Enhancing Patient Experience With Shared Reading

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Our story so far

In July 2019, a partnership with Warrington and Halton Hospital's Charity, The Reader and Warrington and Halton Hospital NHS Trust saw WHH become the first acute hospital to harness Shared Reading within its services.

The Reader has been bringing people together and books *to life* for over a decade. Shared Reading carves rare space for powerful connection and together we are demonstrating the power of reading great literature aloud, together, for people on our dementia, intermediate care and stroke wards.
On ward B12, Jayne Bradley, the activities coordinator and the volunteers, Gary Duckett and Pete Hill lead weekly Shared Reading groups for patients.

The Reader sessions on B12, incorporate therapeutic assessments, completed by the therapy team, Natasha Grundy and Aileen Dunn, with support and oversight by Rachel Bold.

"More than anything, they enjoy the social side of the session. Bringing five or six patients together who have never met before sparks conversations and relationships straight away.” Therapy Assistant
On Ward B1, Claire Fairhurst (OT) oversees the Shared Reading programme and the fantastic Reader Leaders are Vicky Smyth (Senior therapy assistant) and Cath Routledge (Staff Nurse).

As you can see, it continues to be very popular.

One of our patients was recently heard eagerly asking Vicky "when's the next reading group?" as she has enjoyed the session so much.
Our latest group, launching on B14 in November, meets every Wednesday afternoon.

Our Occupational Therapists and Speech and Language Therapists bring group members together each week and identify goals for patients in line with their needs e.g. encouraging them to speak or to read aloud.

Goal sheets are completed by the Reader Leaders, Daniel Joyce and Diane Floyd (therapy assistants) and personal feedback collected after each group so we can begin to demonstrate the wider impact of the groups, for those in our care.
Gentleman, aged 89 years, admitted to hospital following a fall and increased confusion. He sustained a fracture to his humerus, resulting in reduced ability to walk unaided.

Multiple co-morbidities including; diabetes, dementia, macular degeneration and depression

He previously was living at home with daily carer calls and family support. He previously used a frame to walk.

When this gentleman was transferred to Ward B12, he initially required assistant of 3 staff and equipment to get from bed to chair.

Ward therapists felt he would benefit from a period of in-patient rehabilitation. However, he often found it difficult to engage with therapy and was often low in mood.
Building the therapeutic rapport

➢ The invitation – ward therapists recognised the therapeutic value attending the readers group would have for this gentleman. Therapists talked to the gentleman about his life history and identified stories that would have meaning to him. He consented to attend, and was given a personal invite.

➢ Mood Assessment Scale Completed – This was assessed prior to the group starting, 1/5 indicated very low mood. Following the group session mood was reassessed as 4/5 indicating good mood. He reported feeling, “Definitely better” and in subsequent sessions he reported “he always felt better in himself after attending these groups”

➢ Prompting was needed to help him engage and interact with others when he first attended the group, however on repeat attendance he was fully engaged.

This was just the start...
Why did the mood score changed so significantly?

We asked this gentleman to explain how he felt and how the group made him feel during and after...

“I feel more relaxed”
“It must be the company”
“Makes me feel so much better”
“I enjoy listening”
“I have no problem in doing it every week”
“I get to talk to people I usually wouldn’t”
“I get to vent my feelings”
Positive Participation...

After attending a few sessions, he started asking the group questions, to encourage discussions with other patients... One session, the group shared a poem about a wedding - he asked “So who's the longest offender then?” i.e. who has been married the longest?

He would also often sing during the sessions!
So what happened next?

- Intermediate Care Team (IMC) staff were encouraged to attend the ward and assess this gentleman with the ward therapists.
- The notes that were made during the Shared Reading sessions showed:
  - He had progressed with walking and transfers from assistance of 3 to assistance of 1.
  - Consistent engagement in the sessions.
  - Ability to follow instructions within the sessions.
  - Took on an active role by encouraging others with discussions.

The outcome:
- He was deemed appropriate for further rehabilitation and discharged.
Where we are now

Shared Reading has created incredible connections and powerful moments for patients, empowering them to find their voice and to re-connect with themselves their fellows, and our staff - We look forward to getting it in to the hands of more patients this year.

Snapshot of statistics from one ward over 32 weeks:

- 155 participants attended
- Multi-sensory approach, meaning accessible to all
- Involves and supports staff and families
- 100% improved or stable mood scores*

*from patients able to complete mood scores
Thank you, please get in touch!

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