS services are doing and what should be their focus for improvement work can be found across a suite of national surveys and ad hoc research projects run by the Insight & Feedback team at NHS England. These include three major national surveys that are world-leading in healthcare: the GP Patient Survey, the National Cancer Patient Experience Survey and the NHS Staff Survey.

Find out more about this work and access a range of downloadable resources, including bite-size guides, on how the NHS can improve insight on patient experience on our website: <https://www.england.nhs.uk/ourwork/insight/>



PEN National Awards 2018

Re:thinking the experience



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. Patient and service user experience are central to our work. Real-world understanding from a range of disciplines means that we are able to recognise the needs of individuals, families and their communities, and the organisations providing services for them. Working closely with NHS Trusts and our other partners, we use this insight to shape and deliver impactful projects that integrate education and research, promote innovative service delivery, professional development and improved patient care. This engagement directly informs all of our research and scholarship activities, providing vital learning for our students and real benefits to our community.

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 **bespoke events as standard** 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!!

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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:

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Patient insights in an instant with our leading NHS FFT survey solution achieving over 35% response rates. Our platform automatically collects, analyses and reports on patient feedback from all survey channels including SMS, online, Kiosk, agent call, paper and patients can leave a voice recording on their experience. Local and inpatient surveys are effortlessly added to delve deeper into improvement hot spots and automation enables staff to focus on patient care rather than manual survey collection.

www.healthcare-communications.com



PEN National Awards 2018

Re:thinking the experience



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.

MES 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 the field, we also inform and

guide strategy and lead discussion.

From small beginnings in 2006, MES is now the leading provider of patient and public engagement tools for the health sector. We pride ourselves in providing excellent service in whatever we put our mind to, are made up of passionate, interested and engaged experts, and offer our clients security, strength and depth. MES is part of Civica UK, the leading provider of software and managed services for the public sector.

www.membra.co.uk | www.civica.com



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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



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.

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PEN National Awards 2018

Re:thinking the experience



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

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We created the admin system for PENNA 2017.

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Fiona Littledale spent all her working life as an information manager. For the final ten years she worked as Faculty Liaison Librarian for the St George's Medical School. During her time there she trained hundreds of health professionals to access relevant, peer-reviewed and reliable information. Despite her failing health during 7 years of cancer care she devoted herself to encouraging them in continuing professional development - seeking to go further and learn more in pursuit of excellence.

Each year the Fiona Littledale Award is to be given to an Oncology nurse who has demonstrated their personal commitment to developing their skills and understanding of the field. The award, presented at the annual PEN awards, will enable them to undertake further training during the year of the award at no cost to themselves.

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.



PEN National Awards 2018

Re:thinking the experience

Our Judging Panel

Marie-Louise Allred	Ruth Evans	Nick Medforth
Lisa Anderton	Caroline Faulkner	Carol Munt
Richard Ashworth	Rupert Fawdry	Andy Murphy
Bev Balin-Bull	Annie Gilbert	Jenny Negus
Hilary Baseley	Lesley Goodburn	Gillian Radcliffe
Nicky Beecher	Manda Graham	Daniel Ratchford
Lee Bennett	Victoria Gregory	John Reeve
Kenny Bloxham	Tracy Haycock	Kim Rezel
Louise Blunt	Sam Holden	Amanda Riches
Hugh Blunt	Julia Holding	Joan Saddler
Karen Bowley	Sian Hooban	Paul Sanguinazzi
Helen Brady	Angela Horsely	Manish Seth
Philipa Bragman	Darren Hudson	Kuldeep Singh
Sam Bray	Ruth Hudson	Phillip Styliandes
Kevin Brent	Jan Hutchinson	David Supple
Janet Conix	Jenny Johnson	Michaela Tait
Georgina Craig	Steve Johnson	Nikki Thomas
Maureen Dale	Michelle Jones	Selina Trueman
John Dale	Marsha Jones	Jean Tucker
Carol Duane	Raphaela Kane	Tara Webb
Nichola Duane	Anand Kumar	Susan Woodward
Karen Dunderdale	Annie Laverty	Michael Young
Clare Enston	Elaine Marshall	
Kath Evans	Jacqueline McKenna	

Judges' Comments:

"Thank you for involving me again this year, I really enjoy reading these interesting initiatives with such inspiring goals."

"Gosh extremely impressive this year"

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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Louise Blunt on 07811 386632

E-mail: l.blunt@patientexperiencenetwork.org



PEN National Awards 2018

Re:thinking the experience

Your Notes



PEN National Awards 2018

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Your Notes



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Your Notes for Voting

Category	Winner	Your notes	Your rank

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