



Patient
Experience
Network



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NHS England and NHS Improvement



PATIENT EXPERIENCE NATIONAL AWARDS 2019

Awards Conference - 18th March 2020



PEN National Awards 2019

Re:thinking the experience

Introduction



Welcome to PENNA 2019 - our 10th year of celebrating the great work being done to improve the experience of care for both patients and staff.

With the ever-increasing uncertainty and challenges in the workplace it is incredibly heartening to see that so many organisations continue to innovate to improve and are willing to share their work. You are what makes PENNA so special so a heartfelt thank you!

There is evidence that when there is so much pressure and change we are actually at our most creative, finding ways to do more and be better with less. This year has produced so many fantastic examples of this.....so keep driving forward. PEN will continue to support you by doing our best to share and celebrate these superb examples of best practice.

Thank you for joining us
Enjoy the day

Ruth Evans MBE, *Managing Director – Patient Experience Network*

NHS England and NHS Improvement



Every PENNA ceremony has been special but, on this, the tenth anniversary of these awards, we have a rare opportunity to pause and reflect on how important this showcase of patient experience has been, and remains, for the NHS.

Over the last decade, the awards have resulted in many hundreds of inspiring stories and many thousands of useful conversations about driving up the quality of experience and delivering what matters most to patients. Not just on the day of the ceremony itself, but through the year, they showcase excellence, innovation, resilience and evolution, helping the system and its partners to share and co-operate in the interests of patients.

A modern healthcare system uses a variety of sources and methods to understand and improve experiences of care. There is a lot of data available to help us to understand how we are doing and to drive continuous improvement. Looking at both qualitative and quantitative feedback from patients – through surveys, the Friends and Family Test, social media chatter and other engagement work – should be a vital part of developing real insight into the things that matter to them.

The question is whether this insight is being used to improve care and, in many cases, including the recent publication of the latest NHS Staff Survey, the evidence suggests that it is.

During a year when staff were stretched across busier wards and services, I was pleased to see a significant percentage point increase in the number of staff who said that patient feedback was used to inform decisions (up to 58%) as well as increases in the percentages who believe that their organisation acts on the concerns of patients (74%) and acts to avoid repeats of errors and mistakes (71%).

Thank you to all of you who contribute so much to improving experience for everyone, working hand in hand with patients and the public, carers, staff and many other partners. In an era of continued pressure on NHS services, it is encouraging to see the quality of patient and staff experience being maintained and, in some cases, still improving. Enjoy this richly deserved celebration of all that you do.

Dr. Neil Churchill, *Director for Experience, Participation and Equalities – NHS England and NHS Improvement*

NHS England and NHS Improvement





PEN National Awards 2019

Re:thinking the experience

Picker Institute Europe



Welcome to a very special Patient Experience Network National Awards where we celebrate the 10th year of recognising best practice in patient experience across all

facets of health and social care. This is also a very special year for Picker, where we celebrate 20 years of striving for the highest quality person centred care for all, always.

Picker and PEN 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. The National Awards provide a wonderful opportunity for celebration, but equally they give us powerful examples of how people's feedback can be used to create real improvement. We're delighted to be supporting them.

As a charity our mission is threefold:

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

We couldn't achieve this without collaborating with other like-minded charities and organisations, and the Patient Experience Network National Awards are a prime example of what this looks like in practice.

So, congratulations on being shortlisted! Our chief researcher, Jenny King, is very much looking forward to congratulating some of the shortlisted entries and presenting the winners with their awards.

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

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 and advanced practitioners - 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





PEN National Awards 2019

Re:thinking the experience



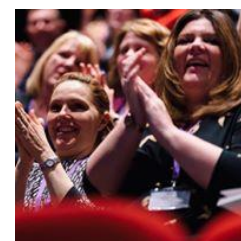
The Wellbeing Choir takes a holistic approach to promoting and maintaining good mental and physical health through singing. It is a choir open to the whole community, but supporting individuals, suffering with, or recovering from a mental illness or chronic medical disability - its appeal is universal. 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.



PENNA – 10 Glorious Years



The Birmingham Rep

We are now in our sixth year at the Birmingham Rep and it continues to be a great place to hold our Patient Experience Awards. The bright, airy open environment allows us to showcase some of the great work that is happening around the UK to improve the experience of care. We are delighted to welcome friends old and new to help us celebrate our 10th Year of celebrating the great work you do.



PENNA – 10 Glorious Years – Role of Honour Overall Winners

2010 – Prince Charles Hospital, Cwm Taf Local Health Board – A Patient Information DVD for Colorectal Cancer

2011 – NHS Lothian, Ellens Glen House - Making the Ward a Home, Person Centred Environment

2012 – Alder Hey Children's NHS Foundation Trust – Disability Workshops and Soccer Spa

2013 – Liverpool Heart and Chest NHS Foundation Trust - The Development of a Nursing Model of Care for Patient and Family Centred Care

2014 – Leicestershire Partnership NHS Trust – ChatHealth School Nurse Messaging Service

2015 – Common Room and Great Ormond Street Hospital – MeFirst: Children and Young People Centred Communication

2016 – Bradford Teaching Hospitals - Baby View – Neonatal Intensive Care Video Conferencing Project

2017 – Walsall Healthcare NHS Trust - Informed and Empowered

2018 – Nottingham University Hospitals NHS Trust – Carer2Theatre - Improving the Theatre Experience for Confused Adult Patients

2019 – ???



Best Practice - Re:Thinking the Experience Conference 2019

Programme

07.45	Best Practice Exhibition set up
09.00	Registration, Coffee and Exhibition
09.30	<p>Introduction: Ruth Evans – Managing Director, <i>Patient Experience Network</i></p> <p>Keynote Speaker – Ruth May, Chief Nursing Officer for England</p> <p>Last Year's Winner Recap – Nottingham University Hospitals, Speakers: Glenn Alexander, Kerry-Ann Storrie and Emily Mulvaney,</p> <p>Announcement of the Winners Presentation of Awards (Part 1)</p>
10.50	<p>Coffee and Exhibition</p> <p>Morning Category Presentations and Questions Category Winners present in two streams (4 presentations in each stream)</p>
12.20	Exhibition and Lunch
13.20	<p>The Wellbeing Choir Key Note Speaker – David McNally – NHS England and NHS Improvement</p> <p>Announcement of the Winners Presentation of Awards (Part 2)</p> <p>Afternoon Category Presentations and Questions Category Winners present in two streams (4 presentations in each stream)</p>
15.45	<p>Voting with Refreshments and Exhibition</p> <p>Announcement of the Overall Winner and Other 'Best of' Categories Presentation of Awards</p>
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 2019 during the voting opportunity at 15:45.

Speaker Profiles

Ruth Evans MBE - 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.



Ruth May – NHS England and NHS Improvement

Ruth is the Chief Nursing Officer for England and an Executive/National Director at NHS England and NHS Improvement. She is also the National Director responsible for infection prevention and control. Ruth is passionate about nurturing the next generation of NHS nursing, midwifery and allied health professions (AHP) leaders, encouraging professional development opportunities and working across the health system to put in place the optimal cultural conditions for all NHS employees to thrive.



David McNally – NHS England and NHS Improvement

David is Head of Experience of Care at NHSE and NHSI and is a member of the Co-production Model Steering Group. He worked previously in an SHA, a PCT, Adult Social Care and the voluntary sector. David co-designed and co-led a round table on Patient Leadership with patient leaders, the King's Fund. He is a member of the Researcher-Led Panel, National Institute for Health Research, Health Services and Delivery Research programme and an Honorary Senior Lecturer at the University of Manchester, Medical School.



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 very knowledgeable and enthusiastic champion of improved patient and staff experience.



Glenn Alexander, Kerry-Ann Storrie and Emily Mulvaney, Nottingham University Hospital NHS Trust

Glenn, Kerry-Ann and Emily update us on last years' Patient Experience Network Overall Winner project. 'Carer2Theatre' aimed to improve the theatre experience of confused adult patients. The project proposed that all confused adults within their 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. Recognising that the patient journey does not start and end in one department, but rather is fluid across many, NUH engage all concerned departments to ensure the success of the project.





PEN National Awards 2019

Re:thinking the experience

Award Categories and Partners

Categories

Communicating Effectively with Patients & Families

CPES Award

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/Manager 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

Using Insight for Improvement (3 Sub-Categories)

Outstanding Contribution 2019

Overall Winners



The Finalists

CATEGORY: Communicating Effectively with Patients and Families

Gloucestershire NHS Foundation Trust	S.H.E.D
NHS Blood and Transplant	Videos to support Families being approached to consider supporting Organ Donation for their loved one.
NHS Leicester City Clinical Commissioning Group	The Health in your Hands Voluntary and Community Sector Event Funding
Nottingham University Hospitals	We will Always Support You in Being Familiar with the AICU Area and Environment
Nutricia	A Service Evaluation of the Acceptability and Use of a Mobile app for Video Call Communication Between Home Enterally Tube Fed Patients and Home Care Nurses
Royal Cornwall Hospitals Trust	'Butterfly Cornwall' A Scheme to Enhance End of Life Care for Patients and their Loved Ones

CATEGORY: CPES Award

Blackpool Teaching Hospitals NHS Foundation Trust	Patient Cancer Care Improvement (PCCI) Group
County Durham and Darlington NHS Foundation Trust	CDDFT Cancer Patient Experience Programme
Royal Devon & Exeter NHS Foundation Trust	With You in Mind, Team Work and Collaboration
The Princess Alexandra Hospital NHS Trust	It Matters to Me
University Hospital Coventry and Warwickshire NHS Trust	Let's Talk - Rooms to Deliver Sensitive Conversations
University Hospitals of Leicester NHS Trust	In-Patient Support and Information Rounds
Wessex Cancer Alliance	Improving Access to Cancer Nurse Specialists and Key Workers

CATEGORY: Engaging and Championing the Public

Birmingham Community Healthcare Foundation Trust	Service User Group
Cambridge University Hospitals Foundation Trust	ACTIVE (the Children and Young People's Board)
Healthwatch Essex	Voice of Young People in Secure Mental Health Unit Helps to Shape Changes in Services
Kettering General Hospital	The Takeover Challenge
Nottingham University Hospitals	CPR Teachathon
Royal Cornwall Hospitals Trust	'Butterfly Cornwall' A Scheme to Enhance End of Life Care for Patients and their Loved Ones
University Hospitals of Leicester NHS Trust	ICU Patients and Relatives - Are They Really Listened To?

CATEGORY: Environment of Care

Birmingham Women and Children's Hospital	Magnolia House: Co-design with Bereaved Families
King Edward VII's Hospital	Improving Inclusion and Welcome in Imaging Suite
Leicestershire Partnership NHS Trust	Knead to Chat
Manchester University NHS Foundation Trust	Fast Track Accessibility Programme
Oxleas NHS Foundation Trust	Queen Mary's Hospital, Sidcup – A hospital designed together
Royal National ENT and Eastman Dental Hospital, UCLH	Emotional and Physical Pathway Improvement for Head and Neck Cancer Patients

CATEGORY: Fiona Littledale Award

Chesterfield Royal Hospital	Haematology Nursing Team
The Princess Alexandra Hospital NHS Trust	Cally Bruce

CATEGORY: Innovative Use of Technology

Birmingham Women's and Children's Hospital NHS Foundation Trust	Dora - Video Interpreting Device
Cinapsis	Cinapsis SmartReferrals
Imperial College Healthcare NHS Trust	Technology Driven Analysis of Free-text Patient Experience Feedback
LanguageLine Solutions	LanguageLine Insight - On-Demand Remote Video Interpreting
Nottingham University Hospitals	Developing Digital Technology Solutions to Improve Care for Cancer Patients
Surrey & Sussex Healthcare NHS Trust	Bringing Patients Closer to home
University Hospitals Plymouth	#RehabLegend

CATEGORY: Integration and Continuity of Care

Cardiff and Vale University Health Board	Young Carers in Schools Award
Hywel Dda University Health Board	Home Healthcare - Home Support Team
Liverpool University Hospitals NHS Foundation Trust	Samaritans in the Emergency Department
Surrey Heartlands Health and Care Partnership	Using Animation as a Medium to Help Clinicians Understand the Secondary Healthcare Experiences of Prisoners
Tameside and Glossop Strategic Commission & Tameside and Glossop Integrated Care Foundation Trust	Partnership Engagement Network (PEN)

CATEGORY: Measuring, Reporting and Acting

East London NHS Foundation Trust	Service User Led Accreditation Programme
Manchester University Foundation Trust	5 Things About Me
Northampton General Hospital	The Wood for the Trees - Ward Level Data for Trust Wide Improvement
Nutricia	A Service Evaluation of the Acceptability and Use of a Mobile app for Video Call Communication Between Home Enterally Tube Fed Patients and Home Care Nurses
Royal Cornwall Hospitals NHS Trust	Outpatients Family and Friends Test

CATEGORY: Using Insight for Improvement (3 Subcategories)

Using Insight for Improvement - Accessibility

Birmingham Community Healthcare Foundation Trust	Service User Group
Liverpool University Teaching Hospitals NHS Foundation Trust	Young Ambassadors Project
Milton Keynes University Hospital NHS Foundation Trust	Working Together to Improve Services for People with a Learning Disability
NHS Digital	NHS Digital Service Manual
Surrey Heartlands Health and Care Partnership	Using Animation as a Medium to Help Clinicians Understand the Secondary Healthcare Experiences of Prisoners

Using Insight for Improvement – Other NHS Funded

East London NHS Foundation Trust	Service User Led Accreditation Programme
Healthy London Partnership	Gathering Feedback from Families and Carers when a Child or Young Person Dies
Nottingham University Hospitals	We will Always Support You in Being Familiar with the AICU Area and Environment
Shropshire Community Health NHS Trust	Shropshire Community Health NHS Trust
University Hospitals of Leicester NHS Trust	ICU Patients and Relatives are they Really Listened To? - Providing Opportunities for ICU Patients in an Acute Trust to Engage with the Multi-disciplinary Team to Ensure they are Truly Heard and Translating this into Meaningful Action

Using Insight for Improvement - Integrated

Barts Health NHS Trust	Shaping our Future Together
Central Cheshire Integrated Care Partnership	Identifying the Unwell Child in the Community Settings
Gloucestershire NHS Foundation Trust	Homeless Patient Guidelines Initiative

CATEGORY: Partnership Working to Improve the Experience

Birmingham Women's and Children's NHS Foundation Trust	Noah's Star
Liverpool University Hospitals NHS Foundation Trust	Samaritans in the Emergency Department
Royal Cornwall Hospitals NHS Trust	The Cornwall and Isles of Scilly End of Life Learning Path
Serco Health – University Hospital Wishaw	Normal is Great! Facilities for Elderly Patients and those Living with Dementia
University Hospitals of Leicester	Prostate Cancer Remote Monitoring
Warrington and Halton Teaching Hospitals NHS Foundation Trust	Enhancing Patient Experience with Shared Reading

CATEGORY: Patient Experience Advocate of Tomorrow

University of West London	Samren Ahmed
University of Plymouth	Joy O'Gorman

CATEGORY: Patient Experience Transformer of Tomorrow

University of Brighton	Ella Brunton and Krista Etchells
Alder Hey Childrens Hospital NHS Trust	Helen Morley
North West Ambulance Service	Paddy Ennis
Childrens Unit, Whiston Hospital	Tracy McNeill
Paediatric Assessment Unit, Shrewsbury and Telford Hospital NHS Trust	Claire Fenn
Smithdown Childrens Walk-In Centre	Nicola Gourley

CATEGORY: Patient Experience Professional/Manager of the Year

Gloucestershire NHS Foundation Trust	Jean Tucker - Building Relationships and Driving improvement - The Changing face of PALS
Serco	Cathy White

CATEGORY: Personalisation of Care

Manchester University Foundation Trust	5 Things About Me
Nottingham University Hospital	Wear to Care
Nutricia	Supporting a Home Enterally Fed Patient to Achieve his Dreams of Running the London Marathon
Serco Health & Norfolk & Norwich University Hospitals Foundation Trust	Making Food Fun
University Hospitals of Leicester NHS Trust	The Forget Me Not Scheme
Walsall Healthcare NHS Trust	Making Magic with Bubbles and Butterflies – Doing What Matters: Ward 2

CATEGORY: Staff Engagement/Improving Staff Experience

Cambridge University Hospitals NHS Foundation Trust (CUH)	Developing a Shared Service Culture Book
Northumbria Healthcare NHS Foundation Trust	Supporting Happy, Healthy and Productive Teams – Our Year of Discovery
Royal Cornwall Hospitals Trust	'Butterfly Cornwall' A Scheme to Enhance End of Life Care for Patients and their Loved Ones
Serco Health – University Hospital Wishaw	Normal is Great! Facilities for Elderly Patients and those Living with Dementia
University Hospitals of Derby & Burton NHS Foundation Trust	Patient Experience Champions Programme

CATEGORY: Strengthening the Foundation

Birmingham Women's and Children's NHS Foundation Trust	Young Adult Volunteering
Gloucestershire Hospital NHS FT	Closing the Loop – From Concern to Change
Manchester Royal Eye Hospital	Regular Treatments in Eye Services; Delivering Care Closer to Home
Mid Cheshire Hospitals NHS Foundation Trust	Innovation around Volunteering
Northumbria Healthcare NHS Foundation Trust	Working Together & Learning Together – a Partnership Approach with Northumberland Syrian Families
PPL	The journey to Becoming the World's Best Small Island Health and Care Social System?

CATEGORY: Support for Caregivers, Friends and Family

Royal Cornwall Hospitals Trust	'Butterfly Cornwall' A Scheme to Enhance End of Life Care for Patients and their Loved Ones
South West Neonatal Network	A Stay in Neonatal Care – An Animated Guide to your Role as Parents and What to Expect
The Mid Yorkshire Hospitals NHS Trust	Hospital Based Carer Support
University Hospital Plymouth	KMC - Parental Accommodation
University Hospitals of Leicester NHS Trust	Family, Carers and Friends Charter

CATEGORY: Team of the Year (including PALs)

Air Arts, University Hospitals of Derby and Burton NHS Foundation Trust	Air Arts
Ashford and St Peter's NHS Foundation Trust	Patient Experience Team
Cardiff and Vale University Health Board	Cardiff and Vale (CaV) – Central and Visible: A TEAM – Together Everyone Achieves More
NHS Blood & Transplant	Donor Records and Donor Family Care Services
UHL NHS Trust	H.O.P.E. Team

CATEGORY: Turning it Around

NHS Blood and Transplant	Clockface - Enhancing Donors Experience and Understanding of Blood Donation
Royal Cornwall Hospitals Trust	'Butterfly Cornwall' A Scheme to Enhance End of Life Care for Patients and their Loved Ones
Swansea Bay Health Board	Digital Patient Stories for Service Improvement
Taunton and Somerset NHS Foundation Trust	The Journey to Establish a Permanent Paediatric Assessment Unit (PAU) – “Assessment to Treat rather than Admission to Assess”.
Walsall Healthcare NHS Trust	Making magic with bubbles and butterflies – Doing What Matters: Ward 2

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



Air Arts and University Hospitals of Derby and Burton NHS Foundation Trust

Air Arts

Category

Team of the Year

Organisation

Air Arts and University Hospitals of Derby and Burton NHS Foundation Trust



About Nominee

Air Arts was set up in 2007 to ease the transition for staff and patients from the old Derbyshire Royal Infirmary to a new Superhospital: 'The Royal Derby'. An arts steering group was established to oversee colour and flooring choice, installation of some wayfinding artworks, and to display some familiar artefacts from the old site in a bid to make the new building feel less clinical and to support staff who were moving from a much loved old hospital building. Over the next ten years, the programme expanded considerably both in its offer and its reputation, and is now seen as a leading national exemplar of good practice for arts in health, being cited as a national case study by Arts Council England, and as a model of good practice by the All Party Parliamentary Group for arts in health. Against a backdrop of NHS cuts and deficits, we have had to work hard to prove our worth to become a valid and important part of our hospital environment, and to shine a light on arts in health during difficult financial times. We develop projects for our staff to support their wellbeing to ensure that they can deliver the best possible care for patients, including staff art clubs, photography clubs, artwork/poetry exhibitions and training opportunities in arts therapy and arts in health initiatives.

At Work

It is our partnerships which makes our team able to achieve so much. From giant sculptures, to book binding, to Derbyshire 'well dressings' to maypole dancing, to ceramics, we are always on the lookout for new and exciting projects to relieve anxiety, boredom and stress. We have big ideas and lots of passion and energy to make them real. By working with patients and staff to identify needs and issues, we then work in consultation with them to develop the ideas. We work with a wide variety of hospital teams including patient experience, facilities management, capital projects, the hospitals charity, the PFI company to name but a few to ensure that our work complements everything else that is happening. We report to a steering group, and the patient experience and engagement group to ensure that everything we do ticks all the boxes. We have a model of good practice which ensures that all artists we work with are the right fit and are well supported to go on to wards and that we only work with artists who understand working in a health care environment to provide the best possible experience for our patients and staff. We offer training & assessment opportunities for arts & therapy students on placement to develop the next generation of arts in health practitioners. We are developing new work on our Doctor training programmes to ensure our future clinical staff are aware of the potential of including the arts in their own practice. We gather feedback to evaluate our work to ensure that we hit the mark and are constantly striving to do things better and make the place a better environment for everyone. The current team has been together for the past 5 years and this stability has enabled us to develop a strong team identity & to support each other well.

Summary

At a time when many arts programmes have been axed due to financial pressures on the NHS, Air Arts has not only survived but flourished. Our Chief Executive has seen the value of the programme and has requested that it expands our 3 new sites. We have not only proved the value of the arts in healthcare at Derby but are now seen as leaders in our field across the UK. We are setting the national standard for arts in hospitals and have done this through incredibly hard work and dedication, along with a firm belief in, and understanding of, the power of the arts on recovery and wellbeing. Our partnership approach, wide variety of artistic opportunities and solid teamwork has meant that we bring real positive change in a difficult environment and are seen as a vital resource for the delivery of holistic care. We are fortunate to work within a Trust which understands the importance of getting the environment right, but this team goes over and above what is required of them at every turn. The professional dedication shines out of every project, the results speak for themselves.

Contact Details: Laura Waters - laura@airarts.net



PEN National Awards 2019

Re:thinking the experience

Alder Hey Children's NHS Foundation Trust

Helen Morley

Category

Patient Experience Transformer of Tomorrow

Organisation

Alder Hey Children's Hospital NHS Trust



Alder Hey Children's
NHS Foundation Trust

About Nominee

Helen is a nurse who recently completed the MSc Advanced Paediatric and Neonatal Practice at Liverpool John Moores University as a part-time student. Whilst on the course Helen was working at Alder Hey Children's Hospital as a trainee Advanced Paediatric Nurse Practitioner.

At Work

Helen was concerned that children's dental health is a major public health priority, however routine mouth and dental care is often overlooked in the busy children's hospital inpatient setting. This can have wide-reaching implications for children as oral and systemic health are often inter-linked. Helen decided to make this a focus for her dissertation whilst on the MSc Advanced Paediatric and Neonatal Practice programme. Helen decided to undertake a comprehensive systematised review to critically evaluate and synthesise the evidence base to establish what is best practice in oral care for the hospitalised child. She would use this as the basis for developing strategies for utilizing hospital as an opportunity to promote oral health in children, taking account of barriers and facilitators. She also aimed to increase awareness of front-line staff that oral health is an essential component of overall health and well-being. She decided to then carry out a piece of research with student nurses, conducting focus groups which highlighted lack of education and adequacy of exposure to oral health care encounters with children, disempowering both student nurses and parents. The project highlighted the need to raise the profile of oral health care both in nurse education and in practice. This will require cultural change so that mouth care is unobtrusively embedding mouth care in day-to-day nursing practice. If successful this would improve both the outcomes for the hospitalised child and the experience of care for children, young people and families. It is also an opportunity to make every contact count by promoting good oral and dental health.

Summary

Since completing her course, Helen has met with the chief nurse in her trust to seek support in raising the profile of mouth care across the trust and presented at the medicine divisional governance meeting. The trust has signed up to the national Mini Mouth Matters project and developments within the trust have been aligned to this. Helen has worked with a colleague from the Dental team to implement change. Progress has not been as extensive as they would have liked, as they have had to take a slow and steady approach because of competing commitments associated with their roles and the impact of winter pressures. Helen says "We have a long way to go, but we are chipping away at it." They have conducted a trust-wide audit and presented their findings during national audit week. They have piloted training and awareness raising sessions in line with Mini Mouth Matters on two wards as a starting point and have established Mouth Care Champions. They have also obtained charitable funding to provide children with a toothbrush and toothpaste on admission. On top of this Helen has contributed to raising awareness amongst nurse educators by disseminating learning achieved through his project through publication in the journal Nurse Education Practice: <https://www.ncbi.nlm.nih.gov/pubmed/31220704>

Contact Details

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Ashford and St Peter's NHS Foundation Trust

Patient Experience Team

Category

Team of the Year



Organisation

Ashford and St Peter's NHS Foundation Trust

About Nominee

The nominee is the Patient Experience Team, and I am their Manager. Their names are Sarah Howard, Sangeeta Singadia, Siobhan Hand, Jacqui Grannell, Helen Sexton, Stephanie Kervan, Alison Allan, Gizzi Yassini and Naila Ahmed. They provide the Complaints, PALS, Bereavement and Voluntary Services at the Trust. On questioning their inspiration to become involved in patient experience, the consistent response is that they are compassionate and committed individuals. One said, *"I just love helping people in difficulty"*. They work tirelessly to support patients and their families or carers who need additional practical and emotional support, and are never phased by what they get involved with. They have recently undergone significant change. In particular they are now centrally located. Initially this was challenging for some, but they have adapted quickly, and are once again, a happy jolly bunch of caring people. Their humour is particularly noticeable, and an important mechanism to de-stress during a tough day. I am deeply proud of them, their emotional intelligence, and their resilience in performing at times, a very difficult job under sometimes, extreme circumstances.

At Work

The Patient Experience Team have made a significant contribution to the improvement of service performance. For example, in less than eight months, the Complaints co-ordinators have been instrumental in achieving a significant improvement in complaint response times (from mid-70% to high 90% response, consistent over the last three months). They equally have strived to reduce the number of re-open complaints, and this has dropped, again in the last six months from around 17% of all complaint letters to less than 4%. The PALS Officers have equally achieved consistent high performance of over 85% of PALS cases being resolved within five working days. The Bereavement Officers work consistently to achieve the three-day turnaround for death certification, and are regularly faced with numerous challenges of identifying doctors to certify deaths in a timely fashion. The compassion they show the bereaved is outstanding, and even under extreme pressures, they remain highly professional. The Volunteers Officer is recruiting more and more volunteers each week, and currently attained a total of around 350, of which many have been identified from Universities and schools. A recent success being Psychology students volunteering in our Neuro-rehabilitation unit and supporting the patients with their cognitive and physical recovery. The Volunteer Officer provides a wonderful reciprocal service with the volunteers, and regularly treats them to coffee mornings or volunteer lunches. They are regularly thanked for their efforts, and most recently this included their unbelievable efforts for the swift reduction in Norovirus at the Trust. They were co-ordinated by the Volunteer Service and were an army of personnel reminding all visitors to the Trust to 'wash their hands with hot water and soap!'. The Patient Experience Team stand out from others I have worked with in 28 years as a Nurse in the NHS because of their unbelievable continual and strength of commitment to resolve issues for patients and their families. There is not a single time where they dismiss their commitment and care, even in the face of adversity. They are reflective of the pressures they face, and manage their resilience by regular debriefs with their colleagues or myself, as their manager, and by having a good sense of humour. This provides a consistently high quality of service, and the statistics demonstrate this.

Summary

In the 28 years of working as a Nurse across a range of acute services in the NHS, I have never come across a group of individuals who have such consistent and unbelievably high standard of compassionate and care for patients, their families and carers. They remain happy, committed, resilient and most importantly, strong in their belief that they advocate for those who are, at times, frightened and vulnerable. I am so proud of my team, and feel that their achievement of this award is just in light of the 'extra mile' they always go.

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Barts Health NHS Trust

Shaping our Future Together



Barts Health
NHS Trust

Category

Using Insight for Improvement

Organisation

The Royal London Children's Hospital is part of Barts Health NHS Trust. Apart from acute services offered at The Royal London Hospital, this service also include community services in the London Borough of Tower Hamlets. A wide range of services are offered within the acute and community teams including services to children with significant health and developmental needs.

Summary

Parents of children with disabilities are twice as likely as other parents to provide care for more than 100 hours per week and 20% more likely to care for more than one person (Contact, 2019). Parents are more likely to have a low income, feel they have a poor quality of life with restricted social and life choices and have problems with their own health. The aim was to develop an understanding of improvements that are needed in the current system to better support parents of children with complex health and developmental needs as well as support staff working with these families, ensure our services are fit for purpose now and in the future and reduce the burden on these families. This project showcases an effective method to engage both staff and parents in evaluating and developing services and build stronger networks to make services sustainable and patient-centred in the future and improve the quality of life of the families we serve.

Impact

Four main themes were identified:

1. Information and contacting services: Service-users reported that they would appreciate more information about services available to them and their children, how to access / contact these services and more specific information about their children's conditions and things they can do to help. Staff acknowledged that they often do not have information about the range of services and activities available; some did not know what support or intervention is provided by different services and how to make referrals to some services. Service-users reported frustration when trying to contact services, phones are not always answered, messages not returned or services contact them without leaving a message and then they do not know who was looking for them.

2. Appointments: Interviews with service-users and patient pathway mapping highlighted the significant number of outpatient and community health appointments that this patient group have to attend. Children were on average known to 14 different acute and community teams. For one of the children mapped it equated to one appointment every 3 days. Parents mentioned the impact of these appointments on their quality of life, ability to maintain a working life and impact on children having to be taken out of school. Parents felt that not all appointments were useful, some feeling like a 'tick box' exercise, they also felt that their children did not always have present. Parents and staff questioned whether there are other ways of managing appointments by using technology or more joined up appointments.

3. Coordination of care: Parents and staff felt that care was not coordinated; with opportunities for joint planning and goal setting not utilised. Communication between different teams is not effective and parents often have to communicate complex medical information due to the lack of information sharing between professionals. Parents also felt that care was less coordinated and they were less involved once their children started school.

4. Support for parents and siblings: Parents felt that overall services look after their children well but that their own emotional and psychological wellbeing is not looked after. Parents felt that siblings are significantly affected in terms of attention from parents, family life and opportunities and this is not addressed by services. Staff also reported that they rarely support parent-to-parent contact or know about family support and activities available.

What Makes Us Special?

This project was special as it involved such a wide range of participants and broke down barriers in terms of staff and parents working together, especially a fear that I noticed in some professionals about being in discussion groups with parents. The key element was having parents and professionals in the same room focused on solving the same problem and seeing each other on an equal footing.

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Birmingham Community Healthcare Foundation Trust

Service User Group



**Birmingham Community
Healthcare**
NHS Foundation Trust

Categories

Engaging and Championing the Public & Using Insight for Improvement

Organisation

Birmingham Community Healthcare NHS Foundation Trust (BCHC) is a provider of core community health services across Birmingham; dental and rehabilitation services across the West Midlands. BCHC delivers care from 300+ sites and thousands of people's homes. The trust is comprised of five clinical divisions: Adult Community services, Adult and Specialist rehabilitation, Children and Families, Dental services and Learning disability services which aggregate a workforce of more than 4,500. The Learning Disability Division offers a broad range of services to people with learning disabilities who have complex health needs living in Birmingham. Services are delivered from 3 community hubs, respite units, a residential unit and a day centre facility.

Summary

Service User Group is a vital part and true advocacy of our services; It is a wonderful group of people with learning disabilities, who provide people with real insight and vision to service which would not be found anywhere else. The changes and insight of the group has helped us to understand and improve many aspects of delivery. The group has been designed and built together with our Service Users; this experience has given confidence and empowered them to be leaders in their community. We have continued to grow and now have regular attendance and core membership, which has increased from 4 to 15 over the year. Our intention is to expand to all the hubs and units in format suitable to their needs depending on type of disability.

Impact

The group has had an impact on our Service users in many way and has improved their individual skills in the following areas: • Public speaking; • Creative thinking; • Developing and articulating ideas; • Leadership; • Communication; • Interpersonal skills; • Problem-solving; • Social networking. The Service Users have made huge impact in the division and this can be evidenced through the following work: **Pathways and care plans** - Reviewing pathways and care plans requested by clinicians. Documents are reviewed with feedback relayed to the relevant clinicians. Demand has vastly increased over the last 12 months. **Accessible information standards** - Helping the division meet the accessible information standards guidelines. A recent audit has already seen an improvement in the quality of accessible information available. **Public speaking at college** - Supported the Divisional Director of Nursing Therapies by jointly attending and presenting to 6th form college students who were researching Learning disabilities. Students found this very helpful and have already indicated their interests in working in the learning disabilities service. **Representation at Trust Executive board** - Attended our Trust board and shared the importance of supporting adults with additional needs; **Annual general meeting and recording** - Attended the Annual general meeting and participated in the Trust video about being inclusive. **Online Primary care video** - Approached by CCG to help produce primary care on learning disabilities and autism with to create an online library of resources so primary care can increase their understanding in this area. Recorded a discussion to be used by GP services to raise awareness with service users of the importance of having annual health checks and to provide support. We asked the group why they liked taking part: • "I am learning a lot - very helpful"; • "It's good to share ideas"; • "Everything is explaining in an easy way and friendly way"; • "It is interesting and good to see things in a different perspective"; • "I like coming to the meeting as it is friendly and good to make the video to help GP's in the future"; • "...my voice gets heard".

What Makes Us Special?

This initiative highly demonstrates that we are not just limiting ourselves to collecting feedback, we have a group in place that hold us accountable for ensuring we improve the service and act upon feedback provided. Having a Service User led group ensures that our patient centred care is centrally aligned and reinforced by those accessing the service and living with a learning disability. The group provides reassurance that the service is shaped in a way they would be proud to recommend and be a part of. Throughout our journey we have continued to work with our Service Users and have successfully encouraged inclusiveness, independence and helped build confidence. Our work will continue to make a difference to our adults with learning disabilities in Birmingham.

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Birmingham Women and Children's Hospital

Magnolia House: Co-design with Bereaved Families



**Birmingham Women's
and Children's**
NHS Foundation Trust

Category

Environment of Care

Organisation

We are Birmingham Women's and Children's NHS Foundation Trust – proud to bring together the expertise of Birmingham Children's Hospital and Birmingham Women's Hospital. Our Trust is the first of its type in the UK, formed in February 2017 to drive forward our commitment to providing the highest quality, world-class care that women, children and families want, and deserve. With more than 641,000 visits from patients each year, we are a busy Trust and pride ourselves on the commitment of our 6,000 strong team, which works tirelessly to provide the very best treatment and support to our women, children and families.

Summary

Approximately 150 children die each year within Birmingham Children's Hospital (BC) and 150 in the community we serve. Hundreds of conversations take place with families where bad news is given and lives changed forever. Life ends in the hospital and bereavement follow up meetings routine. Families told us that the environment where we delivered news to families/death occurred was suboptimal. Families reported hearing e.g. that their child was now incurable in cramped, airless spaces with no natural light; lack of privacy and interruptions were common place. Using families' feedback and with their help to drive the initiative, we navigated our way to design/build a centre for palliative care and bereavement within the heart of the hospital. Using empathic design principles the house offers a sanctuary to family's that is a safe space away from the hustle and bustle of the wards. Conversations with professionals are unhurried with no external disruptive stimuli. When a child's life is ending & discharge not possible the house offers a caring space for compassionate extubation/death to occur. It is the only centre of its kind within a paediatric setting. We have research findings proving the house's worth.

Impact

The house has revolutionised end of life and bereavement care within the hospital. Teams now have access to spaces for important conversations that don't feel like a hospital, more like home to support families. Since our launch more than 30 children and their families have spent the last hours/days of life there. Memory making, advance care planning and bereavement support now routinely take place there. We have an abundance of anecdotal feedback from families and professionals praising the house, the most recent from a parent whose child died 8 years ago. Mum came to our executive board to recount her experiences within the hospital. When asked if there was anything we could have improved on during her son's care, mum said *"you already have done it; you built Magnolia House. I wish he could have died there"*. Robust feedback felt vital to ensure we were on track from being an idea, right through to being used. Birmingham University were approached to provide the evidence base for the impact of the House. The Research: Qualitative methods (walkabout, photo-voice, focus groups, interviews) were used to examine (i) how different stakeholders view the role of hospitals in relation to palliative care, and (ii) the early implementation and impact of Magnolia House. Analysis used the framework method and drew on a range of existing theories related to organisational change, therapeutic environments and value-based care. Results: Participants described Magnolia House as an innovative and 'therapeutic' approach to care that supported families (and staff) at life-changing moments and had positive impacts on distress and wellbeing. They felt Magnolia House offered conditions ('time', 'space', 'privacy', 'homeliness') that supported families to draw on their inner resources, find meaning in their experiences. Conclusion: Staff have been enabled, in an acute hospital, to create an environment conducive to delivery of care based on palliative care principles.

What Makes Us Special?

This is the first centre for palliative care and bereavement in a paediatric hospital in the UK. Its interior design is different to any other one would experience within a hospital setting. It feels like home because it's interior, whilst conforming to infection control and fire regulations, is like home. Attention to detail and therapeutic design principles make the space unique. Success came for collaboration with families and a passion within the hospital encouraging change. Listening and acting on feedback created a space that makes a huge difference to families when there are so few choices left.

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Birmingham Women's and Children's Hospital NHS Foundation Trust

Dora - Video Interpreting Device

Category

Innovative Use of Technology/Social/Digital Media



**Birmingham Women's
and Children's**
NHS Foundation Trust

Organisation

Our Trust is the first of its type in the UK, formed in February 2017 to drive forward our commitment to providing the highest quality, world-class care that women, children and families want, and deserve. With more than 641,000 visits from patients each year, we are a busy Trust and pride ourselves on the commitment of our 6,000 strong team. We also incorporate children's mental health and wellbeing services offering truly integrated care. We have one of the largest Child & Adolescent Mental Health Services in the country, with a dedicated inpatient Eating Disorder Unit and Acute Assessment Unit for regional referrals of children and young people with the most serious of problems (Tier 4) and Forward Thinking Birmingham community mental health service for 0-25 yr olds.

Summary

The Interpreting Service at BWC NHSFT has been exploring different ways of using innovations in technology to improve the Patient Experience of non-English speaking and sensory impaired patients and families. The Trust recognised that delays in sourcing face to face Interpreters can impact clinical waiting times as well as sometimes denying a voice to anxious patients and families at a time when communicating with staff is most critical. We are delighted to share 'Dora – interpreting on demand' our innovative solution. Interpreting on demand allows one touch access to training professional Interpreters in seconds. The iPads are mounted on a stand (Interpreting on Wheels) that is lightweight, portable and can be transferred easily around the hospital. The Face to Face screen & speakers eliminate the need for using telephone handsets to have awkward audio Interpreting conversations, leaving patients and staff to have as natural conversation as possible. Interpreting on demand is particularly successful for use with patients and families requiring British Sign Language, removing long waiting times.

Impact

Response was so positive we quickly realised that other wards/depts could benefit from using the devices and expanded the trial to ten devices, 5 at the Children's Hospital & 5 at the Women's Hospital. The Interpreting Team named the devices 'Dora' after Dora the Explorer to further personalise the service and doing this made it even more accessible to patients & staff as it removed the 'technology' element. If you ask for Video Interpreting at either Hospital, most staff will only refer to the devices as 'her' and 'Dora'. It has been so rewarding to see how patients, families and staff have taken this new initiative to heart and used it in such a positive way. Shortly after the roll out of the devices across the Trust, staff from one of our medical wards called to request an urgent Interpreter for a Portuguese family whose child had suddenly gone into cardiac arrest. In 2 mins the Interpreter Team wheeled a device to the family & connected to a Portuguese Interpreter. The situation was very stressful for the family. The Interpreter calmly explained to the family what was happening and it also allowed staff to ask vital questions to the parents that they would have struggled to do without the device. Thankfully the child was able to be revived and the situation quickly de-escalated. Without having the device on site, it would not have been possible to have a physical Interpreter on site in time. The family and staff highly praised the professionalism of the Interpreter who appeared via Video link and the new service as a whole. The devices have been particularly invaluable to patients and staff in the Emergency Dept at the Children's Hospital and in the Delivery Suite at the Women's Hospital. These two departments often have patients arriving with no prior history with the Trust and therefore wouldn't have had the opportunity to have had an Interpreter booked in advance.

What Makes Us Special?

Innovative – It is a new solution to a costly but vital communication method for many of our non-English speaking families. **Easy to use** – Dora contains instructions on how to set up the interpreter appointment and how to return the unit for the next user. **Meets demand swiftly** – Dora can be employed within a couple of minutes beating the fastest of off-site interpreters to the ward! **Plugs gaps** – Dora has helped the Interpreter Team to increase the coverage of interpreters for vital appointments whilst also freeing up our busy interpreters to concentrate on the more specialist, detailed, sensitive and complex cases.

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Birmingham Women's and Children's NHS Foundation Trust

Noah's Star

Category

Partnership Working to Improve the Experience



**Birmingham Women's
and Children's**
NHS Foundation Trust

Organisation

We are one of only two dedicated women's hospitals in the UK, with the busiest single site maternity unit, delivering more than 8,200 babies a year. We also incorporate children's mental health and wellbeing services offering truly integrated care. We have one of the largest Child and Adolescent Mental Health Services in the country, with a dedicated inpatient Eating Disorder Unit and Acute Assessment Unit for regional referrals of children and young people with the most serious of problems (Tier 4) and our Forward Thinking Birmingham community mental health service for 0-25 year olds.

Summary

Noah's Star is an initiative to create partnership working between the hospital and an outside organisation in order to create an additional specialist voluntary service to complement the work already being done by the volunteer service within the hospital. Careful collaboration has resulted in clear guidelines and robust checks to ensure the high standard of volunteering is maintained.

To date, Noah's Star has provided over 50 volunteers to play with siblings of babies who are residing on our neonatal unit, this provides parents with an opportunity to give their time and attention to their babies in the knowledge that their older children are being cared for. This has had a big impact on parents, who describe the relief at not having to feel guilty about spending enough time with one or other of their children. This service has expanded in the last 12 months, offering more activities and support and reaching in excess of 700 children.

Impact

We now have a team of team of 50 plus volunteers.

We calculate that 3100 hours of support time have been given given at BWH NICU (we do also now support Ronald McDonald House and New Cross Hospital but we record those hours separately).

We calculate that 745 siblings have been looked after by volunteers from Noah's Star at BWH.

A new 'Stay and Play' group started monthly from November 2019 for families who have been discharged – 78 families have attended this so far.

Some quotes from families who have been supported by Noah's Star: *"This is an amazing team helping and supporting me through such a difficult time"; "My little one was only on the NNU for 48 hours but the kindness of Noah's Star and help was lovely, thank you to the lady who took the first picture of my baby for me and looked after my daughter in the creche"; "Brilliant service"; "Noah's star have been amazing for our 4 year old during our NICU journey, it really takes the pressure off entertaining a young child at your baby's bedside, I can't recommend or praise the volunteers enough – thank you"; "Kind and reliable people who help and care when needed – you all do an amazing job"; "I never knew such a service existed but it is invaluable and one I would scream from the rooftops about now - a great asset to the neonatal unit"*

What Makes Us Special?

Vision – this was the vision of one mother who was determined to help others through the story of her own journey. Dedication – the number of families served and the expansion of the project demonstrates the needs that existed, that our now being met through a dedicated group of specialist volunteers. Wider benefits – families often sacrifice their own lives to ensure the best possible outcome for their children. This project demonstrates the needs of the whole family and ensures that sibling's needs are prioritised safely without the family feeling guilty. Ability to replicate – There must be many more specialist needs across the healthcare system. There are often charities or support groups set up to address the needs of patients. This project encourages a wider scope of the difficulties caused by serious illness.

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Birmingham Women's and Children's NHS Foundation Trust

Young Adult Volunteering

Category

Strengthening the Foundation

Organisation

See previous entries

Summary

The most complex and ambitious of all our volunteer programmes, the structure of the Young Adult Volunteer (YAV) programme is designed to give volunteers a real insight into the working environment of the NHS, with significant opportunities for personal development. With a strong focus on widening participation, our YAV programme's strategic aims are to raise participants' aspirations, encouraging greater volunteer diversity and to engender a lifetime commitment to social action. YAVs undertake 72 hours of volunteering, completing a varied programme of volunteer activities improving the patient and staff experiences. Activities may include Ward/Clinic Support, Welcoming/Wayfinding, project support, administering surveys - depending on their programme and the needs of the Trust and its individual Wards, areas and services. YAVs have been instrumental in growing our capacity for 'core' volunteering services - by adding YAVs into the Welcoming and Wayfinding rotas, we were able to cover 50% of all available hours during 2018/19. Using this format has brought increased service resilience by ensuring volunteers have experienced different aspects of the whole hospital's operation. Volunteer population is now closer in age to service user population in our Children's Hospital, is a huge benefit.

Impact

The well-known patient benefits afforded by individual volunteers of any age include reduced feelings of loneliness, isolation and stress (eg: Ward Hosts, Care Cart), increased engagement and well-being (eg: Play, Breastfeeding, Nurturing), and greater levels of comfort and efficiency within the hospital environment (eg: Meet and Greet, Wayfinding). The additional benefits of Young Adult Volunteers, aged 16-25, are that patients can interact with people much closer in age and life experiences to them. YAVs also bring a freshness and enthusiasm to the volunteer force: *"He was a great help volunteering to support improvements in the food provided to inpatients at Parkview Clinic [Forward Thinking Birmingham]. ... He was really helpful in chatting to the patients and engaged them in a way we would find hard to do, being much older than them."* Sodexo Catering Services Manager. In both years, the YAV programme has been oversubscribed. 102 against a target of 100 at the 9-month mark during year 2. In August 2019, we recruited our 250th YAV. Young Adult Volunteers have now been integrated into the Service's core offer and form nearly 50% of the volunteer team at BCH. *"The volunteers played with my daughter ... I couldn't believe they were 17 and 18.... They were really patient and took time with her. They were super-positive about their volunteering experience, and how it will help them in the future. ... I've been with my daughter 24/7 since we arrived, and I had 5 minutes stress-free to myself while the volunteers played with her.... they are the best volunteers of the ward"*. Mother, about YAV Volunteers (aged 17 & 18). YAVs currently account for around 28% of the total volunteer force at BWC and 46% of the volunteer force at BCH.

What Makes Us Special?

Meaningful opportunities for young people have helped to raise the Trust's profile within the sector and among volunteer applicants. An additional and significant benefit, especially with respect to diversifying the applicant pool for Trust jobs, is the enhanced understanding and appreciation of the NHS and its career paths.

"What a shift! The staff were incredible ... I heard of a parent that had received some bad news which was difficult to hear but I think in turn that made me realise how amazing the staff are and how much I want to be a part of the NHS. I can't thank you enough for this opportunity it has been phenomenal." Katy (aged 18)

The YAV programme provides a useful tool in workforce preparation and diversification at a time when recruitment is a focal point. For instance, an ongoing exit survey shows the positive impact of volunteering on YAVs' understanding of the world of work, revealing that, after volunteering: □ 62% are more aware of the diversity of careers in the NHS; □ 73% are more aware of the personal qualities and skills that would be needed to pursue an NHS career. Through various local and national networks, we are able to liaise with other organisations, NHS Trusts and healthcare providers.

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**Birmingham Women's
and Children's**
NHS Foundation Trust



Blackpool Teaching Hospitals NHS Foundation Trust

Patient Cancer Care Improvement (PCCI) Group

Category

CPES Award



**Blackpool Teaching
Hospitals**

NHS Foundation Trust

Organisation

Blackpool Teaching Hospitals is situated on the west coast of Lancashire and operates within a regional health economy catchment area that spans Lancashire and South Cumbria, supporting a population of 1.6 million. The trust provides inpatient, day care and outpatient services for people affected by cancer and hosts a Macmillan Cancer information and Support Service where patients and their loved ones can receive free information and support from a dedicated team of Macmillan Professionals.

Summary

Our Nominee for this category are the Patient Cancer Care Improvement group which was established in 2015 and supported in its set up establishment by the both CCG and acute Trust and from 2017 supported by the Macmillan Funded service user engagement lead. This initiative deserves recognition to promote how involving patients in service design and delivery has seen measurable improvements in patient experience and CPES results. The varied and challenging demographics across the Fylde coast led the team to think outside of the box and look at integrated ways of working to ensure the sustainability of the work beyond Macmillan service user involvement project funding. Fundamental to this has been empowering service users to lead on co-productive events. This initiative is a key example of how different ways of working have improved outcomes and ensured sustainability for the future.

Impact

The PCCI group have made a significant difference to service improvements across the Fylde Coast as per co-production and patient-led examples below:

- Evolving PCCI group and work programme with involvement in commissioned work, peer review, members sitting on other groups eg personalised care, Cancer Alliance
- Patient led conference- agenda attached
- Supporting and prioritising improvements from NCPES 2018/19
- Development and support in design programmes for patients, for example Gardening groups, Craft groups, singing groups and a walking group with walk leaders developed from group.
- With cancer I can calendar - patient led idea
- Transport directory developed solely by patients
- Engaging with community / support groups to promote the group and its work -,recent supported the rotary club to fund the next 2 years of cancer health and well-being events
- Involved in NHSE Always event project – to co-produce an information prescription for urological cancers
- Recently nominated for Trust volunteer of the year awards
- Speaking at and supporting events, video resources have supported Trust groups and many already involved in support groups and other groups

What Makes Us Special?

This nomination has been made in loving memory of a long standing member Karen Woods - “a true patient partner” (rest in peace 28/01/2020). Karen will remain in the hearts and minds of all we do across Fylde Coast Cancer Service - she stood for all we are developing and never stopped until the end. Her independent Cancer Charity "Community Cancer Hub" was formed to provide a local place for people affected by cancer to go across the Fylde Coast and in her last days she has continued to work to ensure this is firmly secured in its future. The Hub is planning on opening in May 2020.

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Cambridge University Hospitals Foundation Trust

ACTIVE (the Children and Young People's Board)

Category

Engaging and Championing the Public



Organisation

The main organisation is Addenbrooke's Hospital – a major part of . Addenbrooke's is located in Cambridge, Cambridgeshire, with circa 10,000 staff – being one of the top five Teaching Hospitals in the UK. <https://www.cuh.nhs.uk/childrens-services/active-our-children-and-young-people%E2%80%99s-board>

Summary

ACTIVE is the children and young people's board at CUH. Active aims to improve child patient experience at CUH. "The key idea behind ACTIVE is that no one knows what a child wants/needs better than a child." (Zoe, ACTIVE leadership aged 16). Members (aged 8-18) enjoy making a difference for children in hospital through careful self-leadership facilitated by the Active co-ordinator. Our Children and Young People (CYP) focus on: • having an voice by sharing ideas and working on projects to bring them to life, for example a recent project to welcome and direct children around the hospital with a child friendly poster and map followed ideas to welcome children to the hospital in a more child friendly way. • working in collaboration with staff and learning about their jobs and inputting on their service development projects • developing their skills through new challenges – such as presenting to the Board of Governors. The group has changed and evolved during the time it has been working with consistently a great engagement from young people in the local communities of Cambridge and the surrounding villages. ACTIVE is routinely approached by Childrens' Services Units across the UK, who've heard of its work from events or perhaps seen the resources on the Mefirst.org.uk website. <https://www.mefirst.org.uk/resource/what-makes-an-ideal-nurse-a-teen-and-childrens-perspective/>; <https://www.mefirst.org.uk/?s=teens+in+hospital>

The 'Teens in Hospital' 2013 project still attracts attention from across the national Children's Services Sector. In essence ACTIVE aims to improve the child and young person hospital experience through the creativity and energy of our children and young people! We are a - Children and young people's board that makes a difference!

Impact

The young people of ACTIVE want to make a difference and do! Active is thriving with quality child and young person (CYP) engagement as evidenced by the the members who are aged 8-18 years who come from the local community to voice their opinions and work on projects. We have on average 15 young people at each whole group meeting and excellent support from CYP for project meetings, community events and planning sessions. Group focus has been on engagement of staff and new members, development and celebration of projects to improve child patient experience and further collaboration with partners. Improving transition to adult services for teen patients has been a focus for the group recently following members raising this as an issue, working on themes and then sharing these with staff. We have recently evaluated the new transition to adult care patient information leaflets. Staff regularly consult with the group for improvements in their clinical environments. We collaborated on a meeting at Angela Ruskin University in March with students and staff to progress a variety of improvements including a child friendly outpatient survey and leaflets for coming to hospital and 'What makes an Ideal Nurse' a child and teens perspective. Active has recently been considered the needs of the bed bound child and this has resulted in a series of actions and recommendations that are being actioned by members and staff.

What Makes Us Special?

We are children and young people. Some are or were patients. Some are thinking about a medical career. ALL want to make a difference. This Initiative stands out because - "The key idea behind ACTIVE is that no one knows what a child wants/needs better than a child." Zoe, ACTIVE leadership aged 16

Our Members (aged 8-18) enjoy: • making a difference for children in hospital; • having an input by sharing ideas and working on projects to bring them to life; • visiting the hospital to learn how things work; • working with staff and learning about their jobs; • developing their personalities through new challenges; • socialising, playing games and making new friends; • being as involved as they wish

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Cambridge University Hospitals NHS Foundation Trust

Developing a Shared Service Culture Book



Category

Staff Engagement/ Improving Staff Experience

Organisation

Cambridge University Hospitals NHS Foundation Trust (CUH) is one of the largest hospital trusts in the country. It comprises Addenbrooke's Hospital, providing a wide range of general and specialist acute services, and The Rosie Hospital, offering women's services and maternity care. We provide general acute care for the people of Cambridge and the surrounding area; we are the East of England regional centre for major trauma, genomic sequencing, rare diseases and other specialisms; and we are a leading national centre for specialist treatment of rare or complex conditions. CUH employs over 10,000 members of staff and has annual turnover of around £850m. We are rated as 'Good' overall by the Care Quality Commission, with ratings of 'Outstanding' for the domains of Caring and Well-Led. Our End of Life Care services are also rated as 'Outstanding'.

Summary

Our service received positive patient feedback, however we found that there was a lack of engagement with perceived "little" jobs and "unnecessary" competences. We have increased the engagement of staff within the Paediatric Recovery and Day Surgery team, by developing a culture of two-way trust by aligning values and strengthening workplace culture. By using examples from retail (Pike Place Fish Market) and industry (Zappos), the proposal and ideas were communicated effectively to the team. The service leaders served as supportive and credible role models, and by relinquishing control have created empowering attitudes, encouraged innovation and commitment to quality of care. The team goals are reviewed monthly at departmental team meetings, then progress is discussed at the weekly "mini-meeting" to continue to drive us forward, ensure focus and that improvements are sustained. The values are to be reviewed annually to ensure their validity. This work has been presented trust wide and can be adopted by all teams regardless of the focus of the work.

Impact

We have received 100% in our safety audit checks for the last four months, prior to this the scores were in the high 90's, which although good, is not acceptable for safety checks. Within Paediatric Recovery, patient feedback has increased from 1-3 FFT survey responses per month, to 15-29 per month, and we continue to achieve a 100% recommender score. One action was to collect feedback for our day surgery ward (previously unrecorded) and in September 2019 we achieved a 100% FFT response rate. We have 0 Vacancies. Up until this point, the lowest vacancy rate we had over recent years was 20% of Band 5 Staff Nurses. To date, we have made 43 improvements to our service. Some have been "small", some larger. Some examples of these changes are: 1. Changing the structure of morning handover, to incorporate a safety huddle style, rather than a simple list of patients and procedures. 2. Creating a crib sheets to support staff during pre-operative visits. 3. Adding reflection into 1:1 meetings. 4. Restructuring the learning opportunities to learners. 5. Developing a Braille Bravery Certificate. Action plan available for other example of our achievements.

What Makes Us Special?

We have taken our Trust's values and priorities, then used these and asked the whole team to develop our focus and prioritise how our service will evolve. Throughout this journey, it was important that the team culture book did not undermine the Trust values. I feel that they add a depth, rather than detracting away from them.

This project aimed to improve staff engagement and service ownership, unleashing the potential of the whole team to adjust and adapt rather than using a typical bureaucratic, top-down approach to service improvement. In this instance the role of the leader is to create an environment and conditions necessary for transformation, not create the innovation itself. It was important that the changes came from the team, as by enabling behaviours and creating opportunities, transformation is naturally developed.

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PEN National Awards 2019

Re:thinking the experience

Cardiff and Vale University Health Board

Cardiff and Vale (CaV) – Central and Visible: A Team – Together Everyone Achieves More

Category

Team of the Year

Organisation

Cardiff and Vale University Health Board



GIG
CYMRU
NHS
WALES

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



About Nominee

The Team has a corporate responsibility supporting all Clinical Boards within Cardiff and Vale University Health Board. The services I manage consist of Bereavement, Patient Feedback, Chaplaincy, Information and Support, Carer Support, Voluntary Services, Concerns and PALS. We have in place a 3 year framework which outlines our commitment to demonstrate and measure patient experience through a variety of methods including real time, proactive, retrospective and balancing. During the last 12 months the structure of the team has been strengthened through relocation of staff and services enabling a closer working relationship and a better understanding of how each role can support each other's agenda's. This has ensured better communication enabling us to transfer patient feedback into service improvement. The team is also working with the Improvement and Implementation Team on a variety of projects. We have developed a team logo so that we are easily identifiable and launched a team Twitter account. This has increased awareness of our roles and how we can support not only patients and their carers but also staff.

At Work

The team are working collaboratively and effectively and always putting the patient at the centre. They embed the values of the Health Board creating positive relationships both internally and externally through partnership working with colleagues, the Third Sector, Local Authorities and the Education Sector. This creates an environment where feedback and concerns are seen as tools for improvement allowing an open and honest dialogue with patients, carers and staff. Recently the team has increased the promotion of the support it can provide which has included setting up a team-wide Twitter account with a comprehensive communications strategy and having a visible presence online and in the Information and Support Centres. The team is regularly requested to be part of hospital wide development programmes such as the Health and Wellbeing Centres and more recently the development of a Dementia Friendly space within the Hospital. One of my main priorities was to bring the Patient Experience and Concerns team's together, under the Patient Experience umbrella, ensuring a streamlined approach in delivering our services. All members of the team have embraced this proactive approach and different way of working with enthusiasm and professionalism. This has helped to ensure that the patient and their voice are always at the heart of the organisation and service development. In the Annual Quality Statement the work of the Patient Experience Team was highlighted throughout. We regularly meet as a team to generate and discuss new ideas, which has helped the team become more innovative in developing solutions such as the Chatter Corner to help alleviate loneliness and isolation. We have introduced an initiative working with local authorities to allow families to collect all necessary documentation and register a death on site, offering a seamless service for the bereaved. This open forum to share ideas has created a working environment where any member of the team can ask for support with an issue or suggest new initiatives.

Summary

Patient, visitor and staff experience is central to all that we do as a team. We are motivated and dedicated to ensuring everybody who comes into the hospital has the best experience possible. We are passionate about ensuring patients voices are heard whether that be through involvement with patients in, feedback, new initiatives or via the learning gained from our complaints process. I am very proud to manage a team that not only support patients, carers, staff but also each other. As Sibley et al (2018) stated "*only when patients are fully engaged in shaping policy, developing services and promoting good practice will they be true partners in the therapeutic process*". As a team we strive to listen and learn, to triangulate all possible feedback to improve our patients, staff and carers experience.

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Cardiff and Vale University Health Board

Young Carers in Schools Award

Category

Integration and Continuity of Care



GIG
CYMRU
NHS
WALES

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

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 complex and multifaceted as we care for not only acute patients but also those under Mental Health and Primary Care, as well as tertiary services. The Health Board services the population of and works closely with two local authorities. Carers Trust South East Wales is the largest charity for carers in Wales, providing practical services for unpaid carers and people with care needs across South East Wales. In 2011 the national census identified 1,579 young carers within the Cardiff and Vale of Glamorgan, however, this number is an underestimation of the numbers of young carers when compared with other surveys of school children across the UK.

Summary

Young carers' play a huge part in support provision but it is estimated that only half have a particular person in school who recognises their role and helps them. Many young carers feel there is a stigma attached to their role, highlighted by 68% reporting having been bullied in school. Therefore initiatives put in place to identify young carers early is beneficial to their educational and future outcomes. The initiative was commissioned through strong partnership working between Health, Local Authorities, the Third Sector, and based on what our young carers have told us. Through raising awareness of young carers within schools we can support them before they reach crisis, and also educate their fellow students to be more mindful of the challenges they face. Successful outcomes have been an increase in the numbers of young carers identified and full engagement of staff and students. The transferability of this initiative is highlighted through the Carer Friendly Award in Health, Social Care and Third Sector settings, which was developed from this work. Sustainability is paramount supported by its main aim to help both staff & students to understand, inform, identify, listen & support young carers in school.

Impact

Since it began in 2016 the number of schools participating has increase year on year. In Cardiff 61% of the secondary schools are participating and 75% in the Vale of Glamorgan. The programme has seen a dramatic rise in the numbers of young people identified, in schools as carers, from the baseline audit in 2017. In addition to date 12 secondary schools across Cardiff and The Vale of Glamorgan have passed The Basics level of the accreditation and 3 have achieved the Beyond The Basics level. "The work we have put into school has already highlighted four other young carers that are transferring to us in September. We can now put some support in place all ready for them to have a smooth start to 'big school'." Carers Lead, Radyr High School. The initiative has also given a voice to young carers in their school, many of whom had not previously identified themselves to the school as carers, and built their confidence. *"Being part of the panel has given me a new found confidence in my knowledge as a young carer – so much so that it has pushed me to consider becoming a Young Carers ambassador for my school"* Young Carers, Carers Trust South East Wales Carers Panel

What Makes Us Special?

Strong partnership working between the organisations involved and the young carers themselves has meant that we have developed an initiative that is sustainable and transferable across sectors and ages. This has allowed us and others to reach carers in aspects of their lives we normally wouldn't have been able to. Working in Partnership has allowed us to pool not only our resources but also our experience and expertise to support young carers in a setting that is most relevant to them. More importantly young carers are at the heart of this initiative they have been involved from the outset from identifying a need for the initiative through to their involvement in assessing and awarding the schools.

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Central Cheshire Integrated Care Partnership**Identifying the Unwell Child in the Community Settings****Category**

Using Insight for Improvement

**Central Cheshire
Integrated Care Partnership****Organisation**

Central Cheshire Integrated Care Partnership (CCICP) brings together three organisations that aim to transform, develop and deliver community health care services that are focussed on delivering high quality, safe care in the right place at the right time. CCICP is a 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 29 local GP practices. It was first developed in 2016. More recently, CCICP has aligned its services into different geographical locations creating Care Community Hubs.

Summary

Following a CQC visit in April 2018, it was identified that staff needed to be more skilled in the identification of unwell children within community settings – particularly in regards to the potential symptoms of Sepsis. The Standard Operating Procedure was completed in December 2018, and agreed formally at Integrated Governance. The SOP was developed in line with pathways provided by the UK Sepsis Trust to ensure consistency. There are 3 pathways - <5 years of age, 5-11 years of age, and 12+ years of age. To launch the SOP, all paediatric staff based in Community settings have received training around the embedded pathways. This training has been delivered by the APNP & Paediatric Service Manager, and is scheduled to be delivered on an annual basis. Any Community staff completing visits have received their own thermometer as part of the screening tool, and have copies of the pathways to easily refer to, as well as cards to hand out to parents and carers to alert of potential signs and symptoms of sepsis. Staff have access to an 'Identification of the Unwell child' Clinic Box.

Impact

One of the most significant impact of the implementation of the SOP is the confidence that the teams now have in regards to managing children that may potentially present with symptoms of being unwell. Although previously aware of the dangers of Sepsis, specifically in nursing teams, the training and implementation of this SOP, has significantly increased the knowledge and awareness that, particularly therapies, teams have. To be able to provide them with a thermometer as part of the screening tool has further increased confidence. The paediatrics staff can also play a key role in the education of parents, carers and children/young people by being able to potentially identify the signs of an unwell child. Staff should now be equipped to discuss this with all involved in the child's care, highlight areas of concern, and signpost/refer on as appropriate. There have been 2 recent patient incidents that have been managed by the paediatric Nursing teams, where potential signs of Sepsis have been identified, and the pathways have been followed to ensure the correct care was given. The outcomes for the children in both instances have been positive. They received the assessment and treatment early and did not further deteriorate. The feedback provided to clinicians by Paramedics and Acute Trust staff was extremely positive, and demonstrated that the pathways worked effectively. Through education of parents and carers by highlighting signs and symptoms of the unwell child, we can also ensure that they are aware of these signs and symptoms in any future instances. This means the child or young person accesses the right care at the right time.

What Makes Us Special?

From speaking to the Sepsis lead for CCICP, It would appear that this kind of initiative is rare. Being able to provide staff with information and equipment to recognise signs and symptoms of the deteriorating child ensures rapid access to the appropriate services following early intervention. All evidence base highlights the importance of early intervention and escalation, as well as promoting education of the awareness of the symptoms of sepsis to families. The buy in from staff, and the understanding of the importance of an initiative like this has significantly contributed to its success. The service has managed to significantly increase awareness and educate staff to a level that they feel able to manage a situation. As indicated above, the SOP is easily transferable, as it uses the underpinning evidence from the UK Sepsis Trust. As such it can be replicated in different NHS Trusts locally and across the country if there isn't anything in place.

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Chesterfield Royal Hospital NHS Foundation Trust

Haematology Nursing Team

Category

The Fiona Littledale Award

Organisation

Chesterfield Royal Hospital

About Nominee

As a specialist haematology nurses we recognised that some of our patients were really struggling with a haematological diagnosis. The main concern that we had was that they did not have the opportunity to talk about any fears/concerns for the future, many of our patients became ill quickly and treatment could change suddenly to become supportive /palliative in focus. As a team it was decided that the way forward was to form a haematology support group; there were no local support groups for haematological patients. The group quickly evolved, when we looked at the aim of the group it was decided (by the whole group) that it made more sense to capture people when they were relatively well to ensure support networks were in place early and to open it up to all haematology conditions. Emphasis was directed at giving information via guest speakers on aspects of treatment which included talks from the blood transfusion team, chemotherapy staff on side effects, pharmacists and a talk from our clinical psychologist on coping with uncertainty and or receiving a new diagnosis. These sessions were planned for the first 30 minutes of the meeting; the rest of the time was a chance to talk to other people and also to speak to the nursing team about any concerns. The nursing team got to know the patients out of the clinical environment to learn more about the patients and families as individuals and to look at their needs holistically. The Group is continually evolving and as a result of having time to spend with patients we have now also started a "Haematology Buddy Service ". This service developed due to people wanting to talk to others with the same condition and to share experiences and has helped many of our patients who have had to make decisions regarding autologous stem cell transplants. We now have a database of patients and a record of their treatment and condition with signed consent that have registered to be potential a buddy. Additional disease specific support groups are also being discussed, these will be patient led with support from the haematology nursing team & came about as a result of guest speakers such as Myeloma UK and bloodwise. Our original support group & buddy service will continue to run alongside these disease specific groups & offer additional support.

At Work

The Team has been developing over many years; our Lead Clinical Nurse Specialist has been leading the service for over 10 years and originally was a lone nurse. Over the years she has been able to evidence the benefit of clinical Nurse specialists in Haematology and has been able to get funding for an extra two Clinical Nurse Specialists and then more recently an addition of two Cancer Support Workers. The team are extremely proactive and are constantly looking at innovative ways to develop the service such as prescribing blood products, completing bone marrow procedures independently and vast delivery of nurse led clinics. The stand-out feature of this team is that they are also always looking at ways to develop the support and quality aspects of a clinical nurse specialist role. They do not lose sight of what people need in terms of support and that is how they have developed the support group and buddy scheme which we are nominating ourselves for.

Summary

As we have described above the team is innovative and dynamic with a constant focus of improving services in line with what patients are asking for. The patient feedback and local experience surveys we receive are compelling and demonstrate the support and excellent service we provide. We were able to really identify the gap in support because we listened and involved our patients which have led to the support group. We then worked collaboratively with the group and as described this has developed the group into a more inclusive group with also a separate stream for the buddy service. It can be difficult to set up services such as buddy and support groups as NHS resources are often in demand for clinical services however we must always ensure we are offering a service to meet the patients' needs and this is what we have developed. This work may really help other cancer nursing teams demonstrate the importance of the valuable softer skills of a cancer clinical nurse specialist.

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**Chesterfield
Royal Hospital**
NHS Foundation Trust

Childrens Unit, Whiston Hospital

Tracy McNeill

Category

Patient Experience Transformer of the Future

Organisation

Childrens Unit, Whiston Hospital

About Nominee

Tracy is a nurse and recently completed the MSc Advanced Paediatric and Neonatal Practice at Liverpool John Moores University as a part-time student. Whilst on the course Tracy was working in children's services at Whiston Hospital. I have not included the organisations logo and a photograph at this stage as I am nominating as a third party and do not have consent at this stage. If shortlisted, I am sure that Tracy would be able to supply.

At Work

Tracy was working at nurse at Whiston Hospital as a student whilst a part-time student on the MSc Advanced Paediatric and Neonatal Practice. She was interested to find out if infants referred to the acute hospital service with prolonged neonatal jaundice received the gold standard of care, including investigations recommended by NICE. This included establishing whether the babies needed admission to hospital for urine sampling, or whether an alternative way of managing the babies without the risks and costs associated with hospital ward admission could be considered. She wanted to improve the experience of parents and their babies. Tracy's initial scoping of the literature led to an extensive systematised literature review. This yielded conflicting research articles; however, one of the main findings from the UK studies was that urine culture collection had been stopped in one trust, as rates of infection were non-existent. The researchers in that trust were confident enough that if an infant had a true urinary tract infection it would be picked upon the basis of symptoms, as healthcare professionals are regularly assessing newborn infants. This justified not admitting babies to hospital solely for collecting urine samples, thereby reducing the risk of hospital-acquired infection, stress, and inconvenience for the families involved. Tracy also conducted a systematic audit of local services for newborns with prolonged neonatal jaundice using NICE standards as a baseline. The conclusions drawn from the audit were that gaps in care did exist in relation to the investigation of prolonged jaundice and the follow up. They included families not being asked the correct questions when health professionals were taking histories, incorrect or incomplete investigations being undertaken and results not being followed up and required repeat samples not being obtained. Tracy's project highlighted that a change in practice would be a beneficial to both infants and their parents and the local trust. The project was presented at the local trusts audit meeting. Recommendations:

- Implement an inclusive prolonged jaundice pathway with a full list of questions to be asked and an investigation flow chart.
- A named clinician to be responsible for the referral and investigation of these infants to ensure that episodes of care are complete and followed up in a timely manner.
- Re-audit 1 year after implementation of changes.
- A further audit will be undertaken over approx 5 yrs assessing urine culture results in the local trust.

Implementation of the new pathway will free up acute beds and improve the experience of care for infants and their families within the trust, whilst maintaining the gold standard of care for neonates with prolonged jaundice. A new Neonatal Jaundice Clinic is to be established early in 2020, with Tracy taking the lead now she is an APNP.

Summary

Tracy conducted her dissertation as a student and graduated in November 2018, yet has already acted as an agent of change within her trust. Her project is well researched and carefully and systematically implemented and has the potential to have a significant impact on the experience of, and outcomes for babies and parents who attend the hospital for investigation of prolonged neonatal jaundice. It will reduce the risks to newborns associated with unnecessary hospital ward admission, as they will be seen in clinic instead. This will also free up beds for other children and save costs to the trust.

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Cinapsis

Cinapsis SmartReferrals

Category

Innovative Use of Technology/Social/Digital Media



Organisation

Cinapsis is a technology organisation that is based in Westminster, London. We were founded in 2016 and our team is formed of 5 people. Cinapsis SmartReferrals is a data and communications platform for hospitals, integrated care systems and primary care networks. We have been live in Gloucestershire ICS (formed of Gloucestershire CCG and Gloucestershire Hospitals NHS Foundation Trust) since December 2018.

Summary

Cinapsis SmartReferrals is a data and communications platform for hospitals, integrated care systems and primary care networks. The web and mobile app platform enables community clinicians to request advice about patients from specialists at the time that the patient first requests medical advice in a secure way. The platform is currently being used across emergency and planned care in order to: • help decrease the number of admissions in the A&E department coming from primary care; • allow patients to start benefiting from specialist care without having to travel to hospital or wait for an appointment when they are referred into a specialist service; • help commissioners and top management of hospitals to use triage and referral data to design the delivery, location and manning of specialist healthcare services. This allows them to save money and make sure that patient waiting time targets are met. Cinapsis SmartReferrals has been live for over a year in Gloucestershire ICS, which commissioned it to be used in Gloucs Hospitals NHSFT across Acute Medicine, Paediatrics, Respiratory, Dermatology, Frailty, Trauma & Orthopaedics, with more services coming on board. Onboarding is quick and pathways are customisable by consultants in line with national guidelines and local resource availability.

Impact

Acute and Emergency Care and Paediatrics - 23 clinical pathways were identified for acute medicine, and the platform was made available across 74 practices within less than a year. All calls placed from primary care clinicians were automatically diverted to the on-call consultant in the acute medicine department. A number of innovations were developed based on user feedback, including a “first-on-call” rostering system for specialists, parallel calling, call recording, sharing of cases between team members, and integration with the primary care patient record. In addition, outcome data were captured and cross referenced against referring clinician, GP Practice, and pathway. Within 12 month of deployment, Cinapsis SmartReferrals enabled the Integrated Care System to realise a reduction in the number of patients referred into the Emergency Department by 78%. 30% of referrals were now managed in primary care with significant increased use of ambulatory care services.

Dermatology - The Cinapsis SmartReferrals app allows GPs and nurses to use their mobile phone to capture images in a quick and secure way. Prior to Cinapsis, only 10% of 2-week wait referrals had an image attached. Now, 100% of cases are complete with images and clinical information. Also, consultants are working remotely for the first time and are completing Advice & Guidance cases in minutes or hours rather than days. GPs get notified when a response is complete, 70% of patients are managed without a face-to-face outpatient referral.

What Makes Us Special?

What makes Cinapsis SmartReferrals stand out is captured in testimonials from our clients:

“The portability of Cinapsis is one of the things that we were impressed by - we can actually see patients and not be stuck working at the desk.” Dr C Custard, Consultant in General Medicine; *“It’s made a huge difference from a rural practice point of view and we really benefit from and value the service provided by Cinapsis.”* Dr H Furn Davies, GP, Mann Cottage Surgery; *“Cinapsis is not only quick, it also sorts out image compression, GDPR and helps with audit.”*; Dr A Gwynn, GP Board Member Gloucs CCG. *“Cinapsis is a pleasure to use: it’s all in one and laid out really simply. I find it much quicker and simpler than the painful process of Advice and Guidance in e-RS.”* Dr T Millard, Consultant Dermatologist; *“The responsiveness to clinician feedback is second to none with suggested development improvements sometimes implemented within days.”* Dr T Kus, Consultant Paediatrician; *“Cinapsis is very intuitive and easy to use!”* Dr C Whybrew, GP, Stoke Road Surgery

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County Durham and Darlington NHS Foundation Trust

CDDFT Cancer Patient Experience Programme



Category

CPES Award

Organisation

County Durham and Darlington NHS Foundation Trust (CDDFT) comprises two acute hospitals, six community hospitals and 80 community sites including outreach services, serving a population of over 650,000. We employ over 8000 staff. CDDFT is a designated Cancer Unit and we have approximately 3,900 new cancer cases diagnosed per year (CRUK, 2019). The Trust provides services to three CCGs: Darlington, North Durham and Durham, Dales Easington and Sedgefield (DDES) and additionally to some patients in Sunderland and North Yorkshire. As more people survive a cancer diagnosis the physical and emotional needs of patients are increasing. Services provided by the staff and volunteers are pivotal. It is essential that we listen to the experience our patients in our care have and how we can continually look to improve this.

Summary

The 2018 National Cancer Patient Experience Survey (NCPES) results for County Durham and Darlington Foundation Trust (CDDFT) triggered engagement in the NCPES Improvement Collaborative (IC) to address 1 of the 3 questions that scored below the national expected range. A committed steering group were formed, led by the Macmillan Lead Cancer Nurse, to undertake the 90 day cycle of improvement. The IC process was challenging but the learning from the programme was invaluable. The success was not only measured on the detail of information we gained about what, when and how our patients want to receive support and information but also how better to support our staff to deliver this. Sustainability and structure of gathering more standardised and timely feedback was discussed at each meeting point and the 5 for 5 project evolved out of the learning and discussions. Having an iterative and achievable rolling programme of cancer patient experience feedback underpinned by a co-production group and digital platform could be applied and adapted to any organisation.

Impact

Data was input to the SPC tool provided to CDDFT by the Improvement Collaborative national team. Due to the difference in the number of responses collected each week, the data has been presented as a percentage rather than unique numbers. The number of responses obtained each week varied based on a number of different factors including: • winter pressures which meant that staff had limited capacity to undertake completion of the surveys; • being unable to identify enough patients on the wards that were well enough to take part; • decreased willingness of both staff and patients to repeat completion of the questionnaire. CDDFT also collected and analysed qualitative data to support an improved understanding of patient and staff needs in relation to the provision of financial support and advice. A copy of both the staff and patient survey are included as an attachment. The data obtained from the survey provided excellent insight into why patients within CDDFT had scored lower than the national average on the NCPES question about the provision of financial advice and support. The learning will be used to inform future action planning to raise awareness amongst the staff and volunteer workforce about how to support patients who may have financial concerns. It has also helped the IC team to understand when, where and how the information should be provided to patients, which will help the delivery of appropriate and timely support to them in the future. Poster and animation video available.

What Makes Us Special?

This initiative focuses solely on the experience of cancer patients and the subsequent roll out of the 5 for 5 project will standardise the patient experience each tumour group gathers on a rolling basis. This will allow for timely intervention where required and will ease the burden on each CNS team to manage their own patient feedback data collection. The digitalisation and project style of the process during the first year will allow for regular PDSA cycles and a sustainable methodology. The steering group will withdraw once the co-production group is well established. The NCPES results should validate the findings of the initiative and findings will be triangulated with what we already know & other data we collect from our patients and staff. The steering group, delivery team engagement and passion for improving the patient experience in CDDFT has been integral to its success.

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East London NHS Foundation Trust

Service User Led Accreditation Programme

Category

Measuring, Reporting and Acting & Using Insight for Improvement



East London
NHS Foundation Trust

Organisation

Originally formed in 2000, ELFT is a centre of excellence for mental health care, innovation and improvement. Our ambition is to make a positive difference by providing people with mental and community health care services that support their recovery, and help them to achieve the most fulfilling lives possible. Our patients' needs matter most and we are constantly working to improve our support for all who use and have contact with our services. Our 5,500 staff, the heart of our operation, provide £390m worth of services from over 100 community and inpatient sites. Our population totals around 750,000 and we are proud to serve one of the most culturally diverse parts of the UK. In Bedfordshire and Luton, we are now responsible for a further 630,000 people's mental health and community health (Bedfordshire only) care needs.

Summary

ELFT puts the Service User at the heart of what we do, we have a passion for involving our Service Users and Carers in their care, and in the development of our services. By working collaboratively, the Quality Assurance Team and People Participation Teams, service users and carers have developed a pioneering programme to recognise excellence, support improvement in patient experience and develop key makers of quality that matter most to our Service Users. In 2014, ELFT benefited from having Service Users/Carers carry out audits on standards that they had developed themselves. After a 4-year run, it was reviewed, and it was decided to try something new. This is where the Service User Led Accreditation assessments were born. The Trust wanted to understand exactly what the service user/Carers needed from the Trust, what was most important for them when receiving care from our services, which meant involving Service Users from the outset by Service Users/Carers. Service Users, Carers and Staff have led from the front, shaped the standards and processes to ensure the system is accessible, transparent, built around the needs of patients and engaging for Staff.

Impact

The impact has been phenomenal. Teams are keen to put themselves forward to be assessed, along with SU's who are central to leading the process across the Trust. They are all proud of their results and the improvements that can be made within their service. Not every team meets all the standards and they are encouraged to complete an action planning template to demonstrate their commitment to quality improvement. All the 24 standards are measured on a scale of 'MET', 'PARTIALLY MET' or 'NOT MET'. A score is then calculated using specifically developed algorithm and the award considered by the committee. Over the last nine months, an incredible 72 teams have joined the project and it has successfully awarded 19 Gold, 8 Silver and 7 Bronze awards. In addition, 4 teams have not been accredited and 22 teams have just started their assessments in January 2020. Since April 2019 we have trained over 60 Service Users as Assessors and Lead Assessors who are now able to confidently assess our clinical services and write up quality reports for the accreditation panel. We aim to further strengthen the confidence of Service Users as part of their recovery. *"You did not put the limit of how much we can do, and how good we can become"* - Trained service User. *"The training process was easy; the trainers were well informed and spoke calmly and nicely and on point. The atmosphere was very relaxed, and everyone seemed happy to contribute. Well done trainers! It was a great experience. I'm happy to join the team"* - Trained service User. *"The Service Users who conducted the assessment were very friendly. They ensured that the visit was not just 'patient focused' but also showed interest in how Staff interacted and engaged with patients. Lots of questions were asked not only about care delivery but time was spent looking at the type of activities that we provide to patients. Overall, it was a valuable experience."* - Modern Matron, Fothergill Ward

What Makes Us Special?

The programme is the result of effective collaboration and co-production. Commitment to make this programme a success comes from all stakeholders including Service Users, Staff and Senior Leadership. Everyone sees value in taking part in the programme.

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Gloucestershire Hospitals NHS Foundation Trust

Closing the Loop – From Concern to Change

Category

Strengthening the Foundation



Gloucestershire Hospitals
NHS Foundation Trust

Organisation

Gloucestershire Hospitals NHSFT consists of Gloucestershire Royal and Cheltenham General Hospitals – 2 sites 9 miles apart with a connecting bus service. Our Trust employs more than 7,500 members of staff and sees in excess of 700,000 patients every year. These specialist hospitals provide emergency care, specialist inpatient care and outpatient appointments to our urban and rural communities within Gloucestershire and further afield.

Summary

The closer that you are to the full picture of a concern, the easier it is to be objective and to resolve and The Patient Advice and Liaison Team (PALS), although small, play a massive part in dealing with patients concerns. This initiative was innovative as we wanted a team that could not just unravel and interpret an immediate concern but to support departments/wards to initiate changes to prevent a recurrence. We started the journey with a management style that shared the vision and engaged the team demonstrating that their contributions and skills were valued and important. The PALS team has traditionally been seen as 'first line defence' rather than an essential link in the chain of service quality improvement. By training the advisors in Quality Improvement (QI) Methodologies, we can ensure the effectiveness of the service by highlighting areas to concentrate improvements on. The success of this project can be measured on how engaged the ward staff have become in recognising the skills that the PALS team can bring to their ward and the reduction in formal complaints. This change of role has brought greater confidence to the PALS advisors and greater authority in their responses. It is sustainable as the PALS staff become embedded within ward/divisional teams.

Impact

PALS is now the go-to department for staff if a patient has any concerns and they know that PALS will support all sides to reach a resolution without blame. They know their advisor by name and trust that if areas of concern are arising, that they will be informed and supported by the PALS team to prevent escalation. This is team work at its best. *'Can I thank you for being so supportive. I really value you and the input you have in supporting our staff – and patients'*. (Divisional Chief Nurse for Surgery); *'Just to thank you for your sensible and supportive input in this case. You are an asset to the division'* (ward staff)

We encourage staff to shadow the team and clinical staff who have spent time with PALS have reported that it really changed their practice as they could see the impact that behaviour and processes could have on a patient. Spending time shadowing other departments like the booking office, really gave the advisors an overview of the pressure that they were under and so were able to be more empathetic. This, in return, resulted in the departments being more accommodating with requests from the PALS team. We have set KPIs which include the number of concerns that are escalated to formal complaints stage and the time to close a case. We chose these measures as most visitors to PALS just want resolution and they want it quickly. They do not want to go down the formal complaint route. We do recognise that some concerns do need to be investigated more fully and we will actively support the patient to make a formal complaint, in the interests of service improvement and legal responsibility. We now refer fewer than 4% of cases to complaints, down from 10% last year. Our average time to close a case has improved from 25.1% of cases closed within 5 days to over 45% of cases closed. This is in spite of an increase of over 14% in the number of concerns raised. *'Thank you so much for everything you have done for me – everything is slotting into place thanks to you and your hard work'* (patient). The PALS team were shortlisted to the final 3 in the Supporting Services award at the annual Trust staff awards.

What Makes Us Special?

This project looked at the whole role of PALS and how to use their knowledge that they acquire to help wards by working in partnership with them to bring about change. By bringing them into the patient experience team, we are able to train them to become QI Coaches and offer them the support from other patient experience team members. The team have been instrumental in suggesting changes and wanting to be able to offer more to staff.

Contact Details: Jean Tucker - Jean.tucker@nhs.net



Gloucestershire Hospitals NHS Foundation Trust

Jean Tucker

Building Relationships and Driving improvement - The Changing face of PALS

Category

Patient Experience Professional/Manager of the Year



Gloucestershire Hospitals
NHS Foundation Trust

The Professional

Gloucestershire Hospitals NHS Foundation Trust consists of Gloucestershire Royal and Cheltenham General Hospitals – 2 sites 9 miles apart with a connecting bus service. Our Trust employs more than 7,500 members of staff and sees in excess of 700,000 patients every year.

About Nominee

I joined the Trust in April 2019, and part of my role includes managing the patient experience improvement team. When I joined, Jean had recently taken on the leadership of PALS alongside managing our survey programmes, and supporting teams across the organisation, and her knowledge and skills have helped teams across the organisation understand the experiences of their patients, and how they can use the data we gather to drive improvement in their services. Jean has had an unusual route into patient experience, with a background in financial management! Her passion for supporting teams & patients is obvious to everyone who works with her.

At Work

Jean is incredibly dedicated and professional, and will always go above and beyond to support her team, and teams across the organisation. Alongside the management of the PALS service, Jean has supported new colleagues in the team to build their understanding of our patient experience data and knowledge of the Trust, and continued to support teams across the organisation with patient experience improvement projects. Jean has also coached a number of teams through a patient experience improvement programme set up to encourage people to have greater knowledge and confidence about how to use patient experience data to drive and measure improvement in their services. Jean always makes herself accessible to colleagues, and makes sure that her PALS team and the teams she work with are supported. In the last year Jean has taken over the management of the PALS service, who have had a really difficult time due to staff illness, and huge demand from patients and staff due to wider organisational challenges around appointments and electronic systems. Jean has supported the team throughout this time, set up new SOPs, introduced volunteers into the service, and redefined the way that PALS work with wards and departments across the Trust, raising their profile and supporting the team to work differently. In particular, she has realigned their ways of working to map individuals to divisions, and built in time for them to each be on the wards and have a visible presence across our teams. PALS advisors are able to build relationships with the key ward and departmental staff, and able to more proactively manage concerns locally, and better support colleagues patients and families. Staff are now coming to PALS proactively for more advice and support, and the team morale has been hugely boosted under Jean's leadership

Summary

Throughout my time in the Trust, Jean has been focussed on doing what is best for her team, for the patients and families we support, and the colleagues around us. In an organisation of 8000 staff, that can be hugely daunting, but Jean always finds time to support people and to think of how we can improve our offer. Jean takes a Quality Improvement approach to everything she does, and always keeps the patient at the heart of her actions. The PALS team have flourished under Jean's leadership, and they were recently shortlisted for Support Service of the Year at our staff awards. Jean herself deserves recognition for the development of PALS over the last year, changing the way they work to build relationships across the organisation, and looking at how we can build the capacity for PALS, and other teams across the Trust, to use patient experience to drive quality improvement. Jean is a key team member, who deserves recognition for going above and beyond to support our wider patient experience team when we have been short staffed, and still looking for where we can do things bigger, better and bolder! She is always enthusiastic, bringing great ideas and solutions to the table, and is a real ambassador for patient experience improvement in our Trust. We are lucky to have her in our team.

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Gloucestershire Hospitals NHS Foundation Trust

Homeless Patient Guidelines Initiative

Category

Using Insight for Improvement



Gloucestershire Hospitals

NHS Foundation Trust

Organisation

Gloucestershire Hospitals NHS Foundation Trust consists of Gloucestershire Royal (GRH) and Cheltenham General Hospitals (CGH). 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

This project was innovative in that it was started from fresh with no foundations to build on. By working as a team, we have created guidelines, documentation and created multiagency pathways direct from the Emergency Departments. The Leadership style initially started as democratic in nature. With social equality as a focus, as the momentum around the project grew it turned to a more transformational collective leadership. The project was effective as staff now report feeling supported in making more holistic assessments of homeless patients. The documentation we have created has become a core part of Emergency Department documentation, leading to homeless patients being better supported on discharge from the ED. The success of this project has been measured on the number of referrals made to the local authority and other homeless services. The support we have had from our teams has been phenomenal. This project will be sustainable as our teams have seen a real time reduction in the number of no fixed abode attendances, leading to reduced pressures on the ED. The success of the project has led to further support and interest from other departments, and it is now included in the role of the new Homeless Specialist Nurse to adapt, transfer and disseminate the project across the acute trust.

Impact

We used data from the IT report and our completed checklists to monitor response. Our target group was homeless patients that were medically fit for discharge from the ED. Those that did not wait for assessment were discounted from the figure as all referrals can only be made with the consent of the patient. We took the figure from the IT report and compared it with number of checklists completed to give us a compliance rate. As this was a new process, a new document to complete and staff were used to discharging patients back to the street. We were also heading into the busiest time of year in ED, so we set an initial compliance aim of 30% over 6 months. Our results showed that at time of audit, we had hit a compliance rate of 84%. 3 months data isn't enough to show a definitive trend yet, but certainly as our compliance rate is increasing so the re-attendance rate for homeless patients is reducing, therefore reducing the pressure on ED. And more importantly homeless patients are receiving early vital support. There are still some IT limitations; our report only picks up No Fixed Abode attendances and not those who book in with old addresses or a friend or relatives address. We have emphasised in our teaching how important social assessments are in picking up on the hidden homeless group and the at-risk group. While auditing we have had a lot of checklists completed for patients who weren't on our report. So, we are hopeful that staff are doing some very good social assessments and initiating support, therefore leading to improved continuity of care and reduced admittance to the acute trust. We would normally expect our NFA attendances to increase over the winter months, so far we are seeing a downward trend.

What Makes Us Special?

This initiative has been started from scratch. From volunteering, learning and communicating GHFT now not only meets legislative requirements but ensures ongoing support is implemented 24 hours a day for this vulnerable group of people. Work for this initiative has led to homeless patients now being safeguarded by the trust.

Becca and I working in the ED teams has played a big part in seeing a cultural shift and implementing a change. Adding in a document to workload isn't easy, but I think our knowledge and understanding of the service has led to this initiative being successful. All our referral pathways were made with ED service demands in mind and what could realistically be achieved. The community services were very understanding and we worked together to create pathways to suit all our services. We had a higher than expected compliance rate and improved care.

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Gloucestershire Hospitals NHS Foundation Trust

S.H.E.D



Category

Communicating Effectively with Patients and Families

Gloucestershire Hospitals

NHS Foundation Trust

Organisation

Gloucestershire Hospitals NHS Foundation Trust consists of Gloucestershire Royal and Cheltenham General Hospitals and also includes Stroud Maternity Hospital. 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

Whilst it is recognised that parents of babies in neonatal units often experience poor mental health, much of the emphasis on support has been directed at mothers both during their time on the unit and post-discharge. This project is innovative in that it aims to provide emotional support specifically for dads. This group, called SHED (Supporting and Helping Every Dad) was formed under the leadership of a neonatal nurse and a small committee of dads who have experienced the neonatal journey. It is now them who are actively leading project and communicating with other dads.

The project has had highly successful outcomes based on both qualitative and quantitative feedback from users, nurses and the general public. The project is very transferable and other neonatal units in England have expressed their interest in becoming satellites of SHED, and we are working with the Countess of Chester to offer this in Yorkshire. It is proving very sustainable with new dads constantly joining; it is self-financing with families participating in fund-raising events. The project has been disseminated widely and will be representing neonatal dads in UK in the Healthcare Quality and Safety Conference in Copenhagen in April

Impact

An initial survey showed that over 35% of dads felt that they were not prepared enough following their child's admittance to the neonatal unit. This was because in a typical birth situation, they already feel stressed and uncertain and then to have this compounded by the increased risk of maternal and infant mortality was difficult. This was reflected by the behaviour and reactions observed by staff, of father's on the unit who struggled to remain calm and retain important information. This was one of the first and most noticeable areas where changes were seen upon establishment of the support group

There was also a large increase in the number of dads who felt that they had the opportunity to bond with their child in the first 24 hours after admission to the Unit – by the end of this project nearly 40% of dads strongly agreed that they had been able to bond.

During early discussion, it became apparent that whilst dads realised the benefits of skin to skin contact, there were self-conscious of stripping to the waist. A special oversized shirt with S.H.E.D. branding was developed with them to overcome this.

The group now consists of over 80 dads!

What Makes Us Special?

This initiative has formally identified a gap in support to dads in the neonatal setting, and the negative outcomes associated with this. The lack of support is a national problem, and this group is one of the few of its kind in the UK, and certainly the first in the South West region. It is at the cutting edge of what it is hoped will become a common place provision of support. The key element that has driven the success of this project is primarily the enthusiasm of the people involved and the strong leadership provided by the lead nurse and dads committee.

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Healthwatch Essex

Voice of Young People in Secure Mental Health Unit Helps to Shape Changes in Services

Category

Engaging and Championing the Public



Organisation

Healthwatch Essex is an independent charity representing the voice of the people of Essex and their views in relation to health and social care. We gather and represent lived experience and use our findings to help shape health and care services in the county. Our work covers all areas of health and social care. We undertake high-quality research and engagement to uncover lived experience of services. We also run an Information Service through which you can find out about services available in your area. We employ 10 FT staff and 2 PT staff.

Summary

The SWEET! project (Services We Experience in Essex Today) was designed by Healthwatch Essex to engage with seldom-heard young people in Essex in order to understand their lived experience, their health and social care priorities, and their ideas and suggestions on how services could be improved. Services are often commissioned or redesigned without feedback from young people, based on an assumption that they do not understand or use them. The SWEET!3 Report was the third in a trilogy of reports and focussed on the experiences of young people living in a secure inpatient mental health unit in Essex. It is, to our knowledge, the first study of its kind in the county and our report provides powerful and compelling recommendations to commissioners and providers.

Impact

In the report, young people being treated in a secure inpatient mental health setting share their lived experience of mental illness, the surrounding services, and the factors they believe could make the biggest difference to their recovery. Forty five patients and 11 professionals from the hospital, participated in the study.

Key findings focussed on: the barriers to accessing services, the impact of waiting times on mental health conditions, a lack of consistency (including a high turnover of workers), young people not feeling included in their care decisions, the impact of social factors as broader determinants of mental health and the complexity of some patients' cases. Recommendations included: the value of lived experience, the importance of early intervention and prevention efforts, improving consistency of care, involving young people in decision making, embedding a holistic approach and system-wide collaboration (including the importance of a care navigation role). To date, our impact includes the following:

- A commitment from CCG communications leads to use the findings to develop how they promote mental health services, including creating a film or audio recording from one of the case studies to use in training GPs.
- Essex Partnership UNHST has embedded learning from this report into staff training events and found it useful to hear the lived experience of their patients in this level of detail.
- 150 Year 7 students from Colne Community School in Tendring participated in mental health Q&A sessions provided by H/watch Essex;
- H/watch Essex has been commissioned to recruit a group of Young Mental Health Ambassadors who will be instrumental in co-producing future mental health services available to young people in Essex.

What Makes Us Special?

We have produced what is, to our knowledge, the first study of its kind in Essex. This report undoubtedly makes for difficult reading at times, but we hope that conveying the experiences of these young people can lead to increased awareness of their needs, a better understanding of how prevention and early intervention can make the most difference, protection of the services or treatments that are working well and general positive changes in the mental health landscape. Our approach to engagement with seldom heard groups of young people, has been helpful not only for the purpose of this study, but also to the young people themselves. We hope that patients who shared their experiences with us feel empowered by being heard – especially as many reported commonly feeling ignored or powerless in their journey through services. The value of using lived experience is powerful. The SWEET! 3 report shows how high quality engagement with young people, can not only provide valuable insight into the experiences of young people, but also contribute to an understanding of how these experiences can shape change. The targeted dissemination approach has also contributed to the success of the project and its impact to date.

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Healthy London Partnership

Gathering Feedback from Families and Carers when a Child or Young Person Dies

Category

Using Insight for Improvement

**Healthy
London
Partnership**

Organisation

The Healthy London Partnership (HLP) aims to make London the healthiest global city by working with our partners to improve Londoners' health and wellbeing so everyone can live healthier lives. Our partners include the NHS in London (CCGs, Health Education England, NHS England, NHS Digital, NHS Improvement, trusts and providers), the Gtr London Authority, Mayor of London, Public Health England, London Councils. We: • Bring together improvement and transformation experts to work towards the common goals; • Develop an evidence base, gather insight and data, build on local successes and share best practice; • Tackle issues best solved 'once for London' by pooling resources and attracting additional funding to specific London issues; • Provide the strategic challenge and infrastructure to ensure robust governance through the LHB and LHCS Partnership Board.

Summary

Imagine being tasked with providing care to a family following the death of their child. For the family it will likely be the most traumatic time of their lives. What is ideal bereavement care? How will you know whether the care provided by your team has been of a consistent and high quality? How will you know if there are systems or processes that should be improved? Collecting feedback is one of the main ways of evaluating care. But is it appropriate to ask bereaved families to reflect on their care? Can parallels be drawn between the care provided given that each experience is so personal and the context often so different? Who and when should families be approached and what should they be asked? Until recently, there has been no validated tool to support local services in collecting feedback from parents and carers following the death of a child. In response, NHS England (London Region) commissioned HLP and Sands to develop Gathering feedback from families and carers when a child or young person dies. We hope that this tool will be adopted widely and ultimately lead to an improvement in the quality of bereavement care.

Impact

Launched in September 2019, the resource has received over 500 unique views and been downloaded over 300 times. The impacts are yet to be fully realised, however, with each death on average affecting 20 people, there are significant social and economic savings that could be realised across London and UK. Feedback to date has been overwhelmingly positive: *'Gathering feedback is a significant and timely resource for those of us working on the End Of Life and Child Death Review (CDR) agendas. We have not had a structured and replicable approach to capturing the real-life experiences that bereaved parents, carers and siblings have of the services we offer.... The data that will flow from our questionnaires will be crucial in understanding the effectiveness and the development needs in the services we commission for those faced by the death of a child.'* Daniel Devitt, Interim Children's Commissioner, NHS Redbridge CCG. *'I think it is a brilliant document and very obvious that parents have been part of the framework.'* Chezelle Craig, contributor and bereaved parent.

What Makes Us Special?

For the first time there is a validated and flexible tool publicly available to support local bereavement services in collecting feedback from parents and carers following the death of a child, Gathering Feedback. It consolidates published literature to define ideal bereavement care. Many local health services communicated that previously they had no tools to collect such feedback, or that their tools were not based on a wider evidence base. It will support them in evaluating their own provision, learn from sub-optimal care, implement improved systems and processes, and support staff improve practice, which will result in improved care for future bereaved families.

The key elements that have made Gathering Feedback a success have been:

- the open, honest and candid feedback provided by bereaved families as part of the initial Sands survey; • the support of a range of charities in sensitively engaging with their members to support the completion of the survey
- the willingness of families and bereavement professionals to give up their time to help shape and refine the work; • the desire of the HLP team to produce the best possible resource to do justice to those who contributed

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Hywel Dda University Health Board

Home Healthcare - Home Support Team

Category

Integration and Continuity of Care



Organisation

Hywel Dda University Health Board (H DUHB) was established in 2014 with the merger of Carmarthenshire, Ceredigion and Pembrokeshire Local Health Boards with hospitals Trusts across the aforementioned counties (also known as Dyfed). The Hywel Dda University Health Board provides healthcare services to a total population of around 384,000 throughout Carmarthenshire (183,936), Ceredigion (79,488) and Pembrokeshire (120,576). It provides Acute, Primary, Community, Mental Health and Learning Disabilities services via General and Community Hospitals, Health Centres, GP's, Dentists, Pharmacists and Optometrists and other sites.

Summary

The "Home Support Team" (HST) initiative has provided and continues to provide surgical patients with a "Hospital level rehabilitation care at home" service, it provides the opportunity for patients to leave hospital at an earlier point in their recovery and receive short term interventional care to reach independence and functional goals in the comfort of their own home. The HST assist the patients with both physical and emotional aspects, providing reassurances that they are able to safely manage at home, with confidence.

The HST work very closely with the Multi-Disciplinary Team (MDT) with an aim of identifying any goals which will increase independence and functional activities to support discharge home. This includes support with washing, dressing, functional mobility, care of TED (Thromboembolic Deterrent) stockings, meals or any other goals identified set by the MDT such as exercise programmes. The patient is introduced to members of the support team prior to discharge and this provides a valuable opportunity to engage, build trust and confidence between patient and the HS team. Visits to patients homes are between 2 -3 per day (30 – 45 minutes per visit), between 7.30 am – 8.00 pm, 7 days per week with support provided on average for 2 weeks.

Impact

The HST has made a positive impact on patient's recovery, emotional and physical wellbeing. As a result of the HST following up appropriate patients who have recently had stoma formatic, the stoma care specialist nurses have been able to focus their attention on more intense patient support and intervention. The success of this project has been measured by a reduction in the average in-patient hospital stay. There has been a reduction in our outlier patients not being nursed outside of the orthopaedic wards, there has been no increase in the cancellation of elective operations and we have seen a reduction in the length of stay for those patients with hip fractures. There has been a reduction in formal concerns, falls and pressure damage, medication incidents and general incidents which are all recorded on the Health Boards Datix risk management system. Staff morale and wellbeing has significantly improved with a reduction in staff sickness figures. There is more cohesive and collaborative working since the introduction of the MDT for the Home support team.

What Makes Us Special?

The "Home Support" initiative has enabled and will continue to enable patients to be safely discharged to their home, knowing that they will have physical and emotional support to enable them to confidently recuperate in their own personal surroundings. The resounding success of this initiative can be attributed to staff and patient's embracing this home based post-surgical inpatient care support service. Health care support workers have commented on how they like supporting the patients' journey from being a hospital in-patient to supporting patients returning home and helping them have the confidence to successfully emotionally and physically manage. The health care support workers have a great deal of job satisfaction. This initiative has greatly improved patient flow through the hospital, by reducing time spent in hospital thus releasing beds for patients waiting in the Emergency Department or for elective surgery.

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Imperial College Healthcare NHS Trust

Technology Driven Analysis of Free-text Patient Experience Feedback

Category

Innovative Use of Technology/Social/Digital Media



Imperial College Healthcare
NHS Trust

Organisation

Imperial College Healthcare NHS Trust provides acute and specialist healthcare in north west London for around a million and a half people every year.

Summary

Patient experience feedback remains under-used for quality improvement (QI). Free-text within surveys holds rich information and staff can relate to this feedback more so than quantitative responses. The consistent use of this free-text data has been inhibited by the unstructured format and therefore the manual review needed to extract insights. Using an iterative process, we have applied clinical analytics and informatics capabilities to produce and validate a Natural Language Processing (NLP) algorithm that makes accessible patient experience narratives in near real-time through daily data feeds from collection at source (the patient) to populating staff-designed visualisations to drive QI.

Impact

Using an iterative process, we have applied clinical analytics and informatics capabilities to produce and validate a NLP algorithm that makes accessible patient experience narratives in near real-time through daily data feeds from collection at source (the patient) to populating staff-designed dashboard to drive QI. The time spent on manual processing 6,000 responses was four days compared to 15 minutes using the algorithm, $p < 0.001$. We used a bespoke QI framework involving staff from various healthcare settings. Themes based on the most negative sentiment were chosen and the individual comments were examined in detail to understand the granularity of the comments in each theme. Outcome, process and balancing measures were developed to enable staff to know that the change is an improvement, and ideas for changes were discussed. Local champions have begun to disseminate their knowledge to other frontline staff in their respective departments, ensuring sustainability of the dashboard. With staff consent, we have begun to audit the frequency of log-in and the duration an individual staff member spends on the dashboard. The NLP processed quantitative patient experience metadata is evaluating prospectively the impact that QI, in response to patients' comments, is having through longitudinal changes in patient experience feedback.

What Makes Us Special?

NLP/ML is a business process innovation that, like the other forms of artificial intelligence, is disrupting industries. It offers technical efficiencies through cost savings that arise from a reduction in labour costs. Therefore, it can be delivered at relatively minimal expense at other healthcare providers and may even provide a cost saving depending on current local arrangements for collecting and processing only 'structured feedback' using external providers. This investment is significant, and it is important that it be worthwhile and a contributing factor to meaningful QI in a timely manner (cost-effective activity). This work reduced the staff time required to manually sift through patient feedback (cost-shifting activity) and relocating staff time supporting QI projects. Once established, processing demands could easily be incorporated into other Trust's IT infrastructure, depending on existing local infrastructure. Other costs incurred included compensation for staff and patient co-investigator. Scaling this work to other NHS organisations would require initial investment from staff to learn the NLP process in order to develop it within their own organisational contexts. It is likely that costs would mainly relate to staff time to understand the process, coordinate the feedback of results to staff and maintain responsibility for monitoring QI projects.

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Kettering General Hospital

The Takeover Challenge

Category

Engaging and Championing the Public



Kettering General Hospital
NHS Foundation Trust

Organisation

Young Healthwatch Northamptonshire (YHWN) are a group of young people aged 11-24 who live in Northamptonshire. They make sure that children and young people have a voice in health and social care locally. The young people involved come from various backgrounds and have varied lived experience of health and social care. The role of Young Healthwatch Northamptonshire is to influence better health and wellbeing and improve the quality of services. Northampton General Hospital NHS Trust is a 818 bedded hospital providing general acute services for a population of 380,000 and hyper-acute stroke, vascular and renal services to people living throughout the whole of Northamptonshire, a population of 692,000. The Trust is also an accredited cancer centre and provides outpatient and day surgery services at Danetre Hospital in Daventry.

Summary

In November 2019 Northampton General Hospital (NGH) and Kettering General Hospital (KGH) worked collaboratively with Young Healthwatch Northamptonshire to use the 'Takeover challenge' as an effective means of involving children and young people in a mutually beneficial and positive way. The children and young people co-produced a fun packed, educational agenda which allowed for them to gain an insight into the workings of the hospital at the same time as providing their own feedback and insight into a number of areas. A day which ranged from attending Trust Board through to dressing in doctors scrubs and taking part in simulated activities has built a lasting relationship between the hospitals and the Young Healthwatch volunteers which will continue to flourish with many planned future activities. Feedback and insight provided from the children and young people has already been put into action by the hospitals with a new menu being designed on the children's wards and a communication toolkit for staff.

Impact

Everyone that took part in the day across both NGH & KGH had a thoroughly enjoyable day. The feedback from YHW was extremely positive with the children and young praising the activities for how interesting they were, but also how they felt they were really listened to. Kia, a Young Healthwatch Northamptonshire Volunteer who visited Northampton General Hospital, said: *"The environment is very friendly, all the staff are lovely and they make you feel really welcome"*. Another Young Healthwatch Northamptonshire Volunteer, Anya, said: *"We did a food tasting session of the food they give out on the children's ward and we tried it all and gave our input on it and they said our input is very useful"*

In response to the feedback the children and young people provided throughout the day, a number of changes are planned and have taken place as a result. This includes: 1. Children and Young Peoples communication and involvement toolkit is being developed and rolled out to KGH staff with the support of the volunteers from Young Healthwatch Northamptonshire. (KGH); 2. Planned change to the children's menu at NGH based on the feedback given. (NGH); 3. Support from the volunteers in designing new feedback cards for children and young people in support of the changes to the Friends & Family Test taking place in April (NGH & KGH); 4. Discussions taking place around the transition between child and adult care and the problems this can cause. (KGH). What is evident, is the lasting relationships that have been built between all involved. Both hospitals are eager to identify further coproduction pieces which can take place and ensure the voice of the child is heard throughout.

What Makes Us Special?

This project stands out as no other Healthwatch participated with an NHS Trust in this way. Young Healthwatch coproduced this event in partnership with the trusts involved. This started from the very beginning with the design of the agenda and how the day would run, right through to identification of the projects which would be taken forward. In addition to this, the day was both educational and informative for the children and young people as well as providing useful input and feedback for the hospital. It is even hoped the hospitals may have encouraged a few more future employees for the NHS.

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King Edward VII's Hospital

Improving Inclusion and Welcome in Imaging Suite



Category

Environment of Care

Organisation

Acute hospital in Central London, providing diagnostics, outpatient and inpatient acute care. Charitable hospital with a 120 year heritage of supporting veterans. 56 inpatient beds, 4 critical care beds, 3 theatres, 12 consulting rooms, MRI, CT, Radiology, Endoscopy & Outpatient physiotherapy and hydrotherapy. Specialise in Orthopaedics, Urology, Women's Health, Colorectal surgery and run a successful pain management program for Veterans.

Summary

This entry is based on the recognising the importance of patient feedback and taking steps to improve the environment to positively enhance patient experience. The Imaging Department noted patient feedback that their waiting area was not inclusive, the facilities were poor and patient didn't know what to do on arrival. Patients are anxious awaiting uncertain diagnostic results and the poor facilities added to their anxiety and stress. This led to poor patient satisfaction and to poorer studies as patients were less compliant with positioning/imaging instructions when stressed. The imaging manager identified the need to improve the area and consulted with Patient Focus Group. She arranged a walk around with two patient representatives to discuss making the area more welcoming and inclusive; and included other departments e.g. housekeeping. She gained approval for funding from Executive Committee. She managed and led the changes including items to distract patients such as magazines and art work; a manned reception desk in the wait area; gender neutral toilets and baby change facilities; a hearing loop; clear signage; better wheelchair access and refreshments. The percentage of patients scoring the décor and facilities as "Excellent" improved from 40% in Q3 2018 to 84% in Q3 2019. Staff noted that patients appeared more relaxed in the area e.g. sitting down and not pacing up and down. The staff also expressed better role satisfaction with the meet and greet rather than being in a back office. Other outpatient departments have heard of the improvements and have begun their own process of improvement.

Impact

Patient satisfaction of the waiting area went from 40% to 84%. We measured this through the patient feedback forms. Patients also mentioned it to the imaging team. The percentage of patients scoring the décor and facilities as "Excellent" improved from 40% in Q3 2018 to 84% in Q3 2019. *"All staff professional, helpful, efficient and pleasant and I was very impressed with the hospital's cleanliness and facilities. Refreshments excellent, felt very comfortable and well looked after."* Patient survey comment; *"I think considerable work is done at King Edwards to enhance the patient experience. The different departments are liaising together and looking for ways to make improvements. Recommendations are acted upon quickly (waiting area for imaging)"* Patient representative
Staff satisfaction - We spoke to the imaging team and they stated they were pleased - they felt the organisation had listened to them, prioritised patient experience and approval/funding given. The administrative staff took turns manning the outer reception desk and really enjoyed the meet and greet. The Patient Focus Group found the project excellent as it showed that the hospital is committed to taking patient feedback and collaboration seriously. This has been excellent for the morale and the engagement of the group. In conclusion, it was found that making changes to the layout of the Department had a positive impact on those working within the Department and patients whilst retaining the same number of staff. This also improved patient safety and inclusion of different patient groups.

What Makes Us Special?

The patient staff collaboration was the best part of this project. When we realised that patients did not find the imaging waiting area welcoming or reassuring we didn't just put in the changes we thought would make a difference. The team spoke directly to patients and spent time finding out what would matter to them. The clinical team were driven to improve facilities and put in time and effort to make the best change possible. Some of the changes e.g. moving the central table and making the toilets unisex had not even been considered by staff, collaborating with patients added value to the project.

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LanguageLine Solutions**LanguageLine Insight - On-Demand Remote Video Interpreting****Category**

Innovative Use of Technology/Social/Digital Media

**Organisation**

LanguageLine Solutions (LLS) has provided on-demand telephone interpreting services, on-site interpreting services and translation services to healthcare organisations worldwide for over 30 years. We have a global base in California and a European headquarters in London, but our language experts are available 24/7. We provide audio-only interpreting, on-site interpreting and translation services 24/7 in more than 240 languages and we have on-demand access to more than 11,000 professional interpreters. With the world's largest linguist resource we have the capacity to manage projects of any size and complexity whilst maintaining a personal approach.

Summary

Award-winning LanguageLine InSight Video Interpreting® is the fastest, easiest to use, most reliable and secure, video and audio interpreting solution of its kind. It's also the first of its kind available in the UK. In the healthcare setting, healthcare practitioners utilise the solution to communicate directly with limited English speakers during appointments. The on-demand nature of the service means that it can be used for unplanned events or circumstances where little notice has been provided. The service also offers a solution for short appointments – even where visual contact is desirable, and removes the cost implications associated with patient DNAs and late-running clinics - facilitating significant improvements in budget efficiency. With on-demand access to BSL interpreters included, access for users of non-spoken languages is especially enhanced. The solution will also make a sustainable difference – reducing the requirement for on-site interpreting and therefore eradicating interpreter travel and the subsequent carbon footprint. It's accessed via a downloaded app and can be used via tablet, laptop and smartphone. This flexibility and transferability also means that the service can also be used to communicate with patients in the community. The solution facilitates full understanding through both spoken and visual communication – reducing the risk of misunderstanding by capturing body language and facial expressions to read visual cues.

Impact

Essentially, the service further improves access for patients with limited English and those who use British Sign Language – rendering their experience at the point of engagement more akin to that experienced by English speaking patients. This unavoidably has a positive effect on outcomes.

The technology also saves costs for the NHS because it:

- Enables staff to deal with unplanned events – clear communication means that patients can be dealt with there and then, reduces repeat visits and wasted staff time;
- Eradicates the interpreting costs associated with patient DNAs (v F2F), with late running clinics (v F2F), with late cancelled bookings and non-cancellations (v F2F);
- NHS pays only for the minutes of interpreting actually used;
- Reduces the expenditure of minimum payments associated with F2F; Plug and play initiation, backed-up by staff training, service implementation.

It also has a number of digital transformation benefits because it is:

- A usable, tangible example of service improvement (for staff and patients);
- Enables the migration of physical on-site interpreter presence to a virtual environment;
- Flexible – can be applied on tablets, laptops, desktops and smartphones;
- Easy to use - one-button access to an interpreter;
- Promotes an environmentally friendly approach; reducing the carbon footprint associated with on-site, face-to-face interpreting by eradicating travel;
- Rateable after every call

What Makes Us Special?

InSight represents the first service of its type in the UK and has numerous outstanding features including:

- Visual access to both foreign languages as well as BSL – on demand;
- Charged on a pay-as-you-use model;
- Provides another channel for language support as an alternative to face-to-face interpreting;
- Improves access to services for limited English speakers and users of non-spoken languages;
- Usable through tablet, laptop, desktop and smartphone (iOS and Android);
- Also facilitates one-touch access – providing 24/7 cover in over 200 languages;
- LLS provides set-up support, training and full 24/7 technical back-up

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Leicestershire Partnership NHS Trust

Knead to Chat

Category

Environment of Care



Leicestershire Partnership
NHS Trust

Organisation

We are a Community and Mental Health Provider that covers Leicester, Leicestershire and Rutland. We provide care and support through three Divisions which focus on adult mental health and learning disabilities, community health services, family young people and children's services. Our 5,500 staff work alongside schools, local hospitals, GP practices, social services and other local authority departments such as housing and education, as well as working with voluntary organisations and local community groups, in order to achieve our goals and to ensure that anyone we care for is treated to the highest possible standard.

Summary

Knead to Chat uses therapeutic bread making activities to bring people together within the framework of the Five Ways of Wellbeing. **Connect** – creating a safe, relaxed space for people to meet with others, helping develop a social network to support and enrich lives; **Be active** – encouraging connectivity and mobility providing an opportunity to get up on your feet and use energy in the kneading process; **Take notice** – baking bread is a mindful activity that gives times to reflect on what matters to you. Through conversation we encourage the sharing of stories, experiences and challenges; **Keep Learning** – learning new skills or rediscovering an enjoyable activity and using dormant skills. Either way it's a fun way to learn and build confidence; **Give** – home baked bread is a wonderful gift to share. To give something you have put time into making can have a positive impact on your well-being and help with good functioning.

A key element of the project is the development of volunteers to lead bread baking activities in the community. As well as enhanced bread making skills, we training and support volunteers so that they are able to stimulate thinking and discussion in groups.

Impact

Data is captured after each workshop in the form of 'numbers and stories'. Statistically we capture things like the number of people involved, the hours given, the amount of bread makes etc. We also collect feedback based on how the activity made people feel, but in many ways the most powerful data is the anecdotal comments which bring the feeling of wellbeing to life.

"How do I feel?? Overwhelmed, ecstatic, epic! This is the best I've felt since coming into the hospital."; "I would score my pizza 11/10. I only came down to get off the ward but I am so pleased I did. I never realised learning something new could be so much fun."; "A fantastic afternoon talking to other like-minded people with lived experiences about their mental health problems in a safe environment with being judged by other people."

Learning can be summed up in one sentence 'my persistence will always be greater than your resistance'. It's been a struggle at times but if you believe in what you are doing then anything is possible. We now have a dedicated Facebook page where we have 115 members activity sharing their baking stories with each other.

What Makes Us Special?

By aligning ourselves with the five ways to wellbeing we have a flexible project that not just provides people with a set of new skills it also provides a safe relaxed place for people to meet and talk. We help people develop a social network to both support and enrich their lives and give each person time to reflect on what matters to them. Through conversations we encourage the sharing of stories, experiences and challenges. It's also an opportunity to engage the senses - particularly touch and taste. For some people baking bread is new, for others is rediscovering an enjoyable activity and using dormant skills. Either way it's a fun way to learn and build confidence, and homemade bread is a wonderful gift to share with family and friends.

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Liverpool University Hospitals NHS Foundation Trust

Samaritans in the Emergency Department



Liverpool University Hospitals

NHS Foundation Trust

Categories

Integration and Continuity of Care & Partnership Working to Improve the Experience

Organisation

Liverpool University Hospitals NHS Foundation Trust was formed on 1st October 2019 following the merger of Aintree University Hospitals NHS Foundation Trust and Royal Liverpool and Broadgreen University Hospitals NHS Trust. The Trust has 74 wards across 4 hospital sites in Liverpool and has over 12,500 staff, making it the largest employer in the city. This submission relates to our Emergency Department at Aintree Hospital, which serves a population of 85,000 per year. We are a major trauma centre for the North West. We employ over 200 staff which include Doctors, Nurses, Admin Staff and Cleaners. Our catchment area is one of the most deprived in the North West. We have an elderly and frail population as well as gang and gun crime. We are an adult hospital providing Emergency Care for the city of Liverpool.

Summary

We are the only department in the North West that has the Samaritans based within the department out of hours to support patients, relatives or staff who are having a difficult time or are worried about someone else.

The Lead Nurse met with the Lead from the Samaritans to see if the project was viable. Meetings were held with the Senior Sisters to see if they were in agreement for the project to start. We recognise that patients and relatives in our department are vulnerable. We are a 24 hour service which is always busy and pressured. We wanted to provide additional support for patients, relatives and staff. There are many patients who attend our department with mental health issues or who may be feeling low or suicidal. We do have mental health practitioners who work with us in the department but we felt we needed further support. At night in particular, patients are more vulnerable which include elderly patients and young patients who may be seeking medical attention out of hours. The idea was to offer support in the waiting room for patients as we recognise it can be difficult for patients or staff to reach out for help.

A pilot was completed 12 months ago which proved to be very successful for both staff and patients. We wanted to increase the presence of the Samaritans in the department who have now been recruited. Ideally, we would want this service across the other ED departments in the city centre.

We had a joint approach between the Samaritans and the Nurses to provide quality care for the patients who attend the Emergency Department. Initially, it was the Lead Nurse and the Lead Samaritan. After discussion with the Senior Nurses we began a trial. This proved to be very successful. All staff were engaged with the process.

Impact

This initiative has had a very positive impact for staff, patients and relatives. The Samaritans have an understanding of the pressures that we work in and the patients have an understanding that we want them to have the best support while they are with us and Samaritans can provide ongoing care.

Our ED Team are working closely with other providers and third sector organisations to explore how we can improve the care of vulnerable people who may be at risk of self-harm or have suicidal thoughts. Ideally, we would like this to run across the city so that all patients, carers and staff have the same opportunity to work with the Samaritans and if needed to be supported by them.

What Makes Us Special?

This initiative stands out as it is unique in the North West. It works, it shows that the Voluntary Sector and the NHS can support and complement each other.

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Liverpool University Teaching Hospitals NHS Foundation Trust

Young Ambassadors Project

Category

Using Insight for Improvement



Liverpool University Hospitals
NHS Foundation Trust

Organisation

Liverpool University Hospitals NHS Foundation Trust was formed on 1st October 2019 following the merger of Aintree University Hospitals NHS Foundation Trust and Royal Liverpool and Broadgreen University Hospitals NHS Trust. The Trust has 74 wards across 4 hospital sites in Liverpool and has over 12,500 staff, making it the largest employer in the city. The Rheumatology service for this submission is based at Aintree Hospital and cares for patients from young people to elderly.

Summary

We recognise that patients and relatives in our department are vulnerable. We are a 24 hour service which is always busy and pressured. We wanted to provide additional support for patients, relatives and staff. There are many patients who attend our department with mental health issues or who may be feeling low or suicidal. We do have mental health practitioners who work with us in the department but we felt we needed further support. At night in particular, patients are more vulnerable which include elderly patients and young patients who may be seeking medical attention out of hours. The idea was to offer support in the waiting room for patients as we recognise it can be difficult for patients or staff to reach out for help.

We asked young patients attending the Aintree Rheumatology Young Adult Clinic what they thought about the service. While they were extremely happy with the clinic and transition experience, they felt the waiting area was not young person-friendly as they didn't see young people represented in the displays. They also suggested that peer support to young patients during transition and before transfer to adult services could help anxiety and compliance during that complex period.

Their answers and suggestions were embraced by the team, and with the support of the Trust and its Dragon's Den initiative and funding, we asked a marketing "young academy" team to work with our patients in creating poster displays for the clinic waiting area and to produce videos showing our young ambassadors and their positive experiences on transition and life with chronic diseases. Those videos will be made available to younger patients starting the transition pathway. Our young people have become Ambassadors and they have already met as a focus group to further support the service and their peers.

Impact

The Ambassadors and an extended group of young patients attended the presentation of the material and were invited to discuss as a focus group initiatives and ideas for the service. Their feedback was that the focus group had been very positive to start a network of young people and a feeling of belonging, as well as confirming their interest and willingness to continue to work with the Rheumatology team on any changes and developments, especially in the light of an imminent merger. We are planning to measure our service against transition NICE guidelines and work on changes with the young Ambassadors. The initiative is also considered in other specialities Trust wide.

DNA rates and satisfaction will be monitored before and after the implementation of the project.

What Makes Us Special?

Transition is a hot topic and an area in development. This project was led and taken forward in close partnership with the patients. The starting point of improving the clinic did also bring additional innovative ideas from the young people, as peer support and role model need. This initiative can help other teams to work with young people and listen to their ideas and feedback in order to develop services that are user friendly and improve patient experience, and ultimately, clinical outcomes and user satisfaction.

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Manchester Royal Eye Hospital

Regular Treatments in Eye Services: Delivering Care Closer to Home

Category

Strengthening the Foundation



Manchester University
NHS Foundation Trust

Organisation

The Manchester Royal Eye Hospital (MREH) is a tertiary hospital providing hospital eye services to the local population across Manchester and Trafford in addition to specialist services across greater Manchester, the North west and in some cases northern England. MREH is located in Central Manchester and is part of the Manchester University Hospitals NHS Foundation Trust group of hospitals. We employ 500 staff, undertake 10,000 operations and provide 250,000 outpatients appointments each year. The majority of our activity takes place at our main hospital site, however a number of services and procedures are offered at units across Greater Manchester making our services more accessible to our large patient population.

Summary

Wet macular degeneration can lead to sight loss in patients if left untreated. Regular injections, every four weeks are required to preserve eyesight, preventing deterioration. Patients attending every four weeks require a number of checks, a scan and a clinical review prior to injection. This requires nurses, optometrists, ophthalmic science practitioners and doctors to be involved in a single appointment, in addition to separate clinic rooms to equipment and staff to work in. The treatment centre at the MREH was struggling with the capacity to see and treat all patients within the required timeframe in addition to dealing with new urgent cases, which constantly add to the caseload. The hospital opened a second treatment unit on the Trafford General Hospital site to relieve some of the pressure on the main site unit. This helped cope with the volume but more needed to be done. Working jointly with Bayer plc a plan was devised to open two new dedicated treatment centres. Not in a hospital, instead in the community, in familiar locations for patients; specifically on the high street, within residential areas of the city, with good transport links and amenities.

Impact

The main aim was to improve the patient experience, particularly to reduce the time taken each month to comply with the regular injection regime, the units have achieved this. In locating units closer to patient's homes and by setting up efficient pathways in the dedicated units, both travel and treatment times have been significantly reduced. In addition the small personal nature of the units means patients become familiar with the staff and the environment. This helps build positive relationships between staff and patients, which helps to calm nervous patients. FFT data is collected across all of our treatment units. Consistently over 90% of patients who visited our units in N & S Manchester would recommend the care (FFT). This has also had a positive impact upon staff and their wellbeing, by spreading the volume of patients across a number of centres, the daily workload is still busy but manageable. The ability for staff to spend more time with each patient, answering all their questions contributes both to patient experience and staff satisfaction in the care they provide. Staff have had the opportunity to work closer to home, which helps their work/life balance and reduces the mileage they are travelling. The opportunity to offer services closer to patients homes also means that travel associated emissions are reduced. Working with sustainability and energy colleagues within the trust, we have begun to understand how the new units have changed travel habits and the mileage that has been saved. Early calculations estimate that in one year, the two newest units could save over 12,000 miles of travel for treatment.

What Makes Us Special?

This project is special because it put patients at the heart of finding a solution to dealing with the growing population in need of macular injections to prevent vision loss. Instead of finding a single larger unit out of town where additional volume could be delivered efficiently, staff considered the group of patients treated, where they lived and what challenges they faced in accessing treatment. The traditional model of a central hospital hugely pre-dates the research and innovation that led to the creation of an injection to help patients with wet macular degeneration. In order to deliver this hospital designated treatment innovation was again needed to plan how to make the treatments accessible to patients.

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Manchester University Foundation Trust

5 Things About Me

Categories

Measuring, Reporting and Acting & Personalisation of Care



Manchester University
NHS Foundation Trust

Organisation

Manchester University NHS Foundation Trust (MFT) is an NHS Acute Foundation Trust which operates 9 hospitals throughout Greater Manchester. It was formed by the merger of Central Manchester University Hospitals NHS Foundation Trust with the University Hospital of South Manchester NHS Foundation Trust on 1 October 2017. It is the largest NHS trust in the United Kingdom, with an annual income of £1.6bn and 21,945 staff.

Summary

Research suggests that when care is centred around the person, dignity and personhood are preserved and outcomes are improved. However, the dehumanising effect hospital systems and practices can have on older people, often persists and there continue to be reports of harm caused by failures to prioritise what matters to the individual. The MFT Patient Experience Programme “What matters to Me,” has been widely championed. However, it was felt that a key component of the model; “who you are,” was missing. A person centred “profile,” based on 5 pieces of information the older person would like to share with staff, was created and stored electronically to ensure resilience and accessibility. This helped clinical staff get to know the person they are caring for better so they could use improved “knowledge of the person,” to make care more personalised and to help healthcare professionals to focus on what matters most to them. This was a successful and rewarding project which achieved its aim of improving person-centred care and the experiences of older people. Staff found this empowering and enriching as it enabled them to get to know the people they were caring for better and deliver a more dignified care experience.

Impact

The PDSA Model for Improvement (ACT Academy, 2017, pg 177) approach was used to study of the effectiveness of the intervention and to develop changes to it based on the learning from each cycle. Then to ascertain how many people had a 5 Things About Me profile a documentation audit was used. Results: During the project period 71.1% of the patients admitted to the ward had a profile completed and uploaded to their electronic patient record. The data from the PCPI Questionnaire showed that post intervention there was an increase in the confidence scores in the four constructs, the total aggregate score for all four constructs across 25 respondents increased by 68.7% from 285 to 481, each respondent also reported an increase in their confidence in every construct. The questionnaire surveys designed to measure the impact of the intervention for the older people receiving care, their loved ones and the ward staff also produced positive results. The most positive responses came from relatives and friends who all answered “strongly agree,” to all questions after the intervention. Prior to the intervention 11% had disagreed with the question “I feel the staff know my loved one as an individual,” and 33% had neither agreed or disagreed that they “feel that the staff care what is important to my loved one and have discussed this with them.” Older People receiving care also answered positively, prior to the intervention only 60% agreed that “the staff care about what is important to me and have discussed this with me,” and this was converted to 100% strongly agreed afterwards. Staff responses were also positive, they were asked if the profile “helped me to get to know my patient better as an individual,” 100% strongly agreed, 81% strongly agreed that it “helped me deliver holistic person-centred care in line with my patients beliefs & values.”

What Makes Us Special?

The strength of this work came from the ward team who supported it through hard work and passion to make care more person-centred on their ward. Without their enthusiasm, openness to adopt the change & their insightful contributions to the development of the process this project would not have been possible. The use of the COM-B model of behaviour change (Michie et al 2011) to identify key drivers for behaviour change during the planning stage and the PCPI (McCormack and McCance 2011) to define and measure improvements in person-centred care also added strength to the project and meaning to its findings. This project has simplicity as its central concept and unambiguously positive outcomes make it an enjoyable and enriching exercise for all involved.

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Manchester University NHS Foundation Trust

Fast Track Accessibility Programme

Category

Environment of Care



Manchester University
NHS Foundation Trust

Organisation

Manchester University Foundation Trust (MFT) is one of the largest Trusts in the United Kingdom. It was formed on the 1st October 2017, following the merger of Central Manchester Foundation Trust and University Hospitals of South Manchester. MFT is made up of nine hospitals across six sites, and Manchester Local Care Organisation, our city-wide community services. MFT employs over 22,000 people who provide a range of specialist and community services to a diverse population of over 750,000 citizens of Greater Manchester.

Summary

The Fast Track Accessibility Programme (FTAP) aimed to create a more disability inclusive environment, both physically and emotionally. Begun in 2017 in response to feedback from patients and staff that accessibility of services for disabled patients and patients with sensory loss was their number one priority for improvement. FTAP was initiated by senior leadership, with the Charitable Funds Committee agreeing the investment necessary to create an innovative programme unique in the country. FTAP comprised of: • Access audits; • Online Access Guides; • Bespoke disability awareness training; • Regional practice sharing conference. The outcomes of FTAP have created sustainable positive impacts: • Over 3,000 improvements to the environment planned as a result of the access audits; • Over 8,000 people a month viewing the Online Access Guides, empowering patients, their families and carers to plan their hospital visits; • Changes in behaviours with 95% of staff who undertook the disability awareness training reporting they had improved the way they interact or communicate with disabled patients; • 97% of the Access Matters Conference attendees said that they had increased their knowledge of accessibility and 94% said it had given them ideas how to improve dept accessibility.

Impact

An evaluation plan was created at the planning stage specifying success measures and how data would be collected and analysed. Qualitative and quantitative evaluation methodologies were used including interviews, focus groups, feedback surveys, secondary data collection such as measuring website traffic, and tracking documents. The success measures were defined with DPF to ensure the programme had a significant impact on the accessibility of MFT's environment as follows. Success measures were developed for each area with results as follows: **1.** 100% of improvements to the environment agreed are feasible in work plan (3,000); **2.** 100% of MFT hospital areas with an access guide (364); **3.** Number of people viewing the access guides increased from 2,500 in December 2018 to over 8,000 in September 2019; **4.** 96% of participants reported that their knowledge and awareness of disability had increased; **5.** 95% of staff undertaking the disability awareness training reported changing their interactions or communications with disabled patients. Staff said, *"I will feel much more comfortable about asking a person with a disability what I can do to better support them and what they might need from me - I think prior to this training I felt generally reluctant to ask this question for fear of offending someone."*; **6.** 97% of attendees at the Conference said they had increased their knowledge of accessibility and 94% said it had given them ideas for how to improve dept accessibility; **7.** FTAP was delivered to time and budget.

What Makes Us Special?

FTAP stands out by: • Its ambition. Given the scale of the organisation needed • Its whole organisation response. In order to be successful FTAP provided MFT with a focus to address complex issues through a targeted programme; • Its pace of progress. In two years accessibility has moved to every hospital department having Online Access Guides and recommendations for the improvement of their environment at their fingertips; • Its collaboration with disabled people. Engaging and co-production from project planning, through delivery and evaluation ensuring that the right issues are being addressed by the right solutions; • Its programme model. This gave FTAP focus, oversight and overview, and value for money by identifying synergies and avoiding duplication; • Its culture change. Creating a workforce that is more aware of the barriers disabled patients may face in accessing services and making them more confident in discussing how to make reasonable adjustments.

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Mid Cheshire Hospitals NHS Foundation Trust

Innovation around Volunteering

Category

Strengthening the Foundation

Mid Cheshire Hospitals 

NHS Foundation Trust

Organisation

Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) provides good quality, safe and effective healthcare to the people of Cheshire and beyond. The Trust, which manages Leighton Hospital in Crewe, Victoria Infirmary in Northwich, and Elmhurst Intermediate Care Centre in Winsford, was established as an NHS Trust in April 1991 and became a Foundation Trust in April 2008. It employs more than 4,500 members of staff, has around 540 hospital beds. The Trust is also part of Central Cheshire Integrated Care Partnership (CCICP), a new, unique local health partnership providing a range of community health services for people across South Cheshire & Vale Royal.

Summary

At MCHFT we see that the role of the volunteer is to provide support to our patients thus enhancing their patient experience. The support they provide can be spiritual, pastoral, emotional and or physical. Volunteers add a personal touch to a patient's journey through our services. There are over 300 volunteers here at MCHFT working in a wide variety of roles all with wise and diverse contributions to the workforce. The volunteer's service at MCHFT is an inclusive service. There is no upper age limit to volunteers, and we aim to accommodate anyone who would like to offer their services to volunteer. MCHFT voluntary services department has a proven track record of successfully launching new roles, in areas of pressure, in order to support staff and improving both staff and patient experience. There have been over 20 new volunteers roles / departments launched in the previous 12 months including; theatre hand holder (vascular line insertions), PEF team (supporting international nurses), Customer care, ED Enquiries, Neo natal peer supporters and E learning support. New roles are monitored, feedback from both the staff and volunteer is obtained, any necessary adjustments made to the role description. The aim is always to ensure the "best fit" for both volunteer and team. By reviewing current practice and thinking innovatively about how we can utilise and implement volunteer roles in services to improve patient experience, the volunteers service have worked together with service teams to implement and embed roles which offers real sustainable benefits. Feedback from wards and teams demonstrate how valued volunteers are in the trust : *"We have had volunteers on Ward 4 for some time now. They have proved to be invaluable to both patients and staff..... They are quite literally part of the ward 4 family! Thank you for all of the dedication you show to our patients".* - Rachel Wilkinson, Matron Ward 4 The voluntary services team also has strong partnership working with the Charity team at MCHFT, the Royal Voluntary Service (RVS) based at the hospital, & the British Red Cross.

Impact

The Volunteers services have collected both qualitative and quantitative data to support the role out of volunteer roles and to assess their effectiveness. Evaluation of the roles is integral to their success and sustainability. Role descriptions and refined and reviewed following feedback from patients, volunteers and staff. We have collected a wealth of qualitative feedback obtained from both service managers, detailing the contribution that staff and volunteers consider that they are making to services and patient experiences. Quotations were captured in a short volunteer services film where more than 20 volunteers were interviewed about their experiences of volunteering here at MCHFT. The roles that volunteers undertake are monitored and reviewed e.g. Volunteers in Emergency were asked to collect data around the type of contacts they were having with patients. This was used to inform future recruits to the role in ED & to establish the patients' needs that have been met by this role.

What Makes Us Special?

The volunteers sit within multidisciplinary teams across the organisation. Through the innovation of the voluntary service managers and the engagement with services across the trust, real tangible benefits to patients and staff have been demonstrated. By unleashing the potential within volunteering roles across the organisation, volunteer can both feel fulfilled in their supportive function and the benefit they offer to services is demonstrable and measurable. This is a compelling example of how a teams within an organisation can work together to achieve real tangible improvement for patients and cost and efficiency saving for the service.

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Milton Keynes University Hospital NHS Foundation Trust

Working Together to Improve Services for People with a Learning Disability

Category

Using Insight for Improvement

Organisation

Milton Keynes University Hospital NHS Foundation Trust



**Milton Keynes
University Hospital**
NHS Foundation Trust

Summary

People with a learning disability have worse physical and mental health than people without a learning disability (LD). Engagement and insight from 'Talkback' Experts by Experience (ExBEx) (local groups supporting people with a learning disability) told us they didn't know how to feedback or complain about their care.

MKUH is committed to support national aspirations to improve care and experience for people with a LD. MKUH has an LD Strategy and 'Learning Disabilities Steering Group' in place to identify workstreams and drive improvements. Membership of the group includes patients' representatives, governors and key staff. This group and Talkback were instrumental in designing leaflets, a bespoke '15 Steps' toolkit and an improved communication route for people to feedback on their care.

The feedback communications co-designed by the 'Experts' are innovative in design and are eliciting feedback which is supporting improvements in the Trust. The toolkit has been used by others in the trust for its ease of use. The availability of the materials, alongside staff training has created awareness of the needs of people with a LD. MKUH values: We Care, We Communicate, We Collaborate, and We Contribute; are achieved through this initiative.

Impact

The most important result is improved engagement, developing partnership and positive relationship. The impact of working closely with this group; we really hear their voice and can act on it. We measure this by awareness of the LD FFT and toolkit, which is increasing month on month. Following the success of the complaint leaflet and the toolkit, MKUH has used the same approach to introduce a new 'FFT' card for the hospital. Working with the group, we designed an appropriate form which is easy for the members to use. This is available on all wards and departments. Introducing this toolkit and FFT card has created discussion in the hospital. We have low number of complaints and FFT responses, we believe this is appropriate linked to the number of people who we know may be on site. The options and support are there.

MKUH is working with members to support our onsite training for staff in LD awareness. Volunteering positions have been offered to the group, one member is a regular gardener on site. We jointly presented at a CCG Board meeting. Together we all celebrated at Christmas with mince pies and drinks after a 15 Steps visit in December, we are building a really positive relationship of equals.

What Makes Us Special?

Improving health inequality for LD is a priority for the government. A cold target that will affect the care of real people. People who are often vulnerable and may not have a voice. We believe we have really engaged and listened to this group and embrace their thoughts and heard from them what was important. By working with the group on site we have been able to show them clinical rooms, wards and equipment such as x-ray machines they may encounter. One visit we had a young woman with a LD who told us she had an appointment letter she didn't understand and suggested she would not attend as she was scared. By having her on-site we were able to show her round and clearly explain what would happen and how she would be supported. It resulted in the x ray being taken that day with no further tests needed. It is likely this young woman may not have attended a crucial appointment. A small success and valuable learning for us. Really listening, not making assumptions, taking the time needed to really work with this group.

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NHS Blood & Transplant**Donor Records and Donor Family Care Services****Category**

Team of the Year

Organisation

NHS Blood & Transplant

**About Nominee**

I currently line manage the Donor Records and Family Care Services within NHS Blood and Transplant. One of our Key Performance Indicators is responding to requests for follow up information from external stakeholders within 60 days. Not achieving this target was a key step in developing the project which is described below.

At Work

NHS Blood and transplant provide a blood and transplantation service to the NHS, looking after blood donation services in England and transplant services across the UK. This includes managing the donation, storage and transplantation of blood, organs, tissues, bone marrow and stem cells, and researching new treatments and processes. More than 5,000 people work for NHSBT across the UK. Experienced staff work in everything from caring for blood donors and clinical research to logistics and finance. The Donor Records Department (DRD) was established in 2016 to address the inconsistencies in relation to quality administration with a platform to further develop support services for donor and recipient families.

Summary

89% of transplant recipients hadn't written a letter to their donor family. Reasons for this are multifactorial including, debilitating side-effects of medications, hand tremors, steroids causing elevated emotions. For recipients trying to find the right words, not offend but convey a sincere message of thanks is often very difficult. Our innovation was motivated by wanting to make a difference for the recipients, the donor families and the DRD staff. Objectives were agreed with DRD staff. A spreadsheet tracked progress made, this was distributed to Team Leaders and disseminated at monthly meetings. Performance has been measured in the form of audit, looking at: • Information missing on contact database; • Number of letters exchanged between donor families and recipients; • Responding to requests for follow-up within 60 days; • Number of non-responders; • Job satisfaction for DRD staff. No additional staff have been employed to accommodate this project. Time points for review have been agreed, hurdles encountered are tackled promptly. Objectives, dissemination of progress and development of the project could easily be implemented by another department or organisation. Change management strategies were utilised ensuring those involved had a vested interest to make the project work. There were 5 performance outcomes that we measured:

1) Information missing on contact database - This occurred on 5 occasions and was resolved by the team in a timely fashion; 2) Number of letters exchanged between donor families and recipients: Year Total pieces of correspondence % increase: 2017-18 – 1709, 2018-19 - 2537 = 48.5%. Of the 2537 pieces of correspondence received 82% was received from recipients. 2018-19 saw 3951 transplants carried out, of these 11% of the recipients who received a transplant wrote to their donor family within the same 12 months. 3) Responding to requests for follow-up within 60 days: Follow up requests responded to within 60 days Feb-19 – 37%; Mar-19 – 24%; Apr-19 – 60%; May-19 – 83%; Jun-19 – 83%; Jul-19 – 85%. Overdues fell from 24 to 2 in the same period. 4) Number of non-responders: The team experienced a total of 7 non-responses to email requests from 6 individual recipient centres. This resulted in several letters being sent to donor families with missing information regarding their loved one's donation. 5) Job satisfaction for DRD staff: The team have a great deal of job satisfaction from having the autonomy to look at process and services we provide to external stakeholders. Having reviewed the process and removed several blockers has allowed the team to enjoy and take pride in the follow up service they provide to donor families. The team have also been able to build on relationships and work together with key stakeholders to allow the project to work, improving the experience for all.

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NHS Blood and Transplant**Clockface - Enhancing Donors Experience and Understanding of Blood Donation.****Category**

Turning it Around

**Organisation**

NHS Blood and Transplant is a Special Health Authority in England and Wales dedicated to saving and improving lives through the wide range of services we provide. Our challenge is to provide a safe and reliable supply of blood components, diagnostic and stem cell services to hospitals in England and North Wales and tissues and solid organs to hospitals across the UK. We collect voluntary donations from people from all walks of life, prepare them for use, dispatch them to hospitals and match them to patients who desperately need them. Each year our donors give about 1.7m blood donations and about 4,000 organs, saving and transforming thousands of lives.

Summary

The aim of Clock-face was to:

- Help donors understand the time it takes to donate and the reasons for each step of the process: 100% of donors stated that Clock-face was easy to understand and explained the donation process clearly;
- To give donors a better understanding of the donation process: 100% of donors stated that Clock-face did just that;
- To reduce anxiety of donors: 86% of donors (including those who responded N/A) stated that Clock-face made them feel less anxious about the time they were waiting;
- To improve the donor experience of donating and of the service provided: 90% of donors stated that they felt more satisfied;
- To understand what information donors wanted to see on session: 95.5% of donors were satisfied with the amount of information provided on session;
- To reduce donor complaints and improve donor satisfaction.

Impact

1. The pilot Clock-face and resulting audit enabled me to confirm that donors read the information and found it useful. Detailed results of the audit can be found in the available clock-face report. 100% of donors who read the information felt it was easy to understand and 100% felt it explained the hour long donation process clearly. 98% of donors felt they had a better understanding of the time it takes to donate, with overall, 81% feeling less anxious about donating after reading the information. 90% of donors felt more satisfied with the service provided following the information. Data for new and returning donors has been charted to see if the information would have a positive impact on this group of donors. A positive donor experience could influence a new / returning donor to continue to donate thereby increasing the donor base. A positive donor experience with reduced anxiety may have a positive impact on donor well-being and have a positive impact on the reputation of the organisation for recruitment and retention. 100% of new/returning donors felt the information was easy to understand and explained the hour long donation process clearly. 100% (new) and 97% (returning) had a better understanding of the time it takes to donate with 83% (new) and 94% (returning) stating they felt less anxious. 97% of new and returning donors felt more satisfied with the service they received after reading the information. All donors were asked if the amount of information given was appropriate and asked if they would like to see any more information made available on session.

2. Overall donor satisfaction is reported monthly and following the introduction of clock-face the Teesside team has reported a consistent and sustained level of satisfaction with the service. Ongoing review has shown that satisfaction scores remaining on a consistent and sustained level which lies above the organisations expectations.

What Makes Us Special?

This initiative stands out because of its simplicity in explaining the process and because it demonstrates honesty and transparency of the problem with delays. Open communication with donors and having conversations about Clock-face has resulted in donors being better informed and more satisfied with the service. Piloting the document first ensured that it did what it was supposed to do which ensured its success to a wider group of donors. The initiative is a success because it is simple, we do not make excuses for the delays and are open and honest with donors in our own acknowledgement of the delays. We are able to inform donors that it is only the first step in addressing the issue. The revised version of Clock-face informs donors of further initiatives currently in place to address these delays.

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NHS Blood and Transplant**Videos to Support Families being Approached to Consider Supporting Organ Donation for their Loved One****Category**

Communicating Effectively with Patients and Families

**Blood and Transplant****Organisation**

NHS Blood and Transplant is a Special Health Authority within the NHS. NHSBT provides a blood and transplantation service to the NHS, looking after blood donation services in England and organ donation and transplant services across the UK. This includes managing the donation, storage and transplantation of blood, organs, tissues, bone marrow and stem cells, and researching new treatments and processes. NHSBT has around 5000 staff working from bases across the UK. Organ Donation and Transplantation is the sole Organ Donation organisation for the UK. 12 Regional Teams of Specialist Nurses provide a UK wide 365, 24/7 service supporting potential organ donors and their families, approaching for consent to organ donation and caring for both donor and family through the care pathway. Our aim is to save and improve as many lives as possible through facilitating the gift of organ donation. Last year ODT supported 1600 deceased organ donors, a record for the UK.

Summary

The aim of the project was the creation and UK wide implementation of two short, informationally correct and engaging videos which would be used by OD Specialist Nurses every time they were in a room conducting a conversation with a patients' family as to whether they would give their consent to organ donation. The videos ensure that every family receives exactly the same information, helping to ensure that truly informed consent is obtained. In a period of stress the videos simply and gently disseminate information and can be shared via YouTube with relatives who cannot be at the bedside. The content and animated style were developed in collaboration with donor families and NHS professionals to ensure accuracy, tone and script were correct. The videos, seek to ensure consistency of care by providing the same vital information to every family, every time, explaining a very specialised area of healthcare in an accessible form. The concept is easily transferable, helping patients and families understand complex procedures and has already been shared internationally.

Impact

"One family member was angry at losing their loved one and had been pacing in the room whilst the Nurse was giving the information. When the Nurse asked to show the video the family sat close together (including the son who had been pacing). He calmed down and sat with his family, nodding along with the video especially at the statement of only 1 in 100 people can donate. I felt that the video was well received and brought the family together..." LB Nurse. Evaluation and feedback are the measure of success for implementation. Many Specialist Nurses expressed some trepidation around how a family would react when in the middle of facing the loss of a loved one they were asked to view a video. In order to persuade nurses to effectively 'hand over' some messaging to a video required a high level of trust in both the contents and the nature of previous experiences. The collation of feedback from Nurses and families was a vital part of measuring impact. The difference the videos make can only be measured in terms of improving the patient experience. The aim is to help a family make the right decision for them, be that consent or refusal, so organ donor numbers would not be a reflector of success. The videos are now in 2020 part of best practice for communicating with potential donor families, trained out across the UK and an important measure of the value added to the family experience.

What Makes Us Special?

Experience of dealing with the acutely bereaved, and of those who have made their donation decision, have driven this project and continue to determine the use and platform among other drivers. This is an exceptional example of a bottom – up initiative where ODT leadership recognised the idea had potential and trusted front-line colleagues to deliver. The videos are relevant, based upon patient needs and have been introduced gradually, allowing first hand feedback to help convince others of the usefulness of the videos. The collaborative nature of the design process, involving NHS colleagues, and patient's families ensured experiences were captured and used to create the best possible outcome.

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NHS Digital

NHS Digital Service Manual



Category

Using Insight for Improvement

Organisation

We are the national information and technology partner to the health and social care system. Our mission is to harness the power of information and technology to improve health and care. We're based in Leeds, Exeter, London, Southampton and Southport, and we employ about 3,000 people. This award application is from the NHS.UK programme, which sits in the Product Development directorate of NHS Digital. NHS.UK is responsible for the NHS website (www.nhs.uk) and social media presence.

Summary

During 2019 we published new guidance in the NHS digital service manual to help digital teams across the NHS improve the accessibility and usability of their services.

There's new guidance on:

- health literacy – making content easier to understand for people with low health literacy
- accessibility – how to make digital products more accessible and create a culture of accessibility in your teams
- plain English – responding to user feedback and user testing on the language we use
- inclusive language – how we write about age, disability, race, sex and gender, for example

The work has enabled us to make the NHS website more accessible to the public, whatever their age, language, literacy or physical or mental health condition. It's also allowed us to create and publish guidance to have a much wider impact on health information and digital services across the NHS.

Impact

The guidance in the service manual has been adopted by the NHS website, and so far hundreds of web pages have been transformed following these principles. The NHS website is the UK's biggest health website, with more than 50 million visits every month, so this has an impact on a huge number of people.

Others have also benefitted from these tools and guidance. NHSBSA and Gloucestershire Hospitals NHS Foundation Trust are both using the frontend library on digital products, meaning that accessibility is baked in from the start. We know that our plain English and health literacy guidance is being used by organisations like NHSBSA, Public Health England, Health Education England and health charities.

These are just some of the examples we know about. The 627 people on the service manual Slack community come from organisations like CQC, NHS Blood and Transplant and local NHS services, and they are all interested in how to make their digital services accessible and inclusive.

"The background is very clear. It is nice and plain and does not feel too bright. The way the font is on the page, it is nice and easy to see. I have not seen anything that I think 'I can't make that out'." - User with dysgraphia using revised modules

What Makes Us Special?

The scale of this project and the breadth of its impact make this project stand out. Changes to the NHS website impact over 50 million visits a month, and because our content is syndicated by over 2,000 organisations to other digital products, it has a reach even wider than that. Our open and transparent ways of working are also noteworthy. Doing things in the open – for example, encouraging public contributions and engaging with communities on Twitter – makes our tools and guidance better and increases people's awareness of them. As the guidance is taken up by other health organisations it is making a difference to even more people, and saving valuable NHS resources revisiting the same challenges.

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NHS Leicester City Clinical Commissioning Group**The Health in your Hands Voluntary and Community Sector Event Funding****Category**

Communicating Effectively with Patients and Families

**Leicester City**
Clinical Commissioning Group**Organisation**

NHS Leicester City CCG was established in April 2013 as part of the Government's reforms of the NHS. In 2018/19 we were entrusted with a budget of £531m with which to plan and buy many health services needed by people living and working in the city of Leicester. We are responsible for hospital treatment, rehabilitation services, urgent and emergency care, community health services, mental health and learning disability services. We pay organisations to deliver services for patients. In April 2015 we also took on responsibility for the core activities of our 56 GP practices. Based in the centre of Leicester, the CCG employs approximately 90 staff.

Summary

In March 2019 Leicester City CCG granted 17 local Voluntary and Community Sector (VCS) organisations a sum up to £2,500 to put on a health and wellbeing event (or series of events). The CCG offered VCS organisations a one-off opportunity to host their own public events with the aim of promoting their services to targeted communities in a creative way. Throughout the project approximately 3,000 people from some of the most diverse and seldom heard communities engaged with the events. Groups reported an increase in service users and volunteers as a direct result of the events funded by this project. A large number of the winning organisations have been able to sustain their engagement activities introduced through the project with some attracting further funding from other sources. We are able to demonstrate our commitment to supporting the important work that the VCS does, by showcasing their services in a creative way and encouraging future joint working opportunities. The project improved our knowledge of what is available and helps us to build better relationships.

Impact

At the end of the project the winning organisations attended a celebration morning where they presented to the CCG how they had spent the funds. This measure was chosen to share the learning, outcomes and feedback from the projects. They were asked to complete a feedback form on the day with details of who had been engaged, how many people, demographics and asked for any future suggestions. The 17 grants facilitated VCS organisations to engage with circa 3,000 people from a wide range of groups and communities and reached community members and service users that would not have been otherwise reachable by the CCG.

The winning groups took innovative and creative approaches to their events using bespoke methods appropriate to their communities. For example, Project Polska delivered a series of workshops in Polish, and Leicestershire GATE (Gypsy and Traveller community) recruited somebody from the community to run their women's wellness groups. These approaches proved to be a valued aspect and encouraged the involvement from individuals. The celebration event connected other groups together, for example, a Bangladeshi women's group invited Gypsy Traveller women to attend their dance classes. All of the winners shared contact details to continue engaging, working together and sharing learnings with each other and with the CCG.

What Makes Us Special?

Historically the NHS in Leicester has worked with a wide range of communities but no other project has managed to reach such a wide range of diverse groups and individuals in such a short space of time. Through this we have been able to demonstrate how much we value the work that local and smaller organisations do on our behalf and have brought people together to make connections and share information. This has helped us to develop long lasting relationships with new communities and has strengthened existing ones. We gave the winning organisations free reign to develop their own creative ideas, with only a small set of broad criteria to align with our priorities. This meant that ideas came directly from people who understand how to engage their communities, and they put in practical steps to ensure their success. By sharing the outcomes with all that took part, we have opened many doors to further engagement opportunities which are already being pursued by the CCG. Many of the communities are also engaging across organisations, and a number of activities which were introduced through this funding are continuing, such as health education, yoga and wellbeing workshops.

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PEN National Awards 2019

Re:thinking the experience

North West Ambulance Service

Paddy Ennis

Category

Patient Experience Transformer of Tomorrow

Organisation

North West Ambulance Service



NHS

North West
Ambulance Service
NHS Trust

About Nominee

Paddy is a Paramedic and recently completed the MSc Advanced Paediatric and Neonatal Practice at Liverpool John Moores University as a part-time student. Whilst on the course Paddy was working at North West Ambulance Service.

At Work

Paddy was working at North West Ambulance Service whilst completing the MSc Advanced Paediatric and Neonatal Practice as a part-time student. He was interested to discover if current Paramedic Training and Education could be improved to meet the gold standard of Paediatric Life Support, which indicates that in emergency situations involving children a clinician with Advanced Paediatric Life Support training should be available. He decided to make this a focus for his dissertation. Paddy's initial scoping of the literature led to a recognition that ambulance clinicians encounter emergencies involving children relatively rarely, and that there was an opportunity to enhance their skills and confidence when attending emergencies involving children, thereby improving outcomes. Paddy then conducted an extensive systematised review of the current literature, highlighting opportunities to enhance paramedic practice in dealing with emergencies involving children. He found that whilst paramedics are the primary providers of pre-hospital care to children in an emergency, when required to they consistently report a lack of confidence in providing this. Whilst Advanced paediatric Life Support Training or equivalent is recognised as the gold standard this focusses on the needs of in-hospital emergency care providers and may not adequately meet the needs of pre-hospital providers. This led Paddy to develop a new course aimed at enhancing the skills and confidence of paramedics when dealing with paediatric emergencies, condensing the most important aspects of Paediatric Advanced Life Support and adapting them for paramedic practice. He called the course PARC (Paramedic Advanced Resuscitation of Children). Paddy then piloted the course as a cost-effective simulation-based programme. Evaluation of the pilot revealed that clinicians felt more confident in the management of acute illness in children, injury and cardiac arrest after attending the course. Paddy has recommended that the PARC course is made available to all paramedics within the North West Ambulance Service.

Summary

Paddy conducted his dissertation as a student and graduated in November 2019, yet has already acted as an agent of change within his trust. His project is well researched, piloted and evaluated has the potential to have a significant impact on outcomes for children who require out of hospital emergency care. On top of this Paddy has contributed to developments within the paramedic profession by having a journal article disseminating learning achieved through his project published in the Journal of Paramedic Practice:

Contact Details

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Northampton General Hospital**The Wood for the Trees - Ward Level Data for Trust Wide Improvement****Category**

Measuring, Reporting and Acting

**Northampton General Hospital**
NHS Trust**Organisation**

Northampton General Hospital NHS Trust is a 818 bedded hospital providing general acute services for a population of 380,000 and hyper-acute stroke, vascular and renal services to people living throughout the whole of Northamptonshire, a population of 692,000. The Trust is also an accredited cancer centre and provides cancer services to a wider population of 880,000 who live in Northamptonshire and parts of Buckinghamshire. The Trust also provides outpatient and day surgery services at Danetre Hospital in Daventry. More than 5000 staff are employed by the hospital, including clinical and non-clinical.

Summary

For years at Northampton General Hospital we saw a decline in our National Inpatient Survey (NIS) results, with a disengaged workforce who were struggling to identify how to improve when they didn't feel the results were representative of their ward. In 2016, results hit an all-time low, and the decision was made to tackle the problem head on. We knew we needed to overcome two main challenges - lack of ward level data leading to lack of engagement, and the length of time between the patient being in with us and the survey results being received. To overcome this, we commissioned our National Survey providers, Patient Perspective, to send a monthly Mini-national survey to 600 patients, 2 weeks after they had been discharged. Reports are received quarterly and are broken down to ward level. The more frequent data, plus it being at ward level, has enabled areas to take ownership of their results and make some quite significant changes. There is a forum anyone can attend to talk about the results, share best practice and start projects. In 2018 we received its best NIS results for years.

Impact

Providing wards with results which were specific to them, within a shorter time frame, has had a significant impact on our patient experience and in turn has had a substantial impact on the hospitals NIS results. Wards have been able to target improvement work to their own areas. It has also left no place to hide as excuses of 'this is not about my ward' can no longer be used. This has led to wards taking far greater ownership in their results and a better understanding for the staff working within the wards. In 2014 the hospital had 4 questions which performed as 'Worse' than the national average, this increased to 7 in 2015 and hit an all-time high of 10 in 2016 (the data for 2016 was taken in July and we began our mini-national survey in November). Following the introduction of the mini-national survey within the hospital and a great deal of targeted focus for the wards, the results for 2017 improved to 4 questions within the 'Worse' category – a huge improvement from 10 in 2016, and improved further in 2018 to just 3. The best results we have had in many years and a massive improvement from the frustrating days of making no progress. Breaking this down to improvements within individual questions, a number of questions that performed poorly in 2016 have seen a year on year improvement since. E.g. For the question 'Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?' the results were 2016: 6.7, 2017: 7.2, 2018: 7.4. When asked whether they had enough privacy when discussing condition or treatment, the results have increased steadily from 8.2 to 8.4 to 8.6. For the question around noise at night from other patients, although this continues to be a 'worse' performing question, there has still be an improvement in the score- 2016: 4.9, 2017: 4.8, 2018: 5.4 and focus continues on this area for wards that are performing poorly. One ward currently has a piece of equipment on the ward monitoring sound levels so we can gain a better understanding of what is disturbing patients.

What Makes Us Special?

This initiative stands out for its solution to a problem which is seen throughout many organisations in the country and its ease of replication. Many hospitals find it difficult to make improvements when it is not easily identifiable where they need to target. The survey can be adapted by anybody and for any service where a hospital may be struggling with national survey results. I also believe that it stands out due to its continuous and sustained improvement within the 2017 and 2018 survey results.

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Northumbria Healthcare NHS Foundation Trust

Supporting Happy, Healthy and Productive Teams – Our Year of Discovery

Category

Staff Engagement/ Improving Staff Experience



Northumbria Healthcare
NHS Foundation Trust

Organisation

With a budget of £640 million, Northumbria Healthcare NHS Foundation Trust provides a wide range of health and care services to support more than 500,000 people living in Northumberland and North Tyneside. We provide acute and community care, as well as adult social care on behalf of Northumberland County Council. Our ambition to enhance staff and patient experience together, as part of an integrated approach, has the potential to reach a great number of people: we provided care to more than two million people in 2019. We employ 9500 dedicated members of staff. Northumbria has been rated as Outstanding twice by the CQC in the last 5 years.

Summary

We believe the development of the Northumbria Staff Experience programme is truly innovative. We are not aware of any other organisation that has developed a comprehensive, real time patient experience programme to inform the development of a similar staff experience programme, and allow for prompt triangulation of staff and patient experience and safety data? We have drawn on the large body of literature and more than 20 years of Michael West's research, to understand the high performing organisations, leadership behaviours, system design, operating values, communication patterns and technical support that enable engaged, effective and motivated teams. The programme leadership for this work is provided by the Chief Experience Officer at Northumbria – this, too, is the first post of its kind in the NHS, with a dedicated portfolio and board level responsibility for improving staff and patient experience together. Robust evaluation evidences extremely positive results one year on from implementation, with staff engagement and all 8 domains of staff experience statistically better. Northumbria's national staff experience results showing similar gains. Success has increased Board support for the programme, resulting in an investment of £250,000 in 2020 for sustainability and spread.

Impact

In December 2019, we repeated the Trust wide baseline survey to see if there had been any gains in key metrics compared to feedback that had been received at the same time in 2018. We received responses from 3500 staff over 3 weeks. The results for a first year of implementation are extremely encouraging, all 8 domains of staff experience have statistically improved. Our core metric of sustainable engagement is also statistically better, up 4.9 against baseline, with a December 2019 score of 77.9 %. The improvements that have been apparent locally appear to also have been replicated in Northumbria's national staff experience results, with statistical gains in 3 core domains: staff engagement, equality and diversity & a culture of safety. These improvements were achieved despite a very strong 2018 baseline where Northumbria was ranked 2nd out of all NHS provider organisations.

What Makes Us Special?

We believe this work stands out due to the level of innovation and demonstrable impact within one year of implementation. We recognise that the use of real time feedback of staff or customer experience in industry is not entirely new. We do believe however, that the organisational context in which our innovation has been tested is relatively unique in the NHS. We are not aware of any other organisation that has developed a comprehensive, real time patient experience programme to inform the development of a similar staff experience programme, and allow for prompt triangulation of staff and patient experience and safety data? The programme leadership for this work is provided by the Chief Experience Officer at Northumbria – the first post of its kind in the NHS, with a dedicated portfolio and board level responsibility for improving staff and patient experience. The innovative technologies and staff engagement software that were piloted as part of this programme have been previously trialled in a University setting. Gabber, which allows for audio capture with a sense making platform, was powerfully used to understand the experience and access to health for refugee families in Palestine. We have been excited about the collaboration with colleagues at Open Lab, (University of Newcastle) and the learning from the application of these technologies in an NHS setting. We're extremely proud of the level of staff engagement and the extremely positive results that have been achieved in a short space of time.

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Northumbria Healthcare NHS Foundation Trust

Working Together & Learning Together – a Partnership approach with Northumberland Syrian Families

Category

Strengthening the Foundation



Northumbria Healthcare
NHS Foundation Trust

Organisation

With a budget of £640 million, Northumbria Healthcare NHS Foundation Trust provides a wide range of health and care services to support more than 500,000 people living in Northumberland and North Tyneside. We're an integrated organisation, providing acute and community care, as well as adult social care on behalf of Northumberland County Council. Our ambition to enhance staff and patient experience together, as part of an integrated approach, has the potential to reach a great number of people: we provided care to more than two million people in 2019. We are also one of the North East's largest employers with 9500 dedicated members of staff. Northumbria has been rated as Outstanding twice by the CQC in the last 5 years.

Summary

The resettlement of families that have fled violence and terror is a life that is unimaginable to most. Leaving such violence to settle in a new country after witnessing such atrocities should in theory, be a positive experience, however, being placed in a community that has little cultural understanding of that journey and no shared language, it can be fraught with anxiety and trepidation.

This programme grasped the nettle by the root and sought to understand what truly mattered to the Syrian refugees. It worked side-by-side with the families to help understand what would bring more joy to their lives and to support them in having a community where they felt safe and could thrive again.

Community Culture Northumberland – a Role Models programme for BAME communities reached out a friendly hand to those struggling, and shared the privilege of watching families learn and grow.

We started with scared and vulnerable families, but through trust, community spirit and love, we are no longer separate communities, but rather one big extended family with 15 proud Syrian role models leading the way for their family and friends.

Impact

The community gained a much greater cultural understanding of the refugee's journey and lives. Strong bonds grew between the families and residents with beautiful exchanges of sharing foods and recipes. The 15 role models became informal leaders and along with others, took part in the video clip which is shown to new arrivals. Furthermore, the role models presented at the first Community Culture Northumberland Conference and delivered a workshop to over 100 delegates. The measurement was the increase in self-esteem. Families reported feeling unsafe upon arrival and afraid. After the programme and work with the resettlement team, the families developed a strong fondness for Northumberland and began to thrive. Language skills increased, children began attaining high grades at school and some of the men secured both voluntary and paid employment.

Furthermore, due to the trust that had been established, families accessed healthcare services. Those with medical conditions received timely and appropriate treatment and those wishing to prevent ill health accessed stop smoking services and weight management programmes.

What Makes Us Special?

Its heart and its ears. We were led by what truly mattered to the refugee families. We had a plan of what we hoped to do and we scrapped that and went with what they felt was important to them. We truly listened and showed our respect for them by acting on what they wanted us to do. We didn't make any assumptions and were open to learning. What made it different was that we were willing to scrap our plan, recognise that the families knew much better than us what would work, and went with their ideas. This in turn helped them to flourish; it was a truly beautiful partnership.

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Nottingham University Hospitals NHS Trust

Wear to Care

Category

Personalisation of Care



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 16,700 people at QMC, Nottingham City Hospital and Ropewalk House. • QMC is where our Emergency Department (ED), Major Trauma Centre, Nottingham Treatment Centre and the Nottingham Children's Hospital are based. It 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. We have a national and international reputation for many of our specialist services, including stroke, renal, neurosciences, cancer services and trauma.

Summary

'Hospital Wear to Care' is an initiative that was led by a patient's family in partnership with NUH. The main focus of the project was to ensure that ward E39 which provides care to children and teenagers receiving treatment for cancer was Autism friendly. In order to do so we took the following steps; discussed the concerns with the patients parents, liaised with ward E39, invited Autism East Midlands to undertake an audit, implemented ideas and recommendations and ensured that the ward staff understood the initiative to support patients. The project's key aim was to reduce the noise experienced within ward E39 which primarily came from the TV's within the unit. The practical focus of this was to purchase headphones and splitters to enable patients to use the TV's and provide a quiet environment for others while still enjoying the space. A central consideration of this project has also been on encouraging patients to bring their own headphones which will ensure the usage is sustainable. The initiative has been widely supported due to the effective communications around the scheme. Badges and Twitter have been essential to promote the campaign and has enabled us to share the initiative with other Trusts.

Impact

The project has ensured that ward E39 has created a more inclusive environment for all patients accessing our services. The ward supports families when their child/relative is going through cancer treatment which can be an incredibly difficult time. The ward team creates a family friendly environment with TV's, games and a homely atmosphere to ensure patients and families who have to sometimes spend a considerable amount of time at the hospital with a comfortable environment. With the addition of posters which highlight awareness of Autism and also the availability of headphones/splitters and encouraging people to bring their own headphones in this maintains the same family friendly environment however also makes the ward more comfortable for people who have Autism and their families. As the splitters allows families to watch a programme together but provides a quiet space to other patients. The impact has been measured from patient and staff feedback of their experiences and the outcome has been very positive.

What Makes Us Special?

The initiative stands out due to the focus and lead from the patient's family based on the wishes of the patient. The key elements that have made this project a success is that it has been led by the patient voice, supported fully by ward E39 and is a simple but very effective initiative that significantly improves the experience of patients, not only young people with Autism, but everyone, as the knock on effect to all other patients is that noise is greatly reduced across the ward making it a less anxious place for all.

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Nottingham University Hospitals NHS Trust

CPR Teachathon

Category

Engaging and Championing the Public



Organisation

Nottingham University Hospitals NHS Trust (NUH) is a large and dynamic Acute Care Trust, situated in the heart of Nottingham. We provide services to over 2.5 million residents of Nottingham and its surrounding communities, as well as providing specialist services for a further 3-4 million people from across the region. We are one of the largest Trusts in the UK, comprising of the Nottingham Children's Hospital, Queens Medical Centre, Nottingham City Hospital, Ropewalk and Nottingham Treatment Centre. NUH is an ambitious teaching hospital, playing a central role in the education and training of nurses, doctors and other healthcare professionals.

Summary

The CPR Teachathon is an innovative, engaging and ambitious approach to community engagement. It is an annual, open and fun family event, held in prominent locations in Nottingham with an aim to educate the public on Basic Life Support (BLS), Cardio Pulmonary Resuscitation (CPR) and Health initiatives. The event was conceived, developed and led by the Paediatric Emergency Department (PED) Shared Governance council, comprising solely of frontline staff nurses. It was developed in response to staff nurses' recognition that the public lacked the confidence and education to initiate BLS on their children, therefore impacting on survival rates. Over the three years, the CPR Teachathon, led by the PED Shared Governance Council, developed to involve Emergency, voluntary and public Services. This event has been widely publicised and reported on in local media outlets, contributing to its continuing success and sustainability in the Nottinghamshire events calendar. Over three years, the CPR Teachathon has taught 2700 members of the public. This event should be replicated throughout the country to reach greater numbers & increasing the chances of bystander CPR for everyone.

Impact

The public that have been engaged with the event, gave very positive verbal feedback on the day including that it was interesting, informative and that they wanted more information to take home. Members of the public also reported that they felt the education had built their confidence when faced with an emergency situation. The event, across the 3 annual dates has taught approximately 2700 people in total, including covering what to do when a baby/ child or adult is choking or collapsed. These numbers were collated by allocating volunteers in turn to tally the participants throughout the six hours using a clicker. The event provided the opportunity for Nottingham University Hospital nurses and staff to share their expert knowledge and therefore lead to them feeling more empowered as a professional, valued when talking to the public and fellow community colleagues, as well as raising the profile of nursing. Staff fed back that the event brought them together as a wider team and encouraged a new awareness of each other and their roles due to the variety of stalls at the event. The CPR Teachathon also presented the opportunity for inter-professional working, including other emergency services such as the Police, East Midlands Ambulance Service, Nottinghamshire Fire Service, Blood Donor service and the Therapy Dogs that attend NUH. In 2019, the event also included the RED Thread Campaign an initiative to reduce knife crime. Nottinghamshire police were delighted to engage so many young people through the initiative. All 3 events had local media coverage ranging from the West Bridgford Wire to BBC Radio Nottingham and BBC East Midlands today. On all occasions, the event has also raised a significant amount of funds for NUH Charity.

What Makes Us Special?

This event is unique, important and stands out as it was born out of Paediatric Emergency Department Staff Nurses at NUH, responding to parent feedback and wishing to make an impactful difference to public experience, confidence and knowledge of delivering Pediatric Basic Life Support. This event demonstrates professional dedication in delivering a meaningful experience, empowering the public to engage in BLS. A key element contributing to the CPR Teachathon's ongoing success lies in the commitment of Emergency and public services working cohesively together, coordinating and volunteering their time to deliver large-scale health promotion event, aimed at providing the public with health education whilst enjoying a fun, family day out.

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Nottingham University Hospitals

Developing Digital Technology Solutions to Improve Care for Cancer Patients

Category

Innovative Use of Technology/Social/Digital Media

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 provide specialist services for a further 3-4 million people from across the region. We employ around 16,700 people at QMC, Nottingham City Hospital and Ropewalk House. In partnership with The University of Nottingham we host a Biomedical Research Centre carrying out vital research into hearing, digestive diseases, respiratory, musculoskeletal disease, mental health and imaging. As a teaching trust we have a strong relationship with our colleagues at University of Nottingham and other universities across E Midlands.

Summary

The NUH Oncology Digital Technology team has been set up to enhance patient care in the 21st century. Our focus has been to: • Improve access to treatments for patients across the East Midlands; • Reduce the need to attend hospital for face-to-face appointments; • Give patient more control over their secondary care, reducing their time and cost. We have developed, implemented and assessed two novel methods of interacting digitally with cancer patients. 1. Virtual video clinics for patients in the East Midlands with brain metastases who are being considered for treatment. Initial and follow-up appointments are offered for virtual clinic on Smart phone or computer. Highly successful programme to be rolled out now across oncology. Such positive feedback from patients that they preferred to receive bad news via virtual clinic rather than in oncology department; 2. ePROMS (patient-related outcome measures) using digital questionnaires to interact with patients at home as a substitute for face-to-face appointments. Currently used for patients on immunotherapy for metastatic cancer but wider roll out due. Excellent feedback from patients and 94% patients do not require a face-to-face appointment but can go straight to treatment. The 99% compliance rate for questionnaires shows superb patient engagement.

Impact

Virtual video clinics: From Apr 2018 to Oct 2018 all patients attending the brain Metastases clinic were offered the choice of a teleconsultation in place of a face-to-face appointment. Sixty-nine individual patients had 119 appointments during the pilot. Of these, 36 were new patient appointments and 73 were follow ups. Of these, 24 patients (35%) took part in 41 (34%) teleconsultations. User satisfaction was high and no patients who took part in a teleconsultation reverted to face-to-face appointments. These patients avoided 2521 miles (61.6 miles per appt) of hospital associated travel & travel costs of £441.48 (£10.78 per appt). *"Wonderful to be able to speak to specialists in the privacy of our own home. This relieves the stress attached to travelling to and attending clinic. Thank you for offering this service. Would have cost us £50-£60 to attend"; "...this was an excellent way to have an appointment & enabled me to continue caring for my wife as well as receive expert care."*

ePROMS: Pilot work showed that immunotherapy and targeted therapy treatments were most likely to be of benefit to the patients. A pilot study was then launched in melanoma and renal immunotherapy. Over 100 patients have been enrolled in this study. There is a 99% completion rate of questionnaires by patients on their Smart phone or Tablet. No serious side-effects have been missed, in fact patients find that the questionnaire picks up more symptoms than a face-to-face doctor's appointment. A digital review clinic appointment takes 4 minutes by a specialist nurse. 93.5% of patients did not have to attend for a face-to-face appointment. Patient feedback was excellent and no-one wanted to return to face-to-face appointments. *'I felt that I was able to give more accurate answers as I was at home with a cup of tea and had more time to consider the questions.'*

What Makes Us Special?

Our work is unique. No-one else in the UK is using virtual video clinics in the context of brain metastases to reduce the need to attend in person – yet specialist regional centres for radiotherapy are increasing and it is so important that people can access specialist advice without needing to travel long distances. Other centres are developing their own ePROMS but none to replace face-to-face appointments. Our detailed work has shown that Digital Technology can be used safely and to significant benefit for cancer patients. They get on with their lives and aren't spending unnecessary time in a crowded outpatients department.

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Nottingham University Hospitals

We Will Always Support You in Being Familiar with the AICU Area and Environment

Category

Communicating Effectively with Patients and Families & Using insight for improvement

Organisation

See previous entries



Summary

Following training at NHS England in the 'Always Events®' national programme staff from the Adult Intensive Care unit (AICU) used the co-production quality improvement methodology taught to explore what really matters to patients and their families. We found that what really matters (and this is backed up by it being a theme in the small number of complaints we receive) is communication between staff and relatives. We used the information gathered to produce an orientation document to encourage staff to provide patient's relatives with crucial practical information within the first 24 hours of their admission to critical care. A successful pilot was completed on the AICU and the orientation document will be used across Critical Care. Support was provided by a NUH 'oversight team'. Consisting of senior staff from within the organisation that helped and guided us to achieve our project. NHS England also provided support via monthly coaching calls.

Impact

As per the 'Always Events®' process we created both an 'aim' and a 'vision' statement. Our aim statement was: *By April 2019, 90% of patients (as appropriate) and/or next of kin on the AICU will have received an orientation to the area and environment utilising the checklist.* This was measured by doing a monthly compliance audit, and doing further teaching and promotion of the document based on the results of this audit. After the 3 month audit, we had achieved our aim and 90% of the patients audited had a completed document in their nursing notes. Our vision statement was: *I will always be familiar with the AICU area and environment.*

Achieving the vision statement was measured by the communication audit. We asked relatives a set of questions including: Who is your nurse today?; Have you received a Critical Care Information Booklet?; Do you know what the visiting times are?; Did you know that we offer flexible visiting?; Has anyone explained the bedside equipment to you?; Has the About Me document been completed?; Have you been invited to ask questions today?; Do you know how to arrange to speak to a Doctor?; These questions were based on the prompts on the orientation document. Positive responses to these questions in general improved over the 3 month trial and showed that relatives were more familiar with the AICU environment than prior to the document being launched. The feedback received from relatives for the orientation checklist identified areas where further information would be helpful such as a map of the hospital and information about parking and catering facilities.

What Makes Us Special?

The Always Events® methodology helped us to focus on the patients and relatives. The orientation document was created on what the relatives thought was important and not what the staff felt to be important. We used feedback from our patients and relatives to focus on what was important to them and involved our divisional PPI representative to review the document. Once we had produced the checklist we also showed it to and discussed it with patients and their relatives where appropriate to verify we had the correct information on there. The overall intention of this project was to improve the relatives experience when their loved one is admitted to the Adult Intensive Care unit. The orientation document would hopefully answer some of the questions they may have as well as a prompt for staff to give the relatives information as well as the information booklet. The orientation checklist is a simple document but it provides relatives with the information they require when a patient is first admitted to AICU.

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Nutricia**A Service Evaluation of the Acceptability and Use of a Mobile app for Video Call Communication between Home Enterally Tube Fed Patients and Home Care Nurses****Categories**

Communicating Effectively with Patients and Families & Measuring, Reporting and Acting

**Organisation**

Nutricia is the largest specialist medical nutrition feed and service provider in Europe and market leader in the UK. Nutricia Homeward is the service which supports home enterally tube fed (HETF) patients, launched in 1997 the service includes a dedicated team of over 150 Nutricia Homeward Nurses who specialise in enteral nutrition, who support safe and speedy hospital discharges and help prevent tube fed related hospital admissions by providing care in patients homes. The service also arranges monthly deliveries of prescribed nutritional products and equipment to patients' homes and a telephone helpline 24 hours a day, 7 days a week. Nutricia Homeward currently looks after more than 29,000 home enterally tube fed patients across the UK.

Summary

Digital technology is now a normal part of daily life and its use within healthcare is increasing. As home enterally tube fed (HETF) patients require regular monitoring and support at home, there is a potential for the use of digital solutions. A mobile app for communication between HETF patients/carers and Nutricia Homeward Nurses was developed (The Nutricia Homeward App). The aim was to improve and simplify communication, reduce travel time, prevent hospital admissions and outpatient appointments. The App was designed to be easy to use, available on a variety of mobile devices, secure and GDPR compliant. An evaluation was undertaken in the first 3 months of launching the App, and every month thereafter with outcome measures including: number of calls, time taken for each call, patients age and reason for the call. Patients/carers rated their experience via an inbuilt rating system, and nurses travel time saved was estimated. Uptake was strong and experience ratings excellent, next steps are to widen the scope of the App & develop functionality to enable HCPs to use the App to communicate with their HETF patients.

Impact

In the first 3 months of use 459 calls were conducted using the Nutricia Homeward App (approx. 145/month), with a mean call time of 17 minutes. This has now increased to approximately 400 calls per month with 2,431 calls conducted Jul-Dec 2019. The most common reason for using the app was for trouble shooting or emergency advice (86%). Patients and carers rated their app experience as excellent with 88% recording a 4-/5-star experience (84% 5*). Although difficult to quantify, total nurse travel time saved has been approx. 188 hours/mth. The qualitative data collected is just as impactful. Powerful, individual patient stories, demonstrating the positive impact of how using the App has improved two-way communication, are shared below: Example 1: On Tuesday 23rd April 2019, the first working day after the Easter break, a Nutricia Homeward Nurse received a call at 8.50am from a 40-year-old head and neck cancer patient. This lady was known to the nurse and was worried about her gastrostomy site as it was red and sore. From the information given over the phone it sounded like the stoma site was infected. The patient downloaded the Nutricia Homeward App during the nurse's previous visit, so the nurse phoned the patient back using the App. As it is a video call, the Nurse viewed the patient's stoma site using the App, it was clear it wasn't an infection but a granuloma, the right course of action was recommended. Time taken from initial call to diagnosis/recommendation of correct treatment was just 20 mins.

What Makes Us Special?

This initiative has benefits for patients, nurses and the environment; it has taken a simple concept which is widely used in daily life and implemented this as standard practice in a healthcare environment. Home enterally fed patients can now access information and support, faster than ever before, in a convenient and acceptable way. The benefits for patients can't be underestimated, being able to access support and advice quickly, at a challenging time such as when you have first been discharged from hospital or when you have a problem with your feeding tube which prevents hydration and nutrition entering your body is important for so many home enterally fed patients. This App has shown that moving towards digitally enabled care across the NHS is possible, with benefits for patients, carers, healthcare professionals and the environment.

Contact Details: Nicola Wayne - nicola.wayne@nutricia.com

Nutricia**Supporting a Home Enterally Fed Patient to Achieve his Dreams of Running the London Marathon****Category**

Personalisation of Care

**Organisation**

Nutricia is the largest specialist medical nutrition feed and service provider in Europe and market leader in the UK. Nutricia Homeward is the service which supports home enterally tube fed (HETF) patients, launched in 1997 the service includes a dedicated team of over 150 Nutricia Homeward Nurses who specialise in enteral nutrition, who support safe and speedy hospital discharges and help prevent tube fed related hospital admissions by providing care in patients homes. The service also arranges monthly deliveries of prescribed nutritional products and equipment to patients' homes and a telephone helpline 24 hours a day, 7 days a week. Nutricia Homeward currently looks after more than 29,000 home enterally tube fed patients across the UK.

Summary

Martine Hartley is a Nutricia Homeward Nurse in West Yorkshire who looks after approximately 400 home enterally fed patients. Martine met Gary, a 45-year-old electrical engineer from Halifax almost two years ago, when he was diagnosed with a benign parapharyngeal schwannoma, a non-malignant neural tumour close to his salivary glands. The operation Gary had to remove his tumour left him with swallowing problems and he now uses a gastrostomy tube for his food and fluids. During one of Martine's regular home visits to change Gary's gastrostomy tube he mentioned that he had been offered a place in the London Marathon however was worried about his nutrition and hydration during the race, at this point, always ready to take on a challenge, Martine offered to help him find a way to run the race of his dreams. This partnership between Gary and Martine to prepare for the London Marathon demonstrates a great example of the importance of personalisation of care to meet an individual's needs and those of his family, it has also helped to support Gary as a role model and inspiration for others via his work with PINNT (Patients on Intravenous and Naso-gastric Nutrition Treatment).

Impact

Gary completed the London Marathon (2018), during one of the hottest days of the year and has since gone on to complete it again (2019), beating his previous time. We believe Gary is the first enteral tube fed patient to complete the London Marathon, which he couldn't have done without Martine's support. Martine and Gary's Dietitian were cheering him on every step of the way. Martine also contacted Nutricia's marketing department to highlight Gary's venture and the team were able to support Gary with publicity to raise awareness for PINNT the charity he was running for and the personal circumstances he was overcoming. Not only did Martine support Gary she has also gone over and above supporting Gary's wife and family. It has been an extremely challenging time for them as well and Martine ensured she took time with them this has allowed them to really be a part of supporting Gary's dream. Martine worked with Gary's Dietitian, Gary and his wife to ensure his feeding tube was the most appropriate for him. Martine investigated several to see which one would work best for him. Martine now visits Gary every 3 months to change his feeding tube and ensure he can get his nutrition and hydration without any problems.

What Makes Us Special?

Martine deserves special recognition for going above and beyond to help support Gary to achieve his dreams. By being flexible and adaptable and understanding how important it was to him to complete the London Marathon in under 4 hours, she came up with a tailor-made, personalized solution which enabled him to do this. Gary is, as far as we know the only person who is enterally fed to have run a marathon. Martine went truly above and beyond her role to help this patient to an amazing achievement, one which no other enterally tube fed patient has undertaken.

Contact Details: Nicola Wayne - nicola.wayne@nutricia.com



Oxleas NHS Foundation Trust

Queen Mary's Hospital, Sidcup – A Hospital Designed Together

Category

Environment of Care



Organisation

Oxleas NHS Foundation Trust (Oxleas) provides local NHS services in south London and Kent. We provide a wide range of health and social care services, specialising in community health, mental health and learning disability services. We provide care for people of all ages and work closely with a variety of partners to ensure that our services are well-integrated and wide-ranging. We have a workforce of around 3,500 people including health and social care professionals. We have over 125 sites in a variety of locations across the London Boroughs of Bexley, Bromley, Greenwich and into Kent. As part of our estate portfolio, we own and manage Queen Mary's Hospital Sidcup, (QMH), a healthcare hub where 14 different healthcare organisations work together.

Summary

In 2013 the future of QMH was uncertain. Supported by commissioners, MPs and the local authority, we took on the challenge to regenerate the hospital site. Led by a trust team, plans were developed to create a healthcare hub offered by a range of providers; to meet local residents' needs and complement services provided at neighbouring acute hospitals. Over 7 years we worked in partnership with local people, commissioners and 14 healthcare providers as equal partners. Together we learned from each others opinions and expertise allowing us to design services with the input of people that need and use them. Collectively we designed and agreed how QMH could provide integrated services in a world class healthcare facility. We recently celebrated the re-launch of Queen Mary's Hospital with new cancer, children's and kidney treatment centres, and a largely refurbished site. Our work together created calming welcoming and functional departments, fit for the future. Each area is specific to patient requirements, e.g. dementia, learning disability as appropriate.

Impact

We have more than doubled the amount of clinical services, and halved the unoccupied space, creating financial sustainability and a bright future for QMH. QMH is now a refurbished thriving healthcare hub for local people, designed with staff, patient and carer involvement. The environment is inviting, spacious, and is easily navigable and conducive to patient well-being. The site now provides; • Specialist clinical services, e.g. cancer care and children's services - patients receive treatment closer to home; • Cutting edge healthcare technology within urgent care; • Improved car parking—1.6 million investment; • 'One stop shop' care in purpose built environment; • Lower infection rates and excellent PLACE scores; • Integrated social care, mental and physical health services for people with learning disabilities; • Development of specialist dementia care environment, using specifically identified objects, e.g. red telephone box, potting shed to help promote rehabilitation; • 14 organisations working together to provide a wide range of seamless healthcare services. Our patient experience group specially influenced the design of: • Entrance to the main hospital; • Café facilities and location of snack points; • Easy to use way-finding - colour zoning and type of language used in signage; • waiting room chairs, and layout of waiting areas; • Interactive travel signs; • Wall decor in the children's centre and Adult learning disability department – produced with a local design company working with service us.

What Makes Us Special?

People with lived experience make an invaluable contribution and their active involvement in service design has without doubt contributed to the success of this project. We wouldn't consider designing services without people who use and need them. Whilst embracing co-production approaches this project has embedded the active involvement of experts by experience at every stage. In partnership with our Commissioners we have empowered service users to develop the environment of care and improve clinical outcomes and experiences. By drawing together local people, commissioners and health professionals and treating them as equal partners we have collectively been able to value opinion and expertise as well as recognise and celebrate their input in service design and development. As relationships developed we gained mutual respect to enable the best possible solutions to be found and progressed.

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Paediatric Assessment Unit, Shrewsbury and Telford Hospital NHS Trust

Claire Fenn



Category

Patient Experience Transformer of Tomorrow

Organisation

Paediatric Assessment Unit, Shrewsbury and Telford Hospital NHS Trust

About Nominee

Claire is a nurse and recently completed the MSc Advanced Paediatric and Neonatal Practice at Liverpool John Moores University as a part-time student. Claire worked in the PAU at the Shrewsbury & Telford Hospital NHST.

At Work

Claire was interested to discover if the triage system, which had recently been implemented in the Paediatric Assessment Unit was effective and consistently and appropriately used. In addition, whether there was any room for improvement to assure the best possible experience of care for children and families. The project focused on improving the triage process within the paediatric assessment unit, improving clinical decision-making during triage to ultimately improve the patient experience and service delivery to children and their families. The experience of patients and their families was explored to enable improvement to the triage process within the department. Conducting an initial systematised literature review provided a solid evidence base to identify and confirm the reliability of the implemented triage system used in clinical practice when compared against other worldwide triage systems used in paediatrics. Claire audited the use of the triage system in her unit against the Manchester Triage System, Standards set by the Royal College of Paediatrics & Child Health and other systems used worldwide. She found that there were some areas of good practice, for example in relation to the timeliness of assessment. There was also potential for improvement in terms of consistent application of the system. One example where there might be room for improvement was recording Paediatric Early Warning Scores and Pain Assessment as well as feedback from children and families. During Claire's service evaluation, feedback through an anonymous questionnaire completed by children and families enabled valuable insight into how the service was experienced. A service user evaluation enabled an opportunity for feedback from the service users to target improvements at the service user perspective. Exploring service user understanding of the triage process, the level of information provided and their own personal experiences of the triage process within the paediatric assessment unit. This enabled a greater insight into the experiences of service users and their family's perspective to improve communication, information provided during triage and within the department. Claire disseminated her project to the extended multi-disciplinary team, stakeholder's group forum and the paediatric assessment-working group within the trust.

Summary

Following completion, the project findings have been presented to the paediatric assessment unit service improvement team, paediatric consultants and the governance team. Funding is being secured to purchase a television screen to locate within the paediatric assessment unit. This will enable essential triage information to be played on a continuous rolling loop within the department. Communications team will produce video information to improve information available to patients and their families within the paediatric assessment unit regarding the triage journey within the department. Improving patient experience within the department by increasing service user knowledge and understanding of the triage process, an opportunity for health promotion information will also be incorporated within the video. Posters and leaflets are also now displayed with information provided by the nursing staff at triage informing patients and families about the triage process, waiting times and various triage categories allocated within the department, improving access to information and communication. Development of teaching and competency packages for nursing staff with continued support in the identification of acuity and clinical priority allocation is in the process of being Implemented with input from the clinical practice educator team and senior nursing team to improve compliance to standards and consistency of triage assessments. Clinical documentation & a specific triage package are in the process of being developed & integrated into clinical practice to improve triage taking into account any parental concerns.

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PPL and Gemserv**The Journey to Becoming the World's Best Small Island
Health and Care Social System?****Category**

Strengthening the Foundation

**Organisation**

PPL is a social enterprise based in South London, which exists to promote better health, wellbeing and economic outcomes across the UK by working with individuals, communities and the organisations that support them. We apply the best current & emerging thinking in management science, analytics, organisational development and consultancy to help people achieve better outcomes in life and to deliver social value. We hold no intellectual property – all tools, methodologies and resources are freely shared across the sector, we have an open source approach to everything we do. Gemserv is a specialist market design, governance and assurance services consultancy. It provides impartial advice to a range of clients; delivering high quality, end-to-end services.

Summary

The Isle of Man's 83,000 strong population is served by a unique health and care system which has largely failed to keep pace with accepted best practice. Our work addressed this issue through four key challenges: 1) Defining a new operating model; 2) Creating a working environment and culture, where insights from accurate data recording are valued and used to drive service improvement; 3) Creating protocols for engaging and listening to partners' and patients' concerns about quality and safety; 4) Enhancing integration across health and care service provision and developing responsive but distributed leadership (and personal responsibility) at all levels. There was an urgent requirement to ensure patients, carers and families' needs were understood, and that the overarching system was clinically and financially sustainable, both now and for future generations. Addressing these challenges required system-wide engagement and targeted staff development. Using incomplete local datasets and data extrapolated from populations with similar demographics, a whole-system financial model was developed, which included a 5-year implementation plan with actionable recommendations.

Impact

This project provided the evidence needed to precipitate a fundamental change in approach and thinking by the IoM towards their health and care strategy. We developed a detailed implementation plan to guide the transformation process, which included actionable recommendations, showing the system that sustainable change was a real possibility. We created an overarching target operating model and individual operating models for each care setting; a comprehensive review with 26 key recommendations encompassing the entirety of primary, secondary, tertiary, community, specialist, social care and voluntary organisations; we identified differences and opportunities for improvement in the 20 highest volume IoM pathways, using NHS best practice equivalents as comparative data. From the review, the Treasury released ~£2.5m in transformation funding.

What Makes Us Special?

Our success in driving change came from our ability to challenge unhelpful behaviours and kick-start a shift in culture (across multiple organisations) in a direction aligned with the change desired. Mandatory data recording is very different from that in operation in the NHS and most available datasets were largely inaccurate and incomplete. The detailed activity data provided was estimated to be ~40% accurate which greatly complicated the process of getting a detailed picture of the 'as is' model of care. There had been a breakdown in trust, making it seemingly impossible to establish a credible baseline owned by all. All these elements meant that we had to find a way to deliver tangible improvements and consensus by drawing a range of disparate and at times openly hostile factions together. The key success factors included: Exploring and understanding why the previous activity / initiatives had not been accepted; Understanding the importance of the context and operating environment and their influence on people's mindsets; Creating a case for change based on the needs of patients and the ability to deliver excellent outcomes, despite the constraints of being an island health economy; Being transparent and inclusive of all stakeholders; Communicating clearly and regularly. We built stakeholder trust in this project and created a widespread belief that implementing the report's recommendations could deliver transformational change.

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Royal Cornwall Hospitals NHS Trust

Outpatients Family and Friends Test

Category

Measuring, Reporting and Acting



Royal Cornwall Hospitals
NHS Trust

Organisation

The Royal Cornwall Hospitals NHS Trust (RCHT) is the main provider of acute and specialist care services in Cornwall and the Isles of Scilly. The Trust, which is responsible for approximately 750 beds and employing around 5,000 members of staff, operates from three main sites across the county; Royal Cornwall Hospital, Truro; West Cornwall Hospital, Penzance and St Michaels Hospital, Hayle. Outpatient services are delivered by RCHT across the three main sites and within the community accounting for over 570,000 appointments every year. 85% of outpatient activity is delivered by 3 main RCHT sites (Royal Cornwall Hospital, St Michael's Hospital and West Cornwall Hospital), 13% from community hospitals and 2% from sites including Health Centres and GP practices.

Summary

As a Trust, we received limited feedback from our Outpatient Services; equating to 1.6% of our feedback Trust wide. To this end, it was identified that a relaunch of the standard Friends and Family Test (FFT) would put the emphasis on the importance of gathering patient feedback in our Outpatient Departments. We realised that we could use this relaunch to our advantage by including questions relevant to our services making feedback more meaningful. In order to relaunch the new Outpatient FFT on 04 November 2019, we worked with key staff members such as Outpatient Receptionists, Department Managers, Heads of Nursing and our Communications team to ensure roll out was as smooth as possible. So far, in November, we collected an additional 400 pieces of feedback in the weeks following the launch. If the rate of FFT collected continues to rise, we will be able to make informed decisions on things like the implementation of virtual clinics, clinic structure and staff training as well as service improvements. This initiative has been developed for RCHT but equally this is a transferable initiative that could be disseminated nationally as all NHS Trusts/Community providers deliver Outpatient Services.

Impact

We have already seen a dramatic increase in the volume of our Outpatient FFT returns. We are able to see clearly recognise themes and trends for example where clinics need to improve appointment time keeping, increase visibility and accuracy of signage as well as identifying where we need to offer support in training for staff. We have already also been able to undertake 'quick wins' that could easily improve services such as keeping patients informed if the clinic is delayed or adding information about parking to clinic letters. The introduction of this new FFT survey in our Outpatient Departments has made staff actively want to be involved in gathering more feedback and see their results with many departments proudly displaying their data for staff and patients to see. Ensuring that the survey has been designed with our Outpatients staff and patients at the forefront, means that staff are well engaged to encourage the feedback, and we envisage that both patient and staff engagement will improve further once they can see the improvements we are already planning. We will continually measure this project by monitoring the increasing response rate of our outpatient FFTs, as well as the increasing number of improvements being made to our patients' experiences.

What Makes Us Special?

The decision to move away from our Trust's standard FFT form has meant that we are now able to gain information specific to Outpatient services, making the feedback more meaningful and easier to work with. We have actively worked with teams to find out what they want to know from our patients, which was different to our Inpatient or Emergency FFT. This initiative has been implemented with complete engagement from the Trust Board to meeting with all departments and engaging with the Reception Services team. By working alongside clinical and clerical colleagues this initiative will enable us as an organisation to obtain relevant feedback through patient engagement and feedback on many different specialities and services delivered across Cornwall on three different sites. Working together effectively with key staff at every level has ensured that the transition between old and new has been seamless. Finally, this project enables us to co-design improvements with the most important part of the services we provide, our patients.

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Royal Cornwall Hospitals NHS Trust

The Cornwall and Isles of Scilly End of Life Learning Path

Category

Partnership Working to Improve the Experience



Royal Cornwall Hospitals
NHS Trust

Organisation

The Cornwall and IOS End of Life Education Group is a cross system group with representation from Royal Cornwall Hospitals Trust, Cornwall Foundation Trust, Cornwall 111 - Integrated Urgent Care Service, Anson Care Services Ltd and West Country Home Care - representing the independent sector, NHS Kernow Clinical Commissioning Group. The Learning Path Programme is a cross boundary initiative supporting staff delivering care to the population of Cornwall and the Isles of Scilly

Summary

Over the course of a year the Cornwall & IOS EOL education group worked together, outside of their usual jobs, to develop a programme of education for health care staff across the system. The vision was to increase staff confidence in communicating and caring for patients and their families at End of life in any care setting. In addition the learning path provides employing organisations with a reliable educational resource for supporting their staff. Since the launch in November 236 people are currently undertaking the learning path across the county with new participants registering daily.

With very little time, financial or administrative resource this small group of individuals have demonstrated commitment, drive and persistence to improving the experience of End of life care for patients and their families. They have delivered an educational model which is designed to be accessible, flexible and draws upon existing resources. It aims to be low cost, portable and self-sustaining for the workforce across the system. This project could not have been realised without group members working with a true spirit of collaboration for staff and service users within Cornwall & IOS. <https://www.cornwallhospicecare.co.uk/education/eol-learning-path/>

Impact

There are 236 staff across Cornwall registered as undertaking the Learning Path with additional people registering daily. The data is collected by Cornwall Hospice Care where staff are required to register prior to obtaining their handheld passport. e-LFH are able to collect data on the activity within the e-ELCA programme within Cornwall. The final reflection undertaken at the end of the learning path is a joint reflection undertaken with a 'Learning buddy' This provides an opportunity to collect qualitative data about the learning path experience.

What Makes Us Special?

The Cornwall & Isles of Scilly End of Life Learning Path demonstrates effective, system wide collaborative working. The learning path supports learners within a remote geographical area. The fulfilment of the vision to increase staff confidence in communicating and caring for patients and their families at End of life in any care setting was realised using existing materials and resources. The webpage, organisational e-learning bundle, handheld passport and badge represent an original and engaging way to support learners. The educational model which is designed to be accessible, flexible and draws upon existing resources. It aims to be low cost, portable and self-sustaining for the workforce across the system with learners able to access face to face learning from a variety of sources. The learning path gives providers assurance that staff undertaking the programme receive evidence based, consistent education across the system. *'I am delighted by the launch of the Cornwall & Isles of Scilly End of Life Learning Path, and that e-ELCA is a core part of this. e-ELCA features high quality content that is written by experts, and is regularly reviewed and updated. Sessions feature multimedia and real-life scenarios to further support learning. Utilising e-ELCA as part of a blended learning approach, alongside face-to-face teaching, enhances its effectiveness even further. The Cornwall & Isles of Scilly End of Life Learning Path takes this approach, and as such I think this learning intervention will be great for those utilising it'* Dr Rich Kitchen Association for Palliative Medicine e-ELCA Lead @cmf_elca

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Royal Cornwall Hospitals NHS Trust

`Butterfly Cornwall` A Scheme to Enhance End of Life Care for Patients and their Loved Ones



Royal Cornwall Hospitals
NHS Trust

Category

Communicating effectively with patients and families & Engaging and championing the public & Staff Engagement/ Improving Staff Experience & Support for Caregivers, Friends, and Family & Turning it around

Organisation

The Royal Cornwall Hospitals Trust Treliske Hospital is located in Truro, Cornwall. RCH NHS Trust 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 more than doubles during busy holiday periods. We employ 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 Hospital Trust `Butterfly Cornwall` 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 acts as an enabler for quality at the end of life. It aims to enable all staff to provide equitable care and compassion for patients and their families who die in our care. The scheme helps staff provide extra support when required such as offering refreshments, keeping noise to a minimum and checking if relatives or carers need additional support. The outcomes being improving support and communication to patients /relatives at end of life and enabling staff to gain confidence in caring for patients at end of life. The sustainability of the scheme will be ensured by a further twelve month project post to continue to embed the scheme and will be linked to the Trusts 'Ward Accreditation Scheme'. Financially the scheme has support from the Trust's Charitable Funds Committee, League of Friends and Macmillan. The scheme is a model that can be easily adapted to other settings. There are plans to roll out the scheme in the community hospitals this year.

Impact

The impact/success of the scheme has been measured and presented in a clinical audit report undertaken by the project lead. A pre-training questionnaire was given to staff and this was followed up by a post training questionnaire with tick boxes and space to add notes for personal reflection, ideas and comments. Data was collated onto an Excel spreadsheet by ward and then a cumulative sheet for analysis to identify learning and develop future plans for analysis. Five main areas were looked at for the purpose of the audit. An example of the results of one of the questions: Do you feel 'Butterfly Cornwall' has improved end of life care on your ward? 155 answered this question and 90% feel they can see an improvement in EOL care on their ward. This is really positive as the success of the scheme is reliant on the engagement of staff so where they can see an improvement they are more likely to continue the practice and maintain the momentum of the scheme. When we looked at the results for individual wards, we can see that some areas (4 of 14 sampled) had 100% 'yes' to this question.

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. 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. Feedback collated through an audit of the scheme has evidenced this. 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. Although there are similar schemes in other areas Butterfly Cornwall has developed its own individual and original initiatives such as `Rainbow Days` a highly successful initiative for staff which makes this scheme stand out from others. Additionally the team are involved in developing high profile countywide fund raising ideas that promote the scheme and raise awareness nationally.

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Royal Devon & Exeter NHS Foundation Trust

With You in Mind, Team Work and Collaboration

Category

CPES Award



Royal Devon and Exeter
NHS Foundation Trust

Organisation

The Royal Devon and Exeter NHS Foundation Trust (RD&E) provides integrated health and care services across Exeter and East and Mid Devon. With about 8,000 staff, it manages a large acute teaching hospital, twelve community sites and provides acute and community services to a core population of over 450,000. The Trust has responsibility for Eastern community services, with many of the services run in the community hospitals in East Devon. By bringing acute and community services together under one organisation in Eastern Devon, we are able to offer more efficient and joined-up integrated care. Working together with health and social care partners and local communities, we are better placed to meet people's needs and keep more people well at home and supported within their community, ensuring a hospital stay only happens when acutely necessary.

Summary

In collaboration with FORCE (Local cancer charity) our ambition was to develop existing electronic Health Needs Assessment (eHNA) software to report on the Top Ten Concerns (TTC) from patients across individual cancer sites. The reporting matrix provided immediate accessible data used to shape financial information delivered to patients. The project purpose was communicated through the Living With and Beyond Cancer (LWBC) steering group and monthly CNS meetings. A PowerPoint presentation (appendix 1) sharing Cancer Patient Experience Survey (CPES) outcomes opened up our challenge and appropriate individuals were assigned specific tasks with measurable timeframes. Progress for the project has been benchmarked against the CPES outcomes. Internally we are maintaining excellence in service delivery by continually assessing numbers of financial concerns soon after a diagnosis compared with completion of treatment. Simultaneously we review the numbers of patients visiting FORCE for financial information and support. Following early implementation within 1 cancer site, specific financial information is now shared across 7 cancer sites. Implementation across the wider healthcare community of long term conditions is easily transferable by sharing software design. To date we have disseminated the project within the Trust and to a wider audience at a local educational healthcare professional event.

Impact

Following implementation of the revised HWBI we looked at the following areas:-

1. Patient Survey - We surveyed 200 attendees asking 'Do you feel you have received information to manage the financial impact of cancer' (appendix 3). 200 questionnaires were sent out. The return response rate was 78%. 59% strongly agreed/agreed with the statement. 37% felt neither/nor with the information and 2% said they didn't require this information; 2. eHNA data - Analysis from the eHNA tool demonstrated a reduction in people selecting financial concerns at completion of their treatment following early attendance of a HWBC; 3. 2018 CPES results - Indicated improvements in the following area: Table 2 on supporting evidence; 4. Patient footprint accessing financial services at FORCE, local cancer charity - Increase in people accessing F2F financial support.

What Makes Us Special?

We have demonstrated Patient experience can be prioritised within a clinical pathway and used to benchmark improvements in health care systems alongside a clinical pathway. Maintaining a strong patient focus, we have listened and involved to patients in our service re-design, alongside data analysis to develop intelligent service improvements. Providing equity of high quality information delivered at an identified point on the pathway can improve the patient experience as demonstrated in the CPES data. Sustaining collaboration with the third sector to support innovation and a holistic approach to patient experience has enabled information gathering and analysis to better understand local issues. This supports the whole team as patients are receiving care in the right place at the right time. At the same time, quality information can inspire patients towards supported self-management by enabling choice and control in an area of their life.

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Royal National ENT and Eastman Dental Hospital, UCLH

Emotional and Physical Pathway Improvement for Head and Neck Cancer Patients

Category

Environment of Care


University College London Hospitals
NHS Foundation Trust



Organisation

University College London Hospitals NHS Foundation Trust (UCLH) is one of the most complex NHS trusts in the UK, serving a large and diverse population. We provide academically-led acute and specialist services, to people from the local area, from throughout the United Kingdom and overseas. Every year we treat close to 100,000 patients in hospital, either as inpatients or day cases. We also see nearly 700,000 outpatients per year. The Foundation Trust has a combined staff of over 8,000. Around 19% are doctors and dentists, 34% nurses or midwives; 14% are allied healthcare professionals; 9% are scientific and technical staff, and the remainder clinical and general managers and support staff. Our vision is to deliver top-quality patient care, excellent education and world-class research. We provide first-class acute and specialist services across eight sites. In September 2019 a new purpose built hospital was opened combining the Royal National ENT and Eastman Dental Hospitals. This has provided the patients with multi-level care across the specialties.

Summary

A patient sees a dentist, who spots something in their mouth that concerns them. They are seen days later in the hospital and have a biopsy of the area. Turns out, it's cancer. Devastating news for the patient. Within a week they are having scans and other tests, and a discussion with a multidisciplinary team (MDT) telling them they need surgery/chemotherapy/radiotherapy. They are told after the surgery they may not be able to eat again, or talk again. They may need a permanent tracheostomy to breathe. Their face will not look the same. A short time later they have a dental assessment by the hospital team. They want to remove 15 teeth. Tomorrow. This is the pathway that every head and neck cancer patient faces. With this in mind, we felt that this pathway needed to be streamlined with the patients' views; an ambitious task. New leaflets were created, the assessment system has been moved to a single building, the journey has become very simplistic to remove the prior complexities that were an added stress. Patient's opinions are being gathered to modify this process for their needs.

Impact

The impact these changes have made is incredible. Our way of formally measuring the pathway is firstly by monitoring how many days it takes from MDT, to dental assessment, to dental extractions. At the beginning of the process more than 70% were being completed within 1 week. More recent results show that EVERY patient is being seen within 1 week, usually within 4 days. Secondly, we could monitor the changes in the treatment plan. Previously, the patient often attended the Oral Surgery department with questions about why they needed this treatment, what the risks mean to them, what are the alternatives. This resulted in changes to the treatment plan to reflect the patient's wishes. As this discussion, alongside the patient information leaflets, now happens with a clear pathway, a focused mind, and experienced clinicians the patient's queries have been addressed and this is clearly reflected in the treatment plan; no modifications have been necessary. The leaflet itself is also a dynamic process. We continue to get feedback from patients, and can modify them as needed. The patient satisfaction survey to date shows the patients find it very informative, allows them to keep track of their appointments, and informs them of what to expect each time.

What Makes Us Special?

This initiative stands out for patients whom are having incredibly life altering surgery. Oral cancer is a debilitating disease that affects the quality of life of not only the patient but their family. Streamlining the patients pathway has allowed to focus on each individual patient's needs where they can tailor their care and organise their oncology, radiology, surgery, speech therapy and dietitian to name a few. Building good relationships with the MDT, being receptive to patient feedback means we created a successful model & improved the patient journey.

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Serco Health and Norfolk & Norwich University Hospitals Foundation Trust

Making Food Fun

Category

Personalisation of Care



Organisation

Serco's health business has proudly been working with the NHS for 25 years. We provide generalist support services and employ around 5,500 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. Our work in non-clinical support is helping the NHS to address some of the current challenges facing the healthcare system and to focus on delivering high-quality care. We have been partnering with Norfolk & Norwich University Hospital for over 20 years. The hospital is an acute unit and has 1,050 beds with 4 more wards being opened soon, taking the bed count to 1,200. We take pride in working in collaboration with our Trust partners and strive to continually improve the experience for patients and their families.

Summary

A request from a young patient that we weren't able to meet was the basis of this idea, and with the support of senior leaders in both the Trust and Serco it's been implemented. Ideas and suggestions from children, their families, play leaders, clinical staff and our own team were gathered, equipment was researched and purchased and processes designed to mitigate risk. The idea became a reality in March 2019. We set up a mobile play kitchen in our children's ward which allows patients to play and experiment with food when they are an inpatient. It gives children some choice and control around what they eat, as well as a sociable play opportunity.

Impact

The first food to be prepared by children was made in March 2019, and since then we've seen over 180 children prepare, eat and share different meals and snacks. As well as choosing their favourites they also have the opportunity to try new foods. Children with food issues can be encouraged to make things, but with no pressure to eat anything. Making it fun encourages some not to be frightened of food whilst they learn about it through play. A Friday afternoon is put aside for baking and decorating cakes, buns and biscuits, which is very well received. The children are delighted when they can offer biscuits and cakes they've had a hand in making to their parents and staff. Because the kitchen equipment is portable we can also take it to children who are in an isolation room. What we didn't anticipate was the benefits the kitchen would bring to siblings and how much both they and their parents enjoy the opportunity to spend time, not just with their sibling, but also to meet and play with children from other families. This can help reduce anxiety and increase positive associations with hospital visits. Any parent knows that when their children are feeling positive, or certainly less anxious, this contributes to the overall wellbeing of the family unit. In terms of impact it's difficult to quantify, but it's clear by watching children absorbed in food preparation and baking that they have been given an opportunity to regain some control over eating. This is a welcome distraction for both the children and parents during what can be long days in hospital. They can also enjoy the interactions that centre around a shared purpose.

What Makes Us Special?

Through some innovative thinking this initiative is provided at no extra cost, thus maximising the likelihood of it being able to continue and expand. The success of the idea is summarised by a quote from sister on the ward when it first opened: *"The play with food initiative will be an invaluable service as it allows children to choose the times they would like to eat, helps them be involved with their own food preparation, encouraging them to choose and eat healthier options, as well as providing an education about the foods they choose. Often, children do not want to eat at the times set by our hospital regime, for all sorts of reasons ... so to be able to offer them snacks throughout the day, which they can help prepare will undoubtedly help their recovery processes and could even help them being discharged home earlier. It helps the children have some control over their hospital stay, and ultimately is a fun thing to do."* The ambitions of flexibility, education, choice, play, social interaction, experimentation and positive experience have all been achieved together with other positive outcomes.

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Serco Health – University Hospital Wishaw

Normal is Great! Facilities for Elderly Patients and those Living with Dementia



Categories

Partnership Working to Improve the Experience & Staff Engagement/ Improving Staff Experience

Organisation

Serco's health business has proudly been partnering with the NHS for 25 years. Our support services employ over 5,500 people in some of the largest NHS hospitals across the UK. Our goal is to deliver a better environment for patients, visitors and staff and we support better care through enhancing the experience for all patients and their families and releasing clinicians' time to focus on clinical care. Our work in non-clinical support for integrated health and care is helping the NHS to address some of the current challenges. We have been partnering with University Hospital Wishaw since 2001. The hospital is an acute unit and has 664 beds. We pride ourselves in working in collaboration with our partners to continually improve the experience for patients and families.

Summary

Our staff are acutely aware of the challenges increasing age and frailty brings, they form bonds with long-stay patients and their families and observe the negative impact a stay in hospital can have. Ideas were put forward via our Serco Cares initiative to enable long term patients in elderly cares wards, some of whom have dementia, to enjoy some of the simple things that they were unable to do whilst in hospital, such as going outside into pleasant surroundings and having their hair done. Through close partnership working implemented two ideas suggested by our staff - the renovation of court gardens & a hairdressing salon. These offer patients the opportunity for social interaction with others in an environment away from the clinical area and supports home routines around gardening and hairdressing appointments, prompting orientation to date, day and time. Two courtyard gardens were opened to patients in late 2018, with places to sit and enjoy the sunshine and areas for the patients to plant and grow herbs used in the hospital kitchen, providing a purposeful activity. The hairdressers was a four-way collaboration and was officially opened by a local celebrity in April 2019.

Impact

'Styles and Smiles' opened on 23rd April 2019. Patient's book through an appointment system and hairdressing students cut and style their hair. Having access to a Salon has boosted patients' wellbeing and promotes a positive mental attitude. We could never have imagined the impact that stemmed from an idea generated by a porter listening to a patient living with dementia telling him how embarrassed she was about her hair. There has been a lot of interest. However, as much as this is fabulous to hear, the most important thing is that we are getting it right for the patient and delivering excellent patient centred care. *"My Mum was such a proud person who was meticulous about her appearance - thank you for giving this back to her, and to us as a family"*. This quote sums up the impact that Styles and Smiles has and we couldn't be more proud. We're starting to see connections build between patients/students. With agreement, some patients take their life stories books to their appointment so that the students get to know who they are, creating conversation points. This has helped students understand dementia better and has allowed them to establish client relationships - many students now have their own "regulars". Students have been given guidance on how to communicate in a way that recognises individual needs and the impact memory difficulties and confusion can have. It has increased their awareness and understanding of the impact dementia can have and has contributed to breaking down the negative impact/ stigma of dementia among this group of younger people. The opportunity to go outside into the courtyard gardens gives patients a reason to get up, get dressed and spend time away from the ward. An appealing outside space provides an opportunity for physical activity and social interaction, it can boost mental wellbeing, Vitamin D, and is a chance to engage the senses and spark memories.

What Makes Us Special?

From building services working to re-purpose and transform an area into a hairdressing salon, to porters and admin staff transforming the courtyards. These initiatives have been successfully achieved through joint efforts and a shared vision across organisations. There were some challenges early on which could have been seen as insurmountable, but working together, with the end goal in mind we were able to overcome them & deliver both.

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PEN National Awards 2019

Re:thinking the experience

Serco Health

Cathy White



Categories

Patient Experience Manager/Professional of the Year

Organisation

Serco's health business has proudly been partnering with the NHS for 25 years. Our support services employ over 5,500 people in some of the largest NHS hospitals across the UK. Our goal is to deliver a better environment for patients, visitors and staff and we support better care through enhancing the experience for all patients and their families and releasing clinicians' time to focus on clinical care. Our work in non-clinical support for integrated health and care is helping the NHS to address some of the current challenges. We pride ourselves in working in collaboration with our partners to continually improve the experience for patients and families.

About Nominee

Cathy joined Serco in 2017 following over five years as Patient Experience Lead at Surrey and Sussex Healthcare NHS Trust. Her role as Serco Cares Manager is unique and represents a step change for Serco in the field of staff experience, which has had wide-reaching positive effects on patient experience at the Trusts served by Serco and its employees. Cathy combines a knowledge of the importance of staff and patient experience with a desire to use insights gathered through quantitative and qualitative research to identify how to improve patient and visitor experience in a sustainable way.

At Work

Cathy is an innovative and strategic thinker and has been responsible for launching and embedding a cultural change programme across multiple contracts. Cathy's ethos is firmly based on the belief that staff engagement is the key to unlocking improvements, as well as robust processes designed from a user's perspective. She lives and breathes staff and patient experience and the Award-winning Serco Cares – 'Nobody is Just a...' programme (PENNA 2018) is testament to this. Serco Cares was ground-breaking when it was first introduced four years ago – being focussed around the way support staff can work with clinical staff and improve patient experience on a daily basis. Serco Cares is Serco's way of embedding a culture where all 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'. Recognising & appreciating the role of support staff in the patient care journey has (and continues to) benefit patient wellbeing, their experience of being in hospital and contributes to Trusts becoming increasingly caring, safe and efficient. The principles advocated are relevant to all support staff, regardless of who they are employed by. Nobody is just a.... recognises that everyone has a valuable role to play in improving patient (and staff) experience. Serco's Patient Dining Experience at Norfolk and Norwich University Hospital started it all off and was a PENNA finalist in 2017. The Dining Experience combined all elements of Serco's facilities management with awareness of the importance of nutrition and mobilisation to enable patients to leave their hospital beds (should they want to) and eat in the hospital restaurant.

Summary

Cathy has proved to be a great advocate for improving both patient and staff experience and the organisation-wide benefits those two working in harmony can bring. She has been an enthusiastic champion of all things patient and staff experience and continues to build on the strong foundations created. Nothing is too much trouble for Cathy and she willingly shares her knowledge and experience with others. She is incredibly humble – she would not want to take credit personally for the great things Serco is involved with, choosing instead to credit the staff delivering the work in the hospitals currently served by Serco. Cathy is a great motivator, encourager, initiator and advocate, she is a pleasure to work with.

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Shropshire Community Health NHS Trust

Shropshire Community Health NHS Trust

Category

Using Insight for Improvement



Shropshire Community Health
NHS Trust

Organisation

Shropshire Community Health NHS Trust provides community-based health services for adults and children in Shropshire, Telford and Wrekin, and some services in surrounding areas too. These range from district nursing and health visiting to providing specialist community care and inpatient care in four community hospitals for adults and children who have a wide range of mental and physical health needs. We employ about 1,600 people who work out of more than 100 sites spread over a large and primarily rural area, which is twice the size of Gtr London with just a fraction of the population (about 475k) providing some significant challenges. We have about 700k community contacts each year, the vast majority of which are with people in their homes, in community centres and clinics. A very small number of people receive inpatient care in one of our four community hospitals.

Summary

We have created a patient experience feedback tool called Observe & Act (now rolled out to other areas & has NHS England support). The purpose of Observe & Act is to look at 'a person's total experience of a service from the service user/carer perspective, learn from it, share good practice and where necessary act to make improvements'. The tool has been designed for use with a range of services and is particularly useful for making observations in clinics and a variety of care and hospital settings. 10 trusts regionally, & others outside the area, e.g. Manchester Alliance, have adopted our Observe & Act model, with others waiting to be trained. NHSE&I alongside others have been very supportive in helping assist in the development and growth of Observe & Act. Well over 100 observers have been trained. Two of our volunteers worked extremely hard in the design, training & continuous development of this exciting patient experience tool (Roger Buckley/Milly Smith). We supported their autonomy to lead on this in a co-produced way.

Impact

We have seen a real culture change in the way our staff view and value the Observe & Act patient feedback tool, seeing it as valuable for improvement and assurance rather than being another form of inspection or audit. The key really is feedback. This means feeding back findings to those services where information has been gathered in a manner where it can be easily used. Where areas of good practice have been identified this is shared and celebrated. Equally as important, if not more, we make sure that where improvement is needed it is carried out. We then share details of this action carried out as a result of the feedback provided so that people see the results that have been brought about. Actions from visits include improving external and internal signage, replacement flooring, supplying water, positive and improvement ideas around person centred care, feeding procedures for patients in hospitals, praise to very warm friendly compassionate staff etc The use of Snr Mgt Service Delivery Gp meetings (actions on Observe & Act are minuted and learning shared back at local team meetings via staff from this meeting), an electronic feedback system has enabled information to be accessed, reported and actioned at the grassroots level and strategic management level-'joining the loop'! Learning from Observe & Acts, undertaken around 5-10 times/mth in different services are also scrutinised at the Trust Feedback Intelligence Meetings. Non-clinical staff have particularly found being trained and undertaking observations very useful and job enriching. Most importantly learning, empowerment and culture change is happening at all levels. The Local Health Econ PX Group (incl CCGs) has recognised the great work O&A has achieved, as have NHSE & HelpForce.

What Makes Us Special?

Observe & Act stands out for the following reasons: • The process is as seen through the eyes of a patient (not clinical view); • The 5 themes (see booklet) relate to our Trust services and others; • Themes are flexible in that others can be added, such as Royal Wolverhampton Trust added Equalities; • Easy to complete 'Visit Observation Form'; • Non-clinical staff learn more about NHS services (job enrichment); • Supported by NHS England & other key organisations; • Recognised to make a difference and used by other Trusts; • Feedback acted upon by senior management through action plan implementation.

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Smithdown Childrens Walk-In Centre

Nicola Gourley

Category

Patient Experience Transformer of Tomorrow

Organisation

Smithdown Childrens Walk-In Centre

Mersey Care 
NHS Foundation Trust

About Nominee

Nicola is a nurse and recently completed the MSc Advanced Paediatric and Neonatal Practice at Liverpool John Moores University as a part-time student. Whilst on the course Nicola was working as a Manager at Smithdown Children's Walk-In Centre in Liverpool.

At Work

Nicola manages a busy nurse-led walk-in centre for children, which serves the local community by providing assessment and management of children 0-15 years who have minor injuries and illnesses. She was interested to find out if the care and management of children who have Buckle Fractures could be streamlined to enhance the experience of children and families whilst reducing unnecessary costs to the trust. The main aim of Nicola's project was to determine the most appropriate follow up for children with distal radius buckle fractures attending the walk-in centre, evaluating best practice in light of recent research and national guidelines that promotes treatment with removable wrist splints. It also aimed to establish if children referred to fracture clinic received any further treatment or interventions that differed from the initial treatment given, with a view to removing the necessity for later attendance at the local Children's Hospital in another part of the city for fracture clinic follow up. Clinical notes of all eligible children aged 1 to 15 years diagnosed with an isolated distal radius buckle fracture were accessed to conduct an audit and service evaluation. Telephone contact was made with families within a week of discharge and verbal questionnaires answered to establish if any further treatment was given at fracture clinic. Nicola found that the majority of children with distal radius buckle fractures did not receive any change in treatment that differed from the initial treatment provided at the paediatric walk in centre. The audit and service evaluation justified a change in clinical practice, removing the requirement for additional attendance at the hospital, whilst maintaining care and treatment that is in line with evidence-based practice & NICE guidance. Nicola is currently implementing changes, which will allow the management of children with this low risk distal radius buckle fractures solely within the walk-in centre. She has local trust clinical governance support to ensure a robust system is in place to maximise effectiveness and minimise risk. She is implementing the change with a Standard Operations Policy (SOP) to achieve efficiency, quality output and uniformity of performance. An imminent review of the local SLA will propose a change in x-ray reporting with the implementation of hot reporting at the walk-in centre to ensure patient safety whilst removing the necessity for the children and families to travel to the hospital. Parental education is fundamental in implementing change management and Nicola will seek to broaden acceptance of adapting a minimalist approach by facilitating education and adapting a trust wide management algorithm. Informing parents of advantages and implications of a treatment enhances parental understanding and compliance, along with unambiguous safety netting and red flags. Emphasis that local management will not comprise care will be paramount in the parental education process.

Summary

Nicola's project is well researched, and is being carefully and systematically implemented, and has the potential to enhance the experience of children and parents who attend her walk-in- centre by streamlining management, preventing unnecessary trips to hospital. for follow-up without compromising safety. The voice of service users was a key feature of her project. A re-audit will be carried out six-month's post implementation of new guidance to assess for clinical effectiveness and identify potential improvements or recommendations. Audit of clinical notes, x-ray reports and pain audit, alongside a service evaluation will be conducted simultaneously to identify positive outcomes and parental satisfaction in providing a minimalist approach in management. The aim will also be to recognise any potential disadvantages that may contribute towards clinical risk.

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South West Neonatal Network**A Stay in Neonatal Care – An Animated Guide to your
Role as Parents and What to Expect****Category**

Support for Caregivers, Friends, and Family

**Organisation**

The South West Neonatal ODN is commissioned by NHS England. Our Network works cross organisationally and with multi professional groups to enable a whole system collaborative provision approach to ensuring the delivery of safe and effective services across Neonatal patient pathways. Our network approach to delivery allows for more local determination, and innovation in how we deliver our regional services and ensures that all the systems work together to optimise the patient experience by bringing together patients and their families, hospitals, commissioners and other stakeholders in the design & delivery of consistent high quality neonatal care.

Summary

Our Neonatal Animation deserves recognition within this category for the following reasons: 1. It is innovative in its approach to providing information and support to parents who unexpectedly find themselves in Neonatal Care after the birth of their child. It is the first of its kind animation and has provided a transformational approach in how we seek to engage and support parents early in their Neonatal Journey. 2. The Animation provides leadership to both Neonatal Professionals and NICU parents and families worldwide. The animation strongly promotes the delivery of Family Integrated Care on Neonatal Units, is supporting the change in culture on Units nationwide. It also provides leadership to parents and encourages and empowers them to understand the vital role that they play for their sick child. 3. The Animation has been embedded in over 90 units in the UK and worldwide and is available to all through You Tube and has had over 4,000 downloads since its launch. It will continue to have impact through its long term availability.

Impact

We have not yet formally undertaken an evaluation of the animation. However we feel that we can measure the success and usefulness of it to Neonatal Families by both the update from other NHS organisations and by its 'views' online. Below demonstrates the reach and spread the animation has had since its launch in April 2019: • In 7 months it has had over 3,000 views on You Tube, and 2500 on Vimeo. It has been shared over 300 times on facebook and have over 20,000 interactions; • The animation has been embedded on VCreate – a video platform available in over 70 Neonatal Units across the UK and is sent to all new parents who register with the system when their baby is admitted to Neonatal Care; • Offered the animation file free of charge to units/charities worldwide – so far over 100 units worldwide from 7 countries have requested the file to use and embed on their Trust systems and NICU websites; • Produced posters and cards advertising the animation for parent's rooms and distributed to all UK Neonatal Units; • The feedback has been phenomenal both formal and informal from NHS organisations and families and we have been asked to speak at both national and international conferences over the next 12 months about our animation and our approach to Family Integrated Care in the South West; • Since it was launched the NICU foundation have seen a significant increase in charitable fundraisers - the majority quote the animation as being the reason for connecting with the charity.

What Makes Us Special?

This project is unique as it is the first of its kind animation in Neonatal Services. It is different from other projects as it tries to upfront educate and empower parents as to their role on a Neonatal Unit and therefore supporting the culture change towards Family Integrated Care that is currently happening across the UK. The animation is straight forward, simple and easy for families to access at a time of incredible anxiety and uncertainty. It can also be accessed by siblings, wider family and friends of a Neonatal Family to enable them to understand the Neonatal Journey alongside parents. It is special as although it was initially developed for the South West the spread of the animation has been on a scale that has been unexpected and it is clear that it is supporting thousands of families not just across the South West but from across the UK and worldwide. Since its launch we have had a significant number of enquiries further animations which demonstrated the need to continue with developing animations as a way of supporting, educating and empower families during and after their Neonatal Journey.

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Surrey & Sussex Healthcare NHS Trust

Bringing Patients Closer to Home

Category

Innovative Use of Technology/Social/Digital Media



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 with an additional 100 flexible beds used in escalation and provide acute and complex services. In addition, we 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. It has been rated as 'Outstanding' by the CQC. 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. SASH is part of the NHS partnership with Virginia Mason Institute to develop a 'lean' culture of continuous improvement which puts patients first. Through this partnership SASH pursues perfection in the delivery of safe, high quality healthcare which puts the people of its community first.

Summary

We are now offering video consultations to some patients who have been identified by their doctor or nurse as someone who may be suitable for this type of appointment. We recognise that the traditional face to face appointment isn't always convenient and we know that some people need to come to hospital a number of times during their care episode. Sometimes it is possible to have a convenient video consultation from home or in your work place rather than coming to hospital. Feedback shows that some people find this more convenient and a better experience. This is particularly beneficial for agoraphobic patients or those with severe autism where a familiar environment can be the key to their mental stability. It is also better for post-surgical patients that need a quick 'check in' and a decision can be made if a face-to-face is needed. At the moment, a small number of eligible patients can choose whether they wish to attend their clinic appointment in person or try out the online video consultation. We are getting their feedback to see if it improves the experience for patients and should be made available for more people across more specialties.

Impact

- 92% were able to set up the VC for their device alone; • 76% saved up to 3 hours travel time; • 80% patients saved money, the other 20% were not sure; • 96% were not eligible for patient transport services; • 72% found VC less stressful than a conventional clinic, 20% found there was no difference; • 92% felt they were able to communicate everything they wanted to the clinician; • Overall, 96% felt their experience had improved for consultations and would choose to do this again. The results show that VC are extremely effective in improving the patient experience. We have used patient feedback as an effective tool to continue improving and developing the service. Patient feedback included *"Brilliant so easy, felt relaxed, had no problems, the viewing was clear, the chat was clear.....I would recommend that you set this up for everyone to use as it is so much better than trying to get to the hospital. Hope this system works for you, as the saying goes, best thing since slice bread... thank you"*, and *"Everything was just great, please please make this work, it worked for me and I can see this as going forward for not just patients but for the medical professionals as well, best thing NHS as come up with, well done"*.

What Makes Us Special?

Virtual clinics are a step forward into modern medicine. As far as improving patient experience goes this is a no-brainer! It allows for a consultation in the comfort of their home, or the convenience of their workplace, and removes the stress and expense of travel, running late, and parking amongst others. I think this is a special project as we have designed it with our patients as partners in the improvement process. Having specialised services catering for the local area and across several counties we are able to give our patients the best possible experience. It also means that the doctor or nurse can do the consultation from their office or clinic room, and not need to travel across many hospital sites. This allows more available time to see patients, more patients seen, and less waiting times – definitely a win for all stake holders.

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Surrey Heartlands Health and Care Partnership**Using Animation as a Medium to Help Clinicians Understand the Secondary Healthcare Experiences of Prisoners****Category**

Integration and Continuity of Care & Using Insight for Improvement

**Organisation**

Surrey Heartlands is a partnership of health and care organisations working together – with staff, patients, their carers, families and members of the public – to transform local services and support people to live healthier lives. Together we are known as an 'Integrated Care System' – partnerships where health organisations, the local authorities and others take a collective responsibility for improving the health of the local population, managing resources (including money) and making sure services are high quality. Surrey Heartlands covers the majority of Surrey; those areas currently looked after by East Surrey, Surrey Downs, North West Surrey and Guildford and Waverley Clinical Commissioning Groups, all local NHS organisations and Surrey County Council."

Summary

Hospital staff are often unaware of issues faced by prisoners in accessing secondary care. Once explained they typically consider changes to their practice and services to make them more inclusive. In creating a tool to help others understand these issues, we conducted qualitative research with male and female prisoners in five prisons in the South-East including one that holds only adult male foreign nationals. The research sought to understand offender experiences of accessing secondary care while incarcerated and a thematic analysis of the data was undertaken to understand common themes and issues. In partnership with an animation company, themes were turned into a five-minute animation exploring issues uncovered by the research and more effectively transferring this knowledge to secondary care staff and clinicians. The film is being used to support the transfer of this knowledge to trusts and a full evaluation is taking place in February and March 2020. The audio used in the animation is the real voices of prisoners collected as part of the research.

Impact

The project has provided a robust evidence base highlighting five major challenges identified to 'equivalence of care' for prisoners visiting hospitals including: (1) Security overriding healthcare need or experience; (2) Security creating public humiliation and fear; (3) Difficulties relating to the prison officer's role in medical consultations; (4) Delayed access due to prison regime and transport requirements; (5) Inability of patients to manage their own healthcare. The animation helps secondary care staff and clinicians understand these issues. Prisoners describe in their own words some of the simple changes that can be made to help address these challenges. When the animation has been screened, staff have reported that the film dispels many misconceptions held about prisoners as patients and provides useful, actionable changes staff can make to their day to day practices. They have also reported a deeper awareness of the challenges experienced by prisoners in accessing secondary care as well as acquiring useful contextual information on the experiences of prisoners on the day of their appointment. We will shortly deliver a large-scale evaluation in acute trust settings (n=3) and with medical students at UCL. The animation is also being used to support the role out and engagement of local trusts in the development of telemedicine services. In Surrey we are developing a telemedicine service between prisons and hospitals. The animation is used as a call to action for hospital staff, encouraging them to design prison telemedicine pathways. Prison telemedicine is important, it can significantly streamline healthcare for prisoners.

What Makes Us Special?

We have successfully engaged with diverse voices from a traditionally underserved and marginalised population. In addition, ex-prisoners provided advice throughout & input on the analysis and animation. Very little research is undertaken at the interface of community and prison healthcare services, and has exposed significant issues that must be brought to the attention of all acute trusts serving prisons. The use of animation to convey these issues is novel, as was the methodology designed to robustly report qualitative findings using animation as the medium rather than a written report. Finally, current prisoners were able to narrate the final audio in their own unscripted words, while ensuring that what they said was still closely related to the findings of the research. This lent their voice of experience to the findings.

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Swansea Bay Health Board

Digital Patient Stories for Service Improvement

Category

Turning it Around



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Organisation

Swansea Bay UHB is one of the seven NHS Health Boards in Wales. We have over 12K staff delivering all primary and secondary health care, including mental health care, to a population of 400+K in South Wales. The Health Board is divided into 5 delivery units: the 3 main hospitals, Community & Primary Care, and Mental Health & Learning Disabilities. We cover the geographical area of Swansea and Neath and Port Talbot councils. The patient story work in the Health Board is led by the Arts in Health coordinator (Prue Thimbleby) working with the Deputy Director of Nursing & Patient Experience (Cathy Dowling) & the Patient Experience Manager (Marcia Buchanan).

Summary

We improve services through listening to our patients and taking action in response to their stories. We use digital storytelling as our methodology. A digital story is a 1st person voice recording put together with images to create a 2 – 5 minute video. The process of making a story is deep listening and brings profound resolution to the teller. The completed story creates empathy in the listener – thus leveraging changes of attitudes and practice. The patient remains the director of their story, they own the story and do as much of the editing and presenting the story as they wish to. We train and support frontline staff to record patient's good and bad experiences and then create action plans to improve services. We have built an intranet site where staff can access the governance documents and a library of stories. Stories are used widely in meetings, training and business cases. We can demonstrate significant service improvements as a result. We are training a network of story facilitators across Wales and plan to build an all Wales library of stories so that we can make our patient's voices central to our learning. Health providers in England are also asking for training.

Impact

Digital patient storytelling is now our main-stream methodology for listening to patients. It is primarily for helping patients be heard, advocating for service improvements and creating action plans when patients describe poor quality care and following serious incidents. It is also used for helping patients process their experiences as well as for sharing best practice and information with other staff and patients. We are now in the position of being able to show how complaint stories have led to significant service improvement. Current patients are having a much better experience. We can show the before and after stories. We are also measuring our impact through collecting feedback from patients who have told stories. Feedback from a patient who, following her husband's death was given the opportunity to make a digital patient story: *"The experience was respectful, caring, meaningful and helpful. It became therapeutic in effect. I felt heard. I am proud to say that others have benefited - and continue to benefit - from my stories and I believe some lessons have been learned. My patient stories enabled me to re-establish some control, some sense of empowerment - and crucially, to be able to stop 'fighting'. It has been an important chapter in my grieving journey, and I am very grateful for the opportunity."* We constantly monitor the effectiveness of the training and the transfer into practice through evaluation questionnaires as well as meeting regularly with the trainees and providing feedback on all stories.

What Makes Us Special?

This patient story programme is led by a storyteller who understands story theory and how to shape a story that will communicate well. The training course covers many ways of facilitating patients to shape and tell their stories. The process mirrors person centred counselling. It is important that the facilitators voice does not interrupt the recording - because of this they are listening without speaking. Patients often comment that the recording expresses exactly what they wanted to say and that they didn't know that they spoke so well! There is a constant emphasis on the fact that the patient is the director of their story – it is not completed until they are entirely happy that their message has been captured accurately. There is a careful informed consent process that is started at the first meeting and signed once the story is finished. The shortness of the completed videos (usually around 2 minutes) makes them easy to listen to without losing attention.

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PEN National Awards 2019

Re:thinking the experience

Tameside and Glossop Strategic Commission & Tameside and Glossop Integrated Care Foundation Trust Partnership Engagement Network (PEN)

Category

Integration and Continuity of Care



Tameside and Glossop
Clinical Commissioning Group

Organisation

The Tameside and Glossop Strategic Commission was created as part of the plans to integrate and transform health and social care. At 31/3/19 the council directly employs 2,519 individuals across 8 Directorates: Adults, Children's Services, Finance, Governance & Pensions, Growth, Operations and Neighborhood Services, Population Health and Quality and Safeguarding, Tameside and Glossop CCG, the collective of GPs responsible for purchasing health care for their registered patients and for the population of Tameside and Glossop as a whole. Guided by a unanimously agreed set of principles, the Strategic Commission aims to deliver significant improvements in health, social care and council services for the 250,000 residents of Tameside & Glossop.

Summary

In Tameside and Glossop we believe that the strongest public services come from bringing together the views of those who benefit from the services and those who deliver them. To make this as easy as possible we have adopted many different ways in which we find out the views of local residents, patients and service users. This includes hosting consultations via the Big Conversation, our online consultation portal. We also use more traditional methods to find out people's views such as focus groups, workshops and public meetings. As part of our commitment to consultation, in 2017 the Tameside and Glossop Strategic Commission, alongside the Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT), established the Partnership Engagement Network (PEN) as our primary method of strategic engagement. Since its inception, PEN has held 7 conferences attended by over 500 delegates, and has facilitated over 40 thematic engagement projects. The development of PEN has also been instrumental in the Strategic Commission achieving a Green Star rating (with the highest possible score of 15/15) for Patient & Community Engagement in the 2018-19 CCG Improvement and Assessment Framework (IAF) - one of only 13 out of 195 CCGs to reach this level of attainment.

Impact

The evidence shows that PEN is having an impact on work across Tameside and Glossop. Topics discussed cover a range of issues, including improving access to cycling and walking, addressing health inequalities and volunteer strategies. Feedback taken in the last PEN Conference in October shows that 90% of participants rated PEN as "Good" or Very Good". Full feedback reports are published for viewing on the Council, CCG and ICFT websites. Outputs from PEN Conferences are having an impact on service design and delivery. Tameside Council are currently working with charity Crimestoppers to raise awareness of community safety as a result of discussions in PEN, and the sharing of experiences by PEN participants of their mental health care led to £1m of new investment for the co-production of a "101 Days for Mental Health" model. PEN has supported engagement and consultation work in 125 projects at the local, regional and national level. This includes the NHS England "What Matters to You?" campaign, and the first-ever joint Strategic Commission budget consultation exercise.

What Makes Us Special?

Tameside and Glossop is one of the first areas in the country to integrate health and social care. PEN, and our wider engagement and consultation work, is an example of best practice for those who wish to replicate our learning in integration and wider public services. The key element of PEN is adopting a multi-agency "place-shaping" strategy for the prosperity of our area and its communities. Going beyond giving residents an opportunity to express their views and feel that their voices are heard, PEN allows residents to influence the design, commissioning and delivery of services. By putting people at the heart of the decision-making process, we have created a sense of collective ownership of the issues faced by the communities of Tameside and Glossop and how we address them. While PEN has been facilitated by the Tameside and Glossop Strategic Commission and ICFT, representatives of patient and public groups and key stakeholders have been involved from an early stage. This includes being instrumental in the development of the Tameside and Glossop Engagement Strategy. The unique format of the PEN allows for two-way communication between decision makers and participants.

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Taunton and Somerset NHS Foundation Trust**The Journey to Establish a Permanent Paediatric Assessment Unit (PAU) –
“Assessment to Treat rather than Admission to Assess”****Category**

Turning it Around

Taunton and Somerset 
NHS Foundation Trust**Organisation**

Our Children's unit is part of Musgrove Park Hospital in Taunton and Somerset NHS Foundation Trust, a large busy district general hospital in Somerset. Our unit consists of 30 bedded inpatient wards: • Acorn ward: 2 paediatric high dependency unit beds, 9 cubicles for younger babies and children; • Oak ward: Four 4 bedded bays and 7 cubicles for older children and young people (CYP), longer admission and supporting children admitted under other specialities e.g. surgery, orthopaedics etc. We look after children presenting with acute illnesses, those with ongoing long-term conditions (for example oncology, cystic fibrosis, epilepsy, diabetes etc.) and CYP with mental health conditions. We have 11 general consultants, 7 ST4-8 trainees, 9 ST1-3 trainees, nurses.

Summary

A PAU is a hospital-based facility where children with acute illness can be assessed, investigated, observed and treated with the expectation of discharge in <24 hours. Following patient feedback and complaints, a PAU was successfully established and fully funded at Musgrove Park Hospital, Somerset in less than a year after a 3-month team pilot. The intention was to create a consistent model of "assessment to treat" rather than "admission to assess". It dramatically challenged the traditional model of clinical pathways for children locally and brought children's services in line with adult services and national standards. The project had clear leadership, goals that were universally shared & agreed, using clear quality improvement methodology. Key outcomes included: • 72% of children assessed, treated and sent home preventing unnecessary admission; • 31% of primary care referrals were managed with specialist senior advice over the 'phone decreasing attendances to the inpatient unit; • Significant reduction in time to senior clinical decision; • Positive patient experience and stories with reduction in PALS; • Increased staff morale & trainee experience. Shared with commissioning bodies resulting in a successful funding of a permanent PAU from January 2020.

Impact

434 children attended the pilot PAU between 14 January and 5 April 2019. Admissions subsequently fell: Graph. Health outcomes: • Significantly less children admitted: 122 (of 434) children were assessed and subsequently admitted (28%), and 312 were treated and sent home (72%); • Improved advice service to primary care: 31% of calls given direct specialist senior advice decreasing admission/referrals. 'Consultant Connect' (telephone advice line) answer rates increased from 54% to 83%; • 100% children screened for sepsis; time to IV antibiotics was 76 mins compared to 109 mins in ED; time to receiving antibiotics within one hour rose from 58% to 66%; • Increased time for more complex children on inpatient ward rounds. Patient Experience: • Time to clinical decision >120 mins fell from 46% to 10%; decision <60mins rose from 7% to 23%; • Positive patient stories significantly increased (individual written feedback, 'Friends and Family'; 'Care Opinion'; with less PALS/concerns raised (PALS reports/incident reports/governance meetings); • Ward discharges brought forward in the day improving patient satisfaction and patient flow through the inpatient unit. Colleague Satisfaction: • Universally positive with working environment, structure, improved team working and morale – via staff feedback reporting pre, during and post pilot (semi structured interviews, questionnaires and daily face to face reviews during pilot); • Less exception reporting from trainees (2 quartiles positive shift). Lower costs: • Assuming all avoided admissions would have length of stay of 1 day: based on 2000 patients, bed saving of 1300 bed days per year or 4 beds/year.

What Makes Us Special?

Team ownership. Consistent strong and innovative leadership: recognised by our wider organisation with Trust 'Our People Awards' for outstanding leadership: Gita Modgil and Amy Whiting. QI methodology used successfully to bring about whole pathway change. Enhanced wider Trust awareness of the exceptional work within the paediatric department – raising the priority of paediatric care in the Trust and at CCG level. Powerful outcomes: improvement in quality of care, patient pathways and efficiency of the service and most importantly CYP and families experience which as always remained at the heart of this initiative.

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The Mid Yorkshire Hospitals NHS Trust

Hospital Based Carer Support

Category

Support for Caregivers, Friends, and Family



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.

Summary

The Trust recognises unpaid carers as an enormously important asset who massively relieve pressures on health and social care services. The Trust has undertaken a number of improvements to identify carers within hospital settings in order to better support their emotional, physical, educational and spiritual needs. A working partnership was established with Wakefield Council and Carers Wakefield & District (CWD) to ensure that a meaningful offer to carers was made at a critical time on their caring journey. This forms part of a wider District 'system wide' approach to improving outcomes for carers: <http://www.wakefield.gov.uk/health-care-and-advice/public-health/caring>. This innovative range of initiatives have been co-produced with carers including: • Hospital Based Carer Support Workers (HBCSWs), working collaboratively with staff to identify, support, and signpost carers to vital support; • Involving carers in understanding the treatment/management of the condition of their cared for person, care and discharge planning, managing and maintaining their own health & wellbeing; • Promotion of support for carers on visitor boards throughout the hospital; • Family, Friends and Carers' Charter and passport; • Support for those considering care homes and bereaved carers; • Enhancing support for working carers; • Dedicated carer friendly spaces for carers; • Carer awareness training for staff

Impact

HBCSWs give carers time and space to speak openly and honestly about their situation, leading to more appropriate and effective discharge plans being implemented through shared understanding of needs.

There has been an improved awareness of carers needs leading to improved communication, co-ordination and sharing of information about early intervention/prevention services, specialist services and community assets to help carers manage their own health and wellbeing. Impacts were manyfold – some are listed here: ☐ Increasing numbers of carers supported by HBCSWs from 0 to an average of 39 new referrals a month, with over 505 individual contacts over 5 months; ☐ Increasing numbers of 'new' carers registering with Carers Wakefield & District for ongoing support from community based support workers from 3 to 18 a month;

- Co-produced Family, Friends and Carers' Charter; • Improved pathways to other relevant services (i.e. social prescribing/care home support/non-Wakefield based services for carers outside of the district), with access to support from specialist care home support workers; • Average of 45-50 staff per month supported via the carer support meetings/ carers network, and deal with around 60 enquiries per month; • Ten dedicated carer rooms identified to allow carers to have necessary conversations; • Relatives overnight room

Survey undertaken Dec 2019 – 20 respondents: 100% felt supported by the Hospital Carer Support Worker; 100% found the advice was helpful; 100% would recommend the service to others

What Makes Us Special?

The improvements support staff to identify carers of patients who are in hospital, improving staff awareness about the role of carers and how to help carers access information and relevant services, based on caregivers and family needs. The HBCSWs offer a regular constant presence within the hospital improving the identification and support offered to carers. The initiative supports carers to be involved in care and discharge planning so they are able to understand the treatment their loved ones are receiving and know how to support them following discharge, leading to better outcomes for the patient and their carer. The initiative forms part of a wider regional and national focus on improving the support for carers and demonstrates a number of key elements of success.

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The Princess Alexandra Hospital NHS Trust

It Matters to Me

Category

CPES Award



The Princess Alexandra
Hospital
NHS Trust

Organisation

The patient panel consists of 24 voluntary members, based at Princess Alexandra Hospital, Harlow, Essex. We were established following the Francis report in 1995 we act as a critical friend to the hospital. We operate autonomously within the hospital, sitting on 30 plus committees to ensure the patient voice is heard and can influence the decision-making process. We hold annual conferences and produce an annual report this enables us to know what is important to the people who use our hospital.

Summary

This conference demonstrates that it is a patient initiative, it is innovative, how many patient groups have planned and delivered a conference it is very ambitious we are putting our groups reputation on the line. **2. Leadership** - the quality of management and leadership including: the clarity of the initiative's objectives; how well they were communicated; how effectively the project was introduced and implemented. We agreed on the content of the conference and members of the working group were allocated tasks. We worked with students (aged 17/18 years) from the local college, they were involved as part of the team, learning about budgeting, choosing menus, surveying GP's at their shut down, all receiving certificates for their portfolios. **3. Outcomes** – We prepared a full report of the conference highlighting key areas from each workshop. • Young people – they wanted to be treated like any other student when in education; We have approached the Essex Education Consortium about training for staff; • Minority groups – Men from the prostate cancer group wanted to be registered as a minority group. They felt that they didn't receive the same preventative treatment eg regular testing as women receive: • Medication – there was a lot of questions about medication, side effects, out of hours support. After the conference we held a meeting with the chief pharmacists from the hospital and the Clinical Commissioning Group. We discovered that there was much information available but patients were not aware; • Financial support – Many people were unaware of the financial support available to patients undergoing treatment and unable to work. We were able to raise awareness, have we made a difference? Yes. **4. Sustainability** – will the initiative make a sustainable difference? this conference has led us to being asked to join the CCG Cancer Board, this conference is almost 2 years old in November 2019 we were asked to present this conference, planning and delivery to the Cancer Consortium attended by 19 NHS trusts all asking for copies of our report. More recently the STP is considering having a follow up to the conference. **5. Transferability & Dissemination** – how easily could the initiative be replicated in other parts of the organisation and/ or across other organisations? How effectively has the learning from the project been spread within the organisation and/ or throughout the healthcare sector as a whole? We always prepare a detailed action plan for events and we are able to share the planning and delivery with other organisations

Impact

We have identified the impact of the conference in a number of ways.

1. We were invited to present at the Cancer collaboration meeting at UCLA in London
2. In November 2019 we presented to 19 NHS trusts all asked and received copies of the report
3. Follow up actions involved Chief Pharmacists at both the hospital and Clinical Commissioning groups
4. Invitation to the Clinical Commissioning groups cancer board on a regular basis

What Makes Us Special?

This was a patient led event with engagement from statutory, voluntary and educational establishments. Patient led is not so intimidating as a formal NHS conference. A more relaxed atmosphere and meaningful engagement and there is feedback (report). It demonstrates that we can all work together achieving the end goal.

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University Hospitals Leicester NHS Trust

H.O.P.E. Team

Category

Team of the Year



University Hospitals of Leicester
NHS Trust

Organisation

University Hospitals Leicester NHS Trust

About Nominee

There are currently over 31,000 people in Leicester, Leicestershire and Rutland living with or beyond cancer and this is set to rise to around 49,000 by 2030. Evidence suggests that more needs to be done to meet people's needs and support them to live well. It was decided that we would develop a team of trained facilitators to deliver the H.O.P.E (Helping Overcome Problems Effectively) programme. The HOPE Programme was developed by Coventry University and Macmillan Cancer Support. It is designed to help people who have had/or have cancer to get on with their lives. The course concentrates on focusing and rediscovering your inner strengths and resilience to help you cope emotionally, psychologically and practically. Time is spent in facilitated discussions, group activities, information sharing and tools to try at home in between each session. The H.O.P.E. Programme was introduced in Leicester's Hospitals in 2018 in response to patient feedback in the local results of the National Cancer Patient Survey; results published in September 2016. This National survey showed that Leicester's Hospitals needed to improve in some specific areas: • Patients feel they did not have someone to talk to about their worries and fears; • Patients felt they required more information on discharge about what they could / couldn't do. Therefore, the Macmillan Lead Cancer Nurse, Cancer Nurse Specialists and Allied HealthCare Professionals committed to training and delivering this programme.

At work

To date 22 CNS's and AHP's have trained to be H.O.P.E. Facilitators. Courses are coordinated by the Macmillan Information & Support Officers at the Macmillan Information & Support Centre based at Leicester Royal Infirmary. The team have delivered a total of 16 programmes since the completion of the training and assessment of the facilitators. The team initially started with 10 trained facilitators and has grown knowing that the course is showing that it makes a difference to our patient's wellbeing and that the range of healthcare professionals as a team have been able to work as one team to offer this programme. The Macmillan Lead Cancer Nurse meets every 3 months with the team to share the successes of the programme so far and to offer the opportunity for some shared reflection and learning with the team. This has proved to be beneficial as it has influenced some of the decisions in the ways in which we have advertised the course to patients and healthcare professionals and also changed the way in which the groups are coordinated. The team have supported the concept and strive to promote it at any opportunity possible as they truly believe in its value. This is palpable when you meet the team as their passion and energy is demonstrable as is their commitment especially as they all do this in addition to their daily job plans going above and beyond every time. The data collected to measure the impact clearly demonstrates the consistent, high quality service the team are providing. The team have recently completed a pilot of running the H.O.P.E. programme in a local county library which again was extremely well evaluated with comments such as: • *The library is the perfect place;* • *Nice not to have to go to the hospital for the course;* • *Didn't want to go to the hospital any more. A good idea to be away from there to help with recovery.*

Summary

In summary, this team have gone above and beyond in following an idea and vision into reality putting the patient at the heart of all they do and believe in. Their compassion, commitment and professionalism has been outstanding all willing to go the extra mile to make the H.O.P.E. programme a success. The programme has been expertly coordinated by our Macmillan Information and Support Officers and their team who ensure patients are referred appropriately, supported to attend, all the necessary housekeeping is completed and the professionals delivering the programme are supported accordingly. This unique team of different healthcare professionals deserve special recognition as each one of the team has believed in what they were doing, never faltered and can truly talk about the impact and see the difference the programme has made to the patients they have seen.

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University Hospitals Coventry and Warwickshire NHS Trust

Let's Talk - Rooms to Deliver Sensitive Conversations

Category

CPES Award



University Hospitals
Coventry and Warwickshire
NHS Trust

Organisation

UHCW NHS Trust has a reputation for innovation, delivery of NHS targets, teaching and research, and high quality patient care. Jointly with the University of Warwick; UHCW has a flourishing medical school. The Trust has in excess of 5,600 staff, 1,380 beds and 32 operating theatres and operates from 2 sites: ☐ University Hospital, Coventry; ☐ Hospital of St Cross, Rugby. The Trust fulfils a number of key roles: • District general hospital (DGH) for Rugby providing hospital services to our local population; • Tertiary centre for Coventry and Warwickshire, providing complex specialist services for the sector and beyond; • Provider of innovative and leading-edge clinical services to Coventry and Warwickshire and beyond. We are an accredited major trauma centre; • Cancer Centre

Summary

I believe that University Hospitals NHS Trust should receive recognition for this award as the Trust took the initiative of using much sought after space for the benefit of patients and their relatives to conduct sensitive conversations. It was an ambitious task as it required both a cultural and paradigm shift to be effective as we needed clinicians to be confident in holding sensitive conversations and breaking bad news. There was also a need for us change the way in which we communicate, away from the bedside into a private space. There was the need for strong leadership and collaboration to ensure that the aims and objectives of the project were communicated at a senior level. The End of Life Committee was responsible for ensuring the successful delivery of the project and to also guarantee that the aims and objectives of the project were met. The sustainability of the project was always at the forefront and the End of Life Committee have secured long-term support from the University Hospitals Coventry and Warwickshire Charity to maintain the upkeep of the room and any further initiative related to this project. The initial project of converting one room into a space where patients, relatives and staff feel comfortable has been a success and further rooms have been redesigned to meet this need.

Impact

Questions based around communication were lower than expected in the 2017 survey results e.g. • Patient completely understood what was wrong; • Patient given easy to understand written information about the type of cancer they had; • Patients given clear information about discharge. The 2018 survey results showed an overall improvement in patient responses regarding communication and it is thought that the use of the rooms has enabled clinicians to impart all necessary and appropriate information in a sensitive manner and for patients and their relatives to hear and understand what has been said. University Hospitals Coventry and Warwickshire NHS Trust is also working with the local Sustainability and Transformation Board on the provision of Advanced Communication Skills Training to better equip members of the multi-disciplinary team in the delivery of sensitive conversations being held in these designated rooms. This development has spread throughout the Trust with other areas also converting appropriate space into space conducive to hold sensitive conversations. Now that the rooms are in use, the Group Director for Nursing and Allied Health Professionals is in discussion with the Trusts Patient Experience and Engagement Committee to develop a survey to assess the views of patients, their relatives and staff who have benefited from the rooms.

What Makes Us Special?

At University Hospitals Coventry and Warwickshire NHS Trust we take the views of patients and their families with great importance and will encourage clinical teams to use feedback to further develop services. There had been several complaints about the lack of privacy when conducting sensitive conversations, and although complaints continue, the number has dropped significantly and we assume that this is in part due to the introduction of these rooms designed specifically for this purpose.

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University Hospitals Plymouth

KMC - Parental Accommodation



Category

Support for Caregivers, Friends, and Family

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. Population ageing is a recognised national trend, but is exacerbated locally by the drift of younger people out of the area and older people in. The proportion of our population aged 85 or over is growing ahead of the national average by approximately 10 years, giving Plymouth the opportunity to innovate on behalf the nation in services for the elderly. 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 & Dentistry and Plymouth and Exeter Universities.

Summary

UHP NICU has been the level 3 specialist facility for the Devon and Cornwall population since 2005. We take the smallest and sickest babies from across the region whilst also meeting the clinical needs of our local population. Our families can be resident with us here from anything from a few nights up to a period of 16 weeks. KMC, which sits under the umbrella of UHP Hospital Charity, was set up nearly 4 years ago with an aim of raising £2million to build a purpose built parental accommodation to provide a home from home experience for our NICU Families. Current NICU provision includes 4 bedrooms on the unit, sharing one shower, some basic kitchen amenities and no access to laundry facilities. Where we had more parents than room's, accommodation was sought at local facilities at the expense of the UHP. A massive £360,000 was raised, championed by our NICU Fundraiser Tracey Stacey; however, we remained somewhat from reaching our original target. Challenged to think outside the box, on the 15th November, in time for World Prematurity Day 2019 we were able to launch our new parental accommodation of 7 en-suite bedrooms offering our families a home from home experience. <https://www.bliss.org.uk/research-campaigns/campaigns/families-kept-apart-take-action-now>

Impact

We continue to review occupancy and capture parent feedback, either face to face or via a simple feedback questionnaire. To date our occupancy has been on average at least 70% and feedback has been positive. Parents are excellent in self governing each other so they are timely to report issues where delicate negotiations are required and again this has been done with success. We are keeping families together and working outside the norms! Siblings are being accommodated to with their parents, where Dad's are unable to stay then maternal grandma's or aunts become resident to support the Mum. We have not yet had the need to ask a parent to vacate for any reason and have successfully held a Festive Celebration at the accommodation, with current and ex parents coming together to decorate the Christmas Tree around some non-alcoholic mulled wine and Christmas Carols.... A simple affair but provided an invaluable opportunity for NICU parent comradery. Moving forward there will be an expectation to report three monthly in to the Charity Strategic Committee and NICU Business meetings around use, expense, parental feedback and plans for the next 3 months. These reports will help contribute to an annual report which will be shared with all our donors as well as UHP Colleagues.

What Makes Us Special?

What makes this project stand out is the success that has been achieved within 4 years of the fund commencing. The facility is provided free for any family, irrespective of their financial circumstance. The success is due to so many, not just those mentioned within the application form.. and a celebration of care, compassion and that we absolutely believe in creating opportunities for parents to develop loving relationships with their baby.

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University Hospitals of Derby & Burton NHS Foundation Trust

Patient Experience Champions Programme

Category

Staff Engagement/ Improving Staff Experience



University Hospitals of
Derby and Burton
NHS Foundation Trust

Organisation

University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) is a large acute Trust created in July 2018 following a merger of Derby Teaching Hospitals and Burton Hospitals. UHDB provides acute and community hospital care across Derbyshire and Staffordshire. We have five sites: two acute hospitals (Queen's Hospital Burton and Royal Derby Hospital) and three community hospitals (London Road Community Hospital Derby, Samuel Johnson Community Hospital Lichfield, and Sir Robert Peel Community Hospital Tamworth). UHDB employs over 12,500 staff and treats nearly two million patients every year. Across our five sites, there are around 2,000 beds, making UHDB one of the busiest hospital trusts in the UK.

Summary

Our Patient Experience Champions Programme is a staff engagement model for improving patient experience at every level of the organisation. It is led by the Patient Experience Team led with the support of the Director for Patient Experience. We've really created a movement. One year into the programme, there were just under 100 Champions. Three years on, we have nearly 10 times that number, with over 960 across five hospital sites, demonstrating passionate staff engagement. We help develop Champions' skills in a fun and supportive manner, and to network at a deeper level. Regular workshops and drop in 'Ideas Cafes' are some of the ways we engage our Champions. We share patient stories, ensuring the patients' voice is used to promote organisational learning. We provide Champions with lanyards and badges so they can proudly identify as such. We also offer them 'early invites' to schemes such as our Go For It! Fund for innovative improvement ideas. Feedback from our Champions is really positive – staff feel empowered, knowing that they are making a real difference, and feel supported in getting their ideas off the ground. It can easily be replicated in other organisations due to its low cost & simplicity.

Impact

As this is a programme about long-term cultural change from the bottom up, we don't have statistics to evidence outcomes as yet. However, we have a wealth of evidence that staff feel engaged and empowered to implement innovative patient experience improvements. In turn, we believe this will lead to long term change to become an organisation that is constantly improving and innovating from the bottom up. Feedback from our Champions about the support we offer them, and how empowered they are: Quote from Champion of the Year 2019: *"The patient experience team have been wonderful. From the moment I started as the lead for patient experience in the emergency department they have been nothing but supportive, helpful and kind. No question asked has been too much trouble to answer. They have gone above and beyond in making me feel a part of their trust team despite me just being a lead for ED. Their positivity has been inspiring. Working alongside the team I have felt included and valued. Their positive encouragement and feedback for all my projects has driven me to aspire to more and more improvement initiatives. My growing confidence in my abilities to lead and complete projects is due to the unwavering support of the patient experience team behind me. Winning the patient experience champion of the year was the ultimate validation and recognition of my hard work, something I hadn't experienced very often in my working life before."* Our longer term aim is to show improvement in our staff engagement scores on the national staff and FFT staff surveys, plus improvement in patient experience overall & an increase in the number of quality and patient experience improvement initiatives underway at a local level.

What Makes Us Special?

- We haven't set up the Champion role to meet our own agenda – we focus on what staff need from us, rather than setting a job description and list of tasks;
- Becoming a Champion is offered as a way of the individual having greater access to networking and training opportunities above and beyond what other staff would get;
- It gives staff permission to be greater advocates of all things patient experience because they have some endorsement from the Trust behind them;
- When staff feel empowered to make change happen as a result of being a Champion, they share that with their colleagues and a snowball effect occurs.

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University Hospitals of Leicester NHS Trust

Prostate Cancer Remote Monitoring

Category

Partnership Working to Improve the Experience



Caring at its best

Organisation

University Hospitals of Leicester (UHL) is one of the largest and busiest teaching trusts in the country, serving over one million residents of Leicester, Leicestershire and Rutland. The Trust comprises of three main hospital sites: Leicester Royal Infirmary; Leicester General Hospital; Glenfield Hospital. 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. There are currently over 15,000 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. We constantly strive to improve patient care, looking at the ways we work, acting on patient feedback, ensuring staff are highly trained, encouraging research.

Summary

Prostate cancer patients have said that their outpatient follow up appointment is often little more than confirmation that their blood test result is ok and receive a form to book the next test. The appointment can be inconvenient to the patient with no evidence of a positive outcome for survival. This puts an increased strain on hospital outpatient services and therefore we designed and developed a new pathway where patients didn't need to come into hospital. The previous pathway involved patients turning up to an outpatients appointment, taking time off work, relatives taking time off work, travel time and money, waiting in outpatients for up to 2 hours to see a consultant for a consultation that lasted between 2-5 minutes. The purpose of the remote monitoring service is to provide patients with a safe guideline based service to monitor their prostate cancer. The service enables patients to be monitored remotely rather than attending the urology outpatients department. This greatly reduces the inconvenience for patients, reduces the cost of travel for them and also generates outpatient capacity. Since implementation of this pathway in October 2016, 1277 patients have been referred onto Remote Monitoring. That means over 3612 reviews have taken place and in April 2019, 206 patients were reviewed which equates to 51 outpatient appointments saved per week.

Impact

The benefits of this initiative have been improved quality of life for prostate patients. Patients are now being saved the stress and inconvenience of unnecessary hospital appointments, as well as relief from anxiety as patients are notified of results in a timelier manner. The prostate cancer service has been improved as valuable clinic capacity is freed for patients needing to see the consultant urgently. The system is robust and secure electronic system ensures that no patient 'slips through the net'. Alerts, flags, automatic letters can be set up to respond to results more efficiently and to relieve administrative pressure. A patient satisfaction survey has been undertaken and 92% of patients reported that their needs are being met in regards to their prostate cancer. Between October 2016 – Oct 2019 1277 patients have been referred onto Remote Monitoring. That means over 3612 reviews have taken place and in April 2019 206 patients were reviewed which equates to 51 outpatient appointments saved per week. 120 patients have been recalled to clinic for PSA rises.

What Makes Us Special?

This initiative stands out due to the impact it is having on the whole system. For patients it means less time off work, less waiting for results, cost of travel to the hospital is reduced, as well as quick re-access into the system. All the patients on remote monitoring also have access to the nurse specialist having knowledge and expertise on hand and available when patients need it. To the organisation it has helped to free up outpatient capacity meaning that the more complex patient can be seen quickly.

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University Hospitals of Leicester NHS Trust

Family, Carers and Friends Charter

Category

Support for Caregivers, Friends, and Family



Caring at its best

Organisation

University Hospitals of Leicester (UHL) was formed in 2000 and provides acute hospital care across three main sites, the Leicester Royal Infirmary, the Leicester General Hospital and the Glenfield Hospital. Community based healthcare is also delivered to the one million residents across Leicester, Leicestershire and Rutland. The Trust has a very strong research portfolio and is at the forefront of many research programmes and new procedures, such as keyhole heart valve surgery. UHL has an international reputation for the high quality specialist care given by over 15,000 staff, especially in cancer, renal and cardiac services, which serve a further 2-3 million people.

Summary

Statistics indicate there could be as many as 8.8 million adult carers in the UK, each saving the economy on average £19,336 yearly. These people are experts by experience and when a cared for person comes into hospital their knowledge should be recognised and they should be welcomed and supported during their stay. It is recognised nationally that not all family members wish to be recognised as a carer, resulting in many family members not getting the support, both financial and physical that they need. To address this the Family, Carers and Friends Charter (FCFC) was launched, indicating if you look after someone and are a family member or friend you will be afforded the same level of support and care as a recognised carer. An information leaflet provides these family members with details of support available in the hospital and the community. It also gives information about the carers assessment, that they may have not heard of or even be aware that they are entitled to. This charter is available throughout the Trust.

Impact

The Trust actively collects feedback from family, carers and friends, via a feedback form available in all ward areas and on the Trust website. All feedback is reviewed in real time and any areas that require change or improvement are addressed immediately – ensuring a family/carers led service. We received over 500 feedback forms from family, carers and friends who have a loved one in our adult wards in quarter one and two 2019-20. Looking at all the feedback the average FFT score for this group has been around 95% recommend, however looking at SPC analysis there has been a significant improvement in the non-recommended score, with seven results being below the mean for this response. During Sept 2019 an engagement event was held using the “wonderwall”, in a very busy area of the Leicester Royal Infirmary’s main reception. A large display was erected including information on the FCFC, the Family and Carer leaflets and information about reduced parking fees for carers. Family, carers and friends who passed were asked if they would be willing to have a short interview to allow the Trust to hear about their experience how the service could have been improved while their family member was in hospital. 16 family members/carers/friends were interviewed, all from different ethnic backgrounds. The results were very positive, 14 of the 16 were very happy with the support that they had received. Suggestions for improvement identified from this engagement will be considered in work planned in the future. Family members who remain with their loved one can be offered meal vouchers as a thank you and to give them that extra support. These have been very popular, from Nov ‘18 to Oct ‘19 681 vouchers were shared with family members.

What Makes Us Special?

This initiative and Charter addresses the nationally recognised problem that not all family members with a caring role identify as a carer, therefore do not get the support, both physical and financial that they need, but they do deserve the same level of support and inclusion. Feedback has shown that families will say ‘I am a husband’ or ‘I am a daughter not a carer’ and are almost upset that their relationship with their loved one appears to change; this charter supports all families, at what is often a difficult time, to not feel they have to take on a ‘label’ they do not want. The charter was developed with the involvement and inclusion of the people that is going to affect, working in partnership between, carers/carers organisations, patients and staff.

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University Hospitals of Leicester NHS Trust**ICU Patients and Relatives are they Really Listened To? - Providing Opportunities for ICU patients in an Acute Trust to Engage with the Multi-disciplinary Team to Ensure they are Truly Heard and Translating this into Meaningful Action****Category**

Engaging and Championing the Public & Using insight for Improvement

*Caring at its best***Organisation**

University Hospitals of Leicester (UHL) was formed in 2000 and provides acute hospital care across three main sites, the Leicester Royal Infirmary, the Leicester General Hospital and the Glenfield Hospital. Community based healthcare is also delivered to the one million residents across Leicester, Leicestershire and Rutland. The Trust has a very strong research portfolio and is at the forefront of many research programmes and new procedures, such as keyhole heart valve surgery. UHL has an international reputation for the high quality specialist care given by over 15,000 staff, especially in cancer, renal and cardiac services, which serve a further 2-3 million people.

Summary

Inviting patients and their families who have had an ICU stay to attend a meeting 6-12 months after their discharge has provided multi-disciplinary teams within the units an opportunity to create an informal safe space for feedback and to ensure that patients are truly listened to. The ICU Patient User Days provide a collaborative and open forum for listening and learning. To ensure that we are turning listening into action we are supported on these days by 2 of our Patient Partners who lead the event. As the User Days increased in number and we received more feedback and ideas from our patients we expanded invites to representatives outside of our own CMG to enable us to improve as much of the whole patient journey as was possible. This dedicated engagement has resulted in a host of improvements for patients including the introduction of patient diaries, memorial afternoons, improved information and reducing anxiety about ICU admission and discharge to step down areas. For example; a valuable initiative was to develop a video for patients and their loved ones to view if they so wished about what to expect and familiarise themselves with the type of environment.

Impact

The initiative has seen many positive changes to improve our patients and loved ones ICU experience. As a result of the feedback to name but a few, we have introduced the following: • ICU Follow up clinics; • Patient diaries; • Memorial afternoons; • Undertaken '15 Steps Challenge' in all ICUs with our Patient Partners and made positive environmental improvements e.g. enhanced appearance on entering the units, improved waiting areas, quiet rooms, relatives accommodation, step down information and a video of what to expect on an ICU stay, increased MDT input (e.g. Physio and OT), noise reduction (introduced night bundle), simple posters to explain equipment, post ICU longer term recovery information leaflet, improved signage, eye care audit and care bundle developed. • Introduction of 'Pat Dog' therapy: • Introduction of monthly case reviews to ensure that patient's relatives understand the care they received and reasons for their loved ones passing. We then invite them back to a follow up clinic. We measure success of the initiative by monitoring our FFT scores monthly, direct feedback, Message to Matron cards, feedback at follow up clinics and other patient feedback following some of the improvements above. We have seen over the last 12 months an FFT score of between 97-100% recommending our ICUs, we have seen few complaints and the promotion of our collaborative working with our Patients and Patient Partners has seen a positive impact on recruitment and retention, low turnover and all units being fully recruited to.

What Makes Us Special?

Creating an environment that is safe, informal and supportive. The ICU User days really demonstrate what a difference it makes to so many patients to be able to not only share their experience with the staff but to share experience's between themselves and their loved ones. It has provided a real sense of camaraderie. The key elements to its success are the dedication of the MDT and Patient Partners to truly listen to their patients and have a dedication and passion to make improvements. The staff also feedback that the User Days really help them to define their roles and focus on success and improvement; be it the smallest things that are always often the most important to our patients and family.

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University Hospitals of Leicester NHS Trust

In-Patient Support and Information Rounds

Category

CPES Award



Caring at its best

Organisation

University Hospitals of Leicester are a large teaching hospital base across three sites with many specialist areas or expertise. It employs 15000 staff. We are based in caring for cancer patients.

Summary

This initiative is part of a National Cancer collaborative initiative to provide in-patients with cancer to have the opportunity to discuss their worries and fears with staff. The initiative involves an information and support mobile outreach team to visit patients on the wards to offer them the opportunity to help themselves to written information from the trolley, and /or have the opportunity for a one to one conversation surrounding any worries and fears they may have. The team have identified the need for the service by looking at the National Cancer Patient experience Survey(NCPES) which has for the past three years identified a 5% below the national average in our survey results for this concern. We have involved a patients representative and a volunteer with lived experience of cancer services. We have used data collection, PDSA cycles of change and an overarching driver diagram to implement the initiative. Team relationships have been built with ward staff as well and they have had training and education as part of the initiative. The initiative has been evaluated positively by patients and it is aimed to be rolled out to a wider area in the next few months.

Impact

The aim of the initiative is to improve opportunities for in-patients to discuss their worries and fears. UHL patients surveyed as part of The National Cancer Patient experience survey results demonstrated that only 48% of patients felt they had the opportunity to discuss their worries and fears with staff, against the national average score of 53%. The initiative is a Pilot scheme which involves a weekly mobile trolley based patient and information support round on a 19 bedded oncology ward. This ward was chosen as we know from the cohort of patients that are sent the survey were predominately cared for in an oncology ward when they were an inpatient. The bespoke information trolley used on the ward rounds has been populated with written information tailored to the top concerns that patients identified as part of Electronic Holistic Needs assessments which are offered to all patients diagnosed with cancer. Success was measured by patient feedback. They were surveyed after each mobile information and support ward round. Staff were also regularly asked about their thoughts and knowledge of the initiative. The impact of the round was that 60% of patients thought the ward round and speaking to someone was useful, The mobile information was also evaluated by 40% patients as useful. Narrative comments found that those who didn't find the trolley of benefit had been in hospital before or had a long history of cancer and had already had their needs addressed in the past. Staff feedback was positive and good relationships were forged with the information and support team, as well as educating the staff of available services for patients.

What Makes Us Special?

This is a simple project on a small scale which is easy to roll out to other areas. It makes a difference to a patients well being in all senses and gets them the help that they may not have had the courage to ask for before as an in-patient. Guidance and toolkits from taking part of the National Cancer Collaborative project has helped keep it on track. The team itself have really engaged and enjoyed the new way of reaching out to patients. Excellent communication and regular meetings have kept the momentum of the initiative going. Using patients experience, a volunteer and patient feedback as also helped keep the project to a patients point of view. Ward staff have engaged equally as they can see the benefits for patients and it has raised their awareness of services and support available for their patients.

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University Hospitals of Leicester NHS Trust

The Forget Me Not Scheme

Category

Personalisation of Care



Caring at its best

Organisation

The 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. The Trust has a national and international reputation for high quality specialist care, particularly in cancer, renal and cardiac services and is at the forefront of research programmes. There is currently 15,722 staff, working as a team giving and promoting excellent patient care and experiences. It is imperative we 'get it right' for people living with dementia, their family and carers.

Summary

UHL used Listening into Action Methodology to establish an innovative process in the Trust to meet the national recommendation to identify people living with dementia. Engagement with staff, carers and patients supported the development of the Forget ME Not Scheme. The rapid PDSA cycles used over 20 weeks allowed quick testing of ideas, evaluation and development. Patient feedback helped to create simple easy care prompts that all staff, whatever their role, can easily implement, to work alongside the electronic and visual identifiers. A strapline for the final scheme was developed to encompass all the feedback 'Forget ME Not- Recognising people living with dementia, be confident to care' The Scheme was launched in Dec 2017, and implemented on all adult wards over 6 months. A daily electronic list of all people in UHL with dementia is generated and shared. Currently over 4000 people have been registered on Forget ME Not, and it has benefitted patients, families and staff. The data supports and develops other work streams that can impact people with dementia e.g falls. This year Outpatients joined the scheme and adapted the care prompts.

Impact

Overall the Forget ME Not scheme has achieved what it set out to: Recognise people living with dementia and make staff confident to care. There have been unexpected benefits as well; Forget ME Not has become 'dementia care' in the Trust. New initiatives to support people with dementia are shared using Forget ME Not. Examples include nutrition and volunteers, people on the scheme are encouraged to have a 7-day meal planner, additional snack Forget ME Not finger foods, Forget ME Not volunteers support the Meaningful Activity Service. The audit to measure the impact of the scheme and the associated care elements have over time shown improvements as the scheme has become embedded. The Trust demonstrated improvements in National Audit of Dementia 2018, particularly for nutrition, a key element of the scheme. Adapting it for Outpatients has enabled teams to be innovative, empowering staff to improve patient experience by introducing: • Activities to help keep people occupied; • Regular drinks and snacks; • Developing a 'quiet place' to help prevent agitation and escalation in behaviour; • Prioritised appointment times for people with dementia, reducing waiting time; • Encouraging family to stay with the person during surgical procedures.

What Makes Us Special?

In the beginning we started out to develop a scheme to identify people living with dementia to support their care in hospital. What we have achieved has been far more wide ranging. The brand of Forget ME Not has been adopted across all elements of care for dementia. Improving person centred care has been the biggest achievement but the influence the Forget Me Not Scheme has had on staff has been remarkable. The Forget Me Not scheme has inspired teams to be creative when seeking solutions to support care for people living with dementia in their area. The Forget Me Not scheme has given staff a tremendous sense of achievement as they have influenced positive changes in practice through its simple application. Passion, professionalism and excellent leadership are key to the success of the Forget Me Not Scheme, Teams have displayed these qualities throughout which has influenced the success of this simple initiative; to provide person centred care and ongoing development of dementia care for people living with dementia in the Trust.

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University Hospitals Plymouth

#RehabLegend

Category

Innovative Use of Technology/Social/Digital Media



University Hospitals
Plymouth
NHS Trust

Organisation

University Hospitals Plymouth (UHP) 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.

Summary

The '#RehabLegend' campaign sees a new person each day awarded with '#RehabLegend' status. This includes Intensive Care Unit (ICU) survivors, their loved ones and anyone who actively supports rehabilitation in ICU. This simple message promotes rehabilitation among staff who are not in traditional caring roles. The use of #RehabLegend on social media, #RehabLegend badges and lightboxes makes it an accessible campaign for anyone to contribute and raise awareness of the importance of rehabilitation in ICU. Rehabilitation in ICU has been associated with improved functional outcomes and reduced length of stay. Continued pressures to reduce length of stay in Critical Care and a frequent shortage of beds means it is increasingly important to identify patients at high risk of re-admission. #RehabLegend has been used to shape, share and facilitate cultural change within the team and organisation. Specialist Sister in ICU, Kate Tantam has worked tirelessly to promote the #RehabLegend ethos and seizes every opportunity to highlight teams and individuals who assist with or promote rehabilitation. Since the launch of the campaign, #RehabLegend has had 17,000 tweets, 40.2million impressions, 4,000 users tweeting & 6,000 badges awarded. This has helped raised the profile of rehabilitation in Critical care.

Impact

The campaign gives an outward recognition to patients that the hard work they have put into their recovery has not gone unnoticed. This has the compounding impact of empowering them and motivating patients to continue dedicating themselves to getting better. This motivation gives them a sense of control over their own recovery and places them at the centre of their care. Patients who are more motivated to recover are likely to spend less time in hospital, thus positively impacting the cost of their care. This campaign also serves to support staff and loved ones. Through presenting staff with badges and lightboxes, it gives notice to the time and dedication staff put into their patients. When staff feel appreciated and valued it reduces the rate of burnout and increases motivation for them to continue doing the wonderful job they do. This has a looping effect on patient care as increased appreciation encourages staff to consider ways to look after patients that are not always conventional. Since the launch of the #RehabLegend Campaign in June 2018, #RehabLegend has had 17,000 tweets, 40.2million impressions, 4,000 users tweeting and 6,000 badges awarded. All of this has helped raised the profile of rehabilitation within Critical care. It has impacted people from many different backgrounds and shown the importance inter-disciplinary teamwork in recovery for intensive care, the effects of Animal Assisted Therapy and the pure commitment and kind-heartedness that all staff in Critical Care have to do the job they do.

What Makes Us Special?

#RehabLegend uses a multi-disciplinary approach to promoting rehabilitation in ICU. Anyone can be a #Rehablegend. This encourages staff, patients and their families to be actively involved in rehabilitation in any capacity. The hashtag is short and catchy which makes it easy to remember and the message is both light-hearted and at the same time, empowering which adds to the inclusivity of its use. Culture has shifted so seismically at UHP that the ICU have been able to introduce a Pets as Therapy initiative. 'Hovis' the Labradoodle, is the only dog in the UK who is officially a rehabilitation team member as well as acting in his 'Pets as Therapy' role. Hovis even has his own Twitter account run by his owner, Moira to help promote #RehabLegend. Hovis is key in promoting physical and psychological rehabilitation and adds another dimension to the #RehabLegend message.

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University of Brighton

Ella Brunton and Krista Etchells

Category

Patient Experience Transformer of Tomorrow



University of Brighton



Organisation

University of Brighton

About Nominee

As part of the Occupational Therapy MSc programme students are randomly assigned to a diverse setting for a 7-week placement. A diverse setting encourages students to promote the role of occupational therapy and develop the existing service by implementing an occupation focused intervention. Ella and Krista were placed with a project that supports people with long term health conditions and/or disabilities to access paid work, education and connect with their local community. There are currently no healthcare professionals employed within this project or the wider organisation. Having not previously worked together or in the setting of vocational rehabilitation Ella and Krista went above and beyond the requirements of the placement. They provided a sustainable intervention that created new opportunities for previously disengaged people to positively re-engage with the service. Ella and Krista have filled in the form from this point as I feel they are best placed to describe their achievements that have been highly praised by the people accessing the service, the project itself, their partner organisations and the University of Brighton.

At Work

The objectives of the placement were to promote the role of occupational therapy, identify a gap in the service that could be addressed from an occupational perspective and develop an occupation-focused intervention that would develop the service. During a short induction period, we used our initiative to arrange opportunities to meet team members and patients. We felt this was crucial in supporting our understanding of the needs and values of patients that were not currently being met by the project. We identified that disengagement was a common issue that increased negative patient experiences in the following areas; social isolation, anxiety and depression, loss of identity, self-care and engagement in enjoyable and meaningful activities. Project staff and patients described how these difficulties had a significant effect on their levels of confidence and self-esteem. In view of this, we were driven to develop and carry out a group programme that would enable patients to positively re-engage with the service. We aimed to support patients to develop their soft skills and confidence in all areas of their life through a meaningful and enjoyable activity identified by the patients. This was an ambitious task given that the placement is only for a short 7-week period. We felt passionately about using our core skills to re-engage patients that are often excluded from participating in their community and things that they value. We often working additional hours to achieve this goal for the benefit of the patients. We were committed to making sure our programme resource folder was completed to an excellent standard with comprehensive and accessible information so that other project staff could carry out the programme in the future. This was important to us as we felt strongly about developing the service in a sustainable way that would benefit future patients.

Summary

Through hard work & dedication we have developed a sustainable intervention that has enhanced the patient experience of engaging with Let's Get Working. By taking time to listen to patients needs and wishes, we have provided people who did not previously engage in the project with an opportunity to have a positive patient experience. Significant positive feedback has been received from patients, project staff and wider organisations. The programme was presented to partner organisations of SCDA, who were extremely impressed and have requested the full group programme to be shared with them and rolled out in RBLI in Dover and SEK in Kent. We think that we deserve recognition for these achievements towards advancing positive patient experience, particularly in view of our level of training, time constraints & additional demands of a masters' course. We are ecstatic to have received feedback from the patients, project and the university who have described our intervention as a "lasting legacy".

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PEN National Awards 2019

Re:thinking the experience

University of Plymouth

Joy O'Gorman

Category

Patient Experience Advocate of Tomorrow



UNIVERSITY OF
PLYMOUTH

About Nominee

Joy listens to the patients she cares for and uses this to create future practice. Whilst managing the demands of a full time nursing degree, Joy is also: • an active member of UoP's Wider Patient Engagement steering group; • a digital health champion with EPIC (eHealth Productivity and Innovation in Cornwall project); • responsible for instigating projects that improve patient experience and promote collaboration amongst multi-disciplinary healthcare students, to promote better patient health outcomes. This application focuses on Joy's innovative work with people suffering from COPD. **Project Background:** In Jan 2019, Joy undertook a module assignment to research and write about safe nursing practice and person-centred care for a declining patient with advanced COPD which involved listening to patients and learning from their experience. **Insight into Patient Experience:** Joy engaged with COPD patient groups to learn more about their experiences and needs. She independently attended a Pulmonary Rehabilitation (PR) clinic. This gave Joy insights into the complexities people face whilst managing a long-term condition. She learnt first-hand how COPD patients can feel abandoned by their health care professionals, often only experiencing engagement during acute COPD episodes. Joy aims to support people in taking more responsibility for their healthcare, ensuring they have the knowledge and skills to manage their conditions. **Finding Support Tools that can Help Improve Patient Experience:** Joy identified MyCOPD, an evidence based, NHS approved app which helps promote patient autonomy and encapsulates NICE guidelines. As a digital health champion, she used the app as a support tool for patients to improve the quality of their engagement with healthcare professionals. **Applying Module Learning into Practice:** On placement, Joy identified how she could apply her assignment research and went on to successfully introduce a change in practice to improve patient autonomy and access to e-health. This innovative approach has since evolved into a collaborative, county-wide project, underpinned by EPIC grant funding. Joy has been instrumental in the project's development ensuring MyCOPD is an integral part of patient choice within acute and primary care services.

At Work

September 2018 to Present Day: Joy excels as a nursing student due to her enthusiasm to engage fully in her degree and extra-curricular activities. Whilst highly person centred in her approach, what makes Joy stand out from her peers is her collaborative skills, ability to think outside of the box and effectively initiate projects that focus on improving patient experience and health outcomes. Joy has been accepted onto the Council of Deans 150 leaders programme, 2020. This is a year-long project, which selects 50 under-graduate healthcare students to develop and disseminate leadership skills nationwide. Recognition at this level is a testament to Joy's enthusiasm, inspiring achievements and future leadership. She is held in high regard. Testimonials - *'Where I think that Joy has excelled has been through her engagement with the wider community to support the introduction of this App, by meeting and discussing it with The Patient Association, Clinical Research Lead & RN for the MyCOPD app, Breathe Easy Group RCHT Communications Manager to name but a few. Her enthusiasm and motivation have been infectious and therefore effective'*. Claire Richards, Manager, Pre-op Assessment Clinic.

Summary

Joy has worked consistently as a patient experience advocate, with clear plans to expand her work. The uploaded testimonials extensively recognise Joy's work in advocating the Patient Experience, advancing the valued role of patient contribution, student learning, clinical experience, research & enterprise. UoP, EPIC and other healthcare organisations are using Joy's work as an example on how future students can advocate for the patient of the future. During 3-month EPIC funded project, user uptake of MyCOPD tripled country wide. Her work is being shared nationally as an example of good practice. Joy has been vital in bringing about change. Without her there would not be a dedicated phone line for nursing students to refer patients for free access. RCHT are working with Joy to integrate MyCOPD as part of their discharge planning, along with strategies to evidence health optimisation and improved patient experience. Collaboration work continues in the teams Joy brought together.

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PEN National Awards 2019

Re:thinking the experience

University of West London

Samren Ahmed

Category

Patient Experience Advocate of Tomorrow

Organisation

University of West London

About Nominee

Samren enrolled on the BSc (Hons) Nursing (Learning Disabilities) in September 2017 and has endeavoured to strive for excellence thus far. During the academic year of 18-19 Samren was the Student Representative for her cohort. Samren engaged well with supporting her peers during her tenure. As part of her role, Samren was responsible for representing her colleagues in sharing their experiences as well as raising these informally with me as her Personal tutor or formally with the Students Union. Being a Student Rep gave Samren the opportunity to learn and practise life skills that improve employability. Whilst she was a Student Representative, Samren would occasionally book classrooms for group study for the Altered Physiology module. As a result of the Peer support initiative the cohort yielded a 100% pass rate for their altered physiology exam. She also approached library services for whole cohort academic support sessions and arranged these with her co-student representative. Outside of being a LD Student Nurse, Samren enjoys keeping fit. Since the beginning of the course she started a 'Walk in the Park' Group with her fellow students within her PT. Also, as part of the 100 years of Learning Disabilities celebrations, Samren suggested and led on encouraging the cohort to participate in the annual Color Run. For the color run, Samren liaised with a local charity, Certitude's, to raise funds for their Treat Me Right Project. The group managed to raise £282 for the Project. The colleagues that took part within the event also reported that they look forward to participating next year as part of an annual reunion. Good team building was also noted by the students who participated, and they felt it was a good way to start year 3 of their course. Samren is very helpful and volunteers to support University events - she was registering people in for events: • World Aids Day Seminar; • 100 years of LD Conference; • Oliver's story by Paula MacGowan

At Work

As a 2nd year student, Samren demonstrated the ability to influence, manage and lead change within the practice area through a well thought out evidence based challenge of practice. During her first Part 2 placement, Samren questioned how medication was being administered covertly in warm cereal. For this she enquired about it from the staff members. After realising that there was a certain 'way of doing things' within the ward, she gathered her evidence on each of the prescribed medication and liaised with the Patient, patient's family, ward manager, the pharmacist and local GP and prescriber. After which an agreed way of supporting the patient was implemented in practice. All the nurses were offered training and the Royal Pharmaceuticals Standards for medication management was made available for all the nurses. The service user had a PEG tube in situ and a best interest decision was made on his behalf to have medication administered individually via PEG. Having been involved in Samren's reflection it was amazing to realise how she was able to support change in practice, in a non-confrontational manner. She explained that at times people are oblivious within their practice thus she chose to educate in order to influence and change practice. The Practice area's lead for practice education was impressed with how Samren was able to offer constructive feedback considering her level of study.

Summary

I feel that the award for Advocate of Tomorrow should go to someone like Samren, as she has used her initiative, practice and theoretical knowledge to improve the quality of care delivered. Since starting on the course, Samren has strived for excellence and has endeavoured to be the best role model for LD Nursing. Through her passion for providing good quality care, Samren has strived for excellence regarding advocating for people with learning disabilities and understanding the needs of People with learning disabilities and how to respond to those needs through service improvement. Samren is highly organised, has exceptional communication skills. She is a focused student & engages efficiently with demands of the Nursing course she is undertaking. I continue to be impressed with the way that she has approached her studies. Samren will make an excellent Learning Disabilities Nurse.

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Walsall Healthcare NHS Trust**Making Magic with Bubbles and Butterflies – Doing What Matters: Ward 2****Category**

Personalisation of Care & Turning it Around

Walsall Healthcare 

NHS Trust

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 community health services from some 60 sites including Health Centre's and GP surgeries.

Summary

It was clear to the organisation and Ward 2 through the patient/carer feedback (FFT), staff feedback and quality and safety indicators that patients and staff were having a poor experience. Ward 2, an acute elderly care ward, adopted a unique approach of re-framing the statement "What's the matter with you?" to "What matters to you?" Starting as a simple white board above each patient's bed, we began writing likes/dislikes and a bit about the person behind the 'patient in the bed' so we as a team could know and better support people with and without communication needs. This simple "What matters to you?" white board is now an attitude, an environment and a positive culture between patients, staff and visitors. Our ward philosophy is that the most important indicator to influence quality and safety is how things "felt" on the ward, i.e., the patient and staff experience. The ward hosts children's intergenerational tea-parties, celebrates diversity of our community by hosting festivals such as Eid, Diwali and Christmas and other events that "matter" to our patients such football viewing, Remembrance Day, the Jo Cox get together and LGBT day. The ward uses QI and Co-production in its approach to patient's recovery.

Impact

Our biggest and most recognised impact has been the change in the culture and language of the way we describe patient's needs which now asks what matters, listens to what matters and does what matters. We saw a remarkable improvement in the widely used Patient Experience indicator, the FFT recommendation score, which improved by almost 11% and features no negative comments occurring on most months. From a quality safety matrix point of view, there has been a significant reduction in patient harms (reduced falls and pressure ulcers). Absence of complaints for 12 months on the ward has attracted regional and national attention. Stoke Mandeville Hospital asked the ward for a 'staff exchange' for us to share our learning and practice. We have extremely low instances of using medication as a way of managing behaviour; the ward has not used 1-1 observations in over 18 months and has never used hospital security. There has been fantastic response to our recruitment adverts, co-designed with ward team and promoted via twitter and Facebook, especially for registered nurses. Our staff sickness rates have fallen dramatically and so have the complaints. Our work has been published in journals, and we won the Teamwork award at our Trust's Staff awards. Attachment: Improvement measures evidence.

What Makes Us Special?

We genuinely believe our ward is very unique in the way it looks and feels. The colourful sights and sounds of singing, dancing and laughter create a ward environment that energises us every day. The feedback from patients, their friends and family and our colleagues shows us our approach is working and we are truly person centred. When we look back on photographs and videos of what we have achieved in very challenging times at our Trust, we find it difficult to believe that this is a hospital ward and we have made such a big difference to our patients, their families and our colleagues. Here is an example of "What matters to you" from actual practice: A terminally ill gentleman on the ward verbalised to a colleague that it 'mattered to him' to see his granddaughter get married before he died. Two members of the ward team, on their day off, made arrangements and took the gentleman to this wedding.....the family were overwhelmed and the gentleman passed away a few days later back on the ward at peace. Patients and relatives keep in touch with us after leaving to support our activities.

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Warrington and Halton Teaching Hospitals NHS Foundation Trust

Enhancing Patient Experience with Shared Reading

Category

Partnership Working to Improve the Experience



Warrington and Halton
Teaching Hospitals
NHS Foundation Trust

Organisation

Warrington and Halton Teaching Hospitals is an NHS Foundation Trust, situated between Manchester and Liverpool. The two hospitals work together to provide high quality, safe health care services across the towns of Warrington, Runcorn (where Halton General Hospital is based), Widnes and the surrounding areas. There are also services at the Cheshire and Merseyside Treatment Centre on the Halton site. There are approximately 600 beds across both sites, and 5,200 staff.

Summary

Shared Reading brings people together through the sharing and reading aloud of great literature in live, weekly groups, led by a trained facilitator, group members are invited to share their thoughts, read aloud or simply listen. A session typically lasts 60-90 minutes. Funding from the WHH Charity was secured to pilot SR on inpatient wards at WHH. In April 2019, The Reader® trained WHH therapy assistants, volunteers and a nurse to establish Shared Reading groups on 2 wards (dementia and intermediate care) A multi-disciplinary project group identified pilot wards through staff consultation, tasters and developing a joint project plan. This collaboration aimed to explore how SR could be maximised by WHH as a tool to enhance patient experience, providing opportunities to connect with others, boost confidence and improve the wellbeing of patients with a range of health conditions, in line with a whole-person approach. Not only has WHH become the 1st acute hospital to deliver Shared Reading in its services, with demonstrable impact on patients and staff, but it has embedded Shared Reading into its operational delivery, evolving the Shared Reading model into a unique and innovative form of patient functional, cognitive and wellbeing assessment. Measures included patient assessments pre and post reader session, case studies and collating staff, patient and visitor's feedback. The initiative has been replicated on a stroke ward.

Impact

We counted the numbers of patients and how many sessions have taken place, but it was the qualitative measures and the number of unexpected outcomes that emerged, which made this shared, collaboration between The Reader and WHH a resounding success, and has had a massive impact on our patients. Both wards gathered feedback from patients who had participated in the sessions, (mood assessment score completion pre and post) staff self-reflections plus feedback from any additional attendees (we actively encouraged family members/carers if appropriate and other staff across the organization). Patient's quotes: *"I get to talk to people I usually wouldn't"*; *"Makes me feel so much better"*; *"It made me think back to when I was little"*; *"I will miss this when I go home"*. On ward B12, as part of the patient therapeutic assessment, a mood rating scale was used pre and post session. One gentleman with very low mood who had been with us for 3 months, joined the groups 1st session and ended up leading half of the session – what a result! Relative's quotes: *"Keeps the mind moving through conversation?"*; *"Mum really enjoyed the reading session and talking about the past. It's been a while since I saw mum so happy and so chatty"*. Reader Leaders quotes: *"Anyone would think that what we do is 'read to patients' but is much more than that. Once you attend one, you would receive so much from it and want to go back."* In Feb/March 2020, The Reader will undertake an annual organization wide evaluation assessment.

What Makes Us Special?

Person centred - Over a decade of research demonstrated the impact of SR on those living with dementia and/or depression. This tool is used to enhance patient experience, expand holistic personalized care and improve wellbeing of patients with a range of health conditions, in line with a whole-person approach. **Unique** – demonstrated how the Reader model can be implemented in an acute hospital for the 1st time. **Innovative** - for The Reader, it has shed light on how SR can be adapted as a clinical tool, whilst protecting the fidelity of the model. WHH led the way with this approach, applied lean thinking i.e. justifying intense staff involvement, but never losing sight of the patient at the core of the initiative. **Heartwarming** – not one person who either coordinated the sessions or attended a session, failed to enjoy it or leave with a 'warm glow'.

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Wessex Cancer Alliance

Improving Access to Cancer Nurse Specialists and Key Workers

Category

CPES Award



Organisation

The Wessex Cancer Alliance (WCA) is responsible for overseeing the delivery of cancer care across Wessex, by supporting the Sustainability and Transformation Partnership in Hampshire & the Isle of Wight and the Integrated Care System in Dorset. WCA will ensure Wessex meets the requirements and goals in cancer care, treatment and outcomes set out by the NHS Long Term Plan (Jan 2019). The WCA brings together multiple partners, including patients and carers, to enable care to be more effectively planned across local cancer pathways. We are committed to implementing a personalised care approach for all patients from point of diagnosis. Personalised care is based on what matters to people, their individual needs, and should underpin the whole cancer pathway.

Summary

Over the past ten years the Department of Health has surveyed more than 250,000 people in England about their experience of being treated in hospital for cancer, via the annual Cancer Patient Experience Survey (CPES). This vital survey has shown one factor is consistently linked to good patient experience - whether people are given the name of the clinical nurse specialist (CNS) in charge of their care. The good news is that the number of people being assigned a CNS continues to rise, from 84% in 2010 to 89% in 2014. But this still means that around one in 10 people with cancer are denied the expert care and support that a specialist cancer nurse can provide. In some trusts, this rises to more than one in five. There is also huge variation in how easy people find it to contact their CNS. As the number of people diagnosed with cancer continues to grow, CNSs are facing an ever growing need to focus on the complex, specialist areas of care and many patients are voicing the fact that many of their more supportive needs are not addressed until the end of their treatment pathway – we wanted to see if some of the concerns and issues could be identified at the point of diagnosis by the introduction of a Cancer Support Worker.

Impact

The project evaluation found that: Participants (patients and staff) characterised high quality service provision as: accessible, responsive, personalised, empowering, proactive, consistent and coordinated. CSWs have the potential to impact positively on all these domains. Augmenting nursing teams with the complementary skillset and additional capacity CSW roles bring is central to the delivery of personalised care. Introducing CSWs to the specialist nursing team resulted in a positive impact on access to: assessment and care planning; community support services; practical and financial support; and health and wellbeing advice and support. Following the introduction of the CSW role, patients were more likely to report they were given contact details of a key worker and that the wider healthcare team worked well together. Health and wellbeing advice and support is often not an immediate priority for patients around the time of diagnosis and as treatment commences. However, this key aspect of the CSW role aligns closely with the prehabilitation agenda and lays the foundations for improving health and wellbeing during and beyond treatment. When reviewing the composition and skill mix of a specialist cancer nursing team, consider the implications of, and differences between, either substituting a CNS role with a CSW (and impact on the skill mix), or introducing a CSW to the team, to whom tasks can be delegated by a CNS.

What Makes Us Special?

For a long time, supportive care services, including implementation of the Recovery Package, have focussed on the end of active treatment with minimal supportive care information given at the point of diagnosis. Patient feedback from several sources (HOPE courses, Health and Well-being events, focus groups) have time and time again reported that patients wished they had been given the information much earlier on at or around the point of diagnosis. Historically health care professionals have 'protected' patients at the beginning of their treatment pathway, worrying about information overload. This project has identified that although patients can feel overwhelmed at this point, it is not necessarily with the information appropriate to their needs or wants. The 'what matters to me' question was rarely asked. The key elements contributing to the success of this project was the width and expertise of the stakeholders, the methodology employed and the rigour of the evaluation.

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Information about our Partners



Picker is a leading international research 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 and staff experience to drive quality improvement. 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 services. As a charity, we strive to influence, inspire and empower care providers, practitioners, and policymakers 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



NHS England and NHS Improvement 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 and NHS Improvement 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 and NHS Improvement 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 and NHS Improvement, 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 and NHS Improvement. 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



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PEN National Awards 2018

Re:thinking the experience



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Healthcare Conferences UK recognises The Patient Experience Network as a valuable resource providing support for healthcare organisations and individuals wishing to deliver a great experience for patients. The PEN National Awards are an opportunity to celebrate and promote excellence in patient experience, and as the

media partner for the awards Healthcare Conferences UK is pleased to share the important work of PEN and the many examples of high quality care that the awards uncover. Healthcare Conferences UK holds a number of CPD conferences and master classes providing practical guidance for healthcare professionals to deliver high quality care with dignity and compassion and by involving and engaging with patients, their family and carers.

www.healthcareconferencesuk.co.uk



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PEN National Awards 2018

Re:thinking the experience



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

Amy Gaskin-Williams	Hilary Baseley	Michaela Tait
Angela Horsley	Holly Swinckels	Michelle Jones
Anna Baranski	Hugh Blunt	Narinder Nanray
Annie Gilbert	Jacqueline McKenna	Nichola Duane
Annie Laverty	Janet Coninx	Nick Medforth
Birte Harlev-Lam	Jean Tucker	Nicky Beecher
Carol Duane	Jenny King	Nikki Thomas
Carol Munt	Jenny Negus	Paul Sanguinazzi
Caroline Faulkner	John Dale	Philipa Bragman
Chris Graham	Jonathan Littledale	Raphaella Kane
Daniel Ratchford	Julia Holding	Richard Ashworth
Dany Bell	Karen Bowley	Richard Littledale
Darren Hudson	Kath Evans	Rupert Fawdry
David McNally	Kathryn Gilmore	Ruth Evans
David Supple	Kevin Brent	Ruth Hudson
Elaine Marshall	Kimberley Bennett	Sally Picken
Fran Gonella	Kuldeep Singh	Sam Bray
Georgina Craig	Lee Bennett	Selina Trueman
Gillian Radcliffe	Lesley Goodburn	Shankhar Chappiti
Glenn Alexander	Louise Blunt	Sian Hooban
Hassan Mohammad	Louise Bramley	Sue Honour
Helen Brady	Marie-Louise Allred	Tony Kelly
Helen Davies	Melanie Halstead	Tracy Haycock
Helen Lee	Michael Young	

2019 Judges' Comments:

"I have been completely blown away by the entries in this category, there is so much amazing work going on out there – I think the standard of entries is the highest I have ever seen. It has been an absolute privilege to judge again this year. Thank you for continuing to give me this opportunity!"

"What an inspiring bunch of initiatives. I am always so humbled and so in awe to read about them. Thank you for inviting me to judge again, there is so much happening with the patient right at the heart, it's just fantastic. The NHS should be commended not criticised, it's absolutely amazing what the staff manage to deliver."

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

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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



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Your Notes for Voting

Category	Winner	Your notes	Your rank