



## PEN National Awards 2015

*Re:thinking the experience*

### PATIENT EXPERIENCE NETWORK NATIONAL AWARDS 2015

AWARDS CONFERENCE – 2 MARCH 2016



In partnership with







## Introduction from Chairman

I'd like to start by extending a very warm welcome to you all and thanking you for attending this year's PEN National Awards Conference. We are now in our sixth year and our second in our new venue and believe this is our most exciting year yet.

Our ambition is to support organisations to enhance their reputation of care by providing an independent and trusted resource to help improve patient and staff experience. We aim to be a network that is inclusive; in other words welcomes absolutely everyone who has an impact on the patients' experience. This includes carers' and families', the NHS – both primary and secondary care, all of the allied partner companies for example – staffing agencies and outsourced services, private health, pharmaceutical companies, pharmacies, home healthcare or any other services that are involved with the patient and their experience. Everyone involved with these organisations has an impact on overall patient experience, no matter who they are, and many of the entries over the years have proved this point over and over again.



Our aspiration remains that PEN provides an opportunity for recognition, celebration and sharing of best practice, with the overall goal of promoting and ultimately stimulating and accelerating improvement of the patients' experience. This year we are delighted to be working alongside our supporters and are particularly indebted to The Picker Institute and NHS England for their ongoing support of the Awards. Recognition from such august bodies is something we are extremely proud of as it validates the work we are doing to identify, celebrate, spread and embed best practice in patient experience across the United Kingdom.

In discussion with our members, we have introduced a number of new categories which reflect the desire to extend the recognition of great practice into new, and sometimes overlooked, areas of healthcare. This year we have added several categories covering Turning it Around When it Goes Wrong and Complaints. In addition we have extended the individual and team recognition to reflect complaints and PALs.

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

Finally, as always we want to understand how we can make your experience even better next time – please do let us know. And enjoy today's unique opportunity to learn about some of the impressive programmes that are in place around healthcare today.

**Ruth Evans**

Managing Director – Patient Experience Network





## Introducing the Birmingham Rep

We had a lot of positive comments about this exciting 'new' venue and are delighted to be back for a second year. The REP is proving to be the ideal home for our Patient Experience Awards, offering a truly creative and dynamic environment to show case some of the great work that is happening around the UK to improve the experience of care.

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



## A Bit of History



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

The theatre rapidly became home to one of most famous and exciting repertory theatre companies in the country, reinventing the idea of Shakespeare in modern dress, presenting many world premieres (including George Bernard Shaw's epic *Back to Methuselah* in 1923)

and launching the careers of an array of great British actors, including Ralph Richardson, Edith Evans and Laurence Olivier.

Knighted in 1925, Sir Barry founded the Malvern Theatre Festival in 1929 and was Director of the Shakespeare Memorial Theatre in Stratford in the late 40s. At Birmingham, Sir Barry continued to discover and promote great actors at the Station Street theatre including Paul Scofield, Derek Jacobi, Elizabeth Spriggs and Albert Finney. He toured plays to the city's parks, established a theatre school and made Birmingham Repertory Theatre one of the most renowned theatres in the world.

In 1971 the company moved to Broad Street to a newly built theatre with a stage of epic proportions and a democratic auditorium with no balconies, pillars or boxes. Everyone shares the same space and everyone gets a great view. New generations of artists have launched their careers here and new ideas continue to flourish reflecting changes in the city and the world.

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





## Best Practice - Re:Thinking the Experience Conference 2015

### Programme

07.45	Best Practice Exhibition set up
09.00	Registration, Coffee and Exhibition
09.45	Welcome and Introduction Ruth Evans – Managing Director, <i>Patient Experience Network</i>  <b>10:00am: Key Note Speaker – Joan Saddler, Associate Director, NHS Confederation</b>  Announcement of the Winners Presentation of Awards (Part 1)
10.45	Coffee and Exhibition Morning Category Presentations and Questions Category Winners present in two streams (4 presentations in each stream)
12.55	Lunch and Exhibition
13.55	<b>Key Note Speaker - Last year's overall winner takes us through what they have been up to in the last year.</b>  <b>Jimmy Endicott - Mobile Media Development Manager, Leicestershire Partnership NHS Trust</b>  Announcement of the Winners Presentation of Awards (Part 2)  Afternoon Category Presentations and Questions Category Winners present in two streams (3 presentations in each stream)
16.05	Final Voting Opportunity with Refreshments and Exhibition  Announcement of the Overall Winner Presentation of Awards
17.00	Closing Remarks, Reflection on the Day and End of Formal Proceedings
17:15	Drinks Reception (Mezzanine Level)
18:00	End of Informal Proceedings

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

**Voting:** Using their token, delegates will be able to cast their individual vote contributing towards the overall winner of the PEN National Awards 2015 during the final voting opportunity at 16:05.





## Speaker Profiles

### Ruth Evans

Ruth is Managing Director of the Patient Experience Network (PEN). Ruth has over 30 years' experience in Health Care 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.



### Joan Saddler, Associate Director, NHS Confederation

Joan Saddler is Associate Director of Patients and Communities at the NHS Confederation. She was formerly National Director of Patient and Public Affairs based within the Patient and Public Engagement and Experience Division at the Department of Health. Areas of responsibility included NHS and 3rd sector liaison, complaints, local involvement networks (LINKs) and transition to Healthwatch. As a former PCT Chair and Mental Health Trust Non Executive Joan also brings a governance lens to her work along with her experience as a chief executive within the community and voluntary sector.



### Jimmy Endicott - Mobile Media Development Manager, Leicestershire Partnership NHS Trust

Leicestershire Partnership NHS Trust (LPT) provides integrated community health, mental health and learning disability services for a population of a million people in Leicester, Leicestershire and Rutland. ChatHealth was the overall winner at PENNA 2014 - a new texting software that safeguards vulnerable teenagers. It has gone from strength to strength in the last 12 months and Jimmy is going to bring us up to date on the success of the programme and new developments.



### Louise Blunt

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. Specialising in manufacturing and lean management principles, Louise is steadily developing a reputation within the healthcare sector as an enthusiastic champion of improved patient experience.







## Award Categories and Partners

### Categories

Access to Information

Bringing Patient Care Closer to Home

Commissioning for Patient Experience

Communicating Effectively with Patients & Families

Environment of Care

Innovative Use of Technology / Social Media

Measuring Reporting & Acting

Partnership Working

Personalisation of Care

Staff Engagement / Improving Staff Experience

Strengthening the Foundation

Support for Caregivers

Team of the Year and PALS /Complaints Team of the Year

Turning It Around When It Goes Wrong

Patient Experience Professional / Manager

Outstanding Contribution 2015

Overall Winners





## The Finalists

### CATEGORY: Access to Information

Barking Havering and Redbridge University Hospitals NHS Trust	Easy Read Information Sheets for Learning Disability Patients
East & North Hertfordshire NHS Trust	All About our Wards: Key Information for Patients and Visitors
South Tyneside NHS Foundation Trust	Rapid Response Pathway Initiative

### CATEGORY: Bringing Patient Experience Closer to Home

CLIC Sargent	Children's Key Worker Service Evaluation Project
NHS Leeds West CCG	PEP: Patient Empowerment Project
South Tyneside NHS Foundation Trust	The Introduction of Using Entonox in the Community for Children Facing Distressing and /or Painful Procedures.
TICCS	Bringing Patient Care Closer to Home in Wyre Forest
Wirral University Teaching Hospital NHS Foundation Trust	Wirral Community Midwives

### CATEGORY: Commissioning for Patient Experience

Bedfordshire Clinical Commissioning Group	Commissioning for Patient Experience
Dudley Clinical Commissioning Group	Integrated Patient Experience Reporting
NHS Arden & GEM CSU in partnership with Coventry & Rugby CCG, South Warwickshire CCG, Warwickshire North CCG, Coventry & Warwickshire Partnership NHS Trust and South Warwickshire Foundation NHS Trust	Improving Maternal Mental Health Services in Coventry and Warwickshire
NHS Leeds West CCG	PEP: Patient Empowerment Project
NHS North of England Commissioning Support	Deciding Together: Developing a New Vision for Mental Health Services

### CATEGORY: Communicating Effectively with Patients and Families

Common Room	Me first: Children and Young People Centred Communication
Plymouth Hospitals NHS Trust	Tea with Matron
Royal Brompton and Harefield NHS Foundation Trust, Children's Long Term Ventilation Service	Improving the 'Hospital to Home' Parent and Family Experience for Children on Long Term Ventilation via Tracheostomy
South Tyneside NHS Foundation Trust	Screening People with a Learning Disability for Bowel Cancer
Southern West Midlands Maternity and Newborn Network	Improving Communication for Better Patient and Staff Experience

### CATEGORY: Environment of Care

Nottinghamshire Healthcare NHS Foundation Trust	The Live Project - Building Communities, Encouraging Recovery
West Suffolk NHS Foundation Trust	Rose Vital Tray
Wirral Community NHS Trust	Environments for Children







## CATEGORY: Innovative Use of Technology/Social Media

Central Manchester University Hospital NHS Foundation Trust	Better Communication, Promotes Better Healthcare. The Introduction of a Patient Pager System in Outpatients, Manchester Royal Eye Hospital
Leicestershire Partnership NHS Trust	ECT App: Information to Patients and Carers on Electroconvulsive Therapy
NHS Arden & GEM in partnership with Derbyshire Community Health Services NHS Foundation Trust on behalf of NHS Hardwick CCG, NHS North Derbyshire CCG, NHS Southern Derbyshire CCG and NHS Erewash CCG	Using Florence Telehealth to Support Diabetes Patients in Derbyshire
North West London Healthcare NHS Trust	The use of Co-production and development of a WhatsApp™ group to improve Patient Experience of adolescents with Type 1 Diabetes
South Tyneside NHS Foundation Trust	Technology Enabled Care Solution in Maternity Care

## CATEGORY: Measuring, Reporting and Acting

Abertawe Bro Morgannwg University Local Health Board	Measuring, Reporting and Acting
Aintree University Hospital NHS Foundation Trust	Patient Feedback – Shared Improvements Dashboard
Ashford and St Peters NHS Foundation Trust	A Culture Based Approach to the Improvement of Complaints Handling
East & North Hertfordshire NHS Trust	All About our Wards: Key Information for Patients and Visitors
St Mary's Sexual Assault Referral Centre	St Mary's Sexual Assault Referral Centre "If I speak....Will you listen?"

## CATEGORY: Partnership Working to Improve the Experience

Macmillan Cancer Information and Support Centre, UHSM	Partnership Working to Improve the Experience
Midlands and Lancashire CSU	Insight and Partnership Improving Experience for Staff and Patients
NHS Blood and Transplant	A Team Approach to Streamlining Therapeutic Apheresis Services in the North West
NHS Leeds West CCG	PEP: Patient Empowerment Project
Nottinghamshire Healthcare NHS Foundation Trust	The Story Shop - Bringing Mental Health Stories to Life
South Tyneside NHS Foundation Trust	One Stop for Healthcare Checks for Diabetic Patients

## CATEGORY: Personalisation of Care

Ashford and St Peters NHS Foundation Trust	Supported Discharge Clinic
Ashford and St Peters NHS Foundation Trust	Weighing Babies and Well Baby Clinic Pathway
Common Room	Me first: Children and Young People Centred Communication
Macmillan cancer Information and Support Centre, UHSM	Partnership Working to Improve the Experience
NHS Blood and Transplant	A Team Approach to Streamlining Therapeutic Apheresis Services in the North West
Wirral University Teaching Hospital NHS Foundation Trust	Ward 21 - Dementia Care

## CATEGORY: Patient Experience/ Complaints /PALs Professional of the Year / Manager of the Year

Wirral University Teaching Hospital NHS Foundation Trust	Mark McKenna
Hywel Dda University Health Board	Anna Tee





## CATEGORY: Staff Engagement/Improving Staff Experience

Frimley Health NHS Foundation Trust	The Patient Encounter Leadership Programme
South Tyneside NHS Foundation Trust	Screening People with a Learning Disability for Bowel Cancer
Southern West Midlands Maternity and Newborn Network	Improving Communication for Better Patient and Staff Experience
University Hospital of South Manchester (UHSM)	LEAD - Lead, Excel, Achieve, Develop
Wirral University Teaching Hospital University NHS Foundation Trust	LiA at Wirral University Teaching Hospital

## CATEGORY: Strengthening the Foundation

Cambridgeshire and Peterborough NHS Foundation Trust	PROMISE (PROactive Management of Integrated Services and Environments)
Chelsea and Westminster Hospital NHS Foundation Trust (West Middlesex University Hospital Site)	Project Name – Strictly Best Experience
Frimley Health NHS Foundation Trust	Patient Encounter Leadership Programme
Hywel Dda University Health Board	The Big Thank You
Lancashire Care NHS Foundation Trust	Co-designing Always Events
Locomotor Service, Homerton Foundation NHS Trust	Redesign of an Integrated Community Pain Service
Newcastle University	The ThinkSAFE Implementation Package, Collaboratively Developed to Promote Uptake and Spread of Patient Involvement in Improving Patient Safety.

## CATEGORY: Support for Caregivers, Friends and Family

Bedford Hospital	The Carers Lounge, Bedford Hospital
CSH Surrey	Life After Stroke Workshops
South Tyneside NHS Foundation Trust - St Benedict's Hospice	Supporting Carers of People Using Hospice Services
Tameside Hospital Foundation Trust	Admiral Nursing Service/Improving Dementia Care
University Hospital of South Manchester (UHSM)	End of Life Care

## CATEGORY: Team of the Year and PALS/ Complaints Team of the Year

Central London Community Healthcare (CLCH)	Patient Experience - Bringing it all together
Luton CCG, GP surgery	Dementia co-production in Luton
Medway Community Healthcare	Changing culture to improve patient experience
NHS Midlands and Lancashire CSU	Insight and Involvement - The Team for the voice of patients
NHS North Derbyshire CCG	Collaborative Complaints Peer Reviews - North Derbyshire
Northumberland, Tyne & Wear NHS Trust	Complaints / PALS Team
South West London and St George's Mental Health NHS Trust	SWLSTG Patient Experience Team

## CATEGORY: Turning it Around When it Goes Wrong

Abertawe Bro Morgannwg University Local Health Board	Measuring, Reporting and Acting
Ashford and St Peters NHS Foundation Trust	A Culture Based Approach to the Improvement of Complaints Handling
Medway Community Healthcare	MSK from Challenged to Great!
South West London and St Georges Mental Health NHS Trust	SWLSTG Patient Experience Team
Wirral University Teaching Hospital NHS Foundation Trust	Rapid Detection and Prompt Effective Isolation to Prevent Infections Associated with Carbapenemase Producing Enterobacteriaceae





## Abertawe Bro Morgannwg University Local Health Board

### Measuring, Reporting and Acting

#### Categories

Turning it Around When it Goes Wrong and Measuring, Reporting & Acting



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board

#### Organisation

The Health Board covers a population of approximately 500,000 people and has a budget of £1.3 billion and employs approximately 16,000 members of staff, 70% of whom are involved in direct patient care. The Health Board has four acute hospitals providing a range of services; these are Singleton and Morriston Hospitals in Swansea, Neath Port Talbot Hospital in Port Talbot and the Princess of Wales Hospital in Bridgend. There are a number of smaller community hospitals primary care resource centres providing important clinical services to our residents outside of the four main acute hospital settings. The Health Board acts as the service provider for Wales and the South West of England in respect of Burns and Plastic Surgery. In addition, Forensic Mental Health services are provided to a wider community which extends across the whole of South Wales, while Learning Disability services are provided from Swansea to Cardiff. A range of community based services are also delivered in patients' homes, via community hospitals, health centres and clinics. The Health Board contracts with independent practitioners in respect of primary care services which are delivered by General Practitioners, Opticians, Pharmacists and Dentists. There are 77 General Practices across the Health Board.

#### Summary

1. Innovation – ABMU are the first Health Board in Wales to develop a mechanism to capture 'real time' reporting that is used to inform Quality Improvement and planning.
2. Leadership Director of Nursing and Patient Experience is executive lead and the structure includes assistant director of nursing and patient experience, patient experience manager. All operational units have identified senior lead for patient experience.
3. Outcomes – examples – instant changes, accessibility ease of use - In 2013/2014 the Health Board received 6,791. In 2014/15 16,330 patients provided proactive patient experience feedback. Of the feedback provided during 2014/15: 227 were done by tablet 69 were done by PC 17 were done by smart phone via the cloud 16,017 were done on paper Action taken following an alert received from online feedback: 'Been waiting since 8:30 for a c-section, not eaten since 21:00 last night, nobody has informed me of what's happening. It's now 12 o'clock.' At 12.04 the alert was received and at 13:22pm the patient had been identified by the ward manager and an explanation had been given. An apology was accepted. The lesson learnt was patient should have been offered hydration and could have had a light breakfast.
4. Sustainability – In all acute sites and mental health units, learning disabilities, community and support services, primary care
5. Transferability & Dissemination – All of Wales now benchmarking with our Health Board on how they can implement a system within their organisations. An example of feedback a recent visit attached.

#### Impact

The initiative has had a significant impact and raised the profile of patient experience feedback within the organisation. Individual wards and department are able to view their data on a regular basis and can also produce reports on patient experience feedback and responses, satisfaction levels which are now widely included in governance and quality meetings at local, Delivery Unit and Health Board levels. Patients are now able to provide instant anonymised feedback on all issues impacting on care delivery and environment which can be actioned immediately. This means that in some cases issues can be addressed while the individual is still in our care. Since the implementation of the new patient experience software platform (SNAP 11) in the last 12 months the total amount of proactive patient experience feedback has increased by just under 10,000. In 2013/2014 the Health Board received 6,791. In 2014/15 16,330 patients provided proactive patient experience feedback. Of the feedback provided during 2014/15:

- 227 were done by tablet
- 69 were done by PC
- 17 were done by smart phone via the cloud
- 16,017 were done on paper By adopting the Friends and Family test used widely in England we are able to benchmark the Health Board performance with the data published in England. The Health Board are nearing the end of the project and a full evaluation has not yet been undertaken.

#### Contact Details

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## Aintree University Hospital NHS Foundation Trust

### Patient Feedback – Shared Improvements Dashboard

#### Category

Measuring, Reporting and Acting

#### Organisation

Aintree University Hospital is a large teaching hospital in Liverpool providing Accident & Emergency services and a wide range of specialties. Employing more than 4,000 staff, Aintree was authorised as a Foundation Trust on 1 August 2006 and has more than 13,000 public and staff members. Since becoming a Foundation Trust more than £100m has been invested in Aintree's site including a new Urgent Care And Trauma department which is planned for completion in June 2016. We serve a population of around 330,000 in North Liverpool, South Sefton and Kirkby. As a teaching hospital, we provide a range of acute and non-acute specialties, and work in partnership with other organisations to provide community-based services. We are the regional Trauma Centre and also offer specialist services to a population of 1.5m residents across the North West.

#### Summary

The Patient Feedback Shared Improvements Dashboard is a simple, cost neutral yet extremely effective and innovative shared information gateway enabling a range of users to learn from, understand and act upon the experiences of our patients and their families. Patients' 'free text' positive and constructive comments from the Friends & Family Test (FFT), social media and other sources of general feedback are fed into a bespoke ward/department Dashboard allowing constructive comments to be pulled directly into a local Patient Experience Improvement Plan. Managers are then able to provide feedback to staff and make improvements based on real time feedback from patients. All of the individual Improvement Plans are located on a shared platform which supports the thematic analysis of patient feedback and joint learning. To build upon the success and sustainability of the initiative wards/departments are asked to provide evidence of patient feedback related improvements as part of the Trust's ward/department quality assurance system – the Aintree Assessment and Accreditation (AAA) Framework. This process provides the Trust with assurance that the quality and safety of care is being monitored, that patients are being listened to, and that action is being taken in relation to feedback from patients.

#### Impact

Aintree chose two key measures to monitor the success of this initiative as both were our largest sources of direct patient feedback. Since the launch of the new NHS England headline measure for FFT (% likely to recommend), Aintree has set internal thresholds to allow direct comparison with national and regional data. Since the introduction of this initiative, Aintree consistently performs higher than both Merseyside/Cheshire & National Averages when asking inpatients if they would recommend the care and service they receive. In addition, the most recent mandatory National Inpatient Survey (patients sample from Summer 2014) demonstrated that Aintree, in comparison to 78 other Trusts, was the most improved Trust when measured against the 2013 survey. The improvements were noted to be in relation to cleanliness, confidence in doctors, explanations given ahead of surgical procedures, quality of food, emotional support provided by staff, and discussions about health and social care needs prior to discharge from hospital. This has raised our Trust to just outside our aspiration target of being in the top 25% of Trusts by 2017 (Aintree were at 25.6%). We are building upon the results of the 2014 survey and measuring sustainability through additional inpatient surveys based on those specific questions in which we recognised we needed to improve. Aintree continued to show significant improvements to patient experience from those patients surveyed in December 2014 and May 2015.

#### Contact Details

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# PEN National Awards 2015

*Re:thinking the experience*

## Ashford and St Peters NHS Foundation Trust

### A Culture Based Approach to the Improvement of Complaints Handling

Ashford and St. Peter's Hospitals   
NHS Foundation Trust

#### Categories

Measuring, Reporting and Acting and Turning it Around When it Goes Wrong

#### Organisation

Originally established in 1998 from the merger of Ashford and St Peter's Hospitals, the Trust has been on a long journey of development and improvement to its current position as the largest provider of acute hospital services to Surrey residents, and having become a Foundation Trust in December 2010. Ashford and St Peter's Hospitals NHS Foundation Trust serves a population of over 410,000 people and employs 3,700 individual members of staff with a turnover of £263 million. The Trust provides a whole range of services across its two hospital sites in Surrey - Ashford Hospital in Ashford, and St Peter's Hospital in Chertsey. The majority of planned care, like day case and orthopaedic surgery and rehabilitation services, is provided at Ashford hospital, with more complex medical and surgical care and emergency services at St Peter's Hospital. Our vision 'Creating excellent joined up patient care' captures our ambition to join up care within our hospitals and care into and out of hospital, stressing the need for excellence and putting patients at the centre of everything we do.

This year we revised our Trust strategy and key objectives to deliver this vision, with two over-arching missions:

- To develop integrated care for our local population – working to join up care pathways with primary, community and social care and
- Deliver high quality specialist services in Surrey – with our aim to become an Emergency Centre for Surrey

These are underpinned by our four strategic objectives; Best Outcomes; Excellent Experience; Skilled, Motivated Teams; and Top Productivity.

#### Summary

This ambitious initiative set out to enhance the organisational culture and provide excellence when dealing with complaints. The Trust was in a poor position with poor quality responses and a lack of engagement in understanding the value and opportunity effectively managing complaints could provide. It was through the leadership of the Chief Nurse that this initiative was designed with a clear vision of improvement and cultural change. The project evoked interest and input from Executive, Board and CCG level. The outcomes of the project have shown significant improvement in low numbers of follow-up complaints being received, a 50% decrease in referrals to the Ombudsman, a clear visible process that is well managed and led within each division, and a constantly maturing culture of openness, honesty, apology and learning when dealing with complaints. The process, which was designed from a cultural impact perspective, is well embedded into the organisation now and continues to strengthen as new comers become familiar with the high level of excellence set within complaint responding, and the Trust view of complaints being an opportunity for improvement and positive outcomes.

#### Impact

**1.Complaints Follow-Up Reduction** - There has been a notable reduction in follow-ups received since this initiative embedded. Before the project, there was an average of 20% complaints follow-up rate, which means 1 in 5 of our complainants did not feel listened to. Since implementation there is an average of 6% follow-up rate, a powerful reflection of the improvements this culture based approach has had on our patients and their relative's experience of complaining.

**2.Improvement in the National Inpatient Survey** - The Trust results of the 2014/15 National Inpatient Survey showed an improvement of 66 places compared to 2013/14. We have improved on 45 out of 60 questions of which 11 were significantly improved compared to our results from 2013/14 of which only 4 significantly improved. Whilst this is not only a result of this initiative, the impact the project has had on empowering staff to handle concerns quickly and effectively, is reflected in this.

**3.Reduction in Complaints** - The Trust has made efforts to increase the number of complaints received by ensuring there is an easy pathway for patients to contact us if they have a concern. There are posters all around the Trust and on every ward. The website has been updated so information is easily found within two clicks. However the number of complaints is reducing. This could be reflective of a Trust who acts on patient feedback and credibly and compassionately listens to complainants, leading to an overall improvement in care and subsequent reduction in complaints.

**4.Improved Complaints Policy** - The improved policy is well received with staff and with patients who on being asked their thoughts have expressed that it is a reassuring document and encourages those who are considering making a complaint.

**5.Reduction in PHSO Cases** - In 2014 12 new cases were agreed for investigation by the PHSO. Up to November 2015 there have been 6 cases agreed for investigation by the PHSO, a 50% reduction. This is a positive reflection of the improved quality in resolution.

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## Ashford and St Peters NHS Foundation Trust

### Weighing Babies and Well Baby Clinic Pathway

#### Category

Personalisation of Care

Ashford and St. Peter's Hospitals   
NHS Foundation Trust

#### Organisation

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- To develop integrated care for our local population – working to join up care pathways with primary, community and social care
  - Deliver high quality specialist services in Surrey – with our aim to become an Emergency Centre for Surrey
- These are underpinned by our four strategic objectives; Best Outcomes; Excellent Experience; Skilled, Motivated Teams; and Top Productivity.

#### Summary

The Infant feeding team (IFT) was put into place in June 2014 under the directive of the head of Midwifery. On joining the team as the lead midwife I noted that there were many babies being re admitted on to the ward from community with weight losses of just above 10% and jaundice issues. By reviewing and auditing every readmission it was found that main reason for these weight losses were due to feeding issues, including tongue tie and Jaundice. It was felt that with a support line, robust guidance and a referral clinic in place for the community midwives and health care workers these babies could be cared for in their homes. After presentation of the audit results and much discussion with the management teams the weighing baby guideline was then written and the well-baby clinic was launched in January 2015. Babies who presented with weight loss above the expected % and query Jaundice could be referred into our clinic, by appointment daily between 13.00 and 15.00pm, and if relevant would be referred back into community with a feeding plan to be followed up by the community teams in the family home. Feedback from parents and community staff regarding the difficulty in securing frenulotomy appointments in the community, the resulting feeding issues, and the frequent cessation of breast feeding due to tongue ties evidence was also presented to management and after much research training was secured for the midwives on the team and the tongue tie clinic became part of the daily well baby clinic.

#### Impact

The readmissions continue to be audited and the results published against previous year's results. Auditing the care plans enables learning points to be identified and the relevant staff informed of these points in a timely manner in order to provide continuous improvement in patient care and the patient experience. The impact has seen a downward trend in readmissions of approximately 20%. This not only ensures better user satisfaction, as staff released to give timely and efficient care to those patients on the ward. The initiative has also made financial savings for the trust due to unnecessary readmissions.

#### Contact Details

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## Ashford and St Peters NHS Foundation Trust

### Supported Discharge Clinic

#### Category

Personalisation of Care

Ashford and St. Peter's Hospitals   
NHS Foundation Trust

#### Organisation

St Peter's Hospital Neonatal Intensive Care Unit (NICU) - level 3 unit providing intensive care to sick and premature infants. It serves the local area and accepts referrals from units for infants requiring intensive care. The unit provides specialist services including; cooling for infants who have suffered a brain injury, surgery for treatment of infants who have Retinopathy of Prematurity, Transport Team, Neonatal Community Outreach Team (NCOT), Human Breast Milk Bank, and Nitric Oxide therapy. The NCOT consists of a Sister, a Deputy Sister and a Nursery Nurse they provide discharge planning, training for parents and follow-up care post discharge in the community for infants who at the point of discharge meet any of these criteria:

- Are still preterm
  - Weigh less than 2kg
  - Have feeding difficulties
  - Are having nasogastric tube feeds
  - Are having home oxygen therapy
  - Complex health care needs
  - Safeguarding concerns
  - Using Breast Milk Fortifier (BMF)
- The supported Discharge Team consists of NCOT, SALT, Physiotherapist and Dietician.

#### Summary

The Supported Discharge Clinic (SDC) is a new and innovative idea within the neonatal field, enabling a smooth and supported transition from the hospital setting to home and from hospital services to community services. The service for this vulnerable group of infants was lacking, the idea was then born to bring all of the teams together at one appointment creating a "one stop shop" for these infants to access all therapists and NCOT at the same time. The process was driven by excellent leadership resulting in all services coming together delivering a highly motivated team approach to neonatal discharge. As a result of these infants attending this clinic there has been;

- Probable reduction in hospital re-admissions post discharge,
- Reduced appointments with General Practitioner,
- Improved weight gain,
- Improved family bonding and attachment as these infants remain in the family setting.

This clinic could be established throughout the country if other community teams could work cohesively with the extended members of the multidisciplinary team. This joint venture can only succeed with commitment and involvement of all team members.

#### Impact

The impact of running these clinics has been displayed in a number of ways:

- 59 contacts with NCOT and at least one other therapist has taken place since the clinic started
- This means infants who required access to therapists did not have to wait for referrals to community therapists to be processed and allocated - a saving of up to 4 months
- Infants who may previously have had their discharge delayed due to requiring SALT supervision were discharged in a timely manner
- This results in more cots being available for intensive care infants
- Families exposure to the hospital environment and separation from their infants was reduced
- A more co-ordinated discharge with intensive support was enabled
- Infants fed by nasogastric tube who were otherwise fit for discharge could be nursed at home and this led to shorter hospital stays for 6 infants - saving 145 hospital days
- 15 infants who had commenced treatment with breast milk fortifier (BMF) due to less than adequate weight gain in hospital, continued the use of BMF in the community with weekly weights and supervision by NCOT and the Dietician at the clinic (BMF is not prescribed in the community and most NICU's do not continue its use post discharge)

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## Barking Havering and Redbridge University Hospitals NHS Trust

### Easy Read Information Sheets for Learning Disability Patients

#### Category

Access to Information

Barking, Havering and Redbridge   
University Hospitals  
NHS Trust

#### Organisation

Barking, Havering and Redbridge University Hospitals Trust (BHRUT) provides high quality NHS health care to the people of outer North East London and South West Essex. We serve 700,000 people and employ 6000 staff making us one of the largest NHS Trusts in the country. We operate from two major hospital sites, King George Hospital in Goodmayes and Queen's Hospital in Romford. Each hospital has an emergency department and all the other acute major services including maternity, medicine and surgery. At Queen's Hospital there is also a cancer centre, a regional neuroscience centre and a hyper acute stroke unit. We are also a teaching hospital.

#### Summary

BHRUT Learning Disability (LD) Liaison Nurse service has produced and implemented a set of easy read information sheets for patients with a learning disability in order to prepare them for a hospital visit and to help explain what has happened during their hospital visit or stay. There are four information sheets which include:

- Coming to hospital
- Going home from hospital
- Emergency Department / Urgent Care Centre – information to take home
- Day Surgery / Outpatient appointment – information to take home

The information sheets contain simple photo symbols to support written information which is completed by hospital staff at the end of the patient visit, or by community staff to prepare individuals for their hospital appointment. This initiative is a simple but effective way of ensuring patients with a learning disability are involved and understand more about their health needs and health care provision. The information sheets are available internally on the Trust intranet learning disabilities page and externally on the Trust easy read learning disabilities page. Hard copies of the checklists are also available from the Learning Disability Liaison Nurse.

#### Impact

Verbal and anecdotal feedback has confirmed that the use of the easy read information sheets have improved communication between hospital staff and patients with a learning disability, helped patients to understand what has happened during their hospital stay, and provided a tangible record of their hospital experience which can be re-read and referred back to once the patient has returned home. In addition, feedback received was that the information sheets were so successful that further sheets were developed for day surgery and outpatients/emergency departments. The easy read information sheets are photocopied and placed in patient case notes which provides a holistic overview of the patient episode and the information the patient has and can be used for future reference should a patient request another copy. In addition, these can be monitored and audited to provide evidence of use. The original copy goes home with the learning disabled patient and / or their family or carer (where applicable) for future reference. Comments received from patients with a learning disability regarding the information sheets include:

- "this is easy to understand"
- "I liked to look at this when I got home". Trust staff have also commented that the checklists enable them as care providers to think logically about the issues that need to be discussed and prompt them to think about the language they use when speaking to patients with a learning disability.

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# PEN National Awards 2015

*Re:thinking the experience*

## Bedford Hospital

### The Carers Lounge, Bedford Hospital



#### Category

Support for Caregivers, Friends and Family

#### Organisation

Carers in Bedfordshire (CiB) is a registered charity founded in 2004, to help unpaid family carers and former carers cope with the mental and physical stress arising from their role, through assistance such as information, advice, support, advocacy, training and practical help. CiB is a network member of the Carers Trust, and affiliated to Carers UK. CiB have approximately 41 members of staff and 80 volunteers, 32 of which are carers. Bedford Hospital NHS Trust is a 360 bed high performing acute district general hospital serving a population of approximately 270,000 across Bedfordshire and surrounding areas (a 900,000 catchment for vascular services) and an annual turnover of approximately £168.5 million. The Hospital has annual activity levels of:

- 68,000 A&E attendances
- 3,800 planned inpatient admissions
- 23,000 day case admissions
- 21,000 non elective admissions;
- 213,000 outpatient attendances
- 2,900 births

It is performing well in meeting all access targets for example A&E, Referral To Treatment, cancer and improving quality. Bedford Hospital has over 2,600 members of staff strong community support, with 200 volunteers and millions of pounds raised by the independent Bedford Hospitals Charity and the Friends of Bedford Hospital, including for a new Cancer Unit. Our ethos is 'every patient matters' and our vision is 'To provide excellent acute and integrated care services to the people of Bedfordshire'. Helen Friend, Patient Experience Improvement Lead, Carers play vital roles in our society but looking after someone is not easy, which is why we support them to help them continue to care. Bedford Hospital works in partnership with Carers in Bedfordshire through our very own Carers Lounge, where carers can come for information, support and advice. Nina Fraser is the Director of Nursing and Patient Services.

#### Summary

Often hospital is where people find themselves in the caring role for the first time, unsure where to turn. The Carers Lounge is an innovative partnership between Bedford Hospital, CiB, Bedford Borough Council (BBC) and Bedfordshire CCG, to give carers visiting the hospital a safe, confidential, non-judgmental space where they can find support, information and advice. Support for the carer continues after the patient has been discharged. The Lounge Coordinator leads a team of support workers and volunteers, specialising in areas of support, including benefits, support for carers of children with additional needs, and for carers of individuals living with dementia. The coordinator keeps records of contact made with carers, which are reported to all stakeholders along with case studies. First fiscal year (2012 to 2013) the Lounge had contact with 427 carers, rising year on year to 2073 carers in 2014 – 2015, demonstrating a substantial impact. These have also been shared with others looking at starting similar projects.

#### Impact

Since the Lounge opened in 2012, 5653 carers have been contacted, 4252 who were carers unknown to any other health or social care service, and may otherwise have remained unidentified. Carers were informed of their right to a Carers Assessment and offered benefits advice. Carers feedback informed a Carers Charter and Carers Information Pack which were launched in the hospital to provide carers with knowledge of what is available and their rights.

- The average age of carer using the Lounge has been over 65
- Common conditions were stroke, mental illness, heart disease, COPD and dementia.
- 62% were women and 38% were men.

Carers contacted through the Lounge are recorded and each return visit is counted. We record if the carer has received benefits advice or been referred for a carers assessment. Statistics are shared with hospital directors and funders, to evidence the value and importance of the Carers Lounge. Example given in additional information. Qualitative feedback is collected through carers self-reporting and case studies to ensure soft outcomes are collected.

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# PEN National Awards 2015

*Re:thinking the experience*

## Bedfordshire Clinical Commissioning Group

### Commissioning for Patient Experience

#### Category

Commissioning for Patient Experience



Bedfordshire

Clinical Commissioning Group

#### Organisation

The two local authorities in Bedfordshire. We are responsible for planning, organising and buying NHS-funded healthcare for the 441,000 people who live in Bedfordshire. This includes:

- hospital services
- community health services
- mental health services

BCCG is run by GPs, nurses, hospital doctors and other clinicians. All 55 GP practices in Bedfordshire are members of the CCG which is divided into five areas, which we call localities. These are: Bedford, Chiltern Vale, Leighton Buzzard, Ivel Valley and West Mid Bedfordshire and all of the 55 GP practices in Bedfordshire are members. In 2014-2015, BCCG had a budget of approximately £444m to spend on healthcare services for Bedfordshire.

#### Summary

Working with partners, we started an engagement process to transform local mental health and learning disability services, involving service users, carers, GPs, providers, voluntary organisations and others to understand how the service could be improved for the future. The feedback was used to develop a service specification which included the outcomes service users and their families told us were important to them. During the procurement process we formed independent stakeholder panels made up of service users and carers to question the bidders about patient experience. The responses given were marked by the panel and scores contributed to the overall scoring process. The panel sessions needed to be equitable, transparent and conducted in line with procurement legislation. Panel members attended a bespoke training session to prepare them for their role, providing them with skills needed, information on the tender process and time to develop the questions they wanted to ask and agree, as a panel, what a good response might look like. This was one of the largest mental health procurements in the country and we believe that this is the first time whole panels of service users and carers have been given the opportunity to play such a significant role.

#### Impact

The service users and carers involved in the process provided us with very positive feedback regarding their experience throughout. The new contract means patients receive care from services centred on their needs, with an emphasis on compassion and empathy. Long term, they have improved access to Bedfordshire-wide services, providing seamless care across adult and children's health and social care services.

BCCG believe that this is the first time that service users and carers have been involved in a procurement process in this way. It is well documented that a patient representative often fills a seat of a procurement panel, but on this occasion an entire panel of service users worked together to come up with a set of questions – and the answer provided by the bidders in the interview settings were scored by the panel and the mark they awarded formed part of the overall score in the evaluation process. Service User quote: "I think the main thing was that as a service user I felt valued as I was involved with the process. As service users we are the ones using the service or who have used the service that the potential providers will be delivering, it really affects us as to who is providing it. I personally very much appreciated being part of the process."

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# PEN National Awards 2015

*Re:thinking the experience*

**Cambridgeshire and Peterborough NHS Foundation Trust**

**PROMISE (PROactive Management of Integrated Services and Environments)**



## Category

Strengthening the Foundation

## Organisation

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) provides integrated community and mental health, learning disability and social care services to 891,000 residents. Alongside Cambridge University Hospitals NHS Foundation Trust, CPFT are part of the Uniting Care Partnership, providing older people's healthcare and adult community services co-ordinated around the needs of our patients. CPFT is a designated Cambridge University Teaching Trust and a member of Cambridge University Health Partners, one of only five Academic Health Science Centres in England. We employ more than 3,400 staff. Our main bases are at the Fulbourn Hospital, Cambridge and Cavell Centre, Peterborough, but our staff are based in more than 50 locations.

## Summary

PROMISE (PROactive Management of Integrated Services and Environments) seeks to redefine the frontiers of humane care in mental health. Enhancing patient experience through bottom up innovation is at the heart of its vision to eliminate reliance on force. It is co-led by a patient and a professional, and all aspects of the project have benefited from coproduction. Changing the nature of day to day interactions by empowering staff to make small changes that make a big difference has been key. Embedding leadership at every level has provided rich dividends and the results speak for themselves. High patient experience scores, reduction in restrains, assaults on staff and sickness have been striking. PROMISE has attracted attention globally and is working with World Health Organization (WHO) and World Psychiatric Association (WPA) to disseminate the learnings and bring other pioneering partners into its fold so that we can all benefit from their struggles and successes. Four key frameworks to ensure rapid and systematic replication are being built. They will be backed up by an innovation bank called the Space Programme. Cross-fertilisation with new partners will enrich the leadership journey of our pathfinders, the novel solutions this will bring will redefine our pathways of care.

## Impact

Prone restrains have virtually been eliminated and only happen due to the patient putting themselves in the face down position. In October 2015 there was only one prone restrain, full PI across Aug, Sep, Oct 2015 were 15, 16, 13 respectively, this shows a 40-50% drop from levels in 2014. Assaults on staff fell by over 50 per cent with 210 assaults reported in 2014/15 compared with 451 in 2013/14. At end of October 2015, the Adult directorate's cumulative % sickness stood at 4.2%, with certain months recording lows of 2.8%. This is the first time the directorate has met its target of >4.35% sickness. Average scores for 977 patient experience surveys that were carried out between 1/12/14 and 30/11/15.

- Made to feel welcome: 97%
  - Felt safe during stay: 88%
  - Staff are polite and friendly: 98%
  - Treated with respect and dignity: 98%
  - Helped to make choices about care and treatment: 90%
  - Do you know what treatment and medication prescribed the ward is for: 96%
  - Activities, groups or things to do: 92%
  - Rate the care you receive as good, very good or excellent: 90%
- Over 30 organizations have already expressed an interest in aligning themselves to the PROMISE values and working together to push forward the change agenda.

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# PEN National Awards 2015


*Re:thinking the experience*

## Central London Community Healthcare (CLCH)

### Patient Experience - Bringing It All Together

#### Category

Team of the Year - Complaints/PALs

Central London Community Healthcare   
NHS Trust  
Your healthcare closer to home

#### Summary

The nominee is an extraordinary new team which has been formed over the last year using a new model of patient experience and complaints management. The model was designed and developed by the Deputy Director of Nursing to really drive the agenda forward and integrate patient experience into Divisional and Trust culture. Previously we had a range of people working on different aspects of patient experience; complaints, PALs, Patient stories, Premises, Stakeholder engagement. The results of this was that it wasn't 'joined up' and services found it hard to understand the whole picture. This has been transformed by the development of a new role, aligned to the Trust Divisions, but a corporate function. The Patient Experience Facilitator role is more senior than the traditional PALs role, at Band 6, and enables a richer staff experience and requires highly skilled communicators. The team manage a rota system to cover Pals on a weekly basis, so all Patient Experience Facilitators are confident in dealing with concerns, are confident in using Datix, and are aware of what is happening across the whole Trust. The team have worked together and have developed Standard Operating Procedures and clear guidance about when a concern becomes a complaint. This is constantly being refined as we learn through experience. The Complaints and Claims Manager, is co-located, and provides excellent advice to the rest of the team with the emphasis on early and local resolution wherever possible. The PALs team will respond to most concerns themselves and are often signposting people to the right organisation or team. Where there is a need for patients to discuss the issue with a service directly we have a 5-day target for resolution. Representatives from the team meet every week with the Chief Nurse and Associate Directors of Quality to highlight themes and blocks to resolution. The team lead on the Trust leadership report sent out every Friday afternoon. In addition to this the Patient Experience facilitators are leading quality improvement through understanding patient experience in their assigned Division. An example of the model in action is that we noticed a reduction in the number of people who would recommend others to use our services in a particular Division. This was quickly identified as correlated to one service, and two particular sites. As soon as this was noted the team pulled together all the other feedback we have including complaints, PALs, service changes – including activity and staffing issues, and was able to identify the common themes and trends to support improvement.

#### The Team

This team demonstrates successful management of PALs, Complaints, and patient experience in a demonstrably successful new way to improve the experience for patients. The team structure includes a close working group of Complaints Manager and assistant, with 4 Patient Experience Facilitators (PEF). This new role and included the management on a rota basis of the PALs function for the Trust. This has ensured better communications, ability to transfer patient feedback into service improvement speedily, provide Divisional leadership for the patient experience agenda, with an ability to facilitate and lead change programmes. The team have balanced reactive requirements with proactive engagement through 15 Step Challenge visits, Patient Listening Events, patient story collection and Patient Reported Experience Measures (PREMs) including the FFT. The combination has enabled us as a Trust to understand the range of 'intelligence' about patients experience and to respond in a timely and effective way to changes in feedback.

#### Summary

The Patient Experience Facilitator role and close team working with the complaints team means that we are more resilient and future-proofed for changes ahead. We are expecting the organisation to grow and Divisional structures to change, but this role and our brilliant team with developed expertise and a wide skills set, will be able to flex with the changes. We see the process of manual report writing becoming much more automated and locally accessible which will enable the team to focus on 'You said we did' and service improvement. We would also like to assure ourselves that we are hearing the voice of all our patients including younger people and people with Learning Disabilities. The Divisional team see the Patient Experience Facilitator role as integral to their quality agenda and a great source of support, so maintaining and developing Divisional relationships and expertise will be essential. We are widely geographically spread in the Community Trust and so best use of technology, access to information, and using a variety of communications will be important. The team will be leading on the implementation of Schwartz Rounds across the Trust in the New Year. This team stands out as it tested a new model of working that supports the patient experience agenda and has helped us as a Trust to assess ourselves against the Trust Development Agency TDA patient experience assessment framework. Similarly this role can enable staff on their career path and can lead to roles in Communications, service improvement, management and clinical roles. It has broken some of the barriers we have previously experienced with Complaints and Pals teams working very separately and the cross-over from informal to formal complaint being awkward for patients.

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# PEN National Awards 2015

*Re:thinking the experience*

## Central Manchester University Hospital NHS Foundation Trust

### **Better Communication, Promotes Better Healthcare. The Introduction of a Patient Pager System in Outpatients, Manchester Royal Eye Hospital**

#### **Category**

Innovative Use of Technology/Social Media

#### **Organisation**

Manchester Royal Eye Hospital (MREH) was established in 1814 and is now one of the largest teaching eye hospitals in Europe and one of only two dedicated eye hospitals in the country. Globally acknowledged as a centre of excellence, the Hospital is renowned for its pioneering work in all aspects of ophthalmology, including out-patient care, surgery and education. The Ophthalmic Division provides secondary and tertiary care to residents of Greater Manchester and beyond. The hospital employs over 500 staff and provides an extensive range of services and facilities for both adults and children. These include the Emergency Eye Centre, Acute Referral Centre, Ophthalmic Imaging, Ultrasound Unit, Electrodiagnosis, Laser Unit, Optometry, Orthoptics, the state-of-the-art Manchester Eye Bank and Ocular Prosthetics. Claire Davies, Patient Experience & Quality Lead for Manchester Royal Eye Hospital has led the implementation of the initiative. She is actively involved in the development and implementation of quality initiatives involving changes in practice to improve the patient journey and overall patient experience.

#### **Summary**

The introduction of the pager system in the outpatients is an exciting project, as MREH is the first outpatients department in CMFT to have pagers. Annually MREH has seen an increase in the number patients attending outpatients. Our initiative shows innovation in the way we have responded to the increased capacity and demands issues associated with the management of long term conditions. The success of the initiative has been due to the multi collaborative approach through the involvement of the Patient Experience Group, nursing and medical teams. Primarily led by the Patient Experience and Quality Lead there has been clear communication of the objectives, implementation of the initiative through a co-ordinated approach and effective evaluation. This has been demonstrated particularly in the Emergency Eye Centre, through increased staff satisfaction in knowing they are supported by the pagers when informing patients about waiting times. The initiative has made a sustainable difference to patient experience with future plans to replicate it throughout MREH outreach areas and various divisions across the organisation. MREH has openly shared this learning and Claire has acted as an advisor in driving change across the organisation, with the primary aim to improve the overall patient experience.

#### **Impact**

In partnership with the Trust Patient Experience Team feedback from patients & carers could then be collated in relation to the experience of waiting in outpatients. The method of data collection for the project including; questionnaire and face to face interviews was designed using a Survey Monkey for Patients, carers and outpatient staff – with the potential for a focus group meeting following the results. Face to face patient and carer interviews across the various clinics supported by the Patient Experience Project Coordinator included; how does it feel to wait and if there was the option of a system that would support them leaving the clinic for refreshments would they use this? Initial analysis showed that 70% of patients completing the survey worried about missing their appointment if they left the waiting area for a comfort break or refreshments, with 30% reporting that the overall waiting time lessens their experience considerably. When questioned if there was a way they could leave the waiting area and be guaranteed to not miss their appointment; 79% felt this would make a considerable difference to their experience with only 8% feeling that it would make no difference. Overwhelming positive feedback from the patients indicated the need to introduce the pagers with a robust support system for patients and carers alike.

#### **Contact Details**

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# PEN National Awards 2015

*Re:thinking the experience*

## Chelsea and Westminster Hospital NHS Foundation Trust (West Middlesex University Hospital Site)

### Strictly Best Experience



#### Category

Strengthening the Foundation

#### Organisation

Type of Organisation Chelsea and Westminster Hospital NHS Foundation Trust runs two main hospitals: • Chelsea and Westminster Hospital and • West Middlesex University Hospital. We came together as one organisation on 1 September 2015. Both former trusts have a strong and proud history in delivering values-driven care for patients, values that were developed and led by staff. The fact that the values of each former organisation were very similar was one of the deciding factors for us joining forces. 5,000 staff care for nearly one million people locally, regionally, nationally and internationally. We provide a range of specialist clinical services as well as general hospital services for people living locally, which include A&E and maternity at both our hospital sites. Our ambition is to lead the NHS with world class, patient focused healthcare delivered locally. Our teams will go beyond for their patients and community in order to achieve this aim. We aspire to lead the way within the NHS by providing world class patient focused healthcare, delivered locally. The person leading this nomination is Karin Burke, Deputy Director of Nursing.

#### Summary

Project Name – Strictly Best Experience - In April 2014, the Trust's executive team requested there be an event where the staff and patient experience survey results could be shared with the staff, patients and general public. The first event was held in June 2014 and the follow-up event was held in December 2014 with a strictly come dancing theme.

The project was organisation-wide involving internal and external stakeholders and the events were the first of their kind in the trust. We consolidated staff and patient experience feedback which is often analysed and actioned separately. The event provided the opportunity for clinical staff and workforce department to showcase their work contributing to improved patient experience using the 'strictly come dancing' theme to attract and engage staff/service users. Ideas for improvement were generated from staff and service users and translated into action plans. These were then prioritised and implemented contributing to sustainable improvements. The project principles can be replicated for future events. This will be explored for our new Chelsea and Westminster hospital site in 2016.

#### Impact

- Provided a platform for staff, patients, public and external stakeholders to hear the staff and patient feedback, an opportunity to speak directly with the teams and help shape the action plans by sharing their ideas in what would make a difference to patients. Enthusiastic staff showcasing their work and sharing ideas.
- Motivated teams to build on success and share learning. What's Measured?
- There were four themes identified from the staff and patient feedback: (1) Communicating with each other (2) Attitude and behaviour (3) Nursing / medical care (4) Patient and staff environment. The actions were listed under these four main themes. Measuring Success
- A local healthwatch carried out a compassionate care audit during November 2014 looking at a number of care standards on the inpatient wards which included some of the actions from the June event.
- Second event held in December 2014 as a means of closing the loop on the actions. It was recognised that some of the actions would require a longer period of time to implement and embed. In December clinical divisions were asked to provide an update against two key actions from each of the four themes.
- Following patient feedback this resulted in more young people having the opportunity to safely talk to professionals.
- Staff ideas encouraged providing better support for staff and the identification of training needs.
- Implemented patient safety boards to ensure staff have understanding of quality indicators and are informed on action plans to improve service. Patients saw the wards as being open and honest, recognising that quality is being monitored.
- Full engagement of staff at meal service working together saving time and improving the overall patient experience.
- Commitment to training on customer care. Team work encouraged by organising team building sessions outside the working environment. Demonstrated by 100% completion of staff survey.
- Learning from feedback ensuring 'You Said, We Did' boards are updated.
- Leadership at meal service by ensuring a nurse is available during these periods to support the hostesses in the aim to ensure patient nutritional needs are met. Implementation of bed side information sheet.
- Dedicated bleep holder for surgery to answer post discharge patient queries. The 'Strictly Best Experience' judging panel awarded the £100 prize money to the Clinical Support and Surgical Division for the best staff and patient experience progress update.

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# PEN National Awards 2015

*Re:thinking the experience*

CLIC Sargent

## Children's Key Worker Service Evaluation Project

### Category

Bringing Patient Experience Closer to Home



### Organisation

CLIC Sargent is the UK's leading cancer charity for children and young people. The charity provides clinical, emotional, practical and financial support for children and young people with cancer and their families, so they can cope with their cancer diagnosis and get the most out of life. In 2014-2015 CLIC Sargent:- supported over 6,800 young cancer patients- had an income of £25.04 million CLIC Sargent employs approx. 530 staff (including social care staff, nurses, fundraisers and central support staff) that are based in over 60 paediatric principle treatment centres, teenage and young adult principle treatment centre, shared care hospitals, homes from home and offices across the England, Scotland, Wales and Northern Ireland.

### Summary

Childhood cancer care exists in a complex environment, involving chemotherapy, surgery, radiotherapy, radiological assessments, and support therapies. In the hospital alone families meet a multitude of healthcare staff. Treatment and follow-up lasts many years across Principal Treatment Centres, Shared Care Hospitals, Community Services, home and school life, impacting on every family member. It turns families upside down and they feel overwhelmed. CLIC Sargent's (2009) More than My Illness report and NICE (2005) Improving outcomes guidance for children & young people with cancer highlighted the need for better coordination of care, suggesting a key worker approach. Little evidence existed for such roles and limited understanding of how best to deliver this style of working to maximise outcomes and improve experience. The project aimed to help the NHS understand and test this approach. It was independently evaluated by London South Bank University. Findings demonstrate that, when the model works well, it can reduce stress for families and facilitate care closer to home. It can improve communication and partnership working with families and between healthcare workers, social workers and teachers to provide efficient and appropriate care. The evaluation also identified what makes the role more challenging and offers learning to maximise best practice.

### Impact

18 specialist nurse key workers, 3 nurse educators, 95 parents, 85 stakeholders (eg community nurses, social workers, GPs, teachers) and 10 children contributed to the evaluation. Evaluation data were collected between 2011 and 2014. Key workers were interviewed at two points in time and some took part in a focus group (n=12). Parents from all the sites completed the questionnaire and 23 took part in an individual interview, 4 children took part in an interview and 6 in a focus group. Bereaved parents only took part in an individual interview and were not asked to complete questionnaires (n=8). Stakeholders from all the sites filled in a questionnaire. A mixed methods approach was used to illustrate how the role developed. Data included analysis of annual reports and quantitative quarterly data collection recording the support given to 3,566 children. The published evaluation found that 69.7% of parents questioned who had a key worker had an improved peace of mind, with 55.8% feeling less stressed. Through working in partnership with parents the key worker model was felt to "decrease parents' feelings of isolation and increased their confidence to care for their child." Children felt "less scared" and valued support with return to school. Overall the report demonstrates that the specialist key worker role can and (when it works well) does achieve the following outcomes; 1) Improvement in the child's and family's experience of their care and treatment; 2) Families are able to spend more time at home, and children with cancer can be cared for closer to home; 3) Improved emotional wellbeing; 4) Children/young people are better able to participate in education; 5) Best practice and learning is adopted by local hospital teams

For key working to work well three pillars have to be in place: knowledge, relationship and coordination. **Knowledge:** the key worker being a specialist nurse with knowledge, experience and expertise in childhood cancer and services available led to a higher standard of care, and helped families have the confidence to care for their child at home. **Relationships:** the relationship between the key worker and the family over a period of time enabled trust to grow; families felt like they were supported by someone who knew them as a family. In addition the relationships between key worker and staff in different services improved understanding of roles and fostered partnerships in which coordination could thrive. **Coordination:** the key worker worked effectively with a range of hospital and community professionals, coordinating children's care and supporting them to live as normal a life as possible. They were seen by parents as a reliable, consistent, approachable source of support. When these three pillars are in place and the role is embedded in the children's cancer multi-disciplinary team, and is understood and supported, the key worker can make a better contribution to achieving these outcomes for children with cancer and families.

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# PEN National Awards 2015

*Re:thinking the experience*

## Common Room

### Me first: Children and Young People Centred Communication

#### Categories

Communicating Effectively with Patients and Families and Personalisation of Care

**COMMON ROOM**

#### Organisation

Common Room is a consultancy led by people with lived experience. We promote collaborative practice and turn children and young people's lived experience into person centred service, policy and practice improvements across disability, health and mental health. Common Room has a small team of three, including the Director, as well as a team of 8 paid young advisors who have lived experience of disability, long term health conditions or mental health issues who work in partnership with us to co-develop and co-deliver our projects and work streams. Our work aims to:

- Find the best ways of involving children and young people in decisions about their lives, treatment, support and services
- Find the best ways of responding to and supporting children and young people with the issues they experience.
- Support young people to be partners in research, policy, and service improvement programmes
- Research and understand the views and lived experience of young people, families, and practitioners about the issues that affect them.

Common Room works in partnership with or is commissioned by a number of leading organisations including the Anna Freud Centre, National Children's Bureau, Great Ormond Street Hospital, NHS England, Council for Disabled Children, Child Outcomes Research Consortium, amongst others.

#### Summary

Me first is an innovative education package to improve communication between children, young people and healthcare professionals. Me first aims to improve health outcomes for CYP by enhancing the knowledge, skills and confidence of healthcare professionals (HCP) in communicating with CYP. Crucially, all of the resources have been co-developed with CYP and have a strong evidence base in research. The centrepiece of the project is the Me first CYP centred communication model - the first designed specifically for and with CYP. The Me first masterclasses and [mefirst.org.uk](http://mefirst.org.uk) help HCPs to build on their existing expertise and apply the Me first communication model to their clinical practice. Co-delivered with young people, the masterclasses use quality improvement techniques to ensure the learning makes a lasting impact on practice. The emerging findings from our independent evaluation are showing a lasting impact on the communication skills of participants. A core aim of Me first is to ensure that the model, resources and learning apply to and can be adopted by all healthcare areas and services. We are determined to transcend organisational boundaries and develop education resources that make a difference to professional practice and to the experience of children and young people across the UK.

#### Impact

The Me first project has been hugely successful. In 10 months we have trained over 200 healthcare professionals, with 100% of participants rating the training and resources as good or excellent. The Me first masterclasses have been independently evaluated by the Evidence Based Practice Unit (Anna Freud Centre and UCL), with emerging findings showing improvements in professionals' exploratory listening, consensus-oriented listening and receptive listening after the masterclass. All of the professionals interviewed are now using what they learnt in their practice to make care more collaborative and young person centred.

Attendees of the masterclass have said: 'The training has inspired me to make changes to my own practice and the department I work in.' 'Excellent course. Very useful having all different professionals present to get a variety of perspectives and ideas.' 'The day was engaging and creative, with a mix of different activities and time for reflection. We not only learnt the principles of CYP centred communication but how to apply them within our own specialities and practices. A rare and much needed course, I would highly recommend this to any professional working with CYP.'

Comments on our twitter #CYPMeFirst include: 'It really is excellent, I am genuinely very excited and feel this is part of the solution to so many common themes raised by our young people. Top work! It is up to us to now get using it locally.' Karen Higgins, Young Health Champions Project Manager, Shropshire CCG

'Just wanted to say I love everything about MeFirst it's exactly what we need!'. Go team Me first!' Young Person

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# PEN National Awards 2015

*Re:thinking the experience*

## CSH Surrey

### Life After Stroke Workshops



#### Category

Support for Caregivers, Friends and Family

#### Organisation

CSH Surrey is an employee-owned social enterprise that is contracted by Surrey Downs CCG to provide the NHS community services (Adults, and Children & Families services) for Mid Surrey (including Elmbridge, Dorking, Leatherhead, Epsom & Ewell, Banstead & Tattenham). Other commissioners include Surrey County Council and Epsom & St Helier University Hospitals NHS Trust. The Adults Services include inpatient and outpatient services at four community hospitals, multi-disciplinary community nursing and therapy teams, specialist nursing services (eg tissue viability, respiratory, heart failure, continence), planned care services (MSK physio, podiatry, inpatient therapies for the EOC elective surgery facility at Epsom Hospital), wheelchair services and a community neuro rehabilitation service (the nominee for this award works within the Neuro Rehab service). The Children & Families services include health visiting, school nursing and paediatric therapies. CSH Surrey has around 800 employees who are based and work in around 25 community locations (clinics, community hospitals and schools). Turnover is approx. £30m.

#### Summary

Stroke Nurse, Erika Frohlick, developed her bespoke 'Life after Stroke' workshops as a direct result of listening to patient, family and caregiver experiences. She involved them in creating the workshops, and continues to do so, to ensure she fully meets their needs. Innovation: Erika took the initiative to develop the innovative workshops after noticing patients/relatives/caregivers were asking the same questions and raising the same concerns following discharge. We're not aware of other similar workshops. Leadership, Outcomes & Sustainability: the workshops aim to support patients/relatives/caregivers following stroke. They have achieved this, with attendees reporting feeling better supported and empowered to deal with life after stroke than before Erika introduced the workshops. The workshops are now a core part of CSH Surrey's stroke service. Transferability & dissemination: Erika has involved clinical colleagues in developing and delivering the workshop, thus ensuring sharing of knowledge and best practice within the wider neuro-rehabilitation service. The two key success factors – identifying and responding to patient/family/caregiver needs and then involving them in service development and delivery – can easily be transferred to other services and settings.

#### Impact

Erika has supported nearly 400 stroke survivors and their family/carers/friends since 2013. She gains feedback through questionnaires following both workshops, and seeks verbal feedback. She provides participants with CSH Surrey's 'Tell your Story' leaflets and on discharge from the pathway she invites all service users to complete a feedback questionnaire. The feedback suggests the workshops are meeting their objectives of helping patients, families and carers feel better supported and empowered to deal with life after a stroke:

- 93% of participants (Jul-Nov 2015) found the sessions 'Very useful'
  - 76% better understand how to manage their condition
  - 100% felt able to ask questions. Patients, relatives and caregivers also report:
  - Better understanding changes in behaviour
  - Feeling supported themselves
  - Feeling better able to provide the right care while encouraging their relative or patient to achieve as much as possible.
- Many participants say they will change behaviours following the workshops, eg do more exercise, eat a healthier diet, monitor blood pressure regularly. Relatives and caregivers say the information on mood and the psychological effects of stroke is incredibly beneficial, eg improving awareness and knowledge of how to recognise and cope with emotional outbursts (inappropriate laughter or tears) and the support the workshop offers in minimising the impact on themselves and the stroke patient. Attendees also report increased reassurance and comfort from talking to others, eg hearing how people have been affected, sharing examples of care and how they have coped with new situations at home and out in the community. As a direct result of the workshops, stroke survivors, families and caregivers have set up their own self-help group to promote independence and peer support. This continues independently at a local supermarket café, chosen for its mobility access and good parking, thus creating a wider impact and legacy for Erika's work.

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# PEN National Awards 2015

*Re:thinking the experience*

## Dudley Clinical Commissioning Group Integrated Patient Experience Reporting

### Category

Commissioning for Patient Experience



Clinical Commissioning Group

### Organisation

I work for Dudley Clinical Commissioning Group, we are a vanguard organisation with a budget of approximately £441M. We have one large acute provider with smaller community servicers spread across our 5 localities. We are responsible for planning and buying (commissioning) health services across the region which includes: Sedgley, Coseley & Gornal; Dudley & Netherton; Kingswinford, Amblecote & Brierley Hill; Stourbridge, Wollescote & Lye; Halesowen & Quarry Bank. The types of services we commission include: • Elective hospital care (surgery and procedures); • Rehabilitation care • Urgent and emergency care (including A&E); • Most community health services (such as district nurses); • Mental health and learning disability services; • Preventative Care; • Medicines.

### Summary

Working in partnership with the patient experience team at the Dudley Group NHS Foundation Trust, we have reviewed five patient feedback channels and developed an integrated system for analysis and reporting which brings them all together into one singular system (FFT, PALS, Patient Opinion, NHS Choices & Real time surveys). This system will allow all managers and frontline clinicians to have access to thousands of pieces of patient feedback at the click of a button.

The main aim of this system is to improve a patient's experience of care. As a CCG it is vital to ensure that the services commissioned are high quality. This system gives initially the trust access to around 20,000 patient stories annually which can be analysed to an individual or ward level making it easy for ward managers and clinicians to identify areas for improvement. As a CCG this style of reporting allows for feedback about all commissioned services which in turn allows for joint target development and improvement.

Numerous colleagues within the CCG and Trust were initially involved in the development and delivery of this initiative. The first stage of the project was working with the trust in order to create enablers (information schedules) with the trust so that we could see the data. We then developed mapping schedules across all of the data sources to standardise the categorisation and ensured that all comments from patients are given a tone. This allowed us to export the data as individual responses which can then be analysed in multiple ways.

### Impact

A practical example of this system in action is the analysis of the feedback received about food and drink (one of the most common feedback is about this topic). We can instantly identify those wards with the highest number of negative or positive comments and identify specific areas for improvement or areas to share best practice. We recently utilised this level of in depth analysis to track patient experience across wards where new menus had been introduced and track the patient experience in those areas.

The main key element of this project is how it integrates numerous complex datasets into one singular system for analysis. To date we have approximately 40,000 patient stories in the system which can be analysed at the click of a button by demographics, ward data and a number of other indicators at the click of a button. Presenting the information in this visual format also allows for the easy identification of trends. This Patient Experience reporting system has the capacity to export a summary of its findings in an infographic which is attached within the application. This infographic gives everyone within the trust but also the CCG the key patient experience findings for the quarter while also sharing with colleagues some of the improvements being made.

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# PEN National Awards 2015

*Re:thinking the experience*

## East & North Hertfordshire NHS Trust

### All About Our Wards: Key Information for Patients and Visitors

#### Categories

Access to Information and Measuring and Reporting and Acting

East and North Hertfordshire   
NHS Trust

#### Organisation

The East and North Hertfordshire NHS Trust (the Trust) provides a wide range of acute and tertiary care services from four hospital sites (The Lister, Queen Elizabeth II, Hertford County and the Mount Vernon Cancer Centre). The Trust serves a population of around 600,000 people. Through the Lister, QEII and Hertford County, the Trust provides a wide range of acute inpatient, outpatient, diagnostic and minor treatment services – including A&E and maternity care – as well as regional and sub-regional services in renal medicine, urology and plastic surgery. The Mount Vernon Cancer Centre provides specialist cancer services to 2m people. The Trust employs around 5,290 staff and its annual budget is approximately £375m.

#### Summary

The Trust has well-established systems in place for collecting patient feedback, sharing this with wards and ensuring it is reported, discussed and acted on at all levels in the organisation. This initiative focusses on the innovative system we have developed for sharing this feedback with patients and visitors in an imaginative and responsive way. We have produced a suite of posters containing important information that our patients and visitors want to know when they walk onto a ward to give them a reassuring and memorable 'first impression' of the ward. We listened to what patients wanted to know about our wards and ensured that all information displayed was well presented, clear and accurate. Our patients and visitors are encouraged to tell us about their hospital experience and are assured that we value and listen to all suggestions for improvements and share feedback at all levels within the Trust. We are able to share the positive feedback that we get from patients and let them know what other patients are saying as well as keep patients, visitors and staff up-to-date with the actions we have taken as a result of the feedback received.

#### Impact

The visual impact of the new suite of posters has been amazing and our staff tell us that they have a renewed sense of pride in sharing information about their performance and the improvements they have been able to make. A regular walk-round is carried out by the Patient Experience Lead to ensure that the information displayed is current and a record of the 'learning from your experience' feedback is kept. Examples from this feedback are included in the patient experience update report and shared on the Trust's website. Ward staff recognise this as a valuable way of sharing the good work they are doing with the Trust Board. The ward teams have welcomed this initiative and it has quickly become embedded within the Trust. The Executive Team are familiar with the posters and look out for this key information when carrying out ward visits/inspections.

The initiative has had the following benefits: Embedding the process of keeping patients and visitors informed about what's happening on the wards and encouraging pride in how they are performing. Involving patients, visitors and staff in the development of this information has been crucial to its success and the innovative designs of the information are a credit to our Medical Illustration Team. Using feedback from the 'learning from your experience' you said/we did information to inform the Trust Board of actions that are taking place as a result of patient feedback and also sharing this on the Trust's web-site. The majority of suggestions made by patients when we ask them how we can improve are simple and we're now able to clearly evidence the actions that we have taken at ward level. Providing clear guidance for ward staff about how to keep the information up to date supporting those who need a help with updating and printing. Support from the Director of Nursing and Patient Experience and the Executive team who regularly monitor this information during routine ward inspections.

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# PEN National Awards 2015

*Re:thinking the experience*

## Frimley Health NHS Foundation Trust

### The Patient Encounter Leadership Programme

#### Categories

Staff Engagement/Improving Staff Experience and Strengthening the Foundation

#### Organisation

Frimley Health NHS Foundation Trust was created on 1st October 2014 by the acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust by Frimley Park Hospital NHS Foundation Trust, the first ever merger of two Foundation Trusts. It runs Heatherwood Hospital in Ascot, Wexham Park Hospital near Slough, Berkshire, England, and Frimley Park Hospital in Frimley, Surrey. It has 4948 full time equivalent staff. The Patient Trust was launched in 2014 by Howard Kennedy with the purpose of supporting a consistent, quality experience for patients facing serious illness by raising awareness, providing practical support and working in partnership with doctors and patients.

#### Summary

In June 2013, Howard Kennedy received a terminal cancer diagnosis. Reflecting on his experiences as a patient and on a career as a leader of public service system reform, he determined that he would commit the rest of his life to improving the quality and consistency of patient experience. Howard knew that a culture of engagement starts at the top. He knew that leaders shaped culture, where managers responded to it. He set out to develop approaches that would support leaders to strengthen and further enhance the quality of their engagement with patients and the collective support teams offered to patients. This approach was to be about potential and growth, solution focused, not a deficit model. As he worked to develop networks and shape an innovative leadership programme, Howard was told that engaging with consultants was an impossible dream, they were too busy, too focused, too senior to embrace development. Finding, in Frimley Health Trust, an organisation committed to delivering excellent patient experience, he worked in partnership with them to challenge these assumptions. The Patient Encounter Leadership Programme launched in December 2014 with an initial cohort of six senior clinicians, feedback from 359 patients and 102 colleagues and impact beyond.

#### Impact

Applying the principles of effective leadership that Howard set out in his address to senior clinicians, the PEL programme is built on three metrics; 1) patient feedback 2) colleague feedback 3) self assessment. At the heart of this is the recognition that feedback drives performance improvement. For the patient feedback measure, the participants undertook the CARE measure, in the process gathering feedback from a total of 359 patients. For the colleague feedback, participants gathered feedback from over 100 colleagues through Hay Group's 360 Emotional and Social Competence Inventory. For their own self assessment, participants were asked to reflect on their performance, informed by insights from 16PF psychometric profiling. In combination, these measures were selected to provide a robust measure of impact, applying established tools to give participants a real richness of data. We already have evidence of impact from the senior clinicians themselves:

- "The off-site gave me the opportunity to reflect on my work and attitudes towards my patients in comparison to what my colleagues do. I learnt from their experiences of patients care and management. I was able to draw inspirations from my colleagues on how best to improve the doctor patient encounter considering our very different specialities."
- "Following the PEL programme I have been able to take a greater understanding of alternative drivers and behaviours to my interactions with patients and colleagues."
- "Believing in my own capabilities gives me the power to focus more positively on the challenges that present with very sick angry patients and relatives - who have just been diagnosed - and the challenges from non-co-operating colleagues and cultural differences. I am now more able to control my initial responses and give a more balanced reflection which allows for sustained communication channels which in turn is more likely to impact positively on my working day"
- "I will concentrate on making the patient feel at ease and including the patient in the decision process and wrap up at the end. I will be more open with colleagues to gain their confidence."
- "I felt privileged to have been given the opportunity to join the group and gained invaluable experience. Programmes such as this provide dramatic insights into everybody's working practices and provide a fantastic opportunity to tackle difficult cultural changes that are required within an organisation to allow it to flourish. I do hope that other colleagues of mine are given this opportunity in the future."
- "Since the sessions I have already seen a vast change in my working and personal life. as the 2 are inter-dependant - I feel empowered to make sensible and positive changes which impact widely - like the ripples on a pond"
- "This programme lifted my mood and made me realise that I am working at suboptimal performance. Gave me an insight into behaviours which I had not noticed. Howard Kennedy's very sincere efforts of making a difference through this programme made the experience very special. Thanks for a great programme."

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# PEN National Awards 2015

*Re:thinking the experience*

## Hywel Dda University Health Board

### The Big Thank You

#### Category

Strengthening the Foundation



#### Organisation

Hywel Dda University Health Board provides healthcare services to a total population of around 372,320 throughout Carmarthenshire, Ceredigion and Pembrokeshire in West Wales. It provides acute, primary, community, mental health and learning disabilities services via general and community hospitals, health centres, GPs, dentists, pharmacists and optometrists and other sites. Just shy of 10,000 people work for the Health Board.

#### Summary

**Innovation** – This initiative is new and different – it turns feedback on its head and starts with recognising and rewarding the things that we do well, rather than focusing on the problems.

**Leadership** – This is about changing organisation culture and supporting people to feel positive about their work. This is about taking small steps to make a big difference.

**Outcomes** – We have already had 96 Big Thank You's – that is 96 letters to at least 96 individuals and teams across our organisation. At least 96 people who have heard directly from a patient as well as the nurse director how what they do makes a positive difference to the patient experience.

**Sustainability** – this approach is firmly embedded in what we do as an organisation and it is having a wider impact than the letters themselves – as more people feel they have the permission to look at what is working in the system, they are feeling better about what they do. This is about redressing the balance of feedback.

**Transferability** – this is a simple yet effective approach that anyone can implement. We would love others to adopt a similar approach as we have seen what a difference it makes to people.

#### Impact

A selection of staff who have received a Big Thank You have been asked about how they felt.

- All of them said that it made a change to receive positive feedback directly from the patients involved.
- Many of them said that they were 'just doing their job' which provided a wonderful opportunity to say to them that yes, whilst this is the case, look at how 'just doing your job' makes a massive difference to the patient.
- All recognised how positive such feedback is for processes such as revalidation.
- One ward sister said that she was going to print out copies of all of the Big Thank You's that her team had received and put them in a scrap book so that when things got tough, which they no doubt will from time to time, the team could read the letters and remember that for a lot of the time they do a fantastic job.
- Even the administrative staff who prepare the letters for signing enjoy this role – they report that it makes a welcome change to the letters that they normally have to deal with which are all negative. Reading negative letters all day every day runs the risk of creating a false perception of care provided. We know instinctively that this is not the case – this makes it possible for people to feel this.

This is about injecting a healthy dose of positivity into the NHS that values the knowledge that people come in to work to do a good job. Focusing on the things that we do well really does make a difference. In the long term our understanding of what is important to people will grow and develop. It will become more rounded and build on the good things we do that make a real and positive difference to people. As one patient said, "the staff deserve to be recognised for the impact that they have in improving the patient experience.....All carried out their duties efficiently, effectively and with a high level of care. Such a contrast to what appears, too often, in the press. Why not include this sort of feedback in the press, in the reports to management, and in feedback sessions with the staff. They make the NHS what it is and they need to be told, more often, that they are doing a magnificent job in what are often very difficult circumstances. Where does my experience appear in the statistics? Job well done and renewed thanks to one and all."

It is truly humbling to read about the good work that we do.

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# PEN National Awards 2015

*Re:thinking the experience*

## Lancashire Care NHS Foundation Trust

### Co-designing Always Events

#### Category

Strengthening the Foundation



#### Organisation

Lancashire Care NHS Foundation Trust was established in April 2002 and authorised as a Foundation Trust on 1st December 2007. The Trust provides health and wellbeing services for a population of around 1.5million people. The services provided include community nursing, health visiting and a range of therapy services including physiotherapy, podiatry and speech & language. Wellbeing services provided include smoking cessation and healthy lifestyle services. The Trust specialises in secure, inpatient and community mental health services as well as offender health. Lancashire Care NHS Foundation Trust covers the whole of the county and employs around 7,000 members of staff across more than 400 sites.

#### Summary

We are proud to be part of the national Always Event (AE) pilot, funded as part of the Compassion in Practice Strategy by NHS England, in partnership with Picker (Europe) and Institute for Healthcare Improvement (IHI) as one of only 2 initial pilot sites in England. We believe this is innovative, transformational work which prioritises the experiences of those using services and through co-design develop and deliver quality improvements. Throughout the initiative there has been strong leadership both within the organisation from the Director of Nursing and her team and externally from our partners. This has ensured that the initiative has been clearly communicated and supported. Evaluation of the AE is ongoing and data will be available shortly. Initial qualitative feedback from people using services and staff is extremely positive. Due to the co-design and perception from staff that they are responding to what people using the service have requested in a meaningful way, we believe that the AE will be sustained. The team manager already describes how the activities are becoming integrated into practice. Plans are already in place to spread this across the organisation and we have shared our experiences and learning internally and nationally.

#### Impact

We are in the early phases of the testing and collecting data and are confident that together we are making a difference to the experiences of care. Feedback from people using services has included:

"The photo on the letter and the contact card help people feel safe and not fear that they are going to be on their own"

"I keep the card on the fridge with a magnet – so I see it all the time"

"My idea was chosen....I feel good" There has also been positive feedback from staff members:"

From a professional point of view the co-design model has helped in giving us reassurance about our practice and that we are working to do the right things.

"Co-design made the implementation feel real and right the way target driven things aren't"

"To do something that makes a difference is inspiring especially when it's ongoing and people have been willing to step up and get involved and it's reminded us what a good spirit the team has"

"I was worried that it was going to be difficult to do but it's not at all. It's a small investment of time to have a big impact"

"Pop in and chat - helps me to reconnect with people and to share information with them when they need it. It's a safeguard for individuals who are isolated or not quite ready for discharge"

"The approach has helped us in supporting people through their discharge as a transition as we often find it hard to discharge people"

"The changes suggested by the people who use the service is simple and we wonder why we didn't think of them"

"We can't always meet people expectations and it's been great because this time we have"

With the support of Picker Europe we are evaluating the AE. People discharged from the service, or their carer, are now routinely contacted by telephone to ask some questions about their experience, whether they felt supported in moving on, have they received the contact card and do they know how to contact the team should they need help, did they receive the letter with photograph and have they been invited to the pop in and chat monthly session. A staff questionnaire has also been developed. The data collected is currently being evaluated and we will be in a position to share this in the next few months. Picker Europe are also supporting us by attending the pop in and chat session in January to listen to feedback from those people attending, and to interview staff, which will be included in the evaluation.

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# PEN National Awards 2015

*Re:thinking the experience*

## Leicestershire Partnership NHS Trust

### ECT App: Information to Patients and Carers on Electroconvulsive Therapy



#### Category

Innovative Use of Technology/Social Media

#### Organisation

Leicestershire Partnership NHS Trust (LPT) is one of the largest mental health and wellbeing Trusts in the UK following the merger with the community health services in the region. It provides mental health and community services to a population of one million in Leicester, Leicestershire and Rutland. It has 6000 staff with an annual turnover of more than £250 million. LPT deliver services from over 140 care settings that include community hospitals, specialist mental health inpatient units, longer term recovery units, outpatient clinics, day services, community team bases, GP surgeries, as well as in people's own homes. Most of the services are delivered in local communities with only a small proportion of service users needing hospital care.

LPT stated vision is "To improve the health and wellbeing of the people of Leicester, Leicestershire and Rutland by providing high quality, integrated physical and mental healthcare pathways". LPT is a teaching Trust linked to the Leicester Medical School. Besides providing training for Foundation year and Psychiatry trainees, the Trust also provides teaching and training for General Practitioners. Leicestershire Health Informatics Service (LHIS) is an integral part of LPT providing IT support, innovative new products and services, and training to all the major NHS hospitals in the region, and other public and private sector organisations around the UK. As a mature Information Management and Technology (IM&T) provider situated within the NHS, with years of experience supporting and developing IT solutions for healthcare organisations, they were best placed to develop the concept into a working application.

#### Summary

**Innovation:** Electroconvulsive Therapy (ECT) App is a breath-taking innovation on providing information on ECT to patients and carers. It provides a complete journey of patient from preparation to recovery. Patients can directly ask queries to the ECT experts.

**Leadership:** The project was in collaboration with ECT specialists, patient representative and health informatics with the clear objective of providing information to patients on ECT and its standards as advocated by ECT accreditation services (UK). The project was completed within 8 months.

**Outcomes:** Until February 2016 it is proposed to collect structured feedback from patients and carers. The App has the option of user providing feedback on the design and content.

**Sustainability:** The App is for use across the world. The ease of downloading and navigation, user friendly option of browsing through video, audio or text and the extensive coverage on ECT and its procedure will help in its sustainability.

**Transferability and Dissemination:** The App was launched in November 2015 in Royal College Meeting of Psychiatrists, UK and has attracted the social media. It will be made available on Apple, Android and NHS App store and communication will be sent through newsletter and article published in reputed journals in ECT.

#### Impact

The ECT App is likely to have a significant impact on the patients and carers knowledge on ECT. This will help them to make informed decision and in consent process for such treatment. ECT App is an important training tool for psychiatry trainees. In addition it also helps non psychiatric professionals to know about modern ECT treatment. Following the launch of the ECT App at the ECT Accreditation Services meeting (special committee of Royal College of Psychiatrists, UK) in November 2015, clinicians have shown great interest in ECT App across UK. Currently there are attempts to gather structured feedback on App by patients and professionals. The App has the option of user providing feedback on the design and content. The success of the App can be measured by number of downloads over a period of time. Recently one of the news channels had contacted the project team to know more about the ECT treatment and the ECT App and have arranged a meeting to broadcast this.

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# PEN National Awards 2015

*Re:thinking the experience*

## Locomotor Service, Homerton Foundation NHS Trust

### Redesign of an Integrated Community Pain Service

#### Category

Strengthening the Foundation

#### Organisation

Homerton University Hospital   
NHS Foundation Trust

The Locomotor Service in Hackney, London, is a community-based NHS musculoskeletal integrated physiotherapy and pain service. It is part of Homerton NHS Foundation Trust. The pain service was first introduced in 1999 and was set up in collaboration with GPs, clinicians, commissioners (CCG) and Homerton Hospital. It was one of the first community-based interdisciplinary pain services in London and has continued to develop and respond to local need. There are 43 Clinicians and 3 volunteers working within the Locomotor and Pain Service, we manage 1000 new patients per year in the Pain service and 12,000 in the Locomotor Service (Physiotherapy and Extended Scope Physiotherapy).

#### Summary

Our Specialist pain service helps patients with severe pain that persists long after healing is complete, often despite treatment. Pain can affect every part of a patient's life (employment, independence, family relationships, mental health and the ability to take pleasure in life). Our specialist team, help patients with every aspect and consequence of their complex pain condition to enable them to regain the quality of life they have lost. See also our pathway flow chart and introductory session video <http://www.homerton.nhs.uk/our-services/services-a-z/t/therapy-services/the-locomotor-pain-service/>. Our redesigned community based inner city persistent pain service was launched in April 2015. The initiatives demonstrate the following: **Innovation** - Fully integrated, allied health professional (AHP) service providing individually tailored and evidenced approaches to support self-management of pain. **Leadership** - Psychology led service supports a fully inter-disciplinary team, team clinical discussion and team wide training. Collaboratively run with Physiotherapy service. **Outcomes** - Our service redesign has increased quality, patient choice, patient and staff and satisfaction while reducing secondary care costs and waiting times. With of patients 74% achieving clinically significant improvement (higher than other UK pain services). **Sustainability** - Fluid patient focused pathways, quicker identification of needs and appropriate clinician/intervention. Means improved outcomes and fewer patients needing costly injections/secondary care referrals. Emphasis on giving patients the confidence to sustainably self-manage has reduced the number of GP & A&E visits. **Transferability & Dissemination** - We are to our knowledge the only fully integrated community based pain service, in the country. The pathways of care are documented and extensive databases in place and we will present at conferences in 2016. Our model can be replicated, with the cost of AHP pain management substantially less than GP/Consultant.

#### Impact

**Improving quality of life and reducing inequalities:** • Substantially increased psychology provision enables psychological principles to be embedded across the service e.g. development of holistic care plans, staff consultation/training, joint sessions and supervision of other disciplines. • Introductory session (see video) enables patients to identify areas where they are unable to live a life of quality that could be helped by the team in ways they may not have considered before. • All patients can choose to have a comprehensive MDT assessment of their social, emotional and physical wellbeing (with face to face advocates if needed), ensuring timely triage into other services. • Provision of a Turkish language Multidisciplinary back pain group, alongside Turkish fitness instructor and Turkish link worker to increase inclusivity

**High levels of patient satisfaction:** 90% of patients felt they were involved in decisions about their care, 70% felt more able to manage their condition, 91% had confidence and trust in all the staff treating them, 96% of patients are likely to recommend the service to friends and family.

**Clinical outcomes and delivery on agreed targets:** • 74% achieving clinically significant improvement in 1 or more outcome measures. • Clinically significant improvement in outcomes, which show a greater improvement compared to other existing pain management programs. • Our clinicians' experience and audit findings identified higher complexity and severity of patients entering the service than anticipated needed more intensive pain management support and fewer needed low intensity groups. We consulted commissioners over a change to this performance measure and changed our service to address patient needs with increased capacity of standard pain programs and 1:1 care (for higher complexity) and reduced shorter program capacity. Our aim is to enable patients to feel confident in their ability to self-manage their chronic condition. The introductory session to the service begins this by enabling patients to opt into the service and make informed choices about treatment pathway and decisions.

**Savings:** The service has saved £50k from trauma and orthopaedics alone by managing patients in the community. These savings have enabled the pain service to be commissioned to better meet patient needs and improve access to care. • The service has been able to support 50% more patients with only 30% more funding. • Integration between community and acute hospital to reduces duplication of care for the patient. • Non-musculoskeletal pain patients no longer face long journeys to other pain services. 2015 National General Practice awards - Finalist in a team of the year award.

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# PEN National Awards 2015

*Re:thinking the experience*

Luton CCG, GP surgery

**Dementia Co-production in Luton**

## Category

Team of the Year

## Organisation

Rather than a single organisation this is a collaborative project, which was developed by NHS Luton Clinical CCG as lead. Thanks to an initiative from the East of England strategic clinical network a group of professionals decided to use a co-production approach to identify what can be improved in Luton for carers of people living with dementia (PLWD), after GPs and nurses had raised concern that many such carers were reaching crisis point. This collaboration brought professionals and carers of people living with dementia together. The group has reflected a true partnership and passion from everyone to achieve positive outcomes for carers of PLWD. This has involved carers taking on the roles of interviewers for research element, designing posters/flyers, speaking at events to promote the work and early findings and an ongoing commitment to support each other personally and within the scope of the project.

## At Work

Planning and delivering this project has taken place in a very short space of time. In April 2015 the Project Board was set up and the project co-ordinator identified in June 2015. This initiative has grown so much passion inside all of those who have been involved, to date it has demonstrated, although challenging at times, co-production is the way future services should be designed. This process goes above and beyond 'engagement' and 'partnership working' as members are not just there to represent their professional or organisation views, but to experience that particular service from the users perspective and have a role in improving what is available to service users and in our case carers. Within our own organisations, those professionals involved in this co-production, can and will act as Co-production Ambassadors, to explain the process and our experiences, to enable greater understanding from conception of future initiatives to project delivery. The group has reflected a true partnership and passion from everyone to achieve positive outcomes for carers of PLWD. This has involved carers taking on the roles of interviewers for research element, designing posters/flyers, speaking at events to promote the work and early findings and an ongoing commitment to support each other personally and within the scope of the project.

## Summary

Every member is passionate about the project, however, the willingness from the carers involved has been truly amazing. One carer has taken annual leave to chair the meeting, be involved in the evaluation aspects of the group – evaluating all of the feedback being received from up to 100 carer interviews. Another carer has performed most of the interviews, found new carers, engaged with local groups, designed posters and flyers and spoken at the CCG Board meeting and presented at our local Luton Dementia Conference. Another carer too has spoken at the CCG meeting, attended monthly project board meetings and is involved as needed. Other carers have been involved in research interviews. BUT – what we have to remember is that on top of this commitment, all of them are carers for someone they love who is living with dementia. Sometimes the person with dementia attends with the carer, or they are looked after by someone else, but after the meeting or interview they return to the daily care of the people they love. It doesn't stop at 6pm, and nor does their commitment to the project – They are truly AMAZING people!

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# PEN National Awards 2015

*Re:thinking the experience*

## Macmillan Cancer Information and Support Centre, UHSM

### Partnership Working to Improve the Experience



#### Categories

Partnership Working to Improve the Experience and Personalisation of Care

#### Organisation

The Macmillan Cancer Information and Support centre is located near the main entrance of a busy acute hospital in South Manchester-Wythenshawe hospital. We are a small core team of 3, myself as full time manager, Helen deputy -22.5 hrs and Karen info assistant 13 hrs. We have a close relationship with the wider team of clinicians, therapists, benefits advisor, and psychological support team- to enable a holistic approach to the support of people affected by cancer. We support approx. 4,500 people a year with ongoing complex needs and reach approx. 22,000 with our information, events, awareness campaigns and outreach work. We help support people affected by cancer and their families from diagnosis, through treatments, after treatment, living with and beyond cancer and for some onto the end of life and then bereavement support for families with our memorial services and support afternoons. We work in very strong partnership with the hospital and wider community.

#### Summary

Macmillan Connections (MC) does what it says on the tin; it's all about connections and is the first initiative of its kind in the country. There are many group activities in other centres but not with the simple formula of inter-connectivity. MC began by listening to people living with cancer and trying to get beyond cancer. We kept listening and overwhelmingly heard - when there is cancer diagnosis their world is shattered into hundreds of pieces. MC is about picking up those pieces and trying to make some semblance of order again, but not by us, by the people concerned - taking control, slowly regaining some of the losses encountered on the way. MC begins with the 'mind in mind', it's so hard to get back out there, for so many reasons, but by being with people in a similar situation things begin to improve! MC enables- we 'start it' with volunteer led activities - walking, allotment, yoga and mindfulness, crafts and chat etc and many MC friendly locations/providers and organisations-all connected. Then onto - 'grow it, own it' social/friendship groups, created by members, eg going out for meals, social outings, parties, you name it it's done, and then onto becoming our new confident volunteers!

#### Impact

The concept of MC is simple 'we start it, you grow it, you own it' - self care, empowerment, ownership, improved well being is the impact - how do we know - people tell us, they tell us constantly and because the spin off friendship and support 'grow it, own it' groups have flourished, that also tells us the simple formula works with magic results. New MC members are welcomed like friends, immediately invited to ever growing social outings to pubs, films, theatres, barge trips etc. They support each other with household chores if another person is poorly or disabled etc. They have started and own their own whats app site and facebook site-results are very visible! We formally measure impact with feedback questionnaires and evaluations and constantly enquire. However, we would like to capture the themes of success more robustly and are opening offers out to psychology students to help with research. The MC secure data base enables quantitative measurement - the number of members/organisations involved etc but it is the qualitative rich data we would like to capture. One of the local university students has been involved in our allotment and the impact on well being, completed dissertation due next year

MC stands out because we can truly say it's owned by people affected by cancer. It facilitates a paradigm shift in thinking within healthcare - it's not about 'telling' people what they should be doing to self-care, but enabling and empowering - then let it run! It's different because of its simple principles - in that, if someone is facilitated towards choice and change, then grows it, builds on it and owns it, there is more pride, more win-win, more of a sense of belonging, then a sense of wanting to give something back and then sustainability! Its key elements are people, people who either have a fantastic sense of sharing-our volunteers, and people who have been through or going through the cancer experience and want to support others in a similar situation and then give something back, when they have in themselves reached a better place in their lives. People tell us over and over, MC has saved their lives and they will drag themselves to the allotment or the 'wobbly walkers' etc, even when feeling unwell, because they find a sense of normality, understanding, humour and they can be themselves without worrying or upsetting family-no apologies required for emotions!

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# PEN National Awards 2015

*Re:thinking the experience*

## Medway Community Healthcare

### Changing Culture to Improve Patient Experience



#### Category

Team of the Year

#### Organisation

The patient experience team initially started with 2 members of staff who primarily focused on audit, policies and Essence of Care. The team has evolved since Medway Community Healthcare became a social enterprise in 2011, to include practice development, patient surveys, clinical audit and research. Previously the complaints department worked in isolation from our patient experience team; we identified that there were a number of overlaps, expertise and shared learning that could help us improve the experience of people who use our services. Three or four years ago the complaints department used to deal with concerns and formal complaints in the usual NHS way: long drawn out timescales, little service level engagement, defensive and unapologetic responses and a complete lack of lessons being identified or learnt. The integration into the Patient Experience Team was an opportunity to improve the process of feedback considerably. The team now engage with patients, families and services, in a more personal way, the letters are more responsive, less defensive and provide the assurance that lessons are learnt and improvements are made. Which is what the people who have raised their concern often tells us is what they want.

#### At Work

The team have an amazing can do approach, no problem is too much, using their initiative and creativity to engage with patients and staff, promoting a positive, open culture across the organisation. One initiative the team created was "Our Pledge" and this was rolled out to each service within the organisation and replaced the privacy and dignity policy. The service Pledges are based on NICE quality standards for patient experience, the NHS Constitution and aligned to our organisational Values, they provide an insight for people using the service, evidence for CQC registration, assist in transforming our values into practice, bring policy into the real world in the form of a visual poster signed by each member of staff to present a united agreement. It also assists the services to identify outcome measures to utilise when devising future patient experience programmes. The team work with colleagues, within and outside the organisation, to ensure they find the best outcome for people. The team recently implemented resolution meetings where the people raising a concern are able to discuss these with a Head of Service or director and receive a face to face apology. The team proactively encourage feedback from partners, colleagues, patients and family members, in a variety of different ways, to continually improve their own service and services within the organisation. By encouraging patients to participate in focus groups, mock CQC inspections and feedback their concerns, it makes them feel empowered and is an opportunity for us to demonstrate that we are learning from our mistakes and developing services that really do respond to the needs of our communities. The team have worked hard throughout the last two years to create open and honest attitudes across all staff groups, from our Board to the point of care delivery, whilst promoting a just culture.

#### Impact

The team ensure people raising concerns are treated as individuals and communicated with in ways that best meet their needs; they have tried to ensure they are accessible and have various means of contact, which meant that the number of formal complaints reduced by 38% in 2014/15, whilst we received a 33% increase in compliments. The team also designed a project called "Patient Stories" where people were invited to share their stories, positive and negative, via video blogs. With the 'stars' permission these are shared with the wider organisation, at public events as well as at Board meetings. The team have also created "GAIN" (Governance Assurance Information Network). The quarterly networking events enables services to share lessons learnt from incidents, SIs, complaints, compliments, social media and other feedback sources. It also acts as a wider forum for all aspects of clinical governance. GAIN was further developed into a brand creating: GAINing Insights, GAINing Perspectives and GAINing Together. GAINing Insights is a programme of service level assurance visits utilising the CQC inspection model, with a mixed team of 'inspectors', ranging from people who use the service, clinicians, commissioners, execs and non-exec. These enable observations of direct care and patient feedback as well as scrutiny at service level of the available data and evidence of lessons having been learnt with changes embedded. GAINing Perspectives is our methodology used for investigating serious complaints and incidents. It is a collaborative approach involving the whole team, enabling ownership and greater improvement through active engagement. This has proved to be very positive with staff and led to greater transparency, openness and understanding across services. GAINing Together is our annual showcase event, where services, our Board, commissioners and local Healthwatch representatives are invited to celebrate our services successes. Other examples given...

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# PEN National Awards 2015

*Re:thinking the experience*

## Medway Community Healthcare

### MSK From Challenged to Great!



#### Category

Turning it Around When it Goes Wrong

#### Organisation

Medway Community Healthcare is a £57 million business with 1,250 staff providing a wide range of health and social care in local settings such as clinics, inpatient units and people's homes. In 2011 Medway Community Healthcare (MCH) became a social enterprise Community Interest Company (CIC), providing community NHS services to the people of Medway. We are formed from the services directly provided by the then PCT and have a strong history of partnership working with local GPs, the acute and mental health trusts, as well as local authorities, the voluntary sector and other local stakeholders. We are an employee owned organisation with all staff having the opportunity to become shareholders. Becoming a social enterprise was a significant opportunity for MCH, and for the local community. We are now an organisation that provides a range of high quality services across Kent and Medway and our vision is to continue to deliver high quality services whilst delivering excellent clinical outcomes for patients and maintaining our financial sustainability. As a social enterprise it is vital that we have a shared understanding of the values we need to underpin everything we do. To help achieve this, in consultation with staff and stakeholders, we developed our organisational values. These are: we are caring and compassionate we deliver quality and value we work in partnership. Our values have been agreed by our Board and form the basis for ensuring that we all adopt and work to the same shared behaviours

#### Summary

1. Innovation – led by and delivered by the service themselves
2. Leadership – the service manager worked with colleagues from across and outside the organisation through a structured approach ensuring engagement, communication, feedback and delivery.
3. Outcomes – the success of the project is shown in the feedback from people using the service – 99% recommend the service, improved staff morale; vastly reduced waiting times, improved access, easier journeys and access to free parking. The ability to attend follow on classes to maintain and continue improvements.
4. Sustainability – the last year has shown the sustainability and enabled continued developments and access to unique and varied treatment, previously unavailable.
5. Transferability & Dissemination – the learning has been celebrated across MCH, in whole or part the methodology has been utilised.

#### Impact

In 2013 the decision was made to provide the physiotherapy service in a purpose built facility at MCH house. Being a social enterprise has allowed this to be funded and the move to happen in a timely way. A change in contracting, from a block system to an Any Qualified Provider (AQP) system, enabled us to invest in additional staff to reduce the waiting list and meet the increasing demand. At the MCH House Physio department now have:

- Purposely adapted new facilities including a gymnasium, 6 individual treatment rooms and eleven cubicles.
- State of the art equipment – MCH invested in new equipment in order to maximise the potential for rehabilitation in people using the service and free on- and off-site parking
- Waiting lists reduced to under 1 week for all categories of referrals, with a good range of follow up appointments
- Ability to offer a wide range of appointment times – now able to offer appointments from 7am until 8pm, including some weekend provision (previously our opening times had to fit round security at the acute hospital)
- Greater control of the facilities – able to run classes to meet people's needs, eg Pilates, rather than trying to fit into unsuitable environments or around other service's needs.
- We have been able to develop clinical specialisms to meet the needs of the local population, including a new pelvic health service catering for male and female continence issues.
- The ability to recruit people into research studies – taking part in national portfolio studies including low back pain, post-surgical knee and non-medical prescribing both independently and in collaboration with a neighbouring trust
- Investment in new treatment techniques and associated clinical education, with 90% outpatient staff trained in acupuncture. We have a shockwave machine for recalcitrant tendinopathy.
- Telephone triage for all people referred into the service, within the first 3 days of receiving the referral. This has resulted in more accurate triaging, earlier implementation of advice and more accurate screening to ensure the clinician with the right skills first time. These have all resulted in improved reputation and high patient satisfaction scores 88% 2013/2014 and currently 99%. We continue to collect high volumes of data relating to patient outcomes and satisfaction, which are all very positive.

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# PEN National Awards 2015

*Re:thinking the experience*

## Midlands and Lancashire CSU

### Insight and Partnership Improving Experience for Staff and Patients

#### Category

Partnership Working to Improve the Experience



Midlands and Lancashire  
Commissioning Support Unit

#### Organisation

Midlands and Lancashire Commissioning Support Unit (MLCSU) has 1300 members of staff and provides services to 45 CCGs which include communications and engagement, finance, quality, business intelligence, HR and governance. The total population covered by the CSU is 8.42 million and the commissioning budget is 9.8 billion. Stoke On Trent COG (SOTCCG) covers a population of 290,000 people and has 52 GP practices and North Staffordshire CCG (NSCCG) has a population of 213,000 with 33 GP Practices both CCGs are supported by Midlands and Lancashire CSU for their patient experience, insight and involvement support.

#### Summary

This initiative is part of a broader initiative that won the commissioning Penna award 2014 details can be found here <http://www.nhs.uk/news-events/events/pen-awards-webinar-series/pen-award-winners-webinar-6th-october-2015.aspx>. The initiative is supported MLCSU and implemented by SOTCCG and NSCCG in partnership with local providers, GP surgeries and patients. It takes disparate sources of data across patient experience, clinical effectiveness and safety data and aggregates under standard data sets so that themes and trends can be identified. All data is then reviewed under a sub group of the quality committee and actions agreed with providers. The success of this initiative has been the engagement from all members of staff across the various organisations embracing the feedback from patients and reporting to it in a spirit of partnership and learning. Its innovative approach is ground breaking, the clinical leadership across organisations has been inspirational, the outcomes are patient focussed and have been aggregated over time, it is sustainable via its process and procedures and the buy in from staff and patients and it is eminently transferable as the dissemination from the Stoke on Trent pilot shows. It started in one CCG with 54 practices and transferred to 113 CCGs and over 600 practices as well as other organisations.

#### Impact

The initiative has resulted in many changes to practices and has been measured both in terms of numbers of data entered, changes effected as well changes to culture from the partnership working.

Data North Staffs CCG: • Events, clinical effectiveness and safety - total number of records 813 from 06/08/12 to 02/12/15

- Outcome recorded 353 (44%) • Action recorded 532 (65.4%)
- Feedback- patient experience total number of records 1988 from 13/3/12 to 2/12/15
- Outcome recorded 1951 (98.1%)

Stoke CCG: • Events - Clinical effectiveness and safety - total 1563 records from 28/02/2013 to 01/12/2015

- Action recorded = 1207 (77.2%) • Outcome recorded = 966 (61.8%)
- Feedback total – patient experience 2425 records from 02/04/2012 to 30/11/2015
- All 2425 records have an outcome

Year on year increases in reporting numbers and actions Changes effected

Areas identified for improvement activities include:

- Radiology • Obstetrics and gynaecology • District nursing
- Ears syringing in the community • Implementation of gold faxes • Changes to policies on missed appointment
- Referral issues • Notification of patient deaths • Changes to blood testing procedures

Consistently the areas of reporting are emergency admission and discharges and the sub themes are medications, safe high quality care Culture The establishment of a subcommittee of the quality committee to review the data agree actions and feedback to the individual practices ensures ongoing staff engagement. The actions are then reported directly to the board by the PI lay members. All providers have their own log into the system and can update directly on RCAs, action plans improvements and all of the information is auditable via the system. Each month the CCG quality lead and the governance manager from the acute hospital review the themes and trends and any outstanding actions. The community provider review every incident and patient experience feedback that is reported and they feedback within 24 hours and the mental health provider review all incidents at time for reporting, although the relative numbers for mental health are low. The change from assurance to learning has also meant that the providers have now started to report back issues from primary care perspective. Consistently 60% of the 85 practices report on a monthly basis and the average reporting is 300 per month

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# PEN National Awards 2015

*Re:thinking the experience*

Newcastle University

## The ThinkSAFE Implementation Package, Collaboratively Developed to Promote Uptake and Spread of Patient Involvement in Improving Patient Safety

### Category

Strengthening the Foundation



### Organisation

The Institute of Health & Society is based at Newcastle University, Newcastle upon Tyne, and houses approximately 200 staff working within four research themes that undertake a range of interdisciplinary health services, public health and social science research in the UK and several overseas countries. Over the past year we have been collaborating with five NHS Foundation Trust hospitals in the North of England (Northumbria, Sunderland, Gateshead, Newcastle, South Tees) to test the roll-out of ThinkSAFE, an initiative to improve patient safety, as part of an implementation study funded by the North East & North Cumbria Academic Health Science Network (NENC AHSN) Patient Safety Collaborative.

### Summary

Evidence suggests that involving patients and families in their care can lead to safer outcomes, but previous attempts to do that have met with limited success, possibly because patients and healthcare staff were not involved in their development. ThinkSAFE was therefore co-designed and developed in close collaboration with patients and frontline healthcare staff and is an innovative partnership approach that aims to support both patients and staff to work together to improve patient safety. To enhance the uptake and spread of ThinkSAFE we have again worked closely with NHS colleagues to successfully develop the 'ThinkSAFE Implementation Package'. Over the past year five NHS Trusts across the northern region have tested the implementation of ThinkSAFE in their organisation. Each will share their learning by contributing a detailed case study to the Implementation Package. ThinkSAFE continues to attract national attention and has been disseminated widely through both academic and clinical meetings and networks. The generic basis of the approach – to essentially support culture change – gives it broad appeal and application. To further promote transferability and sustainability, all ThinkSAFE resources will be made freely available to patients/public and other organisations wishing to adopt the approach following a planned launch event in February 2016.

### Impact

This initiative has resulted in the initial implementation of ThinkSAFE within five NHS Foundation Trusts, and the production of five rich case studies that will contribute to an Implementation Package and provide valuable learning for others wishing to adopt ThinkSAFE. Feedback on the measures used by Trusts to evaluate their implementation plans will be available during January and will be included in their case study reports.

In collaboration with our partner Trusts we have also successfully:

- Developed a dedicated website where all ThinkSAFE resources are housed ([www.thinksafe.care](http://www.thinksafe.care))
- The website includes a 'Healthcare Professionals' (HCP) section that is accessible via login only. It is free to register and once logged in resources housed in this section can be accessed and downloaded.
- Produced professional versions of the ThinkSAFE patient safety video; the laminated safety card; question note book and hardcopy A5 versions of the patient held logbook (see supporting information for an overview of content).
- Developed the logbook as iOS and Android mobile Applications.
- Produced a 'Train the Trainer' manual for the delivery of the staff educational session (In the HCP section of the website)
- Produced an implementation manual (this will be made available at the end of the project)

We have developed additional resources that will be housed in the HCP section of the ThinkSAFE website:

- A workbook, with reflective exercises, to supplement staff training and to promote further learning
- An enhanced e-learning training package for staff (still in development). It was felt important to have the staff training available in several formats to maximise the opportunity for staff to access the training.
- A staff facing version of the patient safety video, with a section that specifically addresses staff concerns about involving patients and families in improving patient safety.
- One partner Trust has designed a ThinkSAFE 'Tray Liner', for patient food trays.
- Another partner Trust has developed a patient leaflet to explain ThinkSAFE to patients.
- A third partner Trust has led on the development of the staff e-learning package.

An unanticipated but very welcome impact of this work has been the study of ThinkSAFE as the focus for three academic studies - one by an undergraduate nursing student, and two by more senior healthcare staff as part of their Post-Graduate diploma in Leadership.

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# PEN National Awards 2015

*Re:thinking the experience*

**NHS Arden & GEM CSU in partnership with Coventry & Rugby CCG, South Warwickshire CCG, Warwickshire North CCG, Coventry & Warwickshire Partnership NHS Trust and South Warwickshire Foundation NHS Trust**

## **Improving Maternal Mental Health Services in Coventry and Warwickshire**



### **Category**

Commissioning for Patient Experience

Arden and Greater East Midlands  
Commissioning Support Unit

### **Organisation**

At NHS Arden & GEM CSU, we support our customers to build integrated, seamless, high quality services that meet the needs of their patients and communities. With over 1,500 staff based at offices throughout the Midlands, North West and South East, we cover a core geographic patch that extends to Greater Manchester in the north and Essex in the south. Our customers include more than 60 Clinical Commissioning Groups, NHS England, local authorities and a range of care providers. Our hub and spoke delivery model means that we can support customers in other locations through a combination of central and embedded teams. By blending transformational and transactional services we can ensure our customers are efficient today and effective for tomorrow. These are organised into three areas: **Commissioning support** – which includes services such as business intelligence, service redesign procurement and contracting. **Clinical support** – which includes services such as prescribing and medicines optimisation, CHC and PHBs. **Business support** – which includes IT services, HR and engagement, communications and marketing. From our healthcare business intelligence system, GEMIMA, through to solutions for outcomes based commissioning and primary care co-commissioning - we combine our insight, knowledge and experience to meet commissioners individual needs.

### **Summary**

Recognising that maternal mental health services across Coventry and Warwickshire were inequitable, with differing pathways and levels of specialist support, Coventry and Rugby Clinical Commissioning Group (CCG) requested a service review to be completed by Arden & GEM. Following the review Warwickshire North and South Warwickshire CCGs also agreed to invest in a new pathway and model of care. The review recommended that the pathway be redesigned and a specialist team recruited to ensure that pregnant and postnatal women had access to the best possible care, in line with professional guidelines. Implementing the project required bringing together a large number of commissioners, providers and other stakeholders to create a virtual countywide service which reflected the views of both clinicians and patients. Women in Coventry and Warwickshire now have access to a specialist team which is improving the number of referrals accessing appropriate support and receiving positive feedback from users. Although the project has only been in full implementation since November the approach has already attracted national interest and is set to deliver significant benefits for the safety and wellbeing of women and children, improving future life chances.

### **Impact**

Between January and November 2015 a new pathway has been put in place, recruitment to the specialist team has been completed, the new service has been officially launched and we have already received national interest in the model. Coventry and Warwickshire now has a consistent, safe, high quality service (which is compliant with NICE guidelines) with the right specialist staff in place, including experienced consultant psychiatrists. The team now also comprises experienced clinical perinatal psychologists who can provide intervention and support to women experiencing a range of perinatal mental illness such as trauma following delivery or loss, moderate to severe anxiety and depression, and phobias. (Existing evidence, directions and guidelines are clear that woman who are psychotic must be under the care of a qualified perinatal psychiatrist as general adult psychiatrists lack the experience to work with perinatal women and their rapidly changing presentations). Specialist perinatal Community Psychiatric Nurse (CPN) staff members are in post, providing home-based support and care to women who require this during the perinatal period. The team is in a position to provide perinatal mental health training to GPs, health visitors, midwives and obstetricians, ensuring early identification of risk and vulnerability. As a result we have seen an immediate impact on the number of referrals accepted. Women with perinatal mental illness are now able to promptly access perinatal mental health support when needed. Initial feedback from patients has been incredibly positive as demonstrated by the excerpts below. Ongoing assessment of patient satisfaction and pre/post intervention scores on a range of validated measures, together with gathering qualitative information from women who have been supported by the service, will ensure that we continue to remodel and redevelop the perinatal service to meet local need. An annual evaluation of the service will give further information to highlight any weaknesses and strengths which will continue to feed into the development of the service.

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# PEN National Awards 2015

*Re:thinking the experience*

**NHS Arden & GEM CSU in partnership with Derbyshire Community Health Services NHS Foundation Trust on behalf of NHS Hardwick CCG, NHS North Derbyshire CCG, NHS Southern Derbyshire CCG and NHS Erewash CCG**

## **Using Florence Telehealth to Support Diabetes Patients in Derbyshire**

### **Category**

Innovative Use of Technology / Social Media



Arden and Greater East Midlands  
Commissioning Support Unit

### **Organisation**

At NHS Arden & GEM CSU, we support our customers to build integrated, seamless, high quality services that meet the needs of their patients and communities. With over 1,500 staff based at offices throughout the Midlands, North West and South East, we cover a core geographic patch that extends to Greater Manchester in the north and Essex in the south. Our customers include more than 60 Clinical Commissioning Groups, NHS England, local authorities and a range of care providers. Our hub and spoke delivery model means that we can support customers in other locations through a combination of central and embedded teams. At Derbyshire Community Health Services NHS Foundation Trust our vision is to be the best provider of local healthcare and a great place to work. We care for patients across a wide range of services, delivered from 133 sites including 12 community hospitals and 30 health centres across Derbyshire and in parts of Leicestershire, touching the lives of more than 4,000 patients every day. We employ approximately 4,500 staff, making us one of the largest providers of specialist community health services in the country, serving a patient population of more than one million.

### **Summary**

NHS Arden & GEM Commissioning Support Unit has been supporting four Clinical Commissioning Groups (CCGs) in Derbyshire to implement and use Florence, the NHS developed text messaging service. Over the past 18 months the IT Strategic Programmes team has been working with Hardwick, North Derbyshire, Southern Derbyshire and Erewash CCGs to make the best possible use of Florence's capability to benefit both patients and clinicians. With over 230 patients registered and actively using the system at 39 GP practices, the Derbyshire Florence project is already issuing over 3,100 text messages a month. One provider who has embraced the technology and support it can offer its patients is Derbyshire Community Health Services NHS Foundation Trust (DCHS). There, specialist community diabetes nurses have been using Flo to help over 100 patients manage their condition, which equates to 25% of their total case load. As well as empowering patients, this initiative is also helping to improve clinical decision making and intervention, reduce appointments and most importantly, improve quality of life for patients.

### **Impact**

Throughout Derbyshire over 230 patients, aged from 18 to 10, are registered and actively using the system at 39 GP practices. Flo can be used across a range of situations and conditions and has already directly benefitted many patients. At the end of October 2015, the DCHS Community Diabetes Team was supporting around 450 patients with over 100 of these patients already registered on Flo. The average cost of setting up a diabetes patient on the system is just £74 per year. A patient's perspective – Chris\* Chris has been living with diabetes for 16 years and has recently started using Flo. Flo provides the benefit of knowing somebody is keeping a regular expert eye on his blood sugar readings and can head off any problems before they start. It involves taking a finger prick blood test once a day and then texting the readings to the automated Flo system. Flo then flags up any readings which fall outside of Chris's normal range to the diabetes nurse. And if Chris forgets, he gets a reminder from Flo.

A patient's perspective – Joan\* was struggling to manage her Type 2 diabetes resulting in frequent clinic appointments to try and bring her condition under control. As medication was becoming a likely intervention, Joan was referred to the Community Diabetes Team and agreed to begin using Flo. The specialist nurse was really encouraged by the blood glucose readings being sent through and the patient was able to see that small lifestyle changes could help her take control of her diabetes. At her next review, the GP decided to postpone the use of medication indefinitely. Joan is happy to have avoided a prolonged period of medication while the potential annual treatment cost saving is almost £1,000.

For practices and clinicians, the system has a number of benefits. It can be highly tailored to the individual needs of users. Clinicians have the direct ability to send personalised messages, amend automated messages and set different limits to reflect the condition and circumstances of each individual patient. The system is flexible. The team has also been able to share learning across practices and professionals through the use of case studies, events and creating a list of local protocols that can be adapted. For practices, this functionality also delivers cost savings through less appointments, less phone calls and less administration. \*Names may be changed to protect confidentiality.

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# PEN National Awards 2015

*Re:thinking the experience*

## NHS Blood and Transplant

### A Team Approach to Streamlining Therapeutic Apheresis Services in the North West

#### Categories

Partnership Working to Improve the Experience and Personalisation of Care



**Blood and Transplant**

#### Organisation

NHS Blood and Transplant (NHSBT) is a Special Health Authority employing over 6000 staff, dedicated to saving and improving lives through the wide range of services including: • Encouraging people to donate organs, blood, stem cells and tissues; • Optimising the safety and supply of blood, organs, stem cells and tissues and matching them to patients; • Commissioning and conducting research and development to improve outcomes for patients

NHSBT has a long history of providing life-saving and life enhancing therapeutic apheresis services and currently undertakes over 6000 treatments for over 1000 patients each year. Our Therapeutic Apheresis Service (TAS) offers a portfolio of therapies across a range of clinical specialities using technology that exchanges, removes, or collects certain components within the blood. NHS Blood and Transplant also supports a network of Regional Transfusion Committees (RTCs) which oversee the safe and appropriate use of blood in hospitals and the delivery of evidence based care for patients who might need a transfusion. The Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) is one of the largest hospital trusts in North West England with an annual budget of over £400 million, with 5,600 staff. The Trust provides a range of general and specialist services for the population of Merseyside and beyond. The Roald Dahl Haemostasis and Thrombosis Centre is a regional Haemophilia Centre, taking referrals for patients with bleeding and clotting disorders from across the North West Region and North Wales

#### Summary

This initiative is the first of its kind to develop a collaborative regional approach to develop referral pathways for patients requiring timely access to life-saving treatment with therapeutic apheresis. The project was ambitious; we wanted to find a solution to service delivery problems across North West England. This collaboration responds to the NHS strategy whereby specialised services should be consolidated and are best delivered by centres of excellence. Strong leadership was required to change traditional service patterns which were failing patients and persuade clinicians to refer to a single service delivering the highest quality care. Within RLBUHT, leadership following a high level incident led to a successful business case for the development of a regional centre of expertise. The service redesign engaged with patients from the start. Patient outcomes have improved dramatically with 100% survival and high levels of satisfaction. The service is now the provider of choice for rare conditions requiring apheresis supported by the development of a regional online roadmap which simplifies the referral process with a single point of access. The joined up working between the teams has strengthened the equity of access for patients in the Northwest under an umbrella of improved clinical governance. Our approach to the development of high quality service provision will be shared with others by developing a national service specification and working with commissioners; a similar project is now commencing in Yorkshire and The Humber and we hope that other regions will follow suit following our success.

#### Impact

- RLBUHT is now the Regional provider of care for patients with TTP in the North West and further afield. It is one of only two regional services, the other being a long-established service at University College Hospital, London
- The referral and diagnostic process has been streamlined by the establishment of the North West Apheresis roadmap which provides easy web-based access to the relevant referral information, individualised for each Trust and specialty.

In addition, recommendations for diagnostic testing are hosted on the site. Since the regional service started there has been 100% survival of patients referred to the centre. + Time to treatment with TA reduced from days to less than 8 hours + NO deaths due to no venous access + NO deaths due to infection + NO deaths due to delayed treatment + 90% cases diagnosis confirmed by specialist testing + Feedback questionnaire patients and carers overwhelmingly positive

Educational programmes have been held at local, regional and national levels. There has been meaningful and sustained patient involvement in service provision for this rare disease, thus recognising patient groups as key partners.

**Quotes from referring Clinicians:** Consultant Haematologist 'The website is easy to use and is useful. Another of my colleagues who has used this recently also agrees' Consultant Haematologist 'The roadmap is definitely useful and now we feel safer when dealing with patients with TTP as can access services quicker. Definitely better and quicker than before!'

**Quotes from patients:** 'The consultants were brilliant in their explanations and explaining what TTP was. I feel as you have all saved my life' 'Staff told me he had a 20% chance of survival. Later I found out they were trying to remain positive and his chances were closer to 10%. He had two cardiac arrests during the first 48 hours of treatment. If he'd had a third he probably wouldn't have left the hospital alive.'

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# PEN National Awards 2015

*Re:thinking the experience*

**NHS Leeds West CCG**

**PEP: Patient Empowerment Project**



**Leeds West**

**Clinical Commissioning Group**

## Categories

Bringing Patient Experience Closer to Home, Commissioning for Patient Experience and Partnership Working

## Organisation

NHS Leeds West Clinical Commissioning Group (LWCCG) is made up of 37 GP practices in the west and parts of outer north west Leeds. We are one of three CCG's in Leeds and are the largest, covering a population of 350,000 people with an annual budget of £407 million. LWCCG commissions, in partnership with Leeds City Council, NHS England and other CCG's, health and wellbeing care services for our local population. LWCCG is a membership-led organisation that works with members to improve the range, quality and safety of services to meet the needs of the local population.

## Summary

In 2014 we launched our social prescribing model – the Patient Empowerment Project (PEP). PEP was developed using a co-production approach in partnership with Patient and Clinical Leaders from NHS Leeds West Clinical Commissioning Group (CCG), local voluntary groups, CCG member practices and the local authority. The involvement of a patient leader has been integral to the development of the project, with involvement in the whole commissioning process including procurement and contract award. PEP enables patients and communities to actively self-manage their health issues, improving patient experience. PEP aims to improve the wider health and wellbeing of patients; providing the link between patients, GP practices, and the community, voluntary and faith sector so patients can access community based support services and activities quickly. These services help patients covering a range of health and social issues ranging from poor emotional health, diabetes through to debt management advice. Patients are supported in a group, or one-to-one basis to help them develop the skills, knowledge and confidence to self-manage their condition. BARCA-Leeds, a local charity, lead a CCG commissioned partnership of local voluntary sector organisations including Better Leeds Communities, Touchstone and Leeds Mind to deliver PEP in partnership with the 37 CCG member practices.

## Impact

The evaluation approach covered four key areas: clinical outcomes, economic outcomes, staff acceptability and feasibility and patient experience, and included both recognised validated measures and bespoke tools to evidence locally defined outcomes:

- Improve the wider health and wellbeing of patients;
- Improvement in patient's self-reported wellbeing and ability to self-manage their condition;
- Make it easier for primary care to access local services and therefore reduce service fragmentation;
- Increase uptake of prevention/support/self-care management groups;
- Promote social inclusion in local communities;
- Provide a link to primary care to help approach a patient's needs in an holistic manner

Mini case studies have been completed with patients to better understand their experience of the PEP and to provide more detail around personal changes that the PEP has influenced. Extracts from Case Studies include: "I'm really grateful to you for all you've done. You have got me out of this rut, learning new things and meeting people. I'm happiest I have been in a long time". "I'm learning some really useful stuff, I've made some friends and it's like holistic therapy."

A Youtube video reflecting Patient and GP views of PEP has been uploaded A PEP Case Study has also been uploaded

Key Evaluation findings - Patients supported by the PEP service:-

- Report that the PEP service is providing a good experience of care with an improved service rating of 7.9/10
- Report statistically significant improved mental wellbeing and their self-reported well-being has improved.
- Feel more confident in their ability to self manage their own health; - When asked "How confident are you that you can do all things necessary to manage your illness on a day to day basis?" Those reporting not at all confident has dropped from over 30% to less than 15% following support from PEP. When asked "How confident are you that you can do other things other than just taking medicines to reduce how much your illness affects your everyday life?" Those reporting not at all confident has dropped from over 50% to less than 20% following support from PEP
- Report a positive shift of 7% from problems to no problems in both self-care and depression

In addition:

- Case studies provide evidence that individuals have received personal solutions to their individual needs, such as being enabled to return to work or to start voluntary work.

- From looking at activity data from Manor Park GP practice we have observed:-- a shift of use between GP appointments to other practice staff appointments and a decrease in the number of A&E attendances for those patients supported by PEP since the start of the service.

- Following support from PEP 80% of patients would seek community based solutions.
- 75% of practice staff who responded to the PEP staff survey in July 2015 either agree or strongly agree that the PEP service is making a positive difference to their patients.
- Referrals have been received from all GP surgeries across LWCCG with 703 referrals received in the first year

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# PEN National Awards 2015

*Re:thinking the experience*

## NHS Midlands and Lancashire CSU

### Insight and Involvement - The Team for the Voice of Patients

#### Category

Team of the Year



Midlands and Lancashire  
Commissioning Support Unit

#### At Work

The insight and involvement team who work within the communications and engagement function at Midlands and Lancashire CSU are a team of professionals have over 150 years of experience of working in patient experience within the NHS. The team was formed in April 2015 as a result of the Staffordshire and Lancashire CSU (SLCSU) merging with Central Midlands CSU (CMCSU) and saw three geographical teams comes together as one. SLCSU had been working for a number of years on their Insight work last year's winner in the PEN commissioning category for more info listen to the podcast (<http://www.nhs.uk/news-events/events/pen-awards-webinar-series/pen-award-winners-webinar-6th-october-2015.aspx>) and CMCSU had been working for two years on an exciting and innovative online platform (<http://nhsinvolvement.co.uk/>) to encourage sharing best practice in involvement and patient experience. The merging of these two teams with their collective knowledge, experience and skills has brought together two key elements of patient experience the insight that comes from collating the patient voice and the skills via our digital platform that facilitates sharing of knowledge and network opportunities. The team are absolutely patient focussed and provide expertise on patient experience, insight, membership, consultation and involvement to 32 CCGs, condition support groups, out of hours providers and HealthWatch organisations. The team has 13 core members, 3 insight, 3 membership, 4 involvement/consultation and 3 who specialise in patient experience and this core team work with our embedded patient experience specialists of which there 12 who work on site with our clients.

#### The Team

Our four areas our work have developed best practice in the fields of Insight involvement and patient experience Details of each initiative can be found below Involvement In a nutshell Involvement encourages users to share, learn and interact using both online and face to face engagement techniques.

- SHARE tools and resources with colleagues
- LEARN from others through case studies to show best practice and training opportunities.
- INTERACT with like-minded people through online discussion forums
- Face to Face – accredited training via recognised partners TCI and CIPR, as well as workshops and network events
- Online – social media via twitter and tweet chats, forum chats on our website and opportunities for people to comments on blogs and share case studies and tools
- Teleconferences with reference/working groups and colleagues/patient experts
- Surveys – used for Patient Participation group (PPG) mapping and baseline research when initiating the project
- Electronic and automatic newsletters signposting to content on the website

Our Involvement platform is as a one-stop shop for good engagement – it is designed to support professionals and inform patients, by putting patient and public voices at the heart of healthcare. This virtual engagement platform gives users access to free tools and resources, online engagement forums, shares best practice and guidance as well as the latest news linked to effective participation. Insight By bringing together patient experience, clinical effectiveness and safety data we have developed a multi-award winning approach to collecting local data and providing the potential to triangulate against national data. Insight is now operational in 15 CCGs, over 600 GP practices, two condition support groups, 1 HealthWatch and an out of hours provider. This work has been a trail blazer and its spread and adoption over the years are testament to the work of the team more details can be found below <http://youtu.be/W47m6MAxAlU>

#### Summary

This team has come together in the last twelve months and has combined the expertise that existed in two CSUs and has developed consultancy roles that sees knowledge and expertise shared across 32 CCGs with a 760 million commissioning budget and a population of over 8 million people. Backed by the onsite specialists and the communications and engagement leads the team have been involved taking forward our insight and involvement projects and approaches and by taking a co-production approach have extended our reach into communities. The experience led commissioning work involved 63 days of co-production with patients, 14 days on analysis, the development of over 12 dynamic outcome measures that were developed by patients and this work is now mobilising ready for implementation with the appointed provider Virgin care. Our growing Insight system sees the team working with Care homes to develop a new in native approach to care homes being involved in changes to service, our work with Salford CCG and HealthWatch Our involvement platform is recognised nationally as the place to network for patient and experience involvement activities. The team are consistently producing blogs, innovative ways of getting people involved including tweet chats and the figures below provide a flavour of the successes they are achieving.

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# PEN National Awards 2015

*Re:thinking the experience*

**NHS North Derbyshire CCG - Chesterfield Royal Hospital NHS Foundation Trust & Derbyshire  
Community Health Services NHS Foundation Trust**

## **Collaborative Complaints Peer Reviews - North Derbyshire**

### **Category**

Team of the Year - Complaints/PALs



**North Derbyshire**

**Clinical Commissioning Group**

### **At Work**

NHS North Derbyshire CCG is the commissioning organisation for Derbyshire Community Health Services NHS Foundation Trust and Chesterfield Royal Hospital NHS Foundation Trust. Patient experience is an integral part of all four organisations and is one of the CCG's key values. DCHS and CRH complaints teams are being nominated for this award in consideration of the outstanding partnership work they have undertaken to strengthen their complaints handling procedures, in collaboration with the local CCG and the Patients Association. Both teams have worked closely with the Patients Association to peer review complaints cases and to assess these against best practice standards. This initiative came about due to recognition that complaint handling across local providers was sub-optimal and through awareness of the Patient Association process which had been discussed by the Derbyshire Chief Nurses. NDCCG decided to benchmark the position across two providers and assist with moving this agenda forward for the benefit of the patient population of North Derbyshire CCG. It was decided that a CQUIN would be put in place and the peer review panel would be commissioned with both providers to incentivise this work, which would be monitored via the CCG. The 2014/15 results of the Patients Association panel were as expected in relation to the fact that improvements were clearly required. Both of the Trusts embraced the findings and action plans and used them as evidence for their Boards, findings were also presented to NDCCG Governing Body and a decision was made by the CCG in partnership with the Provider Trusts to carry on prioritising this essential work with a further CQUIN in 2015/16, which was focused on delivery of the 2014/15 action plan and resulting improvements in complaint management. Provisional results from the 2015/16 panels show an exceptional improvement across both provider organisations, which is to be commended. This level of improvement will have clear benefits to the patient population of NDCCG.

### **The Team**

The collaborative element of this work cannot be underestimated, from morning one of first Patients Association panel staff across both organisations were sharing information, discussing their operational processes and learning together. Both Providers were open, honest and worked collaboratively in a non-defensive manner to learn together. At all times the focus remained on getting this right for our patients. When the 2014/15 report came out which showed variation between providers, it was again received with a positive attitude and as a tool to assist with improvements. The teams have ensured that this is a high-quality piece of work through collaborative working with the Patients' Association and recognised national standards for good practice. This work will continue into 2016/7, when it is planned that a third peer review process will take place to ensure ongoing improvements and embedding of all processes across both organisations. The CCG and the two key Trusts have provided services across North Derbyshire for significant periods of time.

- The teams have held two peer-review panels and compared results; they have used national standards and shown a significant improvement in performance.
- This piece of work is in its entirety about improving the experience of complaints management for patients and staff.
- Action plans have been shared locally, across all relevant organisational boards, patient experience groups and Lay Reference Group, and via Quality Assurance Groups.

### **Summary**

We have seen a significant amount of improvement in our complaint handling over a short period of time which is a testament to the efforts of both teams involved and the collaborative working across four organisations. Teams have approached the peer review with a positive attitude to make necessary improvements. They have embedded actions since the 2014 review and have taken pro-active steps to initiate relevant changes as demonstrated through the improved quality of casework. Through the peer review process both teams have demonstrated a clear commitment and dedication to improving complaints handling processes within the respective organisations; this includes a focus on the PHSO Principles of Good Complaint Handling 2008. •Getting it right •Being customer focused •Being open and accountable •Acting fairly and proportionately •Putting things right •Seeking continuous improvement

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# PEN National Awards 2015

*Re:thinking the experience*

## NHS North of England Commissioning Support

### Deciding Together: Developing a New Vision for Mental Health Services



#### Category

Commissioning for Patient Experience

North of England  
Commissioning Support Unit

#### Organisation

NHS North of England Commissioning Support (NECS) works across England to support NHS Clinical Commissioning Groups (CCGs) and others in carrying out commissioning functions which achieve healthcare commissioning outcomes and efficiencies. As an end to end supplier we provide a total solution (diagnostic to decision to evaluation), enabled by our operating model. Our approach is to understand the 'whole' problem to provide the best outcomes for our customers' / patients which coupled with our tools, techniques and experience, enable us to get to the root cause and act. We employ more than 800 staff who have a wide range of skills and experience in designing and delivering innovative and high quality healthcare commissioning solutions. NECS has offices in Newcastle, Durham, Teesside, Carlisle and Penrith. We work across the country, with customers in the North East, Cumbria, Lancashire, Yorkshire, Humber, Suffolk and London. Supporting CCGs, Commissioning Support Units, Foundation Trusts, Local Authorities, NHS England, Clinical Networks and the Police, we deliver services locally, regionally and nationally.

#### Summary

NHS North of England Commissioning Support (NECS) delivered a high profile listening exercise on specialist mental health services for NHS Newcastle Gateshead CCG between November 2014 and February 2015. The listening exercise was called "Deciding Together: developing a new vision for mental health services – listening to and collecting your views on specialist mental health services and care."

Recognising there are significant challenges around NHS funding, two participatory budgeting events called 'How to Spend the Mental Health Pound' were organised. According to our research, this was the first time the NHS anywhere in UK has used participatory budgeting for mental health services. This innovative approach is being used to help shape the experience of care, working closely with the provider, Northumberland, Tyne and Wear NHS Foundation Trust, to improve the patient's journey.

#### Impact

Outputs: 342 contacts

- 61 people attended eight focus groups
- 90 people attended market stalls
- 103 individuals responded to in-depth survey
- 7 organisations and individuals provided response by letter
- 81 people attended participatory budgeting events
- Independently organised third sector event and report to contribute input Media coverage Deciding Together – 12 November to 14 February 11 pieces of media coverage (in the Chronicle and Journal) with reach of 407,265 Digital media Total reach through digital - 60,238 Facebook – Deciding Together 32 likes Reach of 216 people Twitter (@NHSngccg) Stats during 12 November to 14 February Reach - 59,400 Total clicks on deciding together – 245 Retweets – 59 From 12 February #decidingtogether used in 248 tweets Website 622 visits to the page Outcomes:
  - Insight gained was being used to develop scenarios for change for a formal NHS public consultation in winter 2015
  - This provides the NHS with strong reassurance of legally safe engagement processes for this highly sensitive area of healthcare reconfiguration.
  - NECS is using participatory budgeting in other areas of healthcare commissioning, therefore increasing public participation in health decision making
  - CCG is using more asset-based approaches with the third sector for engagement delivery
  - Strengthened partnership working and trust between partners, particularly between third sector and statutory partners – better mutual understanding
  - Advisory group model being rolled out into other areas of mental health reform – children and young people

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## North West London Healthcare NHS Trust

### The Use of Co-production and Development of a WhatsApp™ Group to Improve Patient Experience of Adolescents with Type 1 Diabetes

#### Category

Innovative Use of Technology/Social Media

#### Organisation

The Diabetes Service at Ealing Hospital is dedicated to looking after 286 patients with Type 1 Diabetes. Ealing Hospital is a district general hospital in a deprived area of London where 24% of children live in poverty. Everyday our patients require multiple injections of insulin or an insulin pump, blood glucose monitoring and are required to carbohydrate count to prevent the acute and long-term complications of this chronic condition. Due to the chronic nature of their condition many patients feel socially isolated and are 2-3 times more likely to suffer psychological difficulties. To support our patients we have a highly effective multi-disciplinary team of 2 consultants and 1 registrar, 2 nurses, 2 dieticians and a psychologist. The strong team approach has allowed us to develop our service and provide high quality care and allowed us to think innovatively and adopt new approaches to support and empower our patients to self-manage their diabetes. Many adolescents can reject conventional healthcare models. We have worked in partnership with patients to develop the service. We have developed a WhatsApp™ group to improve information sharing and peer support. We are working in an integrated way to provide patients with holistic care. Our dieticians and nurses see patients in their home and school settings, allowing for more meaningful consultations improving the education and knowledge of our patients. We have also adopted adolescent consultations and motivational interviewing into our service.

#### Summary

We present the use of co-production and the development of a WhatsApp™ broadcast to improve patient experience for adolescents with type 1 Diabetes Mellitus. Co-production is working in partnership with service users to highlight problems and create solutions to improve a service. We undertook a co-production session with 6 adolescent patients and 4 staff to improve our diabetes service. A graphic facilitator was used to capture discussion in a visual way that enhanced creativity and participation of service users and created strategic dialogue. This was the catalyst for the formation of an innovative WhatsApp™ broadcast group. The WhatsApp™ broadcast is a virtual community that allows patients to share information and expertise in self-management, ask questions and form relationships with peers. Information can easily be disseminated to a large group of patients without any individuals feeling singled out. This bridges gaps between appointments and improves motivation. All children with type 1 diabetes aged 11 years or greater were invited to participate in the WhatsApp™ group from March 2015. Twenty-three patients and 4 staff are now members. Informed consent was obtained from children and parents. Patient safety is maintained as the group is a 'broadcast' rather than an 'open group.' Replies are directed to the diabetic team phone, and messages are approved ensuring quality control.

This cost-effective tool is highly sustainable as it is built into the diabetic team routine and several patients 'champion' this service. This model could easily be adopted for other chronic disease or in other Healthcare Trusts.

#### Impact

Qualitative and quantitative data has been collected to assess the impact of this initiative. Patient and parent feedback has been overwhelmingly positive. The WhatsApp™ group and co-production session were primarily assessed with qualitative outcomes to allow richer, in-depth analysis of their impact. Semi-structured interviews and online surveys were undertaken post implementation of the WhatsApp™ group. Recurring themes were highlighted on thematic analysis including improved access to information and the benefits of talking to others with diabetes. One mother quoted 'This is what my son needs, he knows no one with diabetes and often feels he is the only one who has to inject, then acts out.' A patient quoted 'I find it easier to ask questions on the WhatsApp™ group [compared to clinic]'. Healthcare staff were also surveyed on feasibility and did not believe it to be a significant burden on workload. Quantitative outcomes demonstrated that 67% of patients feel more motivated since joining the group and all patients surveyed report they feel they have learnt something new. Post-intervention mean HbA1c results improved from 9.7 to 9%. The Median HbA1c changed from 9.8 to 7.9%. 'Patient user' sent messages increased from 7 messages in April to 88 messages in August 2015 demonstrating increasing user engagement.

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# PEN National Awards 2015

*Re:thinking the experience*

**Northumberland, Tyne & Wear NHS Trust**

## **Complaints / PALS Team**

### **Category**

Team of the Year - Complaints/PALs

### **At Work**

Over recent years Complaints have come under the spotlight and we have worked tirelessly to improve our service, both with staff of the Trust and with the complainants. The new processes have made it easier for the complainant to make a complaint, or just to get information on how to complain but also for staff, who now know the processes. We have also gone paperless which is saving money. Our success shows more recently in the feedback from the Parliamentary and Health Service Ombudsman who are now feeding back to us with more 'not upheld' complaints than any other outcome, demonstrating our success in working with services to make improvements through the new processes and groups like Responsive and Caring where complaints are regularly reported.

### **The Team**

We have a Complaints and PALS Manager for the Trust with two teams. I manage both teams but the teams work independently. We have the PALS team of two staff and Complaints Administrator x 4, we also have 2 dedicated full time Complaints Investigators.

We are always sensitive to individuals needs and meet every complainant at the start of every complaint to discuss their complaint and expectations. We also offer to meet at the end of a complaint to discuss the findings prior to the response being sent out. We have implemented many changes over the past four years as a result of changing times, services and staff including a new Chief Executive. One of the first changes we made was from a resolution summary report with a covering letter to a response letter which is much warmer and appreciated by the complainants. The Complaints Manager is part of the National Network of Complaints Managers and regularly meets up with Complaints Managers from around the Country and receives a regular newsletter with up to date information from PHSO, Department of Health and other agencies. The Complaints Manager and the Head of Safety/Patient Experience recently travelled to London, to PHSO HQ to participate in a workshop with staff from the Ombudsman who are currently re-writing a new Charter.

### **Summary**

This is a short entry. We have not entered awards prior to this as we did not feel special, however, through being involved in the National Network of Complaints and PALS Manager and attending the PHSO workshops in London, you are constantly hearing other Trust representatives telling you how good you are by having dedicated Investigators, by having a meeting at the start of the process, by having a meeting at the end of the process. We also offer a local resolution meeting with the Executive Medical Director of the Trust as Chair if the complainant is still unhappy after a complaint has been looked at twice. These are the things that we do that other people find 'special', we just thought they were normal.

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# PEN National Awards 2015

*Re:thinking the experience*

## Nottinghamshire Healthcare NHS Foundation Trust

### The Live Project - Building Communities, Encouraging Recovery

#### Category

Environment of Care

#### Organisation

Nottinghamshire Healthcare NHS Foundation Trust is a major provider of mental health, intellectual disability and community healthcare services for the people of Nottinghamshire as well as regional and national provider of secure Forensic services. The Trusts see about 190,000 people every year. Our 8,800 staff carry out a wide range of roles, working together to provide integrated and coordinated care and support to those using our services. There is an annual budget / income of over £400 million. With that the Trust provide services across the county and wider for people with mental health needs, with needs relating to drug or alcohol dependency, mental and physical health services for people with intellectual disabilities and community physical healthcare.

#### Summary

In recent years, all NHS mental health services have faced a number of difficult challenges including austerity measures and constant changes to service delivery, directly impacting on patient, staff and carer experiences. In direct response to these challenges at one particular hospital, Highbury in Nottingham City, it was agreed that we needed to reinstate a sense of community for staff, patients, carers and those volunteering on site. Highbury Hospital site had developed rapidly in recent years with over 440 staff and over 200 inpatients on site. Despite this many of the services functioned in isolation of each other and this needed to change.

The Live Project was created in February 2014 at Highbury Hospital in Bullwell, Nottinghamshire. This venture has grown and developed from its origin concept of Highbury Live! aimed at creating a vibrant, welcoming and recovery focused environment in a Nottingham City Mental Health, Learning Disability and Substance Misuse Hospital site. Innovation and creativity have been actively encouraged, leadership has been authentically distributed and everyone's views have not just been heard but responded to. Staff, teams, patients and carers have consistently demonstrated their interest and commitment towards this venture by engaging in the Live! groups, forums and site wide events. The Live Project has now successfully grown from being on one site to three, with others also being considered within the Trust. It has also been evaluated within a Masters Dissertation at Nottingham University. The Project has a small team working together with others to embed a positive culture of patient and staff engagement through site wide patient councils, meaningful activities involving external stakeholders and volunteers.

#### Impact

The Live Project has now been successfully implemented across two other sites using the same Live Project model. Feedback from staff and service users, though largely anecdotal, does indicate a shift in organisational culture, and a new feeling of 'energy' at each site. It is fairly young in the programme's life, we hope to evaluate it more robustly as time passes, but site managers, service managers, service users and front line staff do comment on how the sites feel refreshed and 'more welcoming'. At Highbury specifically, patient and carer feedback has been gathered consistently over the life of the Project and more recently, a Masters Dissertation service evaluation was submitted by the Project Lead. Patients are actively encouraged to share their views through Patient Opinion, Patient Councils and the Live Action meetings. Staff are encouraged to attend regular focus groups and Live Action meetings. Patient stories have been captured and over 1300 comments collected at the end of each patient activity and events through a short questionnaire. Of these only 38 were found to be negative about their experience. The activity programme at the hospital now consistently provides 25hrs of varied activity, which is providing distraction, involvement and enjoyment for our service users and it is reconnecting some of our most poorly patients with the outside world again. Visitors have stated that they feel more welcome on site, and for some this has led to increased visiting - which is likely to have significant impact on our patient's recovery.

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## Nottinghamshire Healthcare NHS Foundation Trust

### The Story Shop - Bringing Mental Health Stories to Life

#### Category

Partnership Working to Improve the Experience

#### Organisation

Nottinghamshire Healthcare is a major provider of mental health, intellectual disability and community healthcare services for the people of Nottinghamshire. We provide services across the county for people with mental health needs, with needs relating to drug or alcohol dependency, mental and physical health services for people with intellectual disabilities and community physical healthcare. We also provide secure mental health services. We see about 190,000 people every year. Our 8,800 staff carry out a wide range of roles, working together to provide integrated and coordinated care and support to those using our services.

#### Summary

Nottinghamshire Healthcare's Story Shop programme brings the stories of people suffering with mental ill health, and their carers, to life in a way that challenges stigma and promotes understanding and acceptance. Our service user volunteers generously commit both their time and their personal stories, our staff dedicate real skill and sensitivity to facilitate the conversations and our Board and Executive Leadership Team back the programme, all recognising its power and importance. It innovates in the way that it enables safe, honest and intimate conversations that encourage inquisition. Evaluation has shown overwhelming praise for the initiative, and we believe that it serves as a model which could be used to challenge a wide range of prejudice and stigma and to invite professionals into the field of mental health.

#### Impact

We measure the impact of Story Shop on our Stories by talking with them during an event and when we get together with new volunteers to inspire them to become Stories. We recognise it is a very powerful tool and that although sometimes our Stories are exhausted from this experience they are also exhilarated and get an enormous sense of wellbeing and pride. The Story Shop works two fold, it educates and reduces stigma for those listening to the 'Stories' but also for those Storytellers taking part it supports their own personal Recovery. "Gives my condition a voice – it helps me with my own personal recovery" "When I am talking about my story I can see how far I have come – what I have achieved in my recovery and how proud I should feel" "As a carer – I feel it reduces stigma, opens up opportunities for carers to put their point over to the students who are our future medical professionals. It makes them think about the role of the carer and the importance of listening and understanding their needs. It educates – one comment from a student was 'I never really thought about talking to carer' which says an awful lot."

To measure impact on the students The Story Shop Steering Group developed a questionnaire for each student to fill in on completion of each session. A set of questions with answers 1 to 5 are asked – students circling their answer, we then put this information on to a spreadsheet which results in simple pie charts showing by percentage how the Story Shop has impacted on them. In 2015 86% of medical students agreed or strongly agreed that it helped them appreciate the concept of recovery in mental health. 96% agreed or strongly agreed it helped them to understand different dimensions of mental health and 91% agreed or strongly agreed that it helped them recognise how stigma impacts on mental health. We also ask for comments which continually evidence the power of the spoken word and the effect of students listening/talking to 'Stories'. "It's the clearest and widest picture of mental health I've experience so far. Hearing from patients and carers who have extensive life experience of mental health gives more information and perspective than any other teaching method I've had so far." 4th year medical student "Honestly, I am truly inspired by the people I have met. What they have all been through and where they are now – words cannot describe how touched I am. These people inspire me to be a better person – brought tears to my eyes. I thank-you all" 4th year medical student

In August 2013 Stephen Kendall, DMS, MBA did a study on The Story Shop with a focus on the work being done with medical students titled; 'Can mental health stigma be reduced by interactions with the targets of the stigma?' In this paper he concluded that although these students started off with a lower threshold of stigma compared to the general population their prejudices and stigmatising thoughts did reduce further after their interaction with 'Stories' in The Story Shop. As far as we are aware we are the only NHS Trust that run a long term project like this. Many organisations have picked up on the work of the Human Library, but we specialise in mental health in a way that the broader Human Library cannot. Other Trusts do run one off events of a similar nature, but we have developed this and now maintain the project. We had strong links with the Human Library from 2009 to 2012 and we were responsible for over a quarter of their loans nationally. Since we have developed The Story Shop we have had face to face interaction with over 4500 people.

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# PEN National Awards 2015

*Re:thinking the experience*

## Plymouth Hospitals NHS Trust

### Tea with Matron

#### Category

Communicating Effectively with Patients and Families

Plymouth Hospitals   
NHS Trust

#### Organisation

Plymouth Hospitals is the largest hospital trust in the south west peninsula and is a teaching trust in partnership with the Peninsula Medical School. The Trust has an integrated Ministry of Defence Hospital Unit which has a staff of approximately 250 military personnel who work within a variety of posts from lead doctors to trainee medical assistants. The Trust is developing rapidly as a centre for research in partnership with the Peninsula College of Medicine and Dentistry and Plymouth and Exeter Universities. Plymouth Hospitals provides comprehensive secondary and tertiary healthcare to people in the South West Peninsula. We also we provide comprehensive training and education for a wide range of healthcare professionals. 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. These include emergency and trauma services, maternity services, paediatrics and a full range of diagnostic, medical and surgical sub-specialties. We work within a network of other hospitals to offer a range of specialist services. These are provided to a population of between 700,000 and two million depending on the type of care needed and include:

- Kidney transplant • Pancreatic cancer surgery • Neurosurgery • Cardiothoracic surgery • Bone marrow transplant • Hepatobiliary surgery • Neonatal intensive care and high risk obstetrics • Plastic surgery
- Liver transplant evaluation • Stereotactic Radiosurgery

Main Sites: Derriford Hospital - More than 48,000 people pass through the main entrance of Derriford in a week. The hospital has more than 900 beds and 1,000 public car parking spaces. Plymouth Dialysis Unit - provides outpatient haemodialysis, education and dialysis training to patients with advanced renal failure who are living in Plymouth, East Cornwall, North and South Devon. It also offers holiday haemodialysis to visitors to the south west. Child Development Centre - Developmental services for young children with close partnership working between Plymouth Hospitals NHS Trust, primary care and Plymouth City Council.

#### Summary

Tea with Matron is an innovative project which aims to break down the barriers between our patients, their families and our staff. The informal way for patients, families and staff to meet leads to better sharing of information and suggestions are then acted upon to improve patient care. The project was the brainchild of the Heads of Nursing for Surgery and Medicine and is led by the Director of Nursing – who also sets aside time every week to work on our wards. Meetings are recorded as written submissions with patient feedback and the resultant outcomes detailed. This has become part of our feedback system and a way of reporting Tea with Matron's success to our board. The initiative is already making a difference with a variety of changes instigated around the hospital – all improving the patient experience. Tea with Matron has evolved and is about to be transferred to staff – 'Tea with Staff' as an effective way of getting their feedback and constructive suggestions.

#### Impact

The initiative has led to changes across the hospital – all suggested by patients and their families during Tea with Matron sessions. During 'tea' the patients are asked to give an example of something that has been really good about their stay and also something that they would like to see improved. Topics that have cropped up include food, our staff, Wifi, information and noise at night. Following comments about the latter an awareness campaign was launched to make staff aware of noise at night and small changes suggested like taking bleeps and phone calls away from patients' bays. Lights are also now switched off at a set time at night to offer continuity to patients. By doing this several improvements have been made on the ward e.g. patients and relatives asked for more easily available information relating to newly diagnosed or poorly understood conditions. Racks have since been put up containing appropriate and up to date information leaflets. Other patients asked for somewhere easily accessible to put personal belongings so baskets are now hung on the bedside trolleys. Feedback also revealed that many patients and their families were not aware that free Wifi is available in our hospital so posters have been put up clearly advertising this facility. The feedback received has also been useful in some areas in determining areas for development. An example is the Royal Eye Infirmary where the patients have described their frustration with delays in receiving follow-up appointments. Matron Barclay is consequently currently exploring the opportunities for patients to book additional appointments before leaving the department. The initiative has also promoted the visibility of our matrons in their clinical areas, and this has been very well received by the patients that have taken part. All feedback and learning is shared with the Patient Experience Manager on a monthly basis and included in the Patient Experience Report which goes to the Patient Experience Committee and Public Trust Board meetings.

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# PEN National Awards 2015

*Re:thinking the experience*

## Royal Brompton and Harefield NHS Foundation Trust, Children's Long Term Ventilation Service

### Improving the 'Hospital to Home' Parent and Family Experience for Children on Long Term Ventilation via Tracheostomy

#### Category

Communicating Effectively with Patients and Families

Royal Brompton & Harefield   
NHS Foundation Trust

#### Organisation

The Children's Long Term Ventilation (cLTV) service, at Royal Brompton & Harefield NHS Foundation Trust (RB&HFT) delivers a specialist respiratory outreach programme that sits within the multiprofessional Hospital to Home service. The cLTV team are specialists in paediatric intensive care, advanced respiratory and ventilatory management, and complex discharge planning. The outreach programme delivers a service to a network of neonatal and paediatric intensive care units (ICU), wards, local hospitals, children's centres and hospices throughout London and the South East region. The aim of the service is to move care closer to home for children on long term ventilation via tracheostomy (tr-LTV) by providing specialist clinical support, education and discharge pathway management, augmented by the development of an online pathway and workflow tool, across London and South East England using 'a hub and spoke' model. In addition the Hospital to Home service delivers an actively managed web based integrated care pathway for LTV children.

#### Summary

We evaluated family and professional experience of the hospital to home journey for children requiring tr-LTV using an adapted experience based co-design (EBCD) approach. We conducted semi structured interviews with subsequent thematic analysis followed by co-design of identified service improvements with our sample. Technology dependent children require round the clock care from skilled carers, so families can find it difficult to travel away from home. Therefore, we adapted EBCD which traditionally involves face to face meetings by facilitating the co-design process via technology. We found this solution to provide an effective way of enabling our service users to contribute to service improvement which they may not otherwise have been able to do. We identified and implemented a number of practical and realistic service improvements in partnership with our participants. We are replicating our approach to investigate follow up services for our population. We have disseminated our experience with this approach nationally and internationally and are currently supporting our adult intensive care service to evaluate their stakeholder experience.

#### Impact

Common themes identified through thematic analysis were similar for both groups of participants (families and professionals). Achievable improvements were identified for each theme and implemented as follows:

**Communication** - Both families and professionals requested written information about the service to clarify roles and responsibilities. Service standards were written which include communication standards. Business cards are distributed at the first visit of a new referral alongside family and professional information leaflets which are also posted to a newly developed public facing service website. The website also provides a central point for sharing resource for both families and professionals and offers a portal for direct communication with the service. [www.hospitaltohome.nhs.uk](http://www.hospitaltohome.nhs.uk)

**Welfare Support** - All participants expressed frustration around difficulty of managing non-clinical aspects of the patient journey. Professionals felt ill equipped to resolve non-clinical issues and reported they would value support. A team of welfare advisors has been created. Professionals nationally can access advice from this team via a helpline. Since April 2015 total benefits and grants identified for families was £96,030.78. Enquires have come through the helpline from 8 different centres nationally and 344 pieces of information, advice and support have been provided to families. **Multidisciplinary team meetings (MDT)** - Many families considered meetings "badly run", "political" and felt excluded. Professionals reported difficulty in attending due to the time and travel required. We arranged a chairing meetings workshop for LTV specialists. We now facilitate meetings using technology (teleconferencing and web based technology) to reduce impact of travel time and increase attendance. An MDT module was developed for the online pathway which has been successfully adopted and nationally for LTV MDT meetings. This provides an agenda and prompts setting of SMART goals. MDT meeting minutes are being distributed securely to all families.

**Key Workers** - An experienced key contact throughout the journey is highly regarded by both groups. The service structure has been realigned to ensure each family have a dedicated key worker. We have successfully achieved support from the WellChild charity to recruit a further clinical nurse specialist to support this.

**Discharge and Follow Up** - Both parents and community professionals reported initial anxiety once home and requested more training at home. Families and community based professionals thought communication about follow-up appointments is poor. We are using our adapted EBCD approach to inform future service design.

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# PEN National Awards 2015

*Re:thinking the experience*

## South Tyneside NHS Foundation Trust

### Screening People with a Learning Disability for Bowel Cancer



#### Categories

Communicating Effectively with Patients and Families and Staff Engagement/Improving Staff Experience

#### Organisation

South Tyneside NHS Foundation Trust is a £210m provider organisation in the North East of England, delivering a full range of community services across South Tyneside, Gateshead and Sunderland, and hospital services in South Tyneside. Employing 4700 staff, we are regularly ranked in the Top 40 hospitals and recognised as a high performing Trust. With over 600,000 patient contacts every year, our overarching Trust Value statement is, "We CHOOSE to go further to exceed our customers' expectations".

#### Summary

Bowel cancer is the second most common cause of cancer death in the UK. If it is detected at an early stage it can be successfully treated. This entry describes how South Tyneside NHS Foundation Trust community Learning Disability Service addressed the bowel screening needs of those people with a learning disability in Gateshead and South Tyneside. People with learning disabilities have a shorter life expectancy and increased risk of early death when compared to the general population (Emerson et al, 2012). It is also widely known that adults with learning disabilities have high rates of physical morbidity and co-occurring physical disorders than the general population and are more likely to die from preventable conditions, due to inequality in access to services. A project was developed to improve and increase the uptake of bowel screening for those with a learning disability by improving the communication, education and support offered to patients and their families. Following a 12 week intensive programme of staff development, education and support facilitated by a project lead the service was able to demonstrate improved communications and understanding towards bowel screening which resulted in an increased uptake across the two boroughs.

#### Impact

At the end of the project from the 239 people with a learning disability eligible to be included 36 refused to participate and 6 were unable due to ill health therefore 193 (81%) had bowel screening discussed of which 117 (61%) undertook bowel screening. Of the 117 who undertook screening 99 (85%) required no further action however 18 (15%) did require further follow up of colonoscopy due to the presence of occult blood. It was therefore arranged that these individuals have the support of the Community Learning Disabilities Nursing Team to help understand this process. The outcome of the project demonstrates that by improving overall communications with patients, families, carers, other professionals and our own staff along with the training and supportive tools developed in the project the number of people who went on to screening increased from 47% to 61% which exceeded our target of a 10% increase and also that of the uptake of general main stream populations. Although the project was very successful in increasing the uptake of screening, we are aware that due to the people who had already had a discussion pre project the number of screening uptake across Gateshead and South Tyneside this year remains 48.5% in total (151 screening from 311 people). We will therefore revisit those original people who had had a discussion to ensure the discussions include all the updated training information required to support a more informed choice. Improving people's health by health promotion, health screening and early identification can be an extremely challenging area at the best of times and this project demonstrates that effective communications with people with a learning disability and their families or carers can have a significant impact on their health choices and uptake in screening programmes.

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# PEN National Awards 2015

*Re:thinking the experience*

## South Tyneside NHS Foundation Trust

### The Introduction of Using Entonox in the Community for Children Facing Distressing and /or Painful Procedures.

#### Category

Bringing Patient Experience Closer to Home



#### Organisation

South Tyneside NHS Foundation Trust is a £210m provider organisation in the North East of England, delivering a full range of community services across South Tyneside, Gateshead and Sunderland, and hospital services in South Tyneside. Employing 4700 staff, we are regularly ranked in the Top 40 hospitals and recognised as a high performing Trust. With over 600,000 patient contacts every year, our overarching Trust Value statement is, "We CHOOSE to go further to exceed our customers' expectations". The children's community nursing team provide nursing care for children aged 0 -16 years and up to 19yrs with special needs, living within the borough of South Tyneside, which has a population of 148,100. Referrals are accepted from any source, for any child with a nursing need. We provide a 7 day service from 8am-6pm and our team consists of 7 qualified nurses, with 2 experienced nursery nurses attached. We visit children in their own homes to provide nursing care.

#### Summary

When children experience pain or discomfort during nursing interventions it causes distress for all involved. This may lead to fear, anxiety and potential long term problems. We sought to reduce these issues by introducing the use of 50% Nitrous Oxide 50% Oxygen (Entonox) when undertaking invasive nursing procedures in children in the community. On investigation we found that this is not done by any other children's community nursing team in the country. The 'Eureka' moment in regard to the use of Entonox in the community was during the insertion of a nasogastric tube (NG) to one child known as Joe. Joe has undergone dialysis, he required twice weekly injections and found that the NG experience was one procedure too many. Joe is 5 years old, he became so upset and distressed, he was inconsolable. This caused mistrust towards the professional, breaking down an established relationship. Following a staff supervision session we analysed the situation and sought potential solutions. We considered sedation but felt this was too risky within the community. We acknowledged we have the use of Entonox in the hospital therefore our initial plan was to meet Joe and his Mum in hospital. He self-administered Entonox and was given distraction whilst the tube was inserted much more easily. Joe was given 10 minutes to play following the procedure and was then allowed to go home. His mum commented she wished that could be done at home where he could watch his TV and feel more comfortable. Hospitals still scare Joe. This became the challenge for our team.

The initiatives' objectives were therefore clearly identified from the start: Our aim was to find a solution which could be utilised in all invasive treatments, preventing pain, discomfort and distress for patients, families and team members. The outcome would be person centred, subjective and qualitative, with the experience of the child, family and team members determining if the initiative had been a success or not. It was envisioned that the initiative would make a sustainable difference as Entonox could be used for many children with varying nursing requirements on a long term basis. The process began by consulting the expertise of the pain control specialist nurse within the Trust. Through joint working and training we decided to look into the pros and cons of using Entonox on children in their own homes for any distressing procedure. The use of Entonox is a universally established practice within community midwifery services and within our trust has been used for over 30 years. It has been found to be a safe and effective method of pain relief with a low incidence of adverse effects and a quick recovery time (Kanagasundaram S, Lane L, Cavalletto B, Keneally J and Cooper M 2001). We carried out a risk analysis and the team underwent training and completed competencies, whilst being supervised and supported by our specialist colleagues. All competencies, and guidelines developed are easily transferable to other teams and organisations and can be easily disseminated.

#### Impact

Children do not have to experience any painful procedures without adequate pain relief and distraction. This should make the parents more relaxed and in turn the children may not have preconceived fears when faced with a nursing intervention in the future. The results are monitored formally by the use of patient and family satisfaction questionnaires and informally in verbal feedback from children and their families. So far, families have been very positive about the use of Entonox and children seen to be a lot less anxious about nurses visiting them at home.

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# PEN National Awards 2015

*Re:thinking the experience*

## South Tyneside NHS Foundation Trust

### One Stop for Healthcare Checks for Diabetic Patients

#### Category

Partnership Working to Improve the Experience



#### Organisation

South Tyneside NHS Foundation Trust is a £210m provider organisation in the North East of England, delivering a full range of community services across South Tyneside, Gateshead and Sunderland, and hospital services in South Tyneside. Employing 4700 staff, we are regularly ranked in the Top 40 hospitals and recognised as a high performing Trust. With over 600,000 patient contacts every year, our overarching Trust Value statement is, "We CHOOSE to go further to exceed our customers' expectations".

#### Summary

Diabetes is one of the most important diseases confronting the NHS. Approximately 6.1% of the population aged 17 years and over in South Tyneside has diabetes against a North East prevalence of 5.7% and a national prevalence of 5.4% (National Diabetes Audit). Consequently diabetes care is a key priority for South Tyneside Foundation Trust and NHS South Tyneside CCG. The National Diabetes Audit measures the percentage of patients receiving 9 key care processes (derived from the NSF and NICE guidance) that every person with diabetes should receive each year as part of personalised care planning. These processes include, eye screening, foot screening, BMI, BP, Urinary Albumin, Blood Creatinine, Cholesterol, Smoking review and HbA1c. This planning process enables the individual with diabetes and their healthcare professionals to jointly agree actions for managing their diabetes and to meet their individual needs. Delivery of these key care processes leads to improved outcomes, with complications being prevented, identified and managed, however this is only possible if checks are being undertaken in the first place. The National Diabetes Audit 2013 demonstrated that only 62% of people with diabetes received all 9 key care processes with uptake for eye and foot screening being highest at 82%.

Eye and Foot screening is a well-established service in South Tyneside providing annual examination for patients with diabetes. Established pathways ensure that patients identified with ophthalmic or peripheral vascular complications are referred into hospital services to provide timely specialist intervention and treatment. However, regular eye and foot checks are only part of an array of diabetic checks which should be undertaken on all diabetic patients annually. As recommended by the National Institute for Clinical Excellence (N.I.C.E.) there are a total of 9 healthcare processes which should be undertaken each year. As a direct result of partnership working between South Tyneside Foundation Trust and Clinical Commissioning Group, a brand new, innovative service was launched in April 2015 to deliver all 9 of the processes detailed above. After a year of planning, recruitment and selection, additional equipment and resource, the service launched on 7th April 2015 and so far has seen over 5,500 patients and has successfully delivered all 9 healthcare checks to the population it serves.

#### Impact

- A diabetes register existed within the acute Trust (Prowellness) but recorded only in-patient activity. However, many fields were appropriate to our service ie BP, BMI so it was decided that we would utilise this software and access was rolled out to all PC's within the clinical rooms.
- A communication system "ICE Desktop Solution" had been adopted by South Tyneside GP's in 2010 and by the Trust in 2013. IT colleagues rolled out access to all desktops in the clinical areas. Using ICE to request Pathology tests helps ensure that accurate and relevant data is captured at the point of request. ICE enables investigations to be tracked from the point of request (ie in screening) right through to the report being issued.
- Clinical "Visit Summary" sheet is completed in clinic and given to patients to reflect clinical outcomes and copy sent to GP to act as trigger so GP can align "in practice" diabetic annual review.
- To date uptake for screening remains constant at 84% for each quarter in 2015.
- Patient feedback has been tremendous and positive
- Impact has been well received by GP Practices with patients being screened and appointed for GP/practice Nurse intervention within 48 hours of attending clinic where abnormal blood results have been confirmed.

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# PEN National Awards 2015

*Re:thinking the experience*

**South Tyneside NHS Foundation Trust**

## **Technology Enabled Care Solution in Maternity Care**

### **Category**

Innovative Use of Technology/Social Media



### **Organisation**

South Tyneside NHS Foundation Trust is a £210m provider organisation in the North East of England, delivering a full range of community services across South Tyneside, Gateshead and Sunderland, and hospital services in South Tyneside. Employing 4700 staff, we are regularly ranked in the Top 40 hospitals and recognised as a high performing Trust. With over 600,000 patient contacts every year, our overarching Trust Value statement is, "We CHOOSE to go further to exceed our customers' expectations",

### **Summary**

South Tyneside Foundation Trust are committed to offer a Technology enabled care solution which meets the patients' needs across all services to ensure the resources are directed where they will be most beneficial and cost effective. The Trust have established strategic groups to identify key priority areas to integrate technology enabled care into all relevant clinical pathways, ensuring that there is a change to practice to deliver the transformation. Prior to developing any new clinical pathways there has been both patient and clinical engagement to strive to improve the current pathways so that they are fit for purpose and lessons are learnt from our earlier implementation. The organisation have already developed and delivered several new clinical pathways using Telehealth solutions. Florence Simple Telehealth (STH), named after Florence Nightingale, is an interactive text messaging system that patients can use for remote, personal and secure collection of data through their own mobile phone. 'FLO', as she is better known, can also be used as an 'alerting' tool that offers individually tailored advice, reminders and support. An example of it being utilised in South Tyneside Foundation Trust's Maternity services is they currently have available three clinical pathways. The first is a universal pathway available to all ladies entering the service at the booking in visit. This pathway supports the standard maternity pathway by sending at regular intervals, relevant to the stage of the pregnancy text messages to the expecting mother giving reminders of critical planned appointments, advice and reassurance. The second is monitoring of Gestational Diabetes and thirdly Mild Pregnancy Induced Hypertension. The focus for this entry is on the Maternity Universal pathway which I believe to be unique to South Tyneside Foundation Trust.

### **Impact**

The pathway was first implemented in January 2014 and since then we have had nearly 1000 ladies registered onto the pathway. Initially we found that the uptake was low and this was due to the ladies not being registered onto the texting pathway whilst they were in the department. Once this was identified it became a standard that all ladies were registered during their booking in appointment. One year after the pathway was initiated another service user survey was carried out and the results were very positive. The survey was carried out in the Antenatal department over three separate days. 113 people were asked to complete the questionnaire - out of these, 64 agreed to complete the questionnaire and 49 were unsuitable as they were new to the service.

The outline of the survey results was:

- 97% said it was either very useful or useful
- 86% would recommend the pathway
- 81% said it acted as an appointment reminder
- For those who had used the service prior to Florence was introduced said it improved the service

Comparing DNA rates for community midwives appointments showed a 47% reduction from the previous year before the implementation of the texting pathway this was reflected in the response in the questionnaire that it helped with appointment reminders.

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# PEN National Awards 2015

*Re:thinking the experience*

## South Tyneside NHS Foundation Trust

### Rapid Response Pathway Initiative



#### Category

Access to Information

#### Organisation

South Tyneside NHS Foundation Trust is a £210m provider organisation in the North East of England, delivering a full range of community services across South Tyneside, Gateshead and Sunderland, and hospital services in South Tyneside. Employing 4700 staff, we are regularly ranked in the Top 40 hospitals and recognised as a high performing Trust. With over 600,000 patient contacts every year, our overarching Trust Value statement is, "We CHOOSE to go further to exceed our customers' expectations"

#### Summary

Speech and Language Therapy services are increasingly moving towards implementing a consultative approach with families and the offer of direct intervention is reducing. This pathway strives to ensure that we not only continue to offer direct intervention to families, but are able to reach families earlier, and empower parents as the agent of a change by building their knowledge and skills of their Child's development and how the SLT service can support this. Historically if Speech and Language therapeutic intervention was recommended, families were offered a single treatment pathway. Children were placed on a waiting list for individual therapy until they were allocated, on a chronological basis, to a Speech and Language Therapist to provide longer term intervention. Once placed on the waiting list families did not receive any further advice or intervention until they were allocated an SLT. Review of the special needs communication pathway highlighted the following areas of concern and provided the rationale for reviewing our care pathways: 1. Families wait too long to start intervention; 2. Within CDT parents were offered only verbal advice and strategies, with some written advice sent out following the appointment. There was little opportunity to model strategies directly to families; 3. Parents were given speech and language advice alongside information regarding many other areas of developmental difficulty and so concerns were raised that parents were expected to retain and implement a lot of different information and may be 'overloaded'; 4. Discussions are highly emotive and parents do not always take in all of the information given, particularly if a medical diagnosis has been given. Families need time to digest information and opportunity to ask further questions.

The Rapid Response pathway was introduced to the Special Needs Speech and Language Therapy Team and aims to:

- Reduce the time from initial assessment to initial intervention time so families receive support and information in a more timely way
- Provide information at an early stage in the service delivery, to families about the role of a Speech and Language Therapist (SLT); specifically within the Special Needs Team
- Provide families with information about the types of intervention available
- Offer a home visiting service to make links with hard to reach families
- Focus on supporting parents in their involvement in therapy
- Identify quickly, following initial assessment, which pathway / type of intervention is most suitable to meet the child's needs
- Provide families with immediate strategies that can be used throughout the child's day to support their communication development. These strategies often focus on developing pre requisite skills needed for specific forms of intervention.

#### Impact

This pathway has been evaluated through clinical audit:

1. To evaluate the efficacy of the 'Rapid Response' pathway within special needs in achieving the specified aims of the pathway using parent/carer questionnaires
2. To audit improvements in the Initial assessment to Treatment waiting times following introduction of the Rapid Response Pathway.

We have used parent questionnaires, and completed a full evaluation of the pathway using a review of the Speech and Language Therapy clinical evidence base and measured against CQC standards. Clinical audit is due for completion in November 2015, and a report of our findings will be provided. Review of our waiting times show we are now accessing families much quicker and usually within 6 weeks of initial assessment. Parent questionnaires have been extremely positive and indicate this as an effective service. The criteria for Rapid Response can also be accessed by children referred into Gateshead Children's Speech and Language Therapy via the Community Paediatric Triage route. This allows fluid transfer of patients between Community Paediatrics and Special Needs, and access to intervention quickly.

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# PEN National Awards 2015

*Re:thinking the experience*

## South Tyneside NHS Foundation Trust - St Benedict's Hospice

### Supporting Carers of People Using Hospice Services

#### Category

Support for Caregivers, Friends and Family



#### Organisation

South Tyneside NHS Foundation Trust is a £210m provider organisation in the North East of England, delivering a full range of community services across South Tyneside, Gateshead and Sunderland, and hospital services in South Tyneside. Employing 4700 staff, we are regularly ranked in the Top 40 hospitals and recognised as a high performing Trust. With over 600,000 patient contacts every year, our overarching Trust Value statement is, "We CHOOSE to go further to exceed our customers' expectations",

#### Summary

Our aim was to develop a carer support service which would provide support for carers who had someone being cared for by one of the hospice services. The aim was to set up two groups. Group one is a time limited, facilitator-led, group exploring topics and themes as guided by a questionnaire given to the carers. Group two is a carer-led group providing on-going support. The vision was of the groups being the start of an on-going process. Previous ways to engage carers had not proved to be successful partly due to our location and local transport networks. Another barrier included carers not being able to attend due to care commitments. To ensure carers could attend we provided the option for the person being cared for to be looked after at the hospice. The project was introduced and implemented by the day services manager with the support of the hospice psychologist. Team meetings and email was used as a means to distribute information within the hospice services. Before and after questionnaires and a follow up interview via telephone was used to evaluate the effectiveness of the group, this was carried out by an experienced senior member of the hospice team who had not been involved in the group to ensure objectivity. The initiative is sustainable and has currently been running for 23 months. The initiative could be replicated in other areas by utilising the model we adopted.

#### Impact

Since commencing the group in January 2014, there have been 265 attendances between the two carers support groups. The groups are evaluated on-going using questionnaires. Patient's attendance varies, however for those who do attend, carers said they would not have been able to if these patients could not have attended the hospice at the same time. The patients who attended had the opportunity to be part of meaningful activity. Impact success: Spiritual needs: A relative used to attend church daily was unable to do so due to caring role. The relative was referred to the hospice chaplain who spoke to local chaplain and the carer now has chaplain visits at home. Within group discussions carers discuss what it means to be a carer, openly discussing both the positive and negative impacts of the caring role. Psychological support: Carers have been referred onto hospice psychology and counsellors for on-going support. Carers have had an introduction to mindfulness, complementary therapy and relaxation, for on-going support they have been provided with relaxation cd's and contact details for complementary therapy, and the local carers support service. As well as discussing the importance of caring for oneself as a carer, discussions also took place around how to reduce carer burden. Peer support: A carer was unable to express how they were feeling, he formed a friendship with one of the others carers who over the weeks supported him and encouraged him to speak in the group. Lots of carers commented how they had shared things in the group which they had never shared before. The group was created in such a way to ensure open, safe, honest dialogue. Many talked about the benefit of, "friendship and trust" they gained from the group. Lots of carers acknowledged prior to attending the group they had felt very isolated and that they were the only ones in these difficult circumstances. The group helped people to realise, "I'm not the only one", and found it beneficial to learn how others had coped in difficult circumstances. People talked about each other as friends at the end of the group, some swapped contact details during the group and would call each other to check if they were attending the following week, others swapped details at the end of the group for on-going support. Physical support: A carer was distressed at the prospect of the person they were caring for having a peg, another carer discussed how they had felt about this experience in the past and was able to support the carer emotionally through the person they were caring for having a peg fitted. Social support: A carer shared details and experiences of a hotel that is adapted. Some carers had believed they would not be able to have holidays again, following these discussions one carer booked a weekend in London for her and her mum; she directly related the discussions in the group to be the catalyst to give her the confidence to be able to go on holiday. The break proved to be a very rewarding experience for both the carer and the patient, they both came back relaxed and felt their relationship had developed from having some time away. The evidence that both groups are needed and valued comes from, questionnaires, telephone calls and verbal feedback directly from carers, group discussion.

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# PEN National Awards 2015

*Re:thinking the experience*

## South West London and St Georges Mental Health NHS Trust

### SWLSTG Patient Experience Team

#### Category

Turning it Around When it Goes Wrong

South West London and St George's   
Mental Health NHS Trust

#### Organisation

South West London and St George's Mental Health NHS Trust formed in 1994. The Trust has, for over 160 years, provided mental health services, and

- At any one time 20,000 people are receiving treatment and care from the Trust providing community and hospital psychiatric services to Kingston, Merton, Richmond, Sutton and Wandsworth
- We also offer more specialist services to people throughout the United Kingdom such as Eating Disorder, Child and Adolescent, Deaf and Forensic services.
- We operate from over 90 sites and have 3 main inpatient sites with approximately 430 inpatient beds
- There are a number of Community Mental Health Teams as well as other outreach, crisis and home treatment services
- The Trust currently employs about 2,000 staff and has an annual budget of £160 million

To achieve the delivery of safe, effective and efficient mental health care we work in partnership with those who use our services, their relatives, carers and friends, and other stakeholders, to meet the following strategic objectives:

- To develop innovative approaches that enhance and transform service delivery
- To work with service users, carers and partners in the design and delivery of prevention and care
- To facilitate recovery in the community by developing effective approaches to prevention and care
- To develop relationships, alliances and business opportunities that improve access, responsiveness and service range
- To provide consistent high quality, safe services
- To provide services that offer improved value

#### Summary

The Trust struggled with its complaints handling and serious incident investigations carried out by front line clinicians and managers who had competing clinical priorities which meant their investigation work could be delayed. Links to risk reporting structures were not streamlined and the timeliness and quality consistency of investigations was not the excellent quality we wanted and presented a cumbersome training and monitoring issue. Complainants were unhappy that staff were too close to the service that they were investigating and there were complaints about complaint handling and a backlog of investigations. Accordingly the patient experience pathway could be poor in these places. An innovative type of Patient Experience Team was created that turned round patient experience by providing: 'Arms-length' investigations (sitting a corporate context it is managerially and clinically separate from clinical service provision); Personalised contact throughout investigations from dedicated staff; Expertise in carrying out excellent investigation standards and swift and timely resolution; Agile risk escalation; Clinical expertise and right to challenge practice; Wider remit of handling other feedback from Patient Opinion, PALS, Real Time Feedback, Compliments and MP Enquiries which can be triangulated in reporting to provide a full picture of our patient's experience

#### Impact

- ▣ Improved timeliness and responsiveness: KPI's set: in at least 75% of cases - responses within 25 working days (met sometimes reaching 100% and mostly meeting 90%) - to acknowledge complaints in 3 days (met and averages 90%)
- ▣ Improved communication: KPI set to contact the complainant in 7 days in at least 75% of cases (has been met, most recently 80% where attempts have been made and contact details available)
- ▣ Effective early Resolution: complainants tell us that they are happy with the outcome and PHSO referrals of unhappy complainants have significantly reduced from 29 to 4
- ▣ Embedded learning: this is monitored weekly and monthly via action sheets that require to be closed off by the next reporting cycle. The teams right of challenge has ensured that change is effective and followed up
- ▣ 'Arms-length' hub: Investigative decisions and findings have non-partisan integrity
- ▣ Pro-active support for patients and staff: Staff and patients tell us that they feel supported and send in compliments
- ▣ Consistent quality investigations: Quality is measured every day by robust management and Executive review and scrutiny and commissioners comment positively on quality
- ▣ Agile efficient risk escalation: Improved effective procedures
- ▣ Triangulation in reporting: Monitors across the Trust good practice and areas of development with exceptions reported to Board and its Quality Committee

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# PEN National Awards 2015

*Re:thinking the experience*

## South West London and St George's Mental Health NHS Trust

### SWLSTG Patient Experience Team

#### Category

Team of the Year

South West London and St George's   
Mental Health NHS Trust

#### At Work

As manager of the Patient Experience Team I have direct experience and knowledge of how dynamic, flexible and compassionate the members of the Patient Experience Team are and the extremely positive impact it has had improving the patient pathway and experiences of families in the way the team members engage, investigate personally and respond to complaints, how the excellent standard they reach in undertaking Root Cause Analysis investigations for Serious Incidents, and how they resolve feedback from PALS, Real Time Feedback, Patient Opinion and MP Enquiries. Before the team were in place, the Trust struggled with its complaints handling and serious incident investigations carried out by front line clinicians and managers who had competing clinical priorities which meant their investigation work could be delayed. Links to risk reporting structures were not streamlined and the timeliness and quality consistency of investigations was not the excellent quality we wanted and presented a cumbersome training and monitoring issue. Complainants were unhappy that staff were too close to the service that they were investigating and there were complaints about complaint handling and a backlog of investigations. Accordingly the patient experience pathway could be poor in these places. An innovative type of Patient Experience Team was created that turned round patient experience by providing:

- 'Arms-length' investigations (sitting a corporate context it is managerially and clinically separate from clinical service provision)
- Personalised contact throughout investigations from dedicated staff
- Expertise in carrying out excellent investigation standards and swift and timely resolution
- Agile risk escalation
- Clinical expertise and right to challenge practice
- Wider remit of handling other feedback from Patient Opinion, PALS, Real Time Feedback, Compliments and MP Enquiries which can be triangulated in reporting to provide a full picture of our patients' experience

This new team 'go the extra mile' in their interactions earning them compliments from patients, staff, commissioners as well as being responsive to ensure the Trust performance indicators are met and often exceeded.

#### The Team

The team has been key in developing itself into a professionalised service. Putting patients first: developing a robust Standard operating procedure that accentuates the escalation of risk pathway for callers who were acutely distressed. Breadth and multi-skilled: Developed their unique skills of covering a very wide remit covering complaints and serious incidents actual investigations (not simply managing the process), PALS, Real Time Feedback and Patient Opinion platforms, PALS and MP Enquiries and are able to deal highly effectively with all levels of gravity of concerns as a result. Responsive: they turn round investigations quickly and effectively – they have no delays. Close working and positive engagement: The team has very developed very close links with the directorates reporting structures and their patient experience link. Thus providing close staffing links with managerial and front line staff when both reporting and undertaking investigations. Through these links staff are very aware of the role of team and staff do not feel that investigations are persecutory. Training: The team train their directorates about learning from complaint and series incidents and hold learning events. Leadership conferences: The team has presented at this conference and is attended by all leaders and managers in the Trust and facilitated a learning session to positively raise the profile of patient experience

#### Summary

This award would mean so much to a team that 'goes the extra mile' in their interactions and investigations earning them compliments from patients, staff, commissioners as well as being responsive to ensure the Trust performance indicators are met and often exceeded. The team excels in providing excellent quality outputs and even when very busy they take the time to be kind and compassionate to patients and their families (sometimes having to break difficult news of a serious incident or findings from a complaint). This award would recognise them in the same way that they take the time to recognise others. Being a mental health Trust means that communication skills need to be highly developed to deal with challenging behaviour whilst being mindful of the impact a poor conversation could have on patient's mental health recovery.

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# PEN National Awards 2015

*Re:thinking the experience*

## Southern West Midlands Maternity and Newborn Network

### Improving Communication for Better Patient and Staff Experience

#### Categories

Communicating Effectively with Patients and Families and Staff Engagement/Improving Staff Experience

#### Organisation

The Southern West Midlands Maternity and Newborn Network (SWMMNN) is the NHS operational delivery network responsible for maternity and neonatal services within Birmingham, Solihull, Herefordshire and Worcestershire. Covering six trusts, 10 sites, with a collective responsibility for the delivery of circa 32,000 births per year and 5,750 neonatal admissions. The organisation is managed by Sonia Saxon, Network Manager (Director/Lead Nurse) and the team includes:

- Clinical Leads: neonatal, obstetrics and maternal mental health,
- Lead Midwife,
- Neonatal Transport Lead/Medical Education Lead,
- Network Educator (0.6 FTE),
- Patient Voice and Insight Lead (0.3 FTE),
- Network Executive Assistant,
- Team of allied health professionals.

The network's role is to ensure consistent, safe, high quality, family-centred care across the SW Midlands. This is achieved through work-streams and projects delivered by hospital and community teams covering, neonatal, maternity and maternal mental health, promotion of best practice, development of new pathways, and collaborating to minimise duplication, ensuring best outcomes for mums, babies and families.

#### Summary

SWMMNN developed and implemented an innovative Enhanced Communication Course, after reviewing available communication courses. The existing courses did not meet the needs of our workforce and patient group. This course uses actors in bespoke scenarios based on day-to-day patient and staff interactions. The objectives were to improve communication skills of our multi-disciplinary workforce, in direct response to our parent surveys which highlighted communication as a vital area for improvement. The workforce recognised this as a development need. 11 courses have run, 217 staff attended the courses, with 100% stating that they would like to see more of these courses in the future. The course has allowed staff to develop communication strategies specific to their everyday work. We have trained an additional facilitator within budget. 3 senior staff have trained as facilitators to ensure ongoing viability of the course regionally. The course has been awarded a prestigious WM Leadership Quality Programme Gold Award, following which we were asked by WM Education to deliver the course. The bespoke course has now run (or will run) in a neighbouring network, 2 local Trusts and a local university. We have been approached by the WM Deanery with regard to running this course next year for paediatric and neonatal medical trainees.

#### Impact

We measure the success/impact of the initiative in 2 ways. Firstly, via an evaluation on the day of the course, followed by a later online Survey-monkey® questionnaire giving delegates the opportunity to evaluate their practice some months after the course. Feedback on the day from staff attending the Enhanced Communication Course has been positive. Comments from staff include: • 'This training should be mandatory'. • 'This course has really made me stop and think about the way I communicate with others'. • 'Great in that it answered our questions! We led the day'.

The retrospective review of the course impact on staff practice has elicited the following responses (amongst others):

"The course reinforced my belief that first impressions mean such a lot in communicating with people - that we have only a couple of chances to get it right. Also the importance of all forms of communication - how we listen, what we say, eye contact, body language etc. The fact that we get to watch the scenarios back on the video is very good - often what we remember is not actually what happened, and it was a really good learning tool. Also to hear from the actor how what we said and did made him feel - that was really insightful. Whereas I had thought I was being calm and polite his feedback actually showed me that I was waffling and didn't get to the point soon enough - a very good learning point for me!"

"The language that we use becomes 'normal' for medical/nursing staff and we forget that we use jargon to the parents."

"The importance of words and how easy it is to give a negative impression. I found this course to be of immense value and it really made me think about how I talk to other staff and patients."

"Appointed to ... post last year, I have received no training to carry out my role. This day proved very valuable. I often deal with performance issues and this day has taught me better ways on how to approach individuals about their performance, and also to tackle the unpicking of clinical incidents when speaking to staff involved in incidents."

In response to the question, 'Have you used any of the skills you practiced in your everyday practice?', 90% said 'yes'. Feedback from service users who have attended the course report it fit for purpose, and felt it would equip staff with the necessary skills to communicate effectively and sensitively. Staff attending the day have come from varied roles, clinical and non-clinical. 11 courses have been run, all within the initial budget of the project. In addition we have had specific training for the 3 facilitators.

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# PEN National Awards 2015

*Re:thinking the experience*

## St Mary's Sexual Assault Referral Centre

### "If I speak....Will you listen?"



#### Category

Measuring, Reporting and Acting

#### Organisation

St Mary's Sexual Assault Referral Centre provides a comprehensive service to women, men and children who have been raped or sexually assaulted, whether this has happened recently or in the past. Our service includes full forensic medical examinations, health screening, crisis support, counselling and support through court. We are open 24 hours a day, seven days a week. Our service covers Greater Manchester, Cheshire and parts of Derbyshire. We have a team of approximately 25 day staff and a further 30 members of staff who provide an on-call service. Last year we saw more than 1600 people and just under a third were children. We are jointly funded by the Police and NHS England.

#### Summary

Our patient experience film 'If I speak...will you listen' was produced for the St Mary's Sexual Assault Referral Centre Conference 2015. Key objectives were:

- To provide a voice to victims of rape and sexual violence
- To allow victims to speak candidly and honestly about their experience of the services they accessed
- To influence practice among all professionals working in the field of rape and sexual assault

The theme for our 2015 Conference was the impact of rape and sexual assault on mental health and it was important to capture the voice of our clients. While for many other services, having a patient speak about their experience is common practice, but when that person has experienced something so traumatic and intimate as sexual violence, speaking publicly can have a negative rather than a positive impact. Our previous experience demonstrated clearly that former clients may be willing in theory to participate in an event but understandably when faced with the reality of a large audience they find themselves unable to participate and if they do decide to take part, often delegates feel it has been unfair to put them in that situation. However we did feel it was important to capture views and experiences of our clients. The rationale for the film therefore was to capture a range of experiences and voices which enabled the participants to be honest and candid while at the same time giving them power and control over how this was presented. It was important to us to share with the audience of professionals what it was like for people who were using our and their services. How they felt at the start and end of the process and what was important to them. A key element of the film was what advice the contributors would have to health professionals working in the field.

St Mary's SARC is a leader and innovator in the field of sexual violence and as such we understood the importance of capturing a range of experiences, genders and ages to reflect the fact that sexual violence can happen to anyone. The impact of the film at our 2015 Conference was significant. The Police, Crown Prosecution Service and Judges all sought to speak to the contributors directly to ask them to take part in their own patient experience panels. The film has been used extensively in our training programmes for professionals and has been requested and used for training among new police recruits, judges, counsellors. It has succeeded in challenging and shaping services for victims.

#### Impact

The film was first shown at the start of the 2015 conference. Our written evaluation based on overall impact of the film showed a massive positive response in terms of providing access to clients' views. Immediately following the conference, participants were asked to sit on victim panels for the police and crown prosecution service. In addition, specific requests were made for the film to be shown at training for recently appointed Judges presiding over sexual violence cases. Responses captured in the evaluation said that the film was 'excellent, thought provoking and highly impactful'. Comments included that the film was 'outstanding' and 'priceless'. There was also a call in the evaluation for more insight from clients on what does and doesn't work in terms of service delivery. Since it was shown the views of participants have been used to influence and change practice, particularly within the criminal justice system.

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# PEN National Awards 2015

*Re:thinking the experience*

## Tameside Hospital Foundation Trust

### Admiral Nursing Service/Improving Dementia Care

#### Category

Support for Caregivers, Friends and Family



#### Organisation

Tameside Hospital Foundation Trust is a mixed-specialty district general hospital. The Trust has over 23,500 Members (Public and Staff) and serves a population of 250,000 people. The Trust employs 2,361 staff (2,050 WTE) and has 542 acute beds. Our Trust mission statement is: "At Tameside Hospital 'Everyone Matters'. Our aim is to deliver, with our partners, safe, effective and personal care, which you can trust." Our goal is to become an organisation in which every member of staff understands their role and responsibility in delivering high standard, safe, quality care and works to that goal every day. It is our staff that make the difference and are the key to excellence.

#### Summary

The Admiral Nursing initiative for Tameside Hospital Foundation Trust is innovative as it is the first service in the acute setting in the North of England and only the second in the country. The leadership of this service is delivered by a highly skilled Nursing individual who is passionate about driving improvements for patients with Dementia and their families and carers. The CEO of the organisation has demonstrated an active listening proactive approach in direct response to concerns raised by a family and carer. The outcomes are predominantly verbal and visual; however, the impact of the service cannot be underestimated. This service demonstrates a financial saving in the long term and therefore sustainability within an integrated model of care should be fundamental to the service provision for the future. This service is easily replicated across other acute organisations with a forward thinking approach and based upon a truly person centred vision for the delivery of holistic patient and family care.

#### Impact

The service greatly reduces the burden on the NHS. An evaluation of an Admiral Nurse pilot in other areas of the country identified savings of over £440,000 for health and social care in just the first 10 months. It reduced contact time of affected families' with GPs, nurses and social workers and avoided unnecessary hospital admissions and care home costs. Currently, the majority of Admiral Nurses work within the NHS supporting people in the community. However, Admiral Nurses also work in other care settings such as care homes supported by voluntary organisations. In view of the lack of Admiral Nurses in the Acute sector, this development underpins the vision for an integrated approach to healthcare delivery, by bridging the gap and linking Acute hospital care provision with the continuity of care in the Primary setting for patients with dementia and their carers. Dementia UK works in partnership with NHS providers and commissioners, social care authorities and voluntary sector organisations to promote and develop new Admiral Nursing services and remain responsible for upholding standards, sustaining service and supporting Admiral Nurses in practice. Most of the measures to date have been verbal, visual and documented feedback through established carer surveys. The results and feedback received by the Trust highlighted the Acute Admiral Nursing service has helped to create a positive experience for patients, carers and staff. Staff have recognised the value of the service as they feel supported by an experienced, highly skilled practitioner who is able to implement a variety of strategies to support staff in the delivery of safe, effective person-centred care. Some of the initiatives introduced by the Admiral Nurse to support patient and carer experience whilst in hospital include:

- Forever Friends Cafe-A regular dementia café supported by internal catering services with an open invitation to encourage people with dementia, their carers and the general public to maintain social contact.
- Story box – This is a facilitated therapeutic interactive session that engages with small groups of patients with dementia to deliver activities such as singing and simple exercise.
- Twiddle Muffs-these are knitted hand muffs that provide texture for patients who may have restless hands and have been demonstrated to assist in alleviating anxiety.
- Dementia champions-staff have been actively encouraged to become dementia champions and support person centred care for patients with dementia.
- The feedback through the carers survey since the launch of the Admiral Nursing service demonstrates the improvement in care for our patients and relatives.
- An audit in 2015 reveals 96% of patients with Dementia had evidence of carer involvement in the medial/nursing records
- The 'Dining Companions' initiative that supports patients requiring assistance at mealtimes has seen an overall improvement, with feedback demonstrating that over 96% of patients are able to manage effectively during mealtimes
- During the first half of this year (2015/16) 573 staff in the organisation have received basic dementia awareness training.

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# PEN National Awards 2015

*Re:thinking the experience*

## The Integrated Care Clinics (TICCS) Bringing Patient Care Closer to Home in Wyre Forest

### Category

Bringing Patient Experience Closer to Home



### Organisation

TICCS was established in 1996 and has become one of the UK's largest privately owned providers of physiotherapy and related diagnostic and rehabilitation services. We deliver many services through subsidiary undertakings, each having a particular clinical solution. Over the last five years we have focused on building a clinical delivery solution which we now offer from over 200 clinic locations nationwide. We employ around 300 HCPC registered healthcare professionals and around 200 non-clinical staff. We carry CQC accreditation in locations undertaking regulated activity. With a 98% positive patient service rating nationally, TICCS is universally recognised for excellent service delivery. We now operate community MSK and triage services for over 37 CCGs across the UK. We deliver over 600,000 physiotherapy treatment sessions each year, of which approximately 200,000 are to NHS patients through AQP and sole provider contracts. These contracts cover all aspects of MSK physiotherapy including spinal and peripheral disorders, alongside specialist MSK services including women's health, post-operative treatment, vestibular rehabilitation and specialist triage assessment and treatment services. We have focussed on working in partnership with numerous NHS Commissioners to champion service design including innovative approaches to improving patient and service-user journeys and treatment outcomes.

### Summary

Following discussions with Wyre Forest, a 12 month pilot was launched which included:

- Launch of a community physiotherapy service placing a clinician within 11 out of 12 surgeries within the CCG
- Launched patient specific rehabilitation services (Osteoarthritis community exercise and education services)
- Roll-out of GP Education Programme delivered at each clinic location to improve knowledge of MSK conditions, assessment techniques and treatment strategies. This vastly improved the front-line assessment of patients and ensured appropriate referrals were being made
- Unified clinical pathways with other community services
- Set-up of a MCAT service utilising our Extended Scope Practitioners (ESPs) from one central hub in Kidderminster and two clinics in more rural areas. Utilising ESPs in this way provided a specialist community assessment/treatment service.

The aim was to reduce the amount of inappropriate referrals into secondary care, for diagnostics and for specialist procedures such as peripheral injection therapy. The statistics showed our MCAT pilot would be £200,000 per annum more cost effective if utilised across the entire CCG in comparison to the previous model. Therefore, working closely with the Commissioners and wider MDT, we rolled the model out across the whole CCG to ensure it was truly aligned to the NHS Five Year Forward Plan by delivering care closer to home.

### Impact

This has been a highly successful project which continues to deliver significant improvements to patient care. Over a 3-year period, patients attending almost 65,000 physiotherapy sessions have done so at a convenient location/time. This has been achieved whilst also delivering a cost saving of 9% to Wyre Forest CCG. We have measured the success of the service model through: KPIs - Average waiting time for MSK referrals reduced from 16 weeks to 1 week; DNA rate fell from 14% to below 6%; 40% reduction in number of scans and associated costs; our clinicians always follow NICE guidelines and only refer for more costly interventions if clinically appropriate; 45% reduction in referrals to secondary care and associated costs. Of these 95% went on to have surgery demonstrating the appropriateness of these referrals. This validates the success of our rolling education programme; GPs know when to refer to secondary care. Brought care closer to home - The model has vastly improved patient accessibility; patients have a choice of 11 clinic locations to attend rather than one location under the previous model. This is in addition to extended clinic times, including weekend appointments. This has had a significant impact on patient accessibility to care. For example, under the previous model, patients living in Stourport and Bewdley had to commute for up to 40 minutes to their appointments at Kidderminster Hospital. Patients living in both these locations are now able to walk to their appointments within 5 minutes. Furthermore, patients can access rehabilitation and self-care resources along with relevant signposting material from the comfort of their own home via our unique Patient Portal. PREMS - In 2001, referrals were 50 per week. We currently receive approximately 150 referrals per week. We carried out almost 65,000 physiotherapy sessions in 2014. Patient satisfaction with the service has remained extremely high despite the considerable growth - 98% of patients would recommend the service to family and friends; 97% were satisfied or very satisfied with the service. Feedback from GPs has been extremely high; not only has the model brought care closer to home for the patient, but it has also vastly improved collaborative working between GPs and clinicians and facilitated shared decision making between GPs/clinicians/patients.

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# PEN National Awards 2015

*Re:thinking the experience*

## University Hospital of South Manchester NHS Foundation Trust

### End of Life Care

#### Category

Support for Caregivers, Friends and Family



#### Organisation

The University Hospital of South Manchester NHS Foundation Trust is a major acute teaching Trust with an annual income over £400 million. The Trust is recognized as a centre of clinical excellence and provides a wide range of health services to the areas of South Manchester, South Trafford, North East Cheshire and West Stockport. Voted the Best Hospital in October 2014 by patients in the Manchester Evening News and holding the accolade of Britain's Greenest Hospital, the Trust puts patient care at its heart and recruits staff that are open, honest and focused. UHSM has built an enviable international reputation on five unwavering principles of clinical excellence, research and development, teaching, learning and for treating patients with compassion, respect and dignity.

#### Summary

UHSM has undertaken a great deal of work over the past twelve months to improve its provision of end of life care for all of our patients, caregivers, friends and families. The hospital has had a Bereavement Working Party for the past two years which has driven, championed and lead a great deal of this work. The working party is made up of a variety of staff, including chaplaincy leads, the bereavement team, Macmillan staff, nursing teams, caregivers and families of deceased patients. Over the past twelve months innovative memorial services and bereavement support afternoons have been offered to all of our bereaved caregivers, families and friends. This was started in two pilot areas and has now been rolled out across the organisation and community sites. Work has also included a memorial/bereavement garden which has been landscaped and furnished utilising charity funds. This provides valuable outside space for caregivers, friends and family to sit and reflect whilst they await to see the registrar. Work has been undertaken on improving staff's awareness of the importance of end of life care with a variety of initiatives. This model of care can be replicated easily across other organisations.

Some of the work had to be progressed outside normal working hours which shows the dedication and commitment that has been involved with this project. E.g. PILOT - Bereavement Memorial Services **Aim:** 1) To create a memorial service to remember and celebrate the lives of patients who have died in UHSM; 2) To invite patients relatives (from assigned wards and depts. initially) to attend the memorial services in the Hospital chapel - with a choice of three dates a year. **Why:** It has been found from evidence (anecdotal) that relatives often feel extremely bereft after the death of a loved one, not only from their personal loss, but, for some, they would also like to have a way of remembering their relative within the hospital arena – especially when the loss has been sudden. For the vast majority of people further support from the Trust is not required however for others the service will be of great comfort and also express empathy from the Trust. **What:** The memorial service names the person who has died, a candle is lit in their memory, a flower is distributed to a relative/friend as a small gift from the hospital, there is a chat and cup of tea after the service with a chance to talk to trained volunteers, staff and chaplains and any relative thought to be needing further support is signposted to further relevant services. Nurses can attend on behalf of the wards represented.

#### Impact

The initiative of the memorial services and support afternoons have made a huge impact on caregivers, friends and family. Some comments from relatives and friends who attended the service and support afternoons are below:

'My mum didn't stop talking about this afternoon all the way to the car! It was wonderful.'

'Dad would have loved it – especially as his name was read out first!!'

'I found it so useful to talk to other people who were feeling the same as me.'

'It was so lovely, I cannot remember the funeral it was a blur - this service let me cry but also smile when remembering...'

'It was so lovely to see Sister.....from the ward, it made me feel mum mattered and wasn't just a number.'

'What a lovely service, the music really got to me and yes their 'hearts will go' on in me, in my children and grandchildren.'

'Thank you so much, I didn't know hospitals did this - how thoughtful and caring.'

'Its good to be able to pay my respects to my friend I wasn't able to get to the funeral - its so lovely I feel a bit more at peace now.'

'Thank you so much its so good to know the hospital and staff care.'

'We thought once the hospital have done their bit that's it, almost cold, but this is so lovely and caring.'

The other initiatives regarding staff support and training have improved the care that staff now offer to caregivers, friends and family.

#### Contact Details

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# PEN National Awards 2015

*Re:thinking the experience*

**University Hospital of South Manchester NHS Foundation Trust**

**LEAD - Lead, Excel, Achieve, Develop**



## Category

Staff Engagement/Improving Staff Experience

## Organisation

UHSM is a major acute teaching hospital trust providing services for adults and children at Wythenshawe Hospital and Withington Community Hospital, and Community Services that were formerly operated by Manchester Primary Care Trust. We are recognised as a centre of clinical excellence and provide district general hospital services and specialist tertiary services to our local community. Our fields of specialist expertise - including cardiology and cardiothoracic surgery, heart and lung transplantation, respiratory conditions, burns and plastics, cancer and breast care services – not only service the people of South Manchester, but help patients from across the North West and beyond. We are also recognised in the region and nationally for the quality of our teaching, research and development. Our major research programmes focus on cancer, heart and lung disease, wound management and medical education. UHSM has approximately 5,900 members of staff, including those employed by our Private Finance Initiative partner South Manchester Healthcare Limited. We also have around 500 valued volunteers, who give up their free time to help our patients and visitors.

## Summary

The LEAD team was recruited into UHSM's Learning and Organisational Development in January 2015 to embed the 5 Leadership Behaviours adopted by the Trust. To deliver a truly professional, high quality service, we need to develop effective leaders at all levels across the trust whether currently managing others or not. In order to achieve this aim of delivering a high quality patient experience, the LEAD programme currently consists of over 30 modules, available to all staff irrespective of grade or role which are designed with an innovative, blended learning approach to support a range of learning styles. Each module offers a face-to-face workshop and to provide for staff unable to attend workshops, is supported by workbooks, helpful hints summaries, reading lists and eLearning packages meaning that LEAD training is available remotely, 24/7. Shorter, bitesized workshops have also been developed to help with release time of staff and LEAD modules are specifically designed to be interactive, engaging, focused on practical tools to increase performance and provide a better service to patients and visitors. Each of these modules supports the Trust's 5 Leadership behaviours – a model that underpins staff engagement across the trust and the delivery of an improved patient experience.

## Impact

The LEAD initiative has impacted staff engagement and development positively. Data collected from Evaluation sheets which are routinely given out at every module indicates that up to 97% of attendees of a module have improved confidence levels in their approach to that subject. The LEAD module have also been involved in the redesign of the Annual Staff Appraisal process and have helped to focus development plans at appraisal, offering managers and staff members a first point of access to staff development, therefore increasing staff engagement across the trust which impacts positively on patient experience. From January 2015 to November 2015 1,421 staff places on LEAD modules have been filled.

## Contact Details

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# PEN National Awards 2015

*Re:thinking the experience*

## Virgin Care Limited

### Centralising Customer Service

#### Category

Turning it Around When It Goes Wrong



#### Organisation

Virgin Care Limited provides more than 230 NHS services delivered from approximately 500 sites across England. The organisation began life in 2006 as Assura Medical and rebranded as Virgin Care in 2012. The organisation is focused on community services and primary care and currently employs around 5,500 staff. The organisation has been awarded a contract to bring together care for people with long term conditions in East Staffordshire and provide and bring together children's health services in Wiltshire from 2016.

#### Summary

Virgin is known for disrupting business for good and for excellent customer services and out NHS provision is no different. Our services pride themselves on reacting to feedback from our customers and changing services for the better. We pioneered the use of Net Promoter Score for patient feedback asking all of our patients to tell us how likely they would be to recommend our service and each year 60% gave us their feedback. This year we made 12 changes in every single one of our services across the country as a direct result of feedback. We have made dramatic changes like altering opening times and made simple investments in things like air conditioners which improve the patient experience. In mid-2014 we embarked on an ambitious project to bring together the complaints processing policies to enable us to provide a consistently good response within a fixed timeline, assure the business that complaints were being adequately responded to and provide our Operations Management Team and Executive with oversight. The team now handle 600 complaints and more the 1,200 PALS enquiries per year for our 230 NHS services. In addition the team also support Prison Healthcare services in 8 prisons across England with both a complaints and PALS service which utilises trained prisoners to deliver the Patient Advice and Liaison Service.

We have taken the key ingredients of commercial customer services: a single point of contact across the whole of England, a single team for all issues, prompt responses and more importantly a focus on thorough investigations and effective action plans produced by the services complained about so that learning is shared and embedded. We have also produced a booklet 'Saying Sorry' to support staff in dealing with complaints and issues.

#### Impact

The integration of Customer Services has had two main effects. The first benefits patients by ensuring that the process for making a complaint, asking a question or raising a concern about their care (and getting a resolution) is simple and follows the same process wherever you are in the country. Patients only need to find one leaflet for guidance, one website, use one e-mail address and call one number no matter what service their complaint relates to. The second benefit is that the customer services team, and by extension the business, Executive Team and Board have oversight of the complaints and PALS issues raised by the patients across all 230 services and can identify changes in volume and themes and take action as a result to improve patient experience. The ability to report centrally through one system is much appreciated in the business and has led to heightened awareness of the need to respond effectively across the whole organisation. There was an initial increase in complaints, which was anticipated as we feel it is easier for customers to complain or raise an issue to a team independent of the service (i.e. not to the person they are complaining about) and treated as a positive, enabling us to make changes across the whole organisation and perhaps preempt issues elsewhere. Since the initial rise complaints have settled down with little variation across the organisation.

#### Contact Details

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# PEN National Awards 2015

*Re:thinking the experience*

## West Suffolk NHS Foundation Trust

### Rose Vital Tray

#### Category

Environment of Care



#### Organisation

West Suffolk NHS Foundation Trust – a small district general hospital which provides services to the communities of Suffolk, serving a predominantly rural geographical area of 600 square miles with a population of 280,000. We are an award winning hospital employing over 2,800 members of staff who deliver safe, high quality care and strong operational performance.

#### Summary

Rose Vital<sup>®</sup> is an innovative initiative designed to make it easier for patients to clean their hands before meals and get a good night's sleep, which has been rolled out across West Suffolk Hospital following a successful trial. The Rose Vital<sup>®</sup> tray carries the words 'please use me before every meal', with an arrow pointing towards packets of hand wipes, as well as a 'please use me at night' label alongside some earplugs. It was the idea of nursing assistant Rosario Preston (Rose) to make it easier for patients to ensure their hands are clean before they eat and to get an undisturbed night's sleep. It was trialled on Rose's ward and was so well received that the name and logo has been trademarked, with the tray due to be rolled out across the hospital shortly.

#### Impact

There is significant evidence to demonstrate the benefits of this innovation, which include:

- Complaints about noise at night have been reduced from 85% to 15% after the introduction of the Rose Vital tray, which means more patients are sleeping well and have a speedier recovery
- Length of stay has been reduced
- Patients are very positive about the trays and use them to store other personal items, such as glasses
- The scope of the items placed on the trays will be extended to include eye masks
- The Rose Vital<sup>®</sup> name and logo was registered as a trade mark in October 2014.
- The Rose Vital<sup>®</sup> trays were added to all wards shopping lists via Purchasing in October 2015

Patient testimonials: "A simple idea but so effective. What really impressed me was the complimentary ear plugs as in the last three years I have been a patient at WSH and Addenbrookes and have always taken my own. Wards are busy and noisy places, especially at night when sound seems to travel and echo. Ten out of ten to whoever implemented this idea." "I am a very light sleeper so when I saw the ear plugs in my tray I thought what a really marvellous idea and how helpful to all patients." "I must say what a brilliant idea it is and how handy. We can keep ourselves nice and fresh after an operation because we cannot get out of bed. Hospitals tend to be noisy at night so the ear plugs are great. Keep up the good work, it makes the stay in hospital much nicer."

The hospital has awarded Rose a 'Shining Light award' for her simple yet hugely effective idea. Shining Lights is an annual celebration of the staff whose contribution has helped make a real difference to the lives of patients and their families. This innovation has also been shortlisted for a regional innovation award.

#### Contact Details

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# PEN National Awards 2015

*Re:thinking the experience*

## Wirral Community NHS Trust

### Environments for Children

#### Category

Environment of Care



#### Organisation

As a community NHS trust provider our vision is to be the outstanding provider of high quality, integrated care to the communities we serve. We have a strong, clear vision and a set of values that were developed with our staff and stakeholders. The Trust has reputation of providing high quality community health services that are safe, effective, caring, responsive and well led; including Therapies, Community dental, Primary care and Out of hours services, Cardia rehab Community Nursing and specialist nursing services. Our commitment is to provide the best possible standards of clinical care, show how we are listening to patients, staff and partners and how we have worked with them to deliver services that meet the needs and expectations of the people who use them. Our services are delivered by dedicated and innovative health professionals and supported by equally committed staff behind the scenes, around 1,463 in total. Our services are local and community-based, provided from around 50 sites across Wirral, including our main clinical bases, in Birkenhead and in Wallasey. We provide some therapeutic services in Liverpool and also the 0-19 service in East Cheshire. Our three Walk-in Centres are located across the Wirral peninsula. We have no inpatient beds. We are now entering the final stages of our assessment for foundation trust (FT) status.

#### Summary

The initiative is to improve the experience for children visiting our facilities, by creating a stimulating environment that is inspiring, engaging and supportive

1. **Innovation** - The project aims to create a welcoming environment for children using services through the use of age appropriate artwork, patient journey storybook, activities and participation in 4 settings.
2. **Leadership** - The project group aimed to fully implement its objective within a six month time frame. Progress is on target and has been regularly reported at Divisional level and also to Health watch
3. **Quality** based outcomes were based on
  - A literature review to appraise evidence from other similar initiatives.
  - An appraisal of current facilities in the 4 main areas.
  - Engagement events with local primary schools
  - Delivery of a robust bespoke solution
4. **Sustainability** - Key touchpoints were identified with the patient journey identify opportunities for improvement in the experience of care for each step. Following initial costs, solutions will be low cost to ensure sustainability.
5. **Transferability & Dissemination** - The organisation as developed an excellent partnership with the schools involved and it is hoped that this partnership can grow through collaboration. The project group intends to publish it work nationally The project group has developed a number of resources which can be shared with other services and organisations.

#### Impact

The project aims to improve the experience of children and their families across all touchpoints in their care experience journey. Key touchpoints were identified with the patient journey identifying opportunities for improvement in the experience of care for step. Collaboration with the children at engagement events revealed what makes children feel anxious whilst in the care environment. A friendly animals theme has been developed in response to the children's feedback. The patient diary will be developed into a storybook available in the project areas. The trust currently uses patient experience questionnaires designed for adults and children and feedback kiosks in the 4 project areas. Current feedback shows that the care experience is a positive but that children could be better supported to have an improved experience through the environment and through play activity. Feedback via the questionnaire and feedback kiosk will be monitored to measure impact. Patient and family shadowing (an observation of care in action) will be repeated to assure the impact is maintained. Patient experience champions identified in the clinical areas will ensure the improvements are maintained.

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# PEN National Awards 2015

*Re:thinking the experience*

## Wirral University Teaching Hospital NHS Foundation Trust

### Wirral Community Midwives

#### Category

Bringing Patient Experience Closer to Home

Wirral University Teaching Hospital   
NHS Foundation Trust

#### Organisation

Wirral University Teaching Hospitals NHS Foundation Trust provides care across 2 hospital sites including the main acute site - Arrowe Park Hospital which is a flagship hospital located in the heart of the Wirral peninsula and Clatterbridge Hospital. Both hospitals are situated on the Wirral where there are good road and rail networks to the North West, Cheshire and North Wales areas. The Trust is the main employer on the Wirral and employs approximately 5530 staff. The Trust provides a comprehensive range of efficient, high quality healthcare services to the people of Wirral and adjacent communities in a patient-centred environment, which respects and rewards the skills of staff. Based here, as well as the full range of acute health services for adults and children, there is an Accident & Emergency (A&E) unit, a Maternity Unit and a Walk-In Centre. The hospital has around 900 beds. A modern annexe houses the Fracture & Orthopaedic Clinic, which has its own dedicated X-ray suite with capacity to treat up to 30,000 patients a year. The two upper floors contain a state of the art staff education centre. Arrowe Park is also home to the Children and Young Persons' Unplanned Care Unit. Youngsters attending the Accident & Emergency Department will be treated here. The facility also includes an assessment unit for GP referrals where young patients will see a specialist doctor or be observed before a decision is made on whether they should be admitted to the Children's Ward. The Womens and Children's Hospital is based on the Arrowe Park site and is where the Maternity unit is situated. The three community midwifery teams (serving West Wirral, Wallasey and Birkenhead) are based here providing care in the community for all of the women requiring antenatal, intrapartum and postnatal care. The Maternity unit has a level 3 Neonatal unit and is therefore a tertiary unit for babies requiring intensive care providing a neonatal service throughout the region including North Wales.

#### Summary

The Mums and Midwives shop was initially set up in 2009 to provide a base in the community in which mums during their pregnancy could directly access the services of the midwifery team. In 2011 the midwifery team managing the shop won a national RCM Award for its innovation and cutting edge creativity. The shop is situated in a busy shopping centre in the middle of Birkenhead which is an area north of the Wirral, it is worth noting that the Wirral is ranked 60th in the highest of areas of deprivation in the country. The Mums and Midwives Shop provides open access to mums, their partners and the wider family 5 days a week, where no appointment are needed to see a midwife. There are no reception staff as it is a drop in service therefore running costs are minimalised. The first person to greet them is a professional, friendly and welcoming midwife ensuring all women have face to face consultation providing personalised care by a health professional at a time that suits them. The shop removes all barriers to care provision as the women do not need to explain why they want to be seen and they can attend as often as they choose depending on their own individual needs.

#### Impact

Direct referrals allow women to attend as soon as they discover they are pregnant, they are given valuable early pregnancy support and advice as they are referred to book in with their named midwife ensuring personalised care. Becoming a new parent can be very daunting and a friendly smile and a kind word with sensible practical advice from an experienced midwife is all some women need ensuring also that they are sign posted to other community initiatives helping to support the transition to parenthood. Clinical care including repeat blood pressure checks and blood tests are carried out in the shop to avoid unnecessary GP or hospital appointments at a more convenient time. This provision of care ensures early detection of any medical problems / complications and outcomes from this provision of care highlight the importance of women having open access to a midwife that has the potential to reduce pregnancy related complications and to alleviate any anxiety. The shop provides continuity of carer and a trusted and safe environment for women and their families to discuss sensitive but important issues. This is particularly important to certain religious groups, women experiencing domestic violence, drug problems and other personal and social issues. Improved health is supported through the initiative of the shop for example breastfeeding advice and support is readily available ensuring babies get the best start and breastfeeding is supported for as long as possible, even when older babies need feeding mums use the shop to feed and change their babies during a busy shopping schedule. Many families wave as they go past give the open shop window or call in to say hello to midwives who shared a memorable time in their lives and with whom they have forged a bond, indeed the shop has provided a focal point in the community.

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# PEN National Awards 2015

*Re:thinking the experience*

## Wirral University Teaching Hospital NHS Foundation Trust

### Ward 21 - Dementia Care

#### Category

Personalisation of Care

Wirral University Teaching Hospital   
NHS Foundation Trust

#### Organisation

We are an acute Hospital Trust providing care to people in the Wirral peninsula and the surrounding areas of North West England and North Wales. We provide our services a full range of district general hospital services through our sites at Arrowe Park Hospital, Clatterbridge Hospital, St Catherine's Health Centre and Victoria Central Health Centre. We employ around 5,500 staff and have approximately 1,300 beds. The services we offer include Emergency care, Medicine, Nephrology, Surgery, Musculoskeletal, Operating Theatres and Anaesthetics, Children's Services, Women's Services, Care of the Elderly, Rehabilitation, Clinical Support Services and Specialist Nurse functions. Margaret Davies, Matron for Dementia, is the person leading this nomination.

#### Summary

Wirral University Teaching Hospital NHS Foundation Trust made a strategic commitment to improve the quality and safety of patient care for patients with dementia following engagement with patients, relatives and staff that has culminated in a number of key improvement interventions. This award nomination focuses on a case study based on Ward 21 as an exemplar of effective and compassionate care of patients with dementia. We feel that this initiative stands out as it represents an excellent example of engaging with both patients and staff to 'think outside of the box' and provide care that is personal and in an environment that suits the specific needs of patients.

#### Impact

In 2012, the support for patients with dementia within the Trust saw new approaches with the introduction of reminiscence pods and an old style pub on ward 21. The nursing and medical team working within the dementia speciality, recognised that there was much more that could be done to support their patients and their carers in a safe, supportive environment. Dementia champions are now well established and their role is to advise other staff on the ward in caring for the patient with dementia, including assessments and advice, use of bed rails and encouraging staff to read the "This is Me" document once completed by carers/relatives who know the patient best. In 2013, an engagement event was held to understand how we improve the care of patients with dementia, ensuring safety and compassion. The event was attended by staff and representatives from the Alzheimer's Society. As a result a Memories Cafe was opened May 2014 in celebration of Dementia Awareness week, training needs were identified and resources for diversional activities were obtained. Since then, Ward 21 has focused on the environment for patients with dementia including painting of ward bays in dementia friendly colours so that objects can be seen, differentiated and comprehended. The ward has a post box on the door where the patients with dementia are nursed to help them to remember where their bay is, there is pictorial signage for toilets, bathrooms and other areas and there are locks to the ward exit doors to ensure that patients with dementia can walk freely around the ward but not risk wandering out of the ward and becoming lost. There is also a wall covering emulating a brick wall at the end of the ward to discourage patients from walking out of the ward. Patients are provided with traditional afternoon tea and a variety of activities take place. iPads are used by the volunteers to access reminiscence materials such as films, photographs and songs that are significant to the person available through an application from Liverpool Museum.

A monthly audit is undertaken to test whether the carers of patients with Dementia feel supported during the patient's admission. There are various ways in which the information is collated; face to face interviews with the carers, memory café held weekly, and telephone calls to the carer, after the patient's discharge. Feedback from this has resulted in the Carer's Pack and provision of beds for overnight stays. Testimonies from 2 carers recently have stated: "I have filled this form in on behalf of my husband who has Alzheimer's disease. He is only able to answer some of the questions. Having spent many hours in ward 21, he has received excellent attention and the staff have been very kind to me also. Thank you". "I felt that the staff on Ward 21 had infinite care and patience with their charges. They had "the patience of job" especially with patients with degrees of dementia, they remained cool and very professional under the most trying of circumstances and did a wonderful job, they have my complete admiration".

#### Contact Details

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# PEN National Awards 2015

*Re:thinking the experience*

**Wirral University Teaching Hospital NHS Foundation Trust**

## **Rapid Detection and Prompt Effective Isolation to Prevent Infections Associated with Carbapenemase Producing Enterobacteriaceae**

### **Category**

Turning it Around When it Goes Wrong

Wirral University Teaching Hospital   
NHS Foundation Trust

### **Organisation**

Wirral University Teaching Hospital (WUTH) is an Acute Foundation Trust with a 5,600 strong workforce providing a comprehensive range of high quality acute care services to population of about 400,000 people across Wirral, Ellesmere Port, Neston, North Wales footprint. The Trust operates from two main sites. These are Arrowe Park Hospital (APH) and Clatterbridge Hospital (CGH). Based at Arrowe Park Hospital, as well as the full range of acute health services for adults and children, there is an Accident & Emergency (A&E) unit, a Maternity Unit and a Walk-In Centre. Clatterbridge Hospital caters for the patient population requiring rehabilitation or minor elective surgery. I am the Associate Director of Nursing for Infection Prevention and Control leading a team of specialist nurses and working alongside the Infection Control Doctor to provide expert advice to allow the delivery of the Infection Prevention agenda at WUTH.

### **Summary**

Infections caused by Carbapenemase Producing Enterobacteriaceae (CPE) result in increased morbidity, mortality and prolonged hospitalisation with media attention also raising anxiety. Patients should feel confident that the care and the environment in which they receive it is optimised to protect them from infection. The benefits of early identification of positive patients through rapid testing and effective isolation, whilst an ambitious innovation, far outweighs those of not delivering the plan. The initiative was driven by the Trust's Infection Prevention experts who provided consistent, good quality advice, leading work streams to involve key stakeholders. Progress with implementation was reported through many forums from Board to Ward, Trust's Commissioners and neighbouring Trusts. Following 4 outbreaks and 6 CPE bacteraemias with an all-cause mortality of 50%, performance has been measured through the reduction in the number of bloodstream infections with none reported since July 2014. Benchmarking with other Trusts is of significant benefit and has demonstrated the advantages of the initiative. The initiative is sustainable and easily adapted suiting requirements of other Trusts. Once Trusts throughout the whole healthcare sector commit to adopt similar strategies, fewer patients will be exposed to CPE and further reductions in new cases will be reported improving patient experience.

### **Impact**

Success has been demonstrated through reduction in the number of CPE bacteraemias. It will continue to be measured against a reduction in the number of patients exposed to CPE through surveillance of data captured by the IPCT and through analysis of this data. The interim cohort ward was initially commandeered in July 2014 when 9 new cases of CPE colonisation and 1 bloodstream infection were identified. With the availability of molecular screening and the CPE cohort unit, the number of new cases reduced month on month; by October there were only 3 positive cases in the hospital. The challenges associated with staffing the cohort ward for 3 patients and bed pressures associated with winter encouraged a decision to close the unit with the patients being isolated in side rooms elsewhere. By January, whilst it was possible to detect positive cases rapidly, the inability to once again effectively isolate resulted in the numbers increasing, with 12 patients found to be newly colonised with CPE and demonstrating that both initiatives of rapid detection and prompt effective isolation were required to achieve a sustained interruption of an outbreak and reduce CPE exposures going forward. The interim CPE cohort unit was re-commandeered with a commitment to have it remain open until the permanent isolation unit was available. Whilst it took some time to again embed the process, a reduction in the number of colonised cases was demonstrated and in areas where periods of increased incidence were reported, the IPCT were able to identify epidemiological links mainly associated with those patients that were unable to move to the interim unit due to clinical need. The proof of concept for the molecular screening provided the IPCT with the confidence to reduce full ward weekly screening programmes, open closed bays and lift transfer restrictions at an earlier stage, thereby supporting patient flow which was often compromised due to the IPC recommendations. The IPCT have used epidemiological data to provide the trust with a clear direction in the prevention of clinical infections due to CPE. Despite the strategy not yet reaching its optimal, since the interim cohort facility was first commandeered in July 2014, followed 2 months later by the rapid detection 'proof of concept' WUTH have reported zero CPE bacteraemia

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# PEN National Awards 2015

*Re:thinking the experience*

## Wirral University Teaching Hospital NHS Foundation Trust LiA at Wirral University Teaching Hospital

### Category

Staff Engagement/Improving Staff Experience

Wirral University Teaching Hospital   
NHS Foundation Trust

### Organisation

We are an acute Hospital Trust providing care to people in the Wirral peninsula and the surrounding areas of North West England and North Wales. We provide our services a full range of district general hospital services through our sites at Arrowe Park Hospital, Clatterbridge Hospital, St Catherine's Health Centre and Victoria Central Health Centre. We employ around 5,500 staff and have approximately 1,300 beds. The services we offer include Emergency care, Medicine, Nephrology, Surgery, Musculoskeletal, Operating Theatres and Anaesthetics, Children's Services, Women's Services, Care of the Elderly, Rehabilitation, Clinical Support Services and Specialist Nurse functions. Catherine McKeown, Head of Staff Engagement and Organisational Development, is the person leading this nomination.

### Summary

Wirral University Teaching Hospital (WUTH) has been on a journey since 2012 in staff engagement. Following the results of an organisational health review and national staff survey we recognised that we needed a fundamental shift in the way we work to improve services. To do this we signed up to the Listening into Action (LiA) National Pioneer on Staff Engagement and Empowerment, which has put clinicians and staff at the centre of change for the benefit of our patients, our staff and the Trust as a whole. This initiative has been led by the Trust's board and has included staff at all levels across the organisation. This has led to significant staff engagement and changes to improve the patient care and experience.

### Impact

Trust wide achievements include:

- Over 1200 staff have attended one of 17 Chief Executive led conversations to put their own ideas forward and over 700 staff have attended team led conversations to make improvements
- The LiA pulse check showed improvement in 7 of 9 comparable indicators and significant improvement from those directly involved in LiA teams.
- 64 teams have worked with LiA to create improvements for patients, staff and the Trust
- Over 160 High Impact improvement actions have been completed and over 250 Quick Win Improvements
- Held four excellent "Pass it On" Events where our LiA teams fed back to the Trust what they have achieved in response to what matters to staff and patients; • Promoted key achievements via multiple Trust communication channels
- Introduced Listening into Action annual award as part of the Trust PROUD awards To date 64 teams have worked with the Optimise Listening into Action framework and some of the achievements include:
  - Reduction in the recruitment gap between leaver and new starter by 32 days
  - £2.5 million major refurbishment of our A/E department,
  - Speedier availability of take home medications and introduced "ticket home" process
  - Reduction in length of stay from 12 to 5 days in the older peoples short stay unit
  - Opened Older People's Assessment Unit to support patients back to the community
  - Reduction in DNA's in community paediatrics from 16.7% to 9.9% for new appointments
  - Introduction of a breast cancer wellbeing and survivorship programme
  - Reduction in duplicated blood requests through alert triggers and education
  - Introduction of core values and behaviours for all staff developed with staff and patients. These are now embedded into HR processes (recruitment, induction, appraisal and training)
  - New, easier appraisal system and achieved 87% compliance
  - Improved dementia care for patients through the introduction of a memories café and improved staff training
  - Improved staff feedback after incident reporting
  - Improved availability of equipment and linen and Simplified supplies ordering process
  - Established a staff social group and held key events
  - Introduced multi-professional ward leadership to improve performance now being rolled out following a successful pilot
  - Improved alcohol support service by working in partnership with primary care, police, housing and social services
  - Streamlined the induction and Initial mandatory training programme for new recruits, getting them into the workplace quicker and putting 3000 hours back into front line care
  - Reduction in stress by 8% in 2014 through variety of health and wellbeing interventions
  - Reduction in Grade 1 pressure ulcers from 7 to 4 as a result of standardization of practice, information and champions

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# PEN National Awards 2015

*Re:thinking the experience*

## Professional of the Year

### Mark McKenna - Wirral University Teaching Hospital NHS Foundation Trust

#### Category

Professional of the Year - Complaints/PALs

Wirral University Teaching Hospital   
NHS Foundation Trust

#### About the Nominee

I have been Mark's line manager since he joined Wirral University Teaching Hospital NHS Foundation Trust as Deputy Head of Patient Experience in 2013. In his role he is the operational lead at the Trust for concerns and complaints and manages the Patient Relations Team. Mark's role also involves delivering other aspects of patient experience, such as Board Walkabouts, Friends and Family Tests and Learning from Patient Questionnaires. Mark has developed extensive knowledge and expertise in NHS complaints handling, having previously worked for the Parliamentary and Health Service Ombudsman. In his role at the Ombudsman, Mark investigated complaints about NHS organisations to reach an independent view on whether complaints from patients and families had been handled fairly, or whether further action was required to put things right. Whilst putting things right for individuals and implementing service improvements at organisations was rewarding and motivating for Mark, he felt that he wanted to get closer to working with patients and their families and carers on a daily basis so that he could have more of an impact in improving patient experience. Mark's inspiration is seeing things through the eyes of patients and service users and impacting change to benefit both them and the organisation. What also inspires Mark is coaching and developing others within the organisation to also share the same vision and improve patient experience.

#### Contact Details - Nominator

Michael Chantler - michael.chantler@nhs.net

### Anna Tee - Hywel Dda University Health Board

#### Category

Patient Experience Manager of the Year



#### About the Nominee

Anna is the Patient Experience Manager for the Health Board and has worked in this role for the past 11 years. I have recently become Anna's manager and I am overwhelmed by her enthusiasm, commitment and passion for keeping the patient at the centre of all that we do. Anna has been the organisation's only dedicated resource to patient experience, to date, and despite this has not lost her drive and ambition to achieve her desired goals and to hold the mirror up to the organisation to enable us to learn from different perspectives and experiences. I should mention that the Health Board covers a very rural area of Wales, with 4 acute hospital sites as well as community services. Anna has ensured that her work has extended across all of the Health Board's area and there are many positive examples of the work she has initiated to improve patients experiences in all of the facilities, which is a significant achievement given the limited resources she has had to undertake this. Anna's inspiration to work as a patient experience professional is the need to remind us all of why we ultimately have a National Health Service and to continually work towards a better service. She believes that listening to patients' stories and experiences is a privilege and feels a huge sense of accomplishment when she receives feedback such as "hearing that story has made me re-focus on what we do – and I haven't stopped thinking about we do and how this impacts on real people".

#### Contact Details - Nominator

Louise O'Connor - louise.O'Connor@wales.nhs.uk





# PEN National Awards 2015

*Re:thinking the experience*

## Information about our Partners



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

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

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

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

[www.PickerEurope.Org](http://www.PickerEurope.Org)



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

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

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

Please visit <http://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/dom-4/> for further information [www.england.nhs.uk](http://www.england.nhs.uk)



Healthcare Communications are leaders in patient communications software dedicated to the NHS with systems live in more than 1000 sites including Trusts, Dental and GP practices. We work with over 95 Trusts providing SMS, Agent Calls, Online, Paper and Integrated Voice Messaging at every step of the patient experience from appointment reminders to the Friends and Family Test and patient/staff surveys  
[Healthcare-communications.com](http://Healthcare-communications.com)

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Phone: 0845 9000 890



Healthcare Conferences UK holds a number of CPD conferences and masterclasses 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. <http://www.healthcareconferencesuk.co.uk/>





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

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

[www.galbraithwight.com](http://www.galbraithwight.com)



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

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value-add resource on demand. We bridge the gap when your business needs it most freeing up your time to concentrate on growing and developing your business to it's full potential. We provide a flexible & affordable administrative, business development & support service.



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[www.professionalcallminders.co.uk](http://www.professionalcallminders.co.uk)



101 SystemWorks has been building high quality IT solutions and providing bespoke training to businesses since 1993. Based in Birmingham, we are ideally located to work with clients both in the West Midlands and across the country. We help you ensure that your business benefits from efficient IT systems and from well trained, informed staff. Our business solutions are sophisticated yet simple to use.

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





## Positive dialogue and shared knowledge are key to healthcare

Phil Stylianides, Group Director at Picker Institute Europe, discusses how sharing best practice supports quality care.

It's often said that we need to know what we are getting wrong in order to get better at something. Whilst this holds true, what is often understated and missed is that we must equally know what we are doing right and ensure we keep doing it, for any improvement to be realised and sustained.

Never is this truer than in a healthcare setting. Negative stories dominate public and professional communication, telling us what's not working despite the many incidences of the highest quality care being delivered day in, day out, across the system. Alongside this we are trained to, identify problems, diagnose negative symptoms, and evaluate risks. In doing so we become very proficient at training our brains to identify what's not going well in any given situation, sometimes missing positive learning opportunities.

Organisations like PEN and the awards themselves give us an opportunity to reflect on some of these hugely impactful examples of what is going well, and celebrate the positive impact of repeating and growing positive behaviours. Sharing how we can use these positive experiences can be a driving force in identifying and supporting improvement in those areas where we must do better.

By providing a platform for people to share their experiences and successes with other organisations, the PEN Awards make it easy for staff to learn not simply academically, but through the sharing of positive practices and behaviours. This peer to peer learning is not only practically effective but it also pushes many of our buttons for behavioural change; it inspires, it encourages debate, it celebrates innovation, and it builds the confidence to think and act beyond the status quo. In this way PEN are setting the bar for sharing best practice.

The awards also show us that it's not always necessary to reinvent the wheel. If something is clearly working, continue to make it work for you. If another organisation is already achieving something that you want to, it is possible to work together to translate models of care across organisations. They remind us that some of the best results come from collaboration, and by connecting services we can increase the speed, scale and sustainability of quality improvement initiatives.

PEN and their partners' spheres of influence mean examples can be shared and spread quickly, and wider networks created, evident in activities like the webinar series run in-between last years and this year's awards, in this way they encourage people to work together to achieve both their individual and common goals.

Sharing best practice and learning by way of positive examples, are forms of reflective learning, a practice as valuable and important as theoretical knowledge and first-hand experience. Doing so in the context of understanding peoples' care experiences is critical if we are to continue to keep the needs of those using and providing our services at the heart of all we do.

So you see, it's not only important to talk about and celebrate positive care experiences, it's essential.



[www.pickereurope.org](http://www.pickereurope.org)

  
picker  
Institute Europe





# PEN National Awards 2015

*Re:thinking the experience*

## Our Judging Panel

Alicia Lucas	Jacqueline McKenna	Michael Young
Alison Threlfall	Jane Whittome	Michaela Finegan
Andrew Cockayne	Janet Husk	Michelle Wren
Andrew Hasler	Jenny Negus	Nichola Duane
Anne Cleary	Joan Saddler	Nick Medforth
Annie Gilbert	John Dale	Nicky Beecher
Birte Harlev-Lam	Judith Ockenden	Paul Jebb
Carol Munt	Kalee Talvitie-Brown	Phillip Styliandes
Carol Rawlings	Karen Rodger	Rupert Fawdry
Daniel Ratchford	Kath Evans	Ruth Evans
Darren Hudson	Kevin Brent	Sam Holden
David McNally	Kevin Holton	Sarah Preece
David Supple	Kim Rezel	Selina Trueman
Debbie Smith	Kuldeep Singh	Shankar Chappiti
Elaine Marshall	Lee Bennett	Sharon Eustice
Francesca Pendino	Lesley Goodburn	Steve Johnson
Gemma Charles	Louise Blunt	Susan Hrisos
Heidi Scott-Smith	Mark Driver	Tessa Callaghan
Helen Brady	Mary Skeels	Tracy Haycock
Hilary Baseley	Melanie Foster-Green	Wendy Sinclair

A message from one of our judges:

*"PENNA has once again brought out some brilliant examples of what is really working in healthcare. The source and quality of entries continues to impress me year on year and I found it really hard to choose from the varied and inspiring projects put forward. They were all winners to me"*

**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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**E-mail: [l.blunt@patientexperiencenetwork.org](mailto:l.blunt@patientexperiencenetwork.org)**







# PEN National Awards 2015

*Re:thinking the experience*

Your notes





# PEN National Awards 2015

*Re:thinking the experience*

Your notes





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Your notes





# PEN National Awards 2015

*Re:thinking the experience*

*Your notes for voting*

Category	Winner	Your notes	Your rank









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