



PEN National Awards 2016
Re:thinking the experience

PATIENCE **E**XPERIENCE **N**ETWORK

NATIONAL AWARDS 2016



Awards Conference

21st March 2017

NHS
England

pickr
Institute Europe



GALBRAITH
WIGHT Re:thinking



CoMetrica
Leading Performance in Healthcare

NHS
Improvement



professional
callminders

EVENTSNORTHERN
effective event solutions

101 SystemWorks



PEN National Awards 2016

Re:thinking the experience

Introduction



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

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

Enjoy the day.

Ruth Evans, *Managing Director – Patient Experience Network*

NHS England



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

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

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

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

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

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



PEN National Awards 2016

Re:thinking the experience

Picker Institute Europe



It's always an honour to join PEN in recognising and celebrating those of you driving quality patient experience within the healthcare sector. Each year sees more innovation and more collaborations, setting the bar higher for providing the highest quality patient experience.

As a charity with a vision of the highest care quality for all, Picker continues to raise awareness of the importance of capturing, understanding, and acting on patient experience. We work with healthcare organisations to use this data to continue improving and evolving people's experiences of care.

On a global scale, we want to take what we have learned about patient experience and embed these systems and ideals in healthcare organisations across the world. We believe every person is entitled to best patient experience, provided by staff invested in this belief, wherever they receive healthcare.

In the UK, measuring people's experiences of healthcare is now the norm, and healthcare professionals can access a wide range of types of feedback. The PEN Awards highlight some of the best examples of data being used to generate real improvements in care, but there is still more to be done. We know that moving beyond measurement can be challenging, and in the future we hope to see patient experience information being more consistently used to improve standards of person centred care.

We all know healthcare in England continues to be grounded in realities of tight budgets, increasing demand and strained social care services, amongst other pressures. Yet improving patient experience begins from the heart and minds of staff. This couldn't be more prominent today, in this room. We are proud to be part of the patient experience movement, and we hope that today is an opportunity to not only acknowledge the success of how far we have come, but a chance to continue sharing and learning from each other.

Chris Graham, *Acting CEO – Picker Institute Europe*

NHS Improvement



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

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

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

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

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

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



PEN National Awards 2016

Re:thinking the experience

Introducing the Birmingham Rep

We continue to receive positive feedback about this exciting venue and are delighted to be back for a third 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.



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

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

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

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

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

A Bit of History



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

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

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

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





PEN National Awards 2016

Re:thinking the experience

Best Practice - Re:Thinking the Experience Conference 2016

Programme

07.45	Best Practice Exhibition set up
09.00	Registration, Coffee and Exhibition
09.45	<p>Introduction: Ruth Evans – Managing Director, <i>Patient Experience Network</i></p> <p>Morning Welcome: Yvonne Newbold – WHIS Ambassador and author</p> <p>Key Note Speaker: Clare Enston, Insight and Feedback Lead, <i>NHS England</i></p> <p>Announcement of the Winners Presentation of Awards (Part 1)</p>
10.45	<p>Coffee and Exhibition</p> <p>Morning Category Presentations and Questions Category Winners present in two streams (4 presentations in each stream)</p>
12.55	Lunch and Exhibition
13.55	<p>Key Note Speaker - Last year's overall winner takes us through what they have been up to in the last year: Rachel Naunton - Me First Project Facilitator & Educator & Specialist Paediatric Physiotherapist – Common Room</p> <p>Announcement of the Winners Presentation of Awards (Part 2)</p> <p>Afternoon Category Presentations and Questions Category Winners present in two streams (4 presentations in each stream)</p>
16.05	<p>Final Voting Opportunity with Refreshments and Exhibition</p> <p>Announcement of the Overall Winner Presentation of Awards</p>
17.00	Closing Remarks, Reflection on the Day and End of Formal Proceedings
17:15	Drinks Reception (Mezzanine Level)
18:00	End of Informal Proceedings

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

Voting: Using their token, delegates will be able to cast their individual vote contributing towards the overall winner of the PEN National Awards 2016 during the final voting opportunity at 16:05.



PEN National Awards 2016

Re:thinking the experience

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.



Yvonne Newbold, WHIS Ambassador – Learning Disabilities, Autism, and their Families



Yvonne Newbold is a writer, speaker, workshop facilitator and consultant in issues relating to disability. She is also a mother to three children, including Toby who is multiply disabled with profound learning disabilities. She has written a book named The Special Parent's Handbook based on her experiences of bringing up her own disabled children. She is passionate about doing whatever it takes to make things better for children and adults who have a learning disability or autism, as well as their families.

Clare Enston

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



Rachel Naunton

Rachel Naunton is Senior Physiotherapist at the Mildred Creak Unit and Me first Project Facilitator & Educator, Great Ormond Street Hospital for Children NHS Foundation Trust. Her special interests include CFS/ME; MUS; pain; neurodisability & CYP communication and she is an enthusiastic champion for the voice of children and young people. Me first were overall winners at PENNA 2015.

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. Having specialized in manufacturing and lean management principles for many years, Louise has now developed a reputation within the healthcare sector as a knowledgeable and enthusiastic champion of improved patient and staff experience.





PEN National Awards 2016

Re:thinking the experience

Award Categories and Partners

Categories

Access to Information

Championing the Public

Commissioning for Patient Experience

Communicating Effectively with Patients & Families

Continuity of Care

Environment of Care

FFT & Patient Insight for Improvement (5 Sub Categories)

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, Friends & Family

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

Turning It Around When It Goes Wrong

PALS Professional / Manager of the Year

Outstanding Contribution 2016

Overall Winners





PEN National Awards 2016

Re:thinking the experience

The Finalists

CATEGORY: Access to Information

Barnardos	Journey Through Treatment for Children and Young People with Eating Disorders (online Video and Audio resources)
InHealth Group	Supporting Scan Related Anxiety in MRI
Leeds Teaching Hospitals Trust	Leeds Children's Hospital TV - a 21st Century Approach to Information Giving
NHS Sutton Clinical Commissioning Group	Improving Health Outcomes Through Patient education
NHS Sutton Clinical Commissioning Group	Help Yourself to Health
Solent NHS Trust	Solent's Accessible Information Portfolio – Supporting Information for All

CATEGORY: Championing the Public

Healthwatch Essex	YEAH!
Healthwatch Northamptonshire	Engaging with Children and Young People to Champion their Voice
Healthy London Partnership	NHS Go - a Health app Designed by Young People for Young People
Imperial College Healthcare NHS Trust	Practice Champions - Improving child health across North West London.
Leicester City Clinical Commissioning Group	Engaging With Asylum Seekers and the Homeless to Commission a New Primary Care Service
NHS Southwark Clinical Commissioning Group	Championing the Voice of Children, Young People and Families in Southwark

CATEGORY: Commissioning for Patient Experience

NHS City and Hackney CCG	City and Hackney Innovation Fund
NHS Norwich CCG	Passport to Better Health
NHS Southwark Clinical Commissioning Group	Championing the Voice of Children, Young People and Families in Southwark
West Leicestershire Clinical Commissioning Group	Designing Non-urgent Patient Transport Services

CATEGORY: Communicating Effectively with Patients and Families

Barking, Havering and Redbridge University Hospitals NHS Trust	Accessibility for Deaf Patients
Crawley CCG and Leacroft Medical Practice	PACE Setter Award Initiatives around Communication with Patients and Families in a Culturally Diverse Setting
Healthcare Improvement Scotland	What Matters to You?' Day 2016
Kidney Research UK	ACE: Acceptance, Choice and Empowerment: A Peer Educator Based Community Project that Aims to Improve Choice and Quality of Life for Pre-dialysis Kidney Patients.
National Council For Palliative Care	Homeward Bound - A Play and Educational Package About Relationships, Love, Empathy and Compassion at End of Life
Plymouth Hospitals NHS Trust	Bereavement Cards
Velindre Cancer Centre	Caring for my Family with Cancer

CATEGORY: Continuity of Care

Cambridgeshire Community Services NHS Trust	Beads of Courage: Making a Difference for Each Child
East Lancashire Medical Services Ltd	ELMS Clinical Navigation Hub
Kidney Research UK	ACE: Acceptance, Choice and Empowerment: A Peer Educator Based Community Project that Aims to Improve Choice and Quality of Life for Pre-dialysis Kidney Patients.
Northampton General Hospital	Chit Chat Maternity Support Group for Parents with a Learning Disability
The Ipswich Hospital NHS Trust	FAB - Frailty Assessment Base



PEN National Awards 2016

Re:thinking the experience

CATEGORY: Environment of Care

Central Manchester University Hospitals NHS FT	Perfect Dining Week at Central Manchester University Hospitals
Northumbria Healthcare NHS Foundation Trust	Mental Health Services for Older People – Transforming the Inpatient Environment at North Tyneside General Hospital
Pennine Acute NHS Trust	“A Family-centred Sensory Experience for Relaxed, Normal Birth”
Plymouth Hospitals NHS Trust	Improving Patients’ Sleep – Reducing Light and Noise Levels on wards at Night
Royal College of Art	Future ICU: Improving the Patient Experience of Critical Care
St Lawrence Surgery	Personalisation of Care with Children and their Parents/Carers with Additional Needs

CATEGORY: FFT and Patient Insight for Improvement

FFT - Accessibility

Leicestershire Health Informatics Service	Friends and Family Test (FFT) Mobile App Solution, Including Patient Experience and Equality & Diversity!
The Ipswich Hospital NHS Trust	FAB - Frailty Assessment Base

FFT - Champion

Central Manchester University Hospitals NHS FT	Perfect Dining Week at Central Manchester University Hospitals
Derby Teaching Hospitals NHS Foundation Trust	Making Your Moment Matter
Nottingham University Hospitals NHS Trust	Think Drink Project

FFT - Other NHS Funded

East London NHS Foundation Trust	Collect, Review, Do.
Staffordshire & Stoke on Trent Partnership NHS Trust	Using FFT for Improvement
West Leicestershire Clinical Commissioning Group	Designing Non-urgent Patient Transport Services

FFT - Primary Care

Leicester City Clinical Commissioning Group	Engaging With Asylum Seekers and the Homeless to Commission a New Primary Care Service
Pulborough Medical Group (PMG)	Initiative to Design Educational Sessions Supporting our Non Clinical Staff (Practice Receptionist and Admin Staff) in Making Decisions

FFT - Staff

Bolton NHS FT	Integrated Staff & Patient Metrics
Northumbria Healthcare NHS Foundation Trust	Compassion Based Training - Maternity Services
Tees Esk and Wear Valleys NHS Foundation Trust	Staff FFT Initiative

CATEGORY: Including Social Care to Improve the Experience

Northumbria Healthcare NHS Foundation Trust	Ageing Well Allies
West London Alliance	West London Alliance - Integrated Health and Social Care Hospital Transfer of Care



PEN National Awards 2016

Re:thinking the experience

CATEGORY: Innovative Use of Technology/Social Media

Ashford and St. Peter's Hospitals NHS Foundation Trust	A Mobile App for Breast Care Patients
Bradford Teaching Hospitals	Baby View - Neonatal Intensive Care Video Conferencing Project
Healthy London Partnership	NHS Go - a Health app Designed by Young People for Young People
Helen Hamlyn Centre of Design at Royal College of Art, Healthcare Lab, London	SlowMO - A Digital Therapy Platform, Which Uses Digital Technology to Provide Self-management Tools for People to Take Control of their Lives.
Leeds Teaching Hospitals Trust	Leeds Children's Hospital TV - a 21st Century Approach to Information Giving
NHS North of England Commissioning Support	NHS Child Health

CATEGORY: Manager / Professional of the Year

Colchester Hospital University Foundation Trust	Tammy Diles
Frimley Health NHS Foundation Trust	Claire Marshall
Healthwatch Essex	David Sollis

CATEGORY: Measuring, Reporting and Acting

Central Manchester University Hospitals NHS FT	Perfect Dining Week at Central Manchester University Hospitals
East London NHS Foundation Trust	Collect, Review, Do.
Nottingham University Hospitals NHS Trust	Think Drink Project
The Ipswich Hospital NHS Trust	Adopt A Ward - Patient Leaders Getting Underneath the Data to Learn and Improve

CATEGORY: Partnership Working to Improve the Experience

Bristol Royal Hospital for Children – University Hospitals Bristol NHS Foundation Trust	Talk to Us – Having #Conversations
East Lancashire Medical Services Ltd	ELMS Clinical Navigation Hub
National Council For Palliative Care	Homeward Bound - A Play and Educational Package About Relationships, Love, Empathy and Compassion at End of Life
PPL on behalf of West London Alliance	West London Alliance - Integrated Health and Social Care Hospital Transfer of Care
The Integrated Care Clinics (TICCS)	Diversifying the Skill Mix in Primary Care: ESP Physiotherapy Initiative
Virgin Care Limited	Working with Prisoners, Health and Prison Staff to Deliver Improved Experience for Prison Healthcare Patients

CATEGORY: Personalisation of Care

Abertawe Bro Morgannwg UHB	The 'SPA' Soothing Patients Anxiety Experience; for Vulnerable Persons, those with a Learning Disability and/or Mental Health Issues requiring surgical interventions under a General Anaesthetic.
Ashford and St. Peter's Hospitals NHS Foundation Trust	Adopt a Grandparent
Bradford Hospitals	End of Life Companion Scheme
Cambridgeshire Community Services NHS Trust	Beads of Courage: Making a Difference for Each Child
Northampton General Hospital	Chit Chat Maternity Support Group for Parents with a Learning Disability
Serco	The Patient Dining Experience
St Lawrence Surgery	Personalisation of Care with Children and their Parents/Carers with Additional Needs



PEN National Awards 2016

Re:thinking the experience

CATEGORY: Staff Engagement/Improving Staff Experience

Ashford and St. Peter's Hospitals NHS Foundation Trust	Adopt a Grandparent
Northampton General Hospital	Compliments Collation: A Recipe for Success
Northumbria Healthcare NHS Foundation Trust	Improving Staff Experience and Mental Health
Nottingham University Hospitals NHS Trust	Think Drink Project
PPL on behalf of West London Alliance	West London Alliance - Integrated Health and Social Care Hospital Transfer of Care
Pulborough Medical Group (PMG)	Initiative to Design Educational Sessions Supporting our Non Clinical Staff (Practice Receptionist and Admin Staff) in Making Decisions

CATEGORY: Strengthening the Foundation

Abertawe Bro Morgannwg University Health Board	Growing the Arts to Support Excellent Care
Barking, Havering and Redbridge University Hospitals	'Dying with Dignity'
Caswell Clinic	Self Management Group
NHS Coastal West Sussex CCG – CYP Commissioning Team	The PACE Setter Award - The Primary Care Quality Mark for Children & Young People's NHS Services
Northumbria Healthcare NHS Foundation Trust	Making 7 Day Services Work in Emergency Care – The Northumbria Way
The Ipswich Hospital NHS Trust	Voice4Change - Children & Young People Making a Difference

CATEGORY: Support for Caregivers, Friends and Family

Barking, Havering and Redbridge University Hospitals	'Dying with Dignity'
Bradford Hospitals	End of Life Companion Scheme
Plymouth Hospitals NHS Trust	Bereavement Cards
Serco	The Patient Dining Experience
Surrey and Sussex Healthcare NHS Trust	Supporting Carers - Making a Difference

CATEGORY: Team of the Year

City Hospitals Sunderland	FFT Champions
Frimley Health NHS FT	Voluntary Services Team of the Year
Northern Lincolnshire and Goole NHS Foundation Trust	Northern Lincolnshire and Goole NHS Foundation Trust
Northern Lincolnshire and Goole NHS Foundation Trust	Northern Lincolnshire and Goole NHS Foundation Trust
UCLH NHS Foundation Trust	Young Voices at UCLH - Involving young people in the Interview Process for New Recruits to Paediatric and Adolescent Division
Whittington Health NHS Trust	Footprints of Birth: Women's' Voices and Institutional Listening

CATEGORY: Turning it Around When it Goes Wrong

Northumbria Healthcare NHS Foundation Trust	Compassion Based Training - Maternity Services
Plymouth Hospitals NHS Trust	PALS Clinics and Welcome Centre in Hospitals
Staffordshire & Stoke on Trent Partnership NHS Trust	Using FFT for Improvement
Virgin Care Limited	Working with Prisoners, Health and Prison Staff to Deliver Improved Experience for Prison Healthcare Patients

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



PEN National Awards 2016

Re:thinking the experience

Abertawe Bro Morgannwg University Health Board

The 'SPA' Soothing Patients Anxiety Experience; for Vulnerable Persons, those with a Learning Disability and/or Mental Health Issues requiring surgical interventions under a General Anaesthetic

Category

Personalisation of Care



Organisation

Abertawe Bro Morgannwg University Health Board (ABMUHB) was formed on 1st October 2009 as part of an NHS Wales restructure; a large organisation responsible for delivering all healthcare to a population of approximately 500,000 people across Bridgend, Neath Port Talbot and Swansea, with a budget of £1.3 billion and approximately 16,000 staff. ABMUHB has four acute hospitals providing a range of services. 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. A range of community based services are delivered in patients' homes, via community hospitals, health centres and clinics.

ABMUHB acts as the service provider for Wales and the South West of England in respect of Burns and Plastic Surgery. Forensic Mental Health services are provided to a wider community across the whole of South Wales, while Learning Disability services are provided from Swansea to Cardiff. As a University Health Board there are strong links to Swansea University. The Health Board contracts with independent practitioners in respect of primary care services. There are more than 300 General Practitioners, around 275 dentists, 125 Community Pharmacies and 60 Optometry premises across the Health Board. General Medical Services within HM Prison Swansea are also provided

Summary

Hospitals and clinics often face challenges of how to provide the conducive environment and appropriate conditions to facilitate treatment/care for unique patients (e.g. those with a learning disability, dementia, etc.) whose condition make them vulnerable and unable to communicate their needs. Some through heightened anxiety, fear, communication difficulties and frustration have the potential to develop challenging behaviour that can escalate into flash-point violence and harm to themselves or others. Some have a history of poorly managed circumstances resulting in established fear of clinical environments. Recognising the value of communication and carers (family or others) are experts in the care of who they care for the Soothing Patient's Anxiety (SPA) experience was born. Based on the premise of all reasonable adjustments, each patient has a personalised plan adding value to care by changing the frightening into the familiar. This has resulted in streamlined processes, minimal waiting direct access into theatre and merging of appointments. The team challenge 'norms' through repeated small Plan, Do, Study, Act (PDSA) cycles providing new options for future patients. Have you ever considered what would make you less anxious during a hospital visit? The 'SPA' experience does.

Impact

The success of the 'SPA' experience has been measured through: • direct feedback from users; • post discharge telephone questionnaire; • PROM feedback. **The 'SPA' experience has achieved:-** • 246 individuals safely treated with only 1 admission; • Significant reduction of use of sedation/restraint; • Day surgery treatment of patients with no hospital bed; • Reduced number of missed appointments, cancellations and abandonment; • Reduced referral to treatment times; • Planning for the combination of surgical treatments on the one day; • Merging 2 appointments into 1; • Significantly enhanced person/carer/service user experience; • Simple adaptations to equipment to make an inhalational anaesthetic more tolerable via a flower and snowflake rather than a face mask; • Streamlining and removal of processes that raise anxiety; • Improved staff experience in team working; • Improved multi service user partnership working and networking; • Winning the NHS Wales Award 2016 for 'Citizens at the Centre of Service Re-design and Delivery'.

What Makes Us Special?

Individual experience's of patients and service users makes this initiative special. Each have a unique personal story to tell about how this has made a difference and how we made them feel. Our team enjoy delivering this personalised care and feel privileged to share in many truly memorable patient stories. It firmly places the users at the centre of our service design. Small changes made as a result of experiences and feedback informs more options and possibilities for future patients as we are always learning to improve quality and the patient experience.

The key elements to success: • Shared vision, simplicity and great teamwork; • Change in mindset; from "we can't do" to "what can we do?"; • Ensuring the unique person is at the centre of every intervention, retains control and is involved in their care; • Confidence and courage to challenge norms and practices that act as unnecessary barriers that prevent service users from receiving treatment through making those essential reasonable adjustments.

Contact Details - Paul Harris - paul.harris@wales.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Abertawe Bro Morgannwg University Health Board

Growing the Arts to Support Excellent Care

Category

Strengthening the Foundation



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Organisation

Abertawe Bro Morgannwg University Health Board provides secondary (four acute hospitals), primary and mental health services for a population of approximately 500,000 people and has a budget of £1.3 billion. The Health Board employs over 16,000 members of staff, 70% of whom are involved in direct patient care. The Health Board also acts as the service provider for Wales and the South West of England in respect of Burns and Plastic Surgery. Forensic Mental Health services are provided to a wide community which extends across the whole of South Wales, while Learning Disability services are provided for Swansea and Cardiff. The Health Board is a University Health Board and has excellent links with Swansea University with whom it has a number of exciting joint projects currently underway.

Summary

Growing the Arts to support Excellent Care began with a part-time Arts co-ordinator for an eighteen month pilot project four years ago and has grown into an Arts team of five part-time posts with mainstream funding. Thousands of patients have benefitted from a wide ranging programme of music, storytelling, poetry, dance and visual arts. One example of innovation is an artist residency which brought together tailors from Saville Row with plastic surgeons to explore differences and similarities in their practices. The project was based in complex breast reconstruction and resulted in a model which is now used to demonstrate surgical options to women. An Arts Strategy has been adopted by the Health Board with key objectives:

- 1) Environment improvement; 2) Experience and engagement; 3) Evidence enriched practice; 4) Sustainability

Over the four years, in addition to ABMU charitable funds, £200,000 of external grant funding has been successfully raised to help fund the activities. The Arts co-ordinator has also been a key part of forming a Welsh Arts in Health Network and has led the writing of a Toolkit for Artists who work in Hospitals. The toolkit and training has improved the professionalisation of the field. <http://artworks.cymru/uploads/images/page-images/Artist%20in%20Hospitals%20Toolkit.pdf>

Impact

Growing the Arts to support Excellent Care has many different strands, here are some examples of outcomes and impact:

Patient stories: The patient story videos are watched by the board of directors, in quality audits and in training; At least one patient story has prevented a complaint escalating into a court case; Another patient story changed the whole approach to incident reporting in one hospital; One community story resulted in the council changing a bus route to enable a wheelchair user to access transport. **Music programme:** Questionnaires were used at the start of two of our music programmes to assess the value; In the summary of concert feedback attendees at the concert reported high levels of improvement in mood 98%, pain reduction 65 % and stress reduction 87%. **Reconstructing Ourselves:** The research strand of this project was conducted by a qualitative researcher who interviewed 30 women with excellent feedback. Data shows that doctors interrupt patients on average after 12 - 18 seconds. By recording what the women wanted to say, Drs found that they heard what was concerning the patient more quickly and consultations were more effective and it did not take any longer time. The final analysis is being written up for the academic press. **Storytelling for Health:** Some quotes already received: *'I lived the story as you told it; wonderful to listen to and escape.'*, *'To meet Daniel was extremely uplifting and truly inspirational. I enjoyed the storytelling immensely.'*, *'It made me forget why I was at Maggies - from crying to laughing - Amazing!'* **Evaluation plans:** The key question is: Can we begin to embed storytelling in people's lives? How can it build attachment in foster families, how it can help mental health and cancer patients understand and reframe their experiences. We will produce an e-resource to be used by all participants following on from the project. It will have social networking built into it so that we can monitor its use and encourage its development.

What Makes Us Special??

Art increases the humanness of care; Art can help staff have new insights into improving their practice; Evidence shows it can reduce the amount of analgesia used, reduce length of hospital stays and increase staff retention; Art can reduce boredom and the numbers of patients benefitting at ABMU is growing every week; The team has grown from nothing to five part-time posts and is set to increase; The move to mainstream funding for key posts in the team demonstrates the Health Boards recognition of the impact of the work to benefit patients; The worldwide interest is growing – the Storytelling for Health conference in June 2017 has received over 80 submissions from more than 10 countries. We are committed to understanding what is effective and will be working with the Arts Council Wales to build the evidence. It has taken a huge amount of work, passion and ability to network, but would never have succeeded without strong support from senior staff.

Contact Details - Prue Thimbleby - prue@thimbleby.net



PEN National Awards 2016

Re:thinking the experience

Ashford and St. Peter's Hospitals NHS Foundation Trust

Adopt a Grandparent

Categories

Personalisation of Care & Staff Engagement/Improving Staff Experience

Ashford and St. Peter's Hospitals 
NHS Foundation Trust

Organisation

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. 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, 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; • 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

Adopt a Grandparent (AAG) is an initiative conceived by a junior doctor at ASPH and turned into reality by a team linked together through the Trust's "Be the Change" improvement forum. The programme's raison d'être is to address the dramatic cognitive decline often seen in frail hospital inpatients and, try to bridge the boundaries between the clinical and non-clinical sides of the hospital. We recognise that our hospital is made up of a vast workforce, only a fraction of who are ward-based clinicians, all of whom are ultimately employed to improve patient outcomes. This scheme attempts to tap into this wide and varied human resource to solve a key problem facing our patients and, in so doing, improve the working environment for all our staff by empowering each and every one of us with the ability to positively and directly improve patient experience. The programme has been a huge success at ASPH and is currently being rolled out at Guy's and St Thomas' Trust as well. The huge success of AAG could not have come about were it not for the already emerging culture in the Trust of supporting the transition of new ideas into reality.

Impact

We began by gathering some baseline data in the form of a ward staff questionnaire, to understand the current status of their patients and potential lack of social interaction. 85% of staff asked felt that loneliness was an issue for their patients. 100% of staff would have liked more time to spend talking to patients and 93% felt that their patients would benefit from more social interaction. During the pilot, staff filled out a pre-questionnaire and a post-questionnaire. We felt that a mix of quantitative and qualitative questioning was most appropriate, in order to capture both measures and staff feelings and emotion. Following the trial, staff feedback was extremely positive, and records showed that all patients who had been interacted with had been grateful and enjoyed the interaction. Further wards were opened up for other staff to volunteer on, even the Trust Chairman became a volunteer. The impact on patients was initially measured through the staff volunteers asking the patient about the interaction and its impact. All patients said interaction was very welcome, staff did not feel comfortable engaging patients in positive conversation and then asking questions about it afterwards. This prompted a ward diary so staff could note comments about the interaction. Patients reported that it is the highlight of their week and they look forward to a volunteer visiting them again. For staff, the initiative has been so successful that the uptake increases month on month and staff report that visiting a patient is the best part of their week. Staff are required to fill out a pre- and post-questionnaires to measure their experiences. They have reported that it enables them to build relationships with other staff groups they would otherwise not have the opportunity to, and gives an all-important sense of well-being at work. Clinical staff have volunteered to engage in their own clothes, on a different ward, to give something back to a patient and also to develop their links with other areas of the hospital.

What Makes Us Special??

The initiative is special because the impact is positive for patients and staff. Emotionally, the initiative supports allowing staff to be "people" and show care and compassion away from their day to day roles. It helps staff realise the importance of their roles and what they come to work for every day. It provides patients with some joy and interaction during what can be a lonely and distressing period. It is also a route to helping patients be heard that may otherwise fear raising a concern. This scheme allows for a friendly rapport to be built, encouraging any concern that is there to be raised. The volunteers are trained on how to escalate any type of concern in a positive way for the patients and to offer them reassurance and support.

Contact Details - Russell Wernham - sangeeta.singadia@asph.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Ashford and St. Peter's Hospitals NHS Foundation Trust

A Mobile App for Breast Care Patients

Categories

Innovative Use of Technology/Social Media

Ashford and St. Peter's Hospitals 
NHS Foundation Trust

Organisation

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. 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, 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; • 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

In 2016, the Breast Care team at ASPH embarked on a journey committed to taking a co-design approach to improving their patient experience. Feedback was sought from patients over several months and Mr Manish Kothari, Consultant Surgeon, was particularly struck by how some described feeling overwhelmed at the start of treatment and unable to process important information about their condition and care. Mr Kothari worked with patients to address this need and, working closely with the clinical team, developed the concept of a mobile app which provides the most important information in a way that is clear and easy to access at a time that is right for patients. Based on patient engagement, the app was developed and downloaded over 100 times in its first month and continues to receive excellent feedback. The app and the project approach are transferable to other care groups and other organisations and staff are beginning to find creative ways of using it to share information. The project has provided excellent learning on the benefits of patient involvement in quality improvement and we are keen, through the great platform that PEN provides, to share with others and to recognise the collective achievement of our team. In 2015, the Breast Care team at ASPH started an 'experienced-based co-design project', which aimed to work with patients to identify and make improvements in the care they provide. The team spent a number of months talking to patients about their experiences in receiving treatment for breast cancer - identifying what worked well and what could be improved. The clinical team were passionate about the project from the start and were committed to finding innovative solutions for the issues and areas for improvement that patients identified. They wanted to create something that pulled all the essential information together, was specific to patients at Ashford and St. Peter's and could be easily accessed. Together the team decided to create a Breast Cancer patient information mobile app.

Impact

The mobile app for breast cancer patients was created based on first-hand feedback from patients, who stated that the written information they received at the time of their initial diagnosis was overwhelming and difficult to navigate. Patients are now able to access all the information they need, when they need it in a very simple application. Patients can learn about the members of the team caring for them, find out what to expect at their first appointment, how and when they will receive their results or read about the different treatments available. In the first month since its launch the mobile app was downloaded 100 times and received over 2,500 page views by service users, it has also received really good reviews from users.

What Makes Us Special??

ASPH is an organisation committed to developing a culture of curiosity and creativity, in which staff feel supported and empowered to make improvements to quality and safety. The team believe that what makes this initiative stand out is that it was driven directly from patient feedback and based on asking 'what matters to you?'

The Breast Care team asked patients how they could make changes to improve their experience and the receipt of information at such a difficult time was a key issue raised. The mobile app was designed by the clinical team in response to patient feedback and provides a huge amount of information in a simple to access way.

The use of mobile technology to communicate and provide information with this patient cohort is a breakthrough innovation for our organisation and the tenacity and commitment from the whole team will provide inspiration to others to participate in similar projects.

Contact Details – Mark Hinchcliffe - mark.hinchcliffe@asph.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Barking, Havering and Redbridge University Hospitals

'Dying with Dignity'

Categories

Strengthening the Foundation & Support for Caregivers, Friends and Family

Barking, Havering and Redbridge 
University Hospitals
NHS Trust

Organisation

Barking, Havering and Redbridge University Hospitals NHS Trust is a large acute Trust which comprises of two hospitals - King George Hospital in Goodmayes and Queen's Hospital in Romford. It has 6,500 staff and volunteers and is a diverse community of 750,000 people. The project is engaging all staff working in the trust and aimed at improving the end of life care and bereavement care of patients and their families/carers.

Summary

This initiative grew out of concern that bereavement services in the area we serve were inadequate. The view of our Palliative Care and Chaplaincy teams is that the End of Life Care (EOLC) offered to the dying and bereaved in our hospitals should be everyone's business. We began by designing a simple logo – a red gerbera – to be used when a patient is nearing the end of their life and after a recent death, and launched it alongside education for all staff around ensuring the highest possible standards of compassion, dignity and respect for dying patients and their loved ones. The End of Life Care dignity logo is used at the bedside, on a specially-designed magnet, and on a newly-designed duffle bag used to return a patient's property. A condolence card is sent to relatives including details of how queries or concerns can be raised and alerting them to a subsequent bereavement survey. Heather Wright, Palliative Care Team Leader, worked with the chaplaincy team to launch two 'mourning coffee' bereavement support groups in community venues, with a third planned. The whole initiative has been widely publicised internally and externally, with excellent feedback from the support groups and a decline in the number of informal and formal complaints involving End of Life Care.

Impact

Awareness of the initiative both within and outside the Trust is very high. The 'mourning coffee' support groups have been well attended, with 20 people plus at some sessions and a majority of people becoming regular attenders. Group members have offered very positive feedback about the support groups, the dignity logo and our work around bereavement as a whole. Feedback from members of the groups includes: *"It is good to have somewhere I can meet people who are in the same pain as me."*, *"I really appreciate having new friends to go out with as all my old friends are couples and I can't cope with not having my husband with me."*, *"It is good to have staff around to listen to my concerns about my loved one's death and maybe they can help me to get the answers that can help me."*, *"One-to-one crying can make me feel silly but in a group it is not so."* As a result of the condolence card, there has been an increase in the number of telephone enquiries involving End of Life Care. We see this as a positive sign that people now know who they can call and feel able to pick up the phone. Encouragingly, there has been a corresponding decrease in the number people going on to make informal complaints, suggesting that people's concerns are being dealt with adequately and appropriately earlier on. There has also been a sharp decline in the number of formal complaints received by the Trust in which there is an issue related to End of Life Care, with only five complaints received to date in 2016, compared to 27 during 2015. All formal complaints are reviewed by our End of Life Committee. In time we hope that the results of our bereavement survey, in which relatives are asked ten questions around the care of their loved one, will also reflect this work. The initiative has received very positive anecdotal feedback from patients and carers, with one relative going so far as to tell nurses: *"I think my husband needs one of those red gerberas on his door now."* Staff feedback has also been positive, with domestic staff telling us, for example, that the red gerbera logo helps them to prepare themselves better for "what we might see", especially if a dying patient is in a side room or behind curtains, thus enabling them to offer a more thoughtful response.

What Makes Us Special??

We believe that the red gerbera logo is a simple yet highly effective way of ensuring that all staff are aware and mindful of patients nearing the end of their lives and their families, and the newly bereaved. We believe that this initiative has been particularly successful because the logo was introduced alongside a Trustwide education campaign and was not launched in isolation. The duffle bag, condolence card and bereavement support groups have also been important elements of our drive to raise awareness and standards around End of Life Care. Another reason for the initiative's success has been the commitment of the multi-disciplinary steering group, which has brought together the skills and expertise of specialists in palliative care, End of Life Care, chaplaincy services and communications. The initiative has been well led by our Macmillan Palliative Care Team Leader in collaboration with chaplaincy, EOLC Facilitators, communication team and has had high level management support throughout from the Deputy Chief Nurse for Patient Experience.

Contact Details - Heather Wright - heather.wright@bhrhospitals.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Barking, Havering and Redbridge University Hospitals NHS Trust

Accessibility for Deaf Patients

Category

Communicating Effectively with Patients and Families

Barking, Havering and Redbridge 
University Hospitals
NHS Trust

Organisation

BHRUT is a provider of acute hospital services to the population of Barking & Dagenham, Havering and Redbridge. The population totals approx. 750,000 people. The Trust has around 6500 staff and provides services across two main hospital sites as well as outpatient services in local community clinics.

Summary

Disappointing feedback from a Healthwatch 'enter and view' visit and a lively meeting of the local Deaf Community Action Forum convinced our Head of Patient Experience, Victoria Wallen, that we were failing our Deaf patients. Victoria responded by setting up a Deaf Patient Access Group, involving patients and carers, which created a six-month work plan. From January 2016, Deaf awareness training was rolled out Trust-wide, and has since been attended by many frontline staff. A 'top tips' Deaf awareness video was commissioned and launched at a Healthwatch conference. This was promoted via the Trust intranet and You Tube and a 'top tips' poster was widely displayed, creating a real buzz around the Trust. Our Deaf patients also advised us that we had no consistent way of them communicating with the Trust so we introduced a two-way text messaging service. We have worked alongside the Royal Association for Deaf People (RAD) and we hope to become the first hospital in the country to receive their Deaf-Aware Quality Mark. Victoria is passionate about taking the initiative forward and plans include liaison with GPs and improvements to our Patient Administration System. We have set up a Visually Impaired Patient Access Group which will follow the same model and Victoria is liaising with other Trusts interested in following our lead.

Impact

The work of Victoria and the Deaf Patient Access Group has rocketed awareness and accessibility for Deaf people up the agenda and created a real buzz around our hospitals. Our Deaf awareness training has been exceptionally well attended by frontline staff. Some examples of feedback are: *"Excellent, very informative. Conveyed in an interesting and humorous way. 10/10", "Very informative and enjoyable - everyone should do the course. Thank you", "Excellent introduction. Pitched just right at participants. Right balance education/information and practical.", "Really enjoyed this training. Trainer kept us engaged, looking forward to finding a location for a Level 1 BSL course. Thank you."*

So much has been achieved since the launch of this initiative that we hope to become the first hospital in the country to receive a Deaf-Aware Quality Mark from the Royal Association for Deaf People. The national award scheme aims to support mainstream services to be more accessible to Deaf people and to enable these organisations to celebrate and showcase their work. Our Deaf Patient Access Group continues to meet bi-monthly to review progress and set further aims and objectives for the coming months. The Group has cemented links with the Deaf Community Action Forum, we will attend their meetings regularly to report on progress and ensure that any further feedback can be assimilated and acted upon.

"As a CODA (child of Deaf adults) I have felt privileged to work alongside the Trust to improve access for deaf people and feel excited that our experiences, thoughts and ideas are taken onboard and very much valued. We are working hard as a unified group to give deaf people the opportunity to be in control of their own healthcare [to] promote independence. Our aim is to give deaf people equality within the Trust so they can be confident they are getting the same level of services as everyone else. I am sure the improvements that have been made will have a positive impact on their lives and on generations in the future". – Adrienne Stevens, Deaf Patient Access Group (DPAG) member

"In 2015, BHRUT attended the inaugural Havering Deaf Community Action Forum.....from this a number of actions were taken. This has led to the deaf community in Havering feeling reassured that they have been listened to and that the Trust is continually taking action to improve accessibility and equality". Tony Shiel, Chair – Havering Deaf Community Action Forum

What Makes Us Special??

This initiative has been so successful because it has met a clear need. This issue was flagged up initially by members of the Deaf community themselves, and Deaf patients, carers and family members have been heavily involved from the outset in drawing up our action plan, monitoring its implementation and continuing to plan the next steps. This initiative has had a particularly big impact in a short space of time, thanks to the commitment of Victoria and members of the DPAG. We believe this initiative is highly transferable across organisations and also highly adaptable within the organisation to improve awareness and accessibility to healthcare for other groups of patients with additional communication needs.

Contact Details - Victoria Wallen - victoria.wallen@bhrhospitals.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Barnardos

Journey Through Treatment for Children and Young People with Eating Disorders

(online Video and Audio resources)

Category

Access to Information

Organisation

Since April 2009, Barnardo's Helping Young People and families to Engage (HYPE) service has been working in an innovative, pioneering partnership with the Community Children's Health Partnership (CCHP) – an NHS staff group of 900 in Bristol and South Gloucestershire making children, young people and their family's participation meaningful in NHS services. This NHS Barnardo's partnership is about bringing together the different skills and expertise of an NHS and national voluntary sector organisation to create high quality services that have the best evidence based clinical care with the best service user experience. HYPE, a service of 7 FTE works with children, young people and their families/carers, commissioners, health practitioners, professional leads, service and senior managers, education and Voluntary sector. We achieved "outstanding service nationally" from the CQC in 2015 – key being the evidence base demonstrating the impact of this way of working. Young people have strong ownership of the HYPE service and took charge of creating a mission statement for CCHP as part of a participation strategy developed clinical staff. *"It's our mission to make sure we always listen to you and understand what your experience of healthcare is"*. We have been developing a 'whole systems approach' to embed CYP and families participation at every level of the CCHP, with significant attention on creating a positive culture of service user participation.

Summary

A consultation with families affected by eating disorders gave an overwhelming message about the complete lack of information and understanding they had at the beginning of the process of receiving services. This created long lasting barriers in their ability to access and engage with services. Prior to this feedback provider services thought their communication and materials on eating disorders were adequate. Barnardo's continued to work with the families involved in the consultation and linking with a small, enthusiastic group of clinicians & we mapped out the information families identified as being useful. We knew from young people that paper based information was too heavy and inaccessible. Families were coming into service with huge stress levels, feelings of being out of control and needed something digestible. Scoping the use of digital media we identified a lack of information that showed the whole journey from the point of view of the family and clinician. Families said this seemed to fit with what they felt was missing. We then set about engaging with GPs, Bristol Children's Hospital, Adolescent Inpatient unit, CAMHS and adult mental health services together with families. A plan was then developed for a suite of video and audio digital media showcasing all possible aspects of the pathway with a family's story as the central narrative. This media was published online in 2015 and provides a CYP focussed story with all the services around the child in an accessible and unique format. Responses from family's were instantly positive and reports that it radically changed their conversation with professionals. See webpage with all associated video and audio materials. The main film has had 5.5k hits since June 2015. <http://cchp.nhs.uk/cchp/explore-cchp/eating-disorders>

Impact

The audios and videos have been evaluated through survey monkey in 2016 and received feedback from both local families and clinicians and clinicians across the country. This has generated lots of positive feedback as well as suggestions for exploring this work further. We chose this method as respondents can be anonymous and has a wider reach than internal questionnaires. We also use the CYPIAPT session by session monitoring within eating disorder patients locally and this is giving us very important feedback about the role of the clinician in supporting this information which we have then used to promote it to a minority of clinicians who are not as engaged. The main findings from this monitoring are: 75% of parents felt informed about the purpose and approach of the different eating disorder services. 60% of young people felt able to watch the film within the first few sessions and it reduced their anxiety about what was going to happen. Families also now report feeling more informed and able to join in discussions about their care. We have had more young people with eating disorders involved in participation activities and wanting to develop these resources further.

What Makes Us Special??

- Young people's and parents' views were central from the outset & throughout the process;
- Senior leadership supported the process across all the different organisations;
- Clinicians prioritised family's views over their own unless this went against the evidence base;
- The resources are innovative and provide an emotionally powerful and engaging experience;
- Combining the clinical and family perspective like this is unique;
- There was significant national and local interest;
- These resources continue to stimulate new ideas of how to reach more aspects of young people's lives e.g., school and friendships.

Contact Details - Charmaine Lynch - charmaine.lynch@barnardos.org.uk





PEN National Awards 2016

Re:thinking the experience

Bolton NHS Foundation Trust

Integrated Staff & Patient Metrics

Category

FFT and Patient Insight for Improvement



NHS Foundation Trust

Organisation

Bolton NHS Foundation Trust is a combined Acute & Community Trust within the Greater Manchester area. We have 5,200 staff who work across one main hospital site (Royal Bolton) and various Health Centre locations across the locality.

The Trust went into turnaround in 2012/13, but was successfully led back out of special measures by our CEO Jackie Bene. In Autumn 2015, Monitor announced we had been taken out of special measures. Trust Performance has continued to be strong; we announced a financial surplus for 2015-16 and on target for a similar outcome in 2016-17.

As part of our organisation improvements, we have re-invested in staff engagement to help enhance our patient experience even further. In the 2015 NHS Staff Survey, our Staff Engagement score had climbed to 3.89 which placed us in the top 20% of Trusts.

Summary

Our early work in 2015 to correlate staff metrics and patient metrics was recognised when we achieved Runner-Up in the Staff FFT category of the NHS FFT national awards. It was also featured as a good practice case study by NHS Employers (March 2016). We have continued this work to incorporate the use of iPads on our hospital wards to capture live patient & staff feedback. Using our Staff FFT question set, we have been able to prove that specific elements of our staff experience have a more significant influence on the patient experience. This has been a significant breakthrough in understanding the nature of the relationship between the two at local level. It has enabled us to identify the factors we need to focus more on as part of our efforts to continue to strengthen staff engagement. Working with our technology suppliers (Optimum Contact) and our Patient Experience colleagues, we loaded our full Staff FFT question set (11 items) onto the Meridian iPads in May 2016. An initial 6-month pilot allowed Ward staff to familiarise themselves with the devices and begin to record their own Staff FFT responses on a monthly basis. The early staff feedback from Meridian also helped us in our efforts to further explore the nature of the staff/patient experience correlation that was hypothesised by our initial metrics work in 2015. The initial pilot period was provided free of charge by our suppliers as a proof of concept. It would enable us to determine whether it would be worth investing in an iPad solution to develop integrated staff & patient metrics for the longer term.

Impact

We promoted use of the new Staff FFT questions on the Meridian iPads through our Divisional Nurse Directors, Matrons and Ward Managers. Initial uptake during the 6-month pilot has been light, as the ward staff are still adapting to the use of iPad technology to gather feedback. However, we have generated sufficient staff data that we have been able to use Meridian results for two wards in our correlation work for Q2.

The addition of monthly Staff FFT feedback at Ward level has enabled us to refine our initial findings from 2015. We have now concluded that two of our Staff FFT items, together or apart, have more of a significant influence on patient satisfaction and patient complaints, these are:

- Q3, I am able to make improvements happen in my area of work
- Q6, I receive recognition and appreciation from my line manager

When these Staff FFT items are more positive, the corresponding quality of the patient experience appears to be higher. Wards where one or more of these items are negative, tend to see lower patient satisfaction and more complaints. The Meridian pilot has now given us the confidence that we understand the local correlation between staff experience factors and the patient experience at Bolton. This positions us well in terms of future staff engagement support for those Wards with lower scores on Q3 and Q6.

What Makes Us Special??

This work commenced in 2015 from an inherent belief that staff engagement can make a positive difference to patients. Over a 12 month period, we have explored the nature of any correlation and now introduced technology that allows fully integrated staff & patient metrics to be realised. We are using our extended Staff FFT question set in an innovative way to gather monthly feedback at the Ward level; we are not aware of any other Trust who are deploying the Staff FFT in this way to enable real-time feedback & analysis around the staff/patient experience.

Contact Details

Sandy Wilkie - sandy.wilkie@boltonft.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Bradford Hospitals

End of Life Companion Scheme

Categories

Support for Caregivers, Friends and Family & Personalisation of Care

Bradford Teaching Hospitals **NHS**

NHS Foundation Trust

Organisation

Bradford Teaching Hospitals are committed to high quality care placing patients at the centre of all we do. Covering a large and multi-cultural population we aim to be responsive to the needs of both patients and their families/carers. We look for new ways to improve patients experience and this joint collaboration between the Chaplaincy and Palliative Care teams demonstrates our commitment to dignified care. The Palliative Care Team delivers compassionate and holistic end of life care. The Chaplaincy Team embraces a multi-faith model of care placing spiritual, religious and cultural care at the forefront of their work. There are 565 volunteers, 65 of which are trained to a specific role descriptor, provided with education and supported to fulfil their role.

Summary

This hospital-based scheme is the only one of its kind in the region and utilises expertise from both teams involved. The Palliative Care and Chaplaincy teams have worked closely and successfully in setting clear objectives, training 9 selected volunteers and piloting the scheme on 3 wards within the Trust. Discussions were held with ward staff about how the scheme would work and fortunately they have fully encouraged this work. They have appreciated the role of the companions whilst supporting them during visits. Additionally our initiative focusses on robust supervision for the companions.

There have been regular debriefing sessions and feedback was obtained after visits from ward staff and the companions. This feedback has been overwhelmingly positive from both. Anecdotally families have appreciated their loved ones having company in their final days and we are looking at ways to record feedback sensitively. The companions have spent over 90 hours of time with dying patients. The pilot has been a success and we are in the process of rolling out Trust wide and recruiting 4 more volunteers. Many staff on other wards have already heard about the scheme. We believe we are improving patient and carer experience.

The Palliative Care and Chaplaincy teams have close working relationships and so collaborated from the start in planning the scheme and a pilot. The team approached existing, experienced volunteers and selected 9 volunteers who all expressed an interest in the training. 3 education sessions were held and 9 volunteers committed to the scheme. Nursing staff (including Sisters) on 3 wards agreed to pilot the scheme. Promotional material was distributed to the wards about the ELC's and how to refer. Feedback sheets were devised for ward nurses and ELC's to determine what went well and what could be improved. Group supervision sessions were arranged to support ELC's and to discuss any issues.

Impact

There have been 37 visits each lasting 2 to 3 hours. We have collated feedback from companions and from nursing staff regarding what has gone well, gone badly or could be improved.

An ELC has been present for only one death however we have found that ELC's have been there with a carer/family member and supported them through this difficult time ensuring they have company and support as well as the patient.

There has been positive anecdotal feedback from relatives although this has been difficult to measure due to the sensitive nature of the situation. The scheme has been presented at a nursing development forum and a Trust Grand Round and feedback has been positive from staff.

What Makes Us Special?

This initiative is purely about emotional support and compassion at what is a very distressing time for patients and relatives. We really believe in our End of Life Companions and want to celebrate their bravery and commitment. The companions give up their time to comfort patients and families at what is a unique moment in the patient experience. We have patients from many different backgrounds with many beliefs and the companions support patients with different faiths if this is required. We feel the supervision we give to the companions is robust and we value their work and dedication.

We have learned that an initiative like this will be successful if we work collaboratively sharing experience and expertise. We are aware of the importance of supervision and debriefing. Supporting the companions has been a priority. We understand that the recruitment process for the companions has to be robust due to the sensitive nature of the work. We have seen that families appreciate the companions spending time with their loved one but that family members themselves value the company of the volunteers. They do not have to be alone with their relative.

Contact Details - Paul Fernandez - paul.fernandez@bthft.nhs.uk



PEN National Awards 2016


Re:thinking the experience

Bradford Teaching Hospitals

Baby View - Neonatal Intensive Care Video Conferencing Project

Category

Innovative Use of Technology/Social Media

Bradford Teaching Hospitals 

NHS Foundation Trust

Organisation

Bradford Teaching Hospitals NHS Foundation Trust is responsible for providing hospital services for the people of Bradford and communities across Yorkshire. We operate over several sites, including Bradford Royal Infirmary, which provides the majority of inpatient services, and St. Luke's Hospital, which predominantly provides outpatient and rehabilitation services. As a teaching hospital, we are at the forefront of research, education and development in healthcare. Bradford Teaching Hospitals are committed to high quality care placing patients at the centre of all we do. Employing 5000 staff, covering a large and multi-cultural population we aim to be responsive to the needs of both patients and their families/carers. We look for new ways to improve patients experience; this joint collaboration between the Information Technology, Neonatal services & the Chief Nurse team is an excellent example.

Summary

There is often delay of a few hours before parents of critically unwell neonates can see their babies in Neo-natal Intensive Care. We have implemented and are using a state of the art and ground breaking video conferencing facility through a secure platform, allowing parents of sick babies to be able to see the baby and converse with the clinical team looking after the baby from anywhere in the world. This technology has enabled parents to be able to see their infant's real time and engage visually with the clinical team. This process has decreased parental anxiety, enhanced family integrated care with the additional health benefits to the infant. Parents can make a video call from PC, Laptop, Max, SmartPhone or Tablet to the team looking after their sick baby. Feedback from parents has included "I used this at night time and could see that my baby had settled before I went to bed," and "I was in a different hospital to my baby for three days and this eased the anxious feeling." Feedback to date has been 100% positive from parents and neonatal staff. Approximately 40-50% of families with sick babies in the unit are using the system. This is an NHS wide issue, with parents of ill children sometimes finding that they live in one place and have babies in separate Neo-natal Units, because of clinical requirement. One example was of parents living in York, with one baby (twin) at Leeds and the other at the Bradford Neo-natal unit. The Bradford Neo-natal unit has 31 cots and provides intensive care services to sick neonates born within and outside the Yorkshire Neonatal Network. There are about 600-700 admissions every year and most are admitted to the unit within minutes after delivery. This means that the babies (some of who are critically unwell) may spend most of their first few days away from their parents, while the mothers are recovering either in the delivery suite or the postnatal wards. There are an increasing number of babies who are transferred to the unit from elsewhere. This is a very distressing time for parents and the challenges of not getting to see the babies as early or as often as they would like to, disrupt early bonding, influence early expression of breast milk and adversely affect their overall experience in the hospital.

Impact

- Positive parental feedback and satisfaction survey – (100% positive – All parents found this a very beneficial experience and did not have any technical difficulties) evidenced by numerous testimonials
- Staff experience survey – 100% staff identified this as a process to enhance patient experience and demonstrated need for further investment (i.e more video units to facilitate multiple calls at the same time)
- Technical validation of the solution – IT department – ensure reliability and usability
- Frequency of use – monitoring regular use of the facility
- Significant local media interest, also showcase opportunity. Showcase Event to the Chair of the CQC who visited the trust in October.

This gives a very strong message that our organisation is innovative and committed to our patients care and wellbeing. Other departments within the organisation now have thoughts and ideas about how technology can help them.

What Makes Us Special??

This project is very special, it was based on a concept and driven forward with passion and commitment, and it proves collaboration between teams can work effectively. The whole team were absolutely of the belief that it was the right thing to do for patients. Each member of the team brought different knowledge and skills to the project. The end goal was to enhance integrated family care. We are the first unit to develop and implement this service in the region and possibly within the country. With the overwhelmingly positive feedback from both families and the staff, we believe that this intervention will help us support parents through a long and potentially distressing neonatal journey.

Contact Details - Shelley Bailey - shelly.bailey@bthft.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Bristol Royal Hospital for Children - University Hospitals Bristol NHS Foundation Trust

Talk to us - having #Conversations

Category

Partnership Working to Improve the Experience

University Hospitals Bristol 

NHS Foundation Trust

Organisation

Bristol Royal Hospital for Children is a tertiary acute centre, providing specialist care to patients across the South West as well as local services for Bristol families. Care is either ward or outpatient based and may be multidisciplinary, supported by specialist diagnostic and therapy teams. Specialist services include paediatric medicine and surgery, oncology, cardiac services, trauma and orthopaedic and renal services.

Summary

#Conversations ran from 14th to 23rd September and at the heart of the campaign was an aspiration to change current thinking and embed a new way of working in partnership. The project was innovative in that it brought together stakeholders which represented the entirety of the hospital and involved all levels including the Chief Executive. 8 different types of activities were designed to encourage conversations around engagement, resilience and the Trust values in a variety of formats and settings. Co-designing and co-delivering the activities (57 activities in total) with a variety of stakeholders meant that conversations happened beyond the confines of usual boundaries like title, role or speciality, greatly enhancing the experience for all staff and service for all patients and their families. This was a precedent for the Trust in developing a 10 day event that ran alongside usual operational practice. #Conversations was a unique series of events which had not been delivered before. It worked as a catalyst to establish firm foundations to build on, a model to have conversations throughout the year and delivered the information for a robust action plan and long term strategy to address key issues around engagement. By sharing our methodology and positive practice we hope to gain further momentum internally for the campaign and encourage other hospitals and healthcare providers to embrace this opportunity

Impact

The impact of planning, carrying out and delivering actions from the event has been wide ranging. In planning the event boundaries were challenged as groups of staff and charities that traditionally worked in isolation needed to agree ways of working that might have been difficult in the past. The process of the events themselves had a significant impact. Whilst the day to day activities continued, 57 activities took place, 87 staff engaged in starting conversations, 188 staff received a thank you nominations and three charities worked together to support each other and the hospital. The differences for the Trust included a short, medium and long term action plan delivering specific actions to enhance engagement. Actions from this were incorporated into the operating plan. A strategy to embed the feedback into a longer-term engagement plan was also developed and a three-year project grant to continue the event was agreed. Success was formally measured through verbal feedback and an impact evaluation survey. Feedback included staff reporting a sense of community across the hospital with more contact across wards/departments. Social media 'Likes' increased from 1039 to 2206 evidencing wider engagement of families outside of the hospital. Tangible outcomes include the development of a Partnership Charter, a commitment for longer and more frequent job shadowing opportunities, more teddy hospital sessions, better communication for families and staff about issues around resources, facilities, news and events through newsletters and social media and an agreement that #Conversations be embedded in a long-term strategy. One highlight for staff was the Chief Medical Officer stepping into the role of out-patients receptionist - a talking point and a chance for staff to build relationships with senior managers.

What Makes Us Special?

The initiative was unique in a number of ways. Over 10 days and it involved young people, families, staff and wider stakeholders simultaneously engaging in conversations about key questions around engagement. The conversations occurred in 57 activities and thoughts, ideas and feedback were recorded, verbally, through photographs, via social media, on magnetic boards and through formal feedback mechanisms. The feedback and outcomes have informed all layers of strategy within the Trust and the success has resulted in three years of project funding. The planning of the events and the events themselves generated universal buy-in and challenged the community to change the way it works. Through the events staff and families voices were heard together and in partnership, they were able to evolve ideas and aspirations which will form the building blocks of better engagement throughout the hospital. By breaking down the formality of more usual approaches to consultation, it allowed everyone to work in a more creative, playful and imaginative way without feeling intimidated by the experience. We worked on the principle that the key stakeholders are the best placed to guide the hospital on what will be most effective in improving experiences for both staff & patients. It worked on the basis that the needs of each group are similar – to be heard, to be understood, to be recognised, respected, to be part of the solution.

Contact Details - Vanessa.Garratt@UHBristol.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Cambridgeshire Community Services NHS Trust

Beads of Courage: Making a Difference for Each Child

Categories

Personalisation of Care & Continuity of Care

Cambridgeshire Community Services 

NHS Trust

Organisation

Cambridgeshire Community Services NHS Trust provides a range of services to children and adults across Bedfordshire, Cambridgeshire, Luton, Peterborough and Suffolk. With an annual budget of £110 million and approximately 2200 staff, the Trust's vision is to provide high quality care to the diverse communities we serve to make their lives better. Community based health care services are fundamental to the success of an NHS that gives people more choice and control over their health care. Our Children's community nursing services are passionate about supporting children, young people and their families to maximise the opportunities available to them.

Summary

The Beads of Courage programme was introduced to the UK, from America, through the paediatric oncology units. The beads are a concrete visual representation of each intervention a child has undergone during their treatment, helping them talk about their condition, fears and hopes. As a Community Children's Nursing team, the children and young people (CYP) we support with cancer started to receive the beads supplied to us by the Regional centre.

Mags Hirst, our play specialist, recognised the benefits of this scheme and was passionate about extending it locally to the many children we care for complex and life-limiting illnesses, but who do not have cancer. As the beads are not funded by the NHS, as a team we identified funding streams to ensure sustainability and to ensure local CYP could continue to benefit from these.. The Beads provide them with a unique approach to personalising care by working in partnership with CYP and their families, enabling them to understand and talk about the impact of their condition and treatment on their daily lives.

Impact

The positive impact of the beads cannot be emphasised enough. Children and young people now have a voice that they may not have had previously. They are able to discuss and articulate their own, individual, stories in words and language they understand. The children, and their families, are able to take their unique combination of beads to hospital and clinic appointments and express what has happened to them since they were previously seen. The impact on professionals has been astounding, most have never contextualised what it means to be a child or young person with a complex or life limiting condition. To see the beads, threaded together, is a very humbling experience for both clinicians and non-clinicians and is a reminder of why we all work in the roles we do and that all of us are working together to ensure positive experiences of health care for our patients or client group. We wanted to give the CYP a voice, a way of talking through their experiences, fears and successes. We have evidence of a young girl who was selectively mute, as a result of her fears and worries due to her ill health. Using her beads as a platform to speak, she was able to explain to people what scared her and what she has endured and earlier this year she was supported by Mags to stand up in school assembly and talk about her journey. We are measuring the beads in terms of cost and report 1/4ly on this to our financial team and donors, to ensure effective and appropriate use and ongoing sustainability of the beads. The greatest measurement we have is qualitative from the feedback and engagement from the children and their families both in terms of engagement with the initiative, a positive expectation that the children will receive their beads from the nurses who visit them, the accumulation of retrospective beads for interventions by professionals outside of the team and increasing attendance at our annual tea party for children and families where we celebrate the immense courage and bravery the show each day.

What Makes Us Special?

The beads and the story they tell are unique to each child, their siblings and their families. The beads build a picture and a memory for each family that they can keep and reflect on. It gives credibility to their journey in a concrete and understandable way that can be used to explain to a child, when they are older, what had happened to them, or as memory for the family if their child is no longer with them. We were the first team in the UK to introduce the beads for children and young people with a non- oncology diagnosis, and the celebration annually of the children and their beads is a spectacular, happy, exciting event. With the positive attitude and leadership demonstrated by Mags, a willingness to identify unique elements of each child's journey, and our ability to share a joint, team vision, keeping children and families at the centre of what we all do, we have been able to work together to truly benefit children. These benefits are achieved at the most challenging time in a family's life and through the most painful journeys they will ever have to face, providing a platform for them to express their own, unique stories and paths

Contact Details - Sian Hooban - sianhooban@nhs.net



PEN National Awards 2016

Re:thinking the experience

Caswell Clinic

Self Management Group

Category

Strengthening the Foundation



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Organisation

The Caswell Clinic is the Forensic Medium Secure Unit serving a population of 1.8 million in South, Mid and West Wales. It is a purpose-built unit, built in 2004, with a capacity of 61 beds located across 5 functional units. The Clinic is part of the Mental Health Directorate in the Abertawe Bro Morgannwg University Health Board and is sited in Bridgend, South Wales. 235 staff are employed in the clinic. The aim of the Caswell Clinic is to provide inpatient and outpatient care for adult men and women who suffer from mental disorders and who have either offended or are at risk of offending.

Summary

The Self-Management Group is an innovative project to help patients understand the Care and Treatment Planning process and achieve a greater involvement in their own care and treatment. The introduction of the Mental Health (Wales) Measure 2010 offered individuals legal rights around their Care and Treatment plans. The Self Management Group was formed, led by Occupational Therapy and Nursing: as a new project this initially focused upon individuals who were on the discharge pathway but it quickly became apparent that the group was suitable for all and would be offered as such. The groups were small in number with a high ratio of staff support to ensure that information was delivered at a level that was individually required. Participants were required to attend and engage in a series of workshops and complete an accredited workbook; they were encouraged to explore different aspects of their lives, identifying potential problems, exploring possible solutions to move on in a positive way. Positive feedback was received from all who attended and a research project is currently examining the overall effectiveness. It is hoped the project will continue to thrive and keep making an impact on the recovery pathways of patients.

The Mental Health Wales Measure 2010 placed duties on Mental Health service providers regarding the preparation, content, consultation and review of holistic, recovery-focused Care and Treatment Plans. As a service the focus was to move towards patients being much more involved with the creation of their own plans, and we needed to provide them with the necessary skills to do so. The aim of the group was to inform people about the Care and treatment plan and promote patient involvement in the process. The group was intended to empower those who participate in it to feel more able to contribute to writing their own plan and increase patient confidence in collaborating with care co-ordinators and other services.

Impact

As a result of attending the course, patients have become more involved in the Care and Treatment Plan process. The group has raised awareness amongst the patient base at Caswell about the contents of the C&T plan particularly around relapse indicators. This highlighted a deficit in patient's knowledge and also an area which could be further addressed by those who support patients with their plans. The initiative has rapidly established itself as a valued group within the clinic, and other facilitators have looked at its success with a view to remodelling their groups. Feedback from patients was gathered both informally and formally during the run of the course and at its conclusion. Written evaluation forms were completed at the end of the workshops to provide summative data and a written reflection from each patient has provided quantitative data. Outcomes from the group are still being collected. A research project involving patients who have completed the Self Management Course has gained ethical approval and patient interviews are ongoing at present.

What Makes Us Special?

The Self Management Group utilises a hands on learning approach and uses patient and facilitator feedback to inform the continued development and structure of sessions. There is a relaxed informal nature to the sessions which encourages patients to participate, learn and develop both skills and understanding. There is a robust selection process which includes clinical teams, facilitators and the patients themselves which ensures participants are ready to join in. Patients need to be at a stage on their recovery pathway which allows them to look towards the future and goal set in a realistic and achievable manner in order to maximise their gain from the group.

There is a continuous evaluation and feedback process which helps all involved patients and facilitators to continue to learn and develop.

Contact Details - Janet Day - Janet.Day@wales.nhs.uk



PEN National Awards 2016

Re:thinking the experience

City Hospitals Sunderland

FFT Champions – DOSA Team

Category

Team of the Year



City Hospitals Sunderland 
NHS Foundation Trust

About Nominee

The DOSA team recognise that being admitted to hospital for a surgical procedure is often a very frightening and intimidating experience for patients, especially those with learning disabilities. The team have recognised that this group of patients can be very agitated, aggressive, and display unpredictable behaviour when in new surroundings and surrounded by unfamiliar faces. This can be exacerbated by the fact that DOSA can be very busy, accommodating up to 70+ patients per day. The team strive to improve patients and carers experience and their continued efforts and dynamic approach has led to significant improvements in the care delivered to patients with learning disabilities. They have tailored the patients and carers admission process to reflect an individualised and empathetic approach for this group of patients, and their thoughtfulness and understanding of the specific needs of individual patients with learning disabilities has led them to develop a “easy read” fact sheet which is available on the Sunderland Action for Health website. This factsheet contains pictures of the DOSA staff “at work” as well as an easy read narrative.

Summary – At Work

Tailoring individualised care to this group of patients can be very challenging. The team have embraced the challenge and implemented a number of changes in order to achieve this. The unit have worked with the Trusts Acute Liaison Nurse for Learning Disability and the Pre-Assessment Unit to identify patients who will be admitted via DOSA, to develop an individualised care plan to be implemented when the patient is admitted. The unit has a limited number of individual rooms for the allocation of patients, but when a patient with a learning disability is admitted, an individual room will be allocated and the patient and carer are able to stay in this room until the patient is ready for theatre.

The care plan contains details of specific individual needs which will be accommodated in DOSA: The service organises first or last appointments at less busy times and reducing stay; They make changes to the environment to make the patient feel more comfortable. E.g. customising rooms with pictures of patients’ hobbies and interests and making ‘medical’ equipment such as hospital trolleys less imposing; The team will avoid situations that cause anxiety and distress. E.g. not having patient bracelets, gowns or anti-embolism stockings if this causes anxiety/discomfort; They make patients feel more comfortable by engaging people with their hobbies and interests; Clear advice is given about sedatives and anaesthetic to patients and families. Sedatives have been provided at home and in the reception area for patients who are very anxious; The service will coordinate multiple procedures within one session so that the patient does not have repeated visits. E.g. a patient who had a minor operation on a foot, carpal tunnel procedure and had bloods taken for epilepsy treatment under general anaesthetic; Staff were alerted to the fact that a patient became very distressed at hearing fire alarms and arranged for the fire alarm testing to be postponed; One patient had a fear of lifts and had the procedure at ground level; The service will pre-book parking directly outside the unit; The DOSA team encourage family carers or people that know the person well to be involved in pre-appointments and to be present when the patient wakes up after procedure.

What Makes Us Special?

The Manager and Team Leaders of DOSA are extremely committed to ensure that all patients receive the best care possible at all times. Their ability to identify and implement change swiftly is highly commendable. Their dedication and enthusiasm to have a positive impact on this group of patients is reflected in the spirit displayed within the whole team. All members of the team have been involved in the implementation of the changes made. The team meet monthly to discuss and reflect on changes, which empowers them to contribute to discussions and service improvements within the department. Recognising and understanding the distress and fear a hospital admission can have on a patient with a learning disability, and then being able to provide a positive, stress free visit has a huge impact on the patients and carer’s experience. Often patients with a learning disability require return visits to theatre, when their initial experience is a positive one, this has a beneficial impact on their return visits exhibited in their behaviour and the feedback received from their carer’s and family. The same nurse will be allocated to the same patient if a return visit is necessary, this provides a familiar face and makes the visit less stressful. The team continue to review measures put in place and work collaboratively to maintain and improve the care delivered. This approach can be replicated in other areas dealing with patients who have a learning disability, by adopting the same processes and collaborative team working with the services involved. The easy read factsheet has been shared and uploaded to the Sunderland Action for Health website, and the team would be more than willing to facilitate visits from other areas to provide information and support the development of a similar service.

Contact Details - Julie Porter - julie.porter@chsft.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Central Manchester University Hospitals NHS Foundation Trust

Perfect Dining Week at Central Manchester University Hospitals

Categories

Environment of Care, Measuring, Reporting and Acting
& FFT and Patient Insight for Improvement

Central Manchester University Hospitals 

NHS Foundation Trust

Organisation

Central Manchester University Hospitals NHS Foundation Trust is one of the largest hospital trusts in the United Kingdom, with 5 main hospitals on the main Manchester City Centre site and a further two under Trafford Hospitals. These are: Manchester Royal Infirmary, Manchester Royal Eye Hospital, Royal Manchester Children's Hospital, Saint Mary's Hospital, University Dental Hospital of Manchester and Trafford Hospitals (including Trafford General Hospital and Altrincham Hospital). With roots back to 1752, the hospital became a Foundation trust in 2009. We treat over a million patients annually & have over 13,000 staff employed across the organisation within primary, secondary, tertiary and community care services.

Summary

Patient Experience feedback provides a rich source of data to support continuous improvement of the Trust's services. Patient feedback is sought continuously by the Trust through a range of formats and findings inform improvement activity at strategic and local level. The intention of the Perfect Dining Week was to deliver a perfect personalised dining experience to all patients at every meal throughout the week and beyond. This project was the first of its kind at CCMFT to look in detail at all aspects of the food service and delivery, working in partnership with the external organisation which provides this, as well as all levels of staff in the organisation, both clinical and non-clinical. The cross-divisional working allowed colleagues to understand each areas' individual responsibilities for the delivery of food and drink services, as well as highlighting issues and concerns in a safe and receptive environment which promoted the ability to change what had been in place. Staff engagement as a result was very high, with each of the Hospital's divisions taking part, and having 'champions' to help with the momentum of the event, as well as incident reporting as the week progressed. A Trust wide review of the process and quality standards for the Breakfast service were identified, as well as a review into the ordering process for Bonne Santé and Bulk meals which were provided on the main hospital site. A re-launch of 'protected meal times' is planned as a result of patient feedback as well as changes to the portion sizes for children and young adults in the Children's Hospital. A Patient Environment of Care Steering Group has been formed and will plan a 6-12 month improvement programme.

Impact

The Perfect Dining Week generated a vast amount of both qualitative and quantitative data. In total, 5872 patient experience audits and 1175 process audits were completed. In addition over 900 postcards were distributed to patients asking the question "If you could Change-1-Thing about your dining experience what would it be?" Results provided an initial basis for quality improvement initiatives relating to the food service, such as the processes which took place on each ward, to increase patient experience levels for the next mealtime. A 'score' was provided for each individual area depending on the patient and process surveys, allowing areas to seek improvement over the course of the week, and an overall 'trust' score for each mealtime. The final 'trust' score demonstrated an improvement in the overall quality score for each meal compared to the baseline data. The trust is aware that every member of staff who is involved in the meal delivery process at the hospital would be paramount to this project and from the start it was acknowledged that all levels should be involved in the planning meetings. As a result of staff involvement, colleagues were extremely enthusiastic about the week and the teamwork and commitment displayed was palpable. Comments from staff who were involved in the Perfect Dining week were captured for example: "*The Perfect Dining Week is a perfect opportunity to give the patients a voice*" (Hospital housekeeper). The overall Quality Score achieved during the PD Week exceeded initial targets, and reached 90% or above throughout the week. Extremely positive feedback was received, with actions taken to enhance the service provided at the following mealtime.

What Makes Us Special?

This initiative was unique at Central Manchester and required high levels of planning and testing with colleagues across all levels involved to ensure that it would be successful. 62 wards and departments took part in the project, of which 7 were at one of our satellite sites (8 miles away) and 1 in a NHS Facility within a private facility in Gorton (1.5 miles away). Technology allowed communication in real time across the organisation allowing comparison and differences between different levels of service to be analysed. It can be very difficult to personalise the dining experience due to the intricately personal opinions of each patient and family member at our hospital. However, the data demonstrated that despite the size of the organisation, and the different opinions of patients, the overall experience improved on a daily basis demonstrating the level of understanding and commitment from all of the staff involved.

Contact Details - Steve Mosby - steve.mosby@cmft.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Colchester Hospital University Foundation Trust

Tammy Diles

Category

Complaints/PALs Professional of the Year

Colchester Hospital University 

NHS Foundation Trust

Summary

From a difficult starting position Tammy has brought patient experience to the forefront in the improvement of services across Colchester Hospital University Foundation Trust. Tammy has used a both data and lived experience to provide a clear evidence base on which to inform improvements in services across the trust. She has brought in innovative models of engagement through hosting open days bringing the community into the hospital, increased access to information and signposting for patients, relatives and carers. She has introduced a system of co-working across all the different departments in the hospital which has led to a greater co-operation and understanding of colleague's roles within the organisation and where they fit together which has helped to support a more joined up service for patients. Tammy continues to update the CHUFT board and works closely with the new management team on further developments and changes.

About Nominee

Tammy Diles has been the deputy Company Secretary of the Colchester Hospital University Foundation Trust since 2001 and has been a key element to the hospitals growth and major changes/challenges. In 2015 after a CQC inspection report found that there was and in adequate leadership within the hospital around PALS, Complaints and Patient Engagement. This was recognised as a major failing within the hospital Trust, the board of governors and the then management team decided to take positive action and Tammy was seconded to the role of Engagement Manager.

At Work

In November 2015 Tammy became the Engagement Manager, with a demanding CQC report and growing inspection programme Tammy initiated a programme of transformation across the service. Her first task was to restructure the team and create a well-trained and well-motivated PALS and Complaints Service. The staff had new contracts and required new training to support their changing and developing roles, this had never happened in the past and staff and Tammy was determined that they would be engaged from the beginning of the process. The CQC and the Essex County Council Health Oversight & Scrutiny Committee had for over 3 years recommended moving the Pals office from a third-floor room. Within one month Tammy had worked with the trust estates team, hospital management, charitable organisations and the PALS team and the new PALS service has a high profile easy to find position within the entrance of the hospital. This has received a huge amount of positive feedback from the staff, governors, patients, families and carers.

The next huge challenge was under take a review of the complaints process and develop and deliver a robust system that meet the CQC and Trust only requirements. In Nov '15 the trust was showing an average of 89 complaints a month, in Aug '16 after the introduction of the new system there were only 27 complaints. The average complaints for all PALS team across Essex in Aug '16 was 38. Another major achievement is that every complaint is now dealt with within 100% of the compliance requirements. In November 2015 Tammy also inherited an underperforming and inadequate FFT system. The hospital trust was ranked by NHS England as being 113th for compliance in Nov '15. Once again Tammy worked with her team and the trust staff to empower people to engage and value the FFT system. In Sept '16 the hospital trust were ranked 11th for compliance. She works well with colleagues and partners alike and has an aptitude for bringing people on board and getting the job done – pushing through barriers to achieve real change for patients. Tammy is now a lead for the merger between Colchester and Ipswich hospital trusts and is part of the management structure responsible for driving up quality and making efficiencies across the two systems showing resilience in an ever-changing footprint within the NHS

The Professional

Tammy also introduced a new series of events to highlight the work under taken by the PALS team. This included a PALS awareness week, which is now a regular part of the hospital events diary happening twice a year. This week was also the first-time numerous agencies were highly visible including, Healthwatch Essex, McMillen, CHUFT League of Friends, SEAP, North East Essex CCG and the CHUFT Governors. There was a huge amount of positive feedback from all staff, families, patients and carers who were engaged. Healthwatch Essex saw a marked increase in positive feedback on its online trip advisor service throughout the week. An excellent example of engagement. Tammy is without doubt one of the hardest working engagement managers in Essex and across the NHS foot print. Her commitment to patients and their experience of CHUFT has led her to volunteering to work in the A&E department and the surgical ward. Tammy has also been out at external speaking events and was a founding member of the Essex wide complaints meeting which was created via the Health Oversight and Scrutiny committee of Essex County Council to share best practice, discuss risk and support learning.

Contact Details - David Sollis - david.sollis@healthwatchessex.org.uk



PEN National Awards 2016

Re:thinking the experience

Crawley CCG and Leacroft Medical Practice PACE Setter Award Initiatives around Communication with Patients and Families in a Culturally Diverse Setting



Category

Communicating Effectively with Patients and Families

Organisation

Leacroft Medical Practice team, Crawley (part of NHS Crawley Clinical Commissioning Group (CCG)) is delighted to be able to submit their application for consideration of a 2016 PENNA Award. Our work was conducted as part of our application for a PACE SETTER Award which is the Quality Mark for Children and Young People's NHS Services (<http://coastalwestsussexccg.nhs.uk/pacesetter>). Background on our General Practice – Practice list size of approximately 10,000. Culturally diverse population. High population of women and young people. 17.2% of practice population < 16 years; 5.4% < 5 years.

Summary

As a clinician and a GP practice we have grappled for a number of years with the issues presented by the culturally diverse population whom we serve where language can and does form a barrier to good communication. As a result, understanding the course and severity of some illnesses can be difficult for some of our patients. This means that they often either present inappropriately with self-limiting illnesses like cough and cold and diarrhoea and vomiting or at the other extreme do not realise the severity of the conditions their children have, so present quite late. The initiatives have been a very useful exercise as it has enabled us to review the services we provide and offer more holistic care to our children and young people. It has helped us to ensure our time is spent more efficiently by promoting health, preventing illnesses and recognising sick children and intervening promptly and appropriately. This has improved communication with our patients significantly and this has been very satisfying and fulfilling for staff. Furthermore, for our children who have complex medical needs their journey through primary care has improved.

In terms of our local initiatives, we decided to focus specifically on three areas:

1. Evaluation of services provided to patients with chronic illness eg. Asthma.
2. Health education outreach event to local primary schools – Discussing and promoting confidence in minor illness management eg cough & cold, diarrhoea and vomiting. There was an emphasis on effective hand washing in the prevention of spread of these minor illnesses.
3. Audit of the number of children and young people with complex medical problems - Reviewing the care of these patients and making 'passports' for them to ensure they get fast track services when they need to see the GP.

Impact

1. Asthma management - When there is a reduction in the number of patients presenting in crisis with asthma at the hospital emergency department. 2. Educating children and young people to be the health educators for their families - When patients and carers begin to seek help appropriately; reduction in the number of hospital emergency department attendances for minor illnesses. School attendance improves. 3. Passports for patients with complex medical problems - Patient feedback to see if this has helped. PACE SETTER practices where this has been undertaken have demonstrated that families find the "passport" has really improved their interactions with the practice team, consultations have been enhanced and there is much less repetition in how many times they have to answer questions as this is all recorded on the Practice computer system in an easily accessible way. We will meet/engage with all the parents/families in 1 year to seek their feedback and other areas for improvement. In addition, having reviewed our patients with asthma and identifying the patients with complex medical needs also meant that we now have these patients identified and grouped and we can send out the annual flu vaccine invitation to them. This will ensure that they are protected against flu and ensure that the winter months are less stressful for the patients and their carers. This may also impact on the uptake of the annual flu vaccine amongst children and young people which has been noticed to have dropped in the last 2 yrs, improving population health.

What Makes Us Special?

The PACE SETTER Award has helped us with quality improvement to galvanise our staff and patients to jointly produce initiatives that will make our services better all round. In terms of the practice: The Practice lead and team have enjoyed the experience of celebrating what we have been doing well and refocusing on children and young people has helped the team to improve our local services; The multidisciplinary GP practice team has been able to work better together as a result of our initiatives; As the children and young people's GP Lead for the CCG, we will be able to share our work with other practices which is going down well.

Contact Details - Patience Okorie - patience.okorie@nhs.net



PEN National Awards 2016

Re:thinking the experience

Derby Teaching Hospitals NHS Foundation Trust

Making Your Moment Matter

Categories

FFT & Patient Insight for Improvement

Derby Teaching Hospitals 

NHS Foundation Trust

Organisation

Derby Teaching Hospitals NHS Foundation Trust (DTHFT) provides both acute hospital and community based health services, serving a population of over 600,000 people in and around Southern Derbyshire. We run two hospitals: the Royal Derby Hospital, which incorporates the Derbyshire Children's Hospital, is a busy acute teaching hospital situated in Mickleover, Derby; London Road is the Trust's Community Hospital and is situated in the city of Derby. The Royal Derby has the only roof-top helipad in the East Midlands and its busy emergency department sees around 385 patients every day and we see around 2,500 in our outpatient departments every day. The hospital has a total of 1,200 beds. DTHFT has an annual budget of £450 million and is one of the largest employers in the region with more than 8,000 staff. Clinical excellence and compassionate care lie at the heart of the services we provide. Staff pride themselves on delivering high quality patient care, winning the Health Service Journal's first national 'Compassionate Patient Care' award. Our vision ensures that we continue - Taking Pride in Caring.

Summary

Where did it all begin? We wanted to understand the things that make the difference to our patients and we called this Making 'Your Moment' Matter. So that we can continue to promote compassionate care, we decided to develop five simple pledges for our patients and their families. The pledges are based on results of a consultation involving patients, the public, staff, Governors and Trust members (around 3,000 in total).

The consultation led us to five top things people would always expect from us, which we translated into pledges as follows:

- We will treat you as a person, not just a patient, with dignity and respect at all times.
- We will do everything we can to give you the best treatment.
- We will understand your needs by listening, empathising with you, and keeping you informed.
- We will make the place you are treated in clean, safe and caring.
- We will give you information in a way you can understand so you can make decisions about your care.

The patient experience team, led by the Associate Director of patient experience and facilities management developed a 2 year awareness/training programme that was implemented to ensure across the Trust and was embedded with all our staff and they owned this approach and strove to make the patient experience a positive one. These, now famous across the Trust, five pledges are consistently referred back to in senior and clinical presentations and are displayed across the Trust as our "5 Making Your Moment Matter Pledges" (MYMM).

To build on this 2 year campaign the patient experience team are in the early stages of delivering a training package that builds on MYMM called MYMM 'Local' (detailed in section 6). This package uses the 5 pledges but looks at the successes and challenges areas face locally and what their patient and staff data say about their ward/area. This will result in actions for staff and teams and will empower them to take control of these actions and be accountable for them.

Impact

The MYMM campaign was delivered across the Trust from April 2014, data analysis of the FFT feedback from our patients was then closely monitored over the next couple of years, in relation to the 5 MYMM pledges. This was done using the 11 themes on the back of our FFT cards that were added to the card purposefully to ensure progress against the five MYMM pledges could be realised. Supporting information was provided showing (1) graphs showing the positive impact of the MYMM campaign that immediately followed and (2) that demonstrates that the pledges have been embedded in the Trust and the success has been sustainable.

What Makes Us Special?

MYMM is special because: It is nurturing a compassionate culture within our Trust, that reiterates that the patient is at the heart of everything we do and therefore drives quality improvements within our Trust. The staff have been key to this project's success, in that we have a compassionate workforce that is committed to delivering the best care possible. The guiding principle is to treat all patients, their families, carers, visitors, employees and others who use the Trust's services as they would wish to be treated which is building on our C.A.R.E. guidelines (Compassion, Attitude, Respect and Equality). We believe in taking pride in caring. It can be adapted to various wards and departments but also can be adapted and delivered to different groups e.g. Trent Barton bus drivers.

Contact Details – Megan Roworth - megan.roworth@nhs.net



PEN National Awards 2016

Re:thinking the experience

East Lancashire Medical Services Ltd

ELMS Clinical Navigation Hub

Categories

Partnership Working to Improve the Experience & Continuity of Care



Organisation

East Lancashire Medical Services (ELMS) was formed as a small co-operative in 1994 by a group of local doctors who wanted to offer a first class Out of Hours service for local GP's and their patients operating on a not for profit basis. The success of the Company resulted in rapid expansion across the geographical area. With the introduction of the new doctors contract in 2006 the Company became the provider of choice for the two PCT's (now CCG's) who had the responsibility to commission services in their respective areas, and working alongside other organisations (PCT's, Acute Trust etc.) became further involved in the delivery of urgent care to patients. The principals and commitment of the organisation assisted in securing the contract for Out of Hours services across the whole of East Lancashire and now covers a patient population of 520,000 - employs over 200 staff including receptionists, drivers and nurse practitioners with around 100 local GP's working sessions on the rota. The company changed its name to ELMS to reflect the patient area covered by the service, and prides itself on the local knowledge and interest held by all in the organisation from the staff delivering the service to the CEO. ELMS have always recognised the benefits to patients which result from working as an integrated team with colleagues from other agencies. ELMS has expanded its portfolio of health services over the years to include providing clerical and administrative support to Dermatology clinics for local GP's, providing a call taking service for District Nurses, an Acute Visiting service, Clinical Navigation Hub, Health Access Centre with a registered patient list and more recently, ELMS acquired the contract for 4 local GP practices in the area. ELMS strength has been to expand and diversify from being a single contract provider yet keep its roots by remaining local and benefiting from local knowledge, experience and committed staff and clinicians.

Summary

This initiative has improved the patient experience and reduced cost across the health economy by avoiding unnecessary hospital admissions and keeping patients in their own environment. Introduced to reduce avoidable ambulance conveyances, establishing a Clinical Navigation Hub was a challenging new concept. Delivered by a small but very experienced team, primarily avoiding hospital admissions whilst releasing clinical time for GP's working in primary care and in the community by navigating and brokering simple and complex referrals on their behalf. Patient involvement was crucial to setting up the venture and assisted steering the principles of the project. Working with community service leaders our highly experienced team have become a trusted central point for all health care providers. The Navigational Hub Team ensure patients and their families receive prompt and appropriate care in the right place at the right time enabling frail and elderly patients to be treated in the comfort of their own homes with freedom and autonomy. Expansion has resulted in now taking calls from local GP's and Health Care Professionals about complex patients and their needs, guiding Healthcare Professionals in the right direction & brokering services on their, and patients, behalf across community & voluntary services.

Impact

We continuously monitor the service through audits, survey and provide updated monthly newsletters to share this information with service users, namely GP's, integrated services, therapists etc. This is important to ensure they are given the most appropriate information with regards to updated services and the typical and unusual patients the Navigational Hub refers to. The outcomes of the Navigational Hub show that there has been a marked reduction in hospital admissions in the frail and elderly, service reports are produced monthly and results shown to the CCG.

There have been an increasing number of calls to the Clinical navigation hub from varying HCP's for both urgent and routine referrals; this is reflected in an upward trend with the service having a positive impact on the health economy over the winter period. (see navigation Hub Monthly trend 2015-2016). We monthly report to Commissioners Key Performance and quality indicators

What Makes Us Special?

This service is special due to the one unique telephone number, sufficient time for staff to engage and allow healthcare professionals to move on with their ever increasing workload. We are able to provide the time to input necessary, and at times lengthy forms to complete or wait for someone to answer the telephone due to the high demand of the service e.g. social services. We are able to offer assistance when healthcare professionals who no longer know who to turn to and we support the patient in maintaining their privacy and dignity with regards to accessing details and the sharing of information.

Contact Details - Glenda Feeney - gfeeney@nhs.net



PEN National Awards 2016

Re:thinking the experience

East London NHS Foundation Trust

Collect, Review, Do

Categories

Measuring, Reporting and Acting & FFT and Patient Insight for Improvement

East London 

NHS Foundation Trust

Organisation

East London Foundation Trust (ELFT) provides a wide range of community and inpatient services to children, young people, adults of working age, older adults and forensic services to the City of London, the London Boroughs of Hackney, Newham, Tower Hamlets, and to Bedfordshire and Luton. We provide psychological therapy services to the London Borough of Richmond, as well as Children and Young People's Speech and Language Therapy in Barnet. In addition, the Trust provides forensic services and some specialist mental health services. The specialist Forensic Personality Disorder service serves North London and the specialist Chronic Fatigue Syndrome/ME adult outpatient service serves North London and the South of England. The Trust's specialist Mother and Baby Psychiatric Unit receives referrals from London and the South East of England. The Trust provides local services to an East London population of 820,000 and to a Bedfordshire and Luton population of 630,000. We provide forensic services to a population of 1.5 million in North East London. East London is one of the most culturally diverse parts of the country but is also one of the most deprived areas. Both areas (East London – culturally diverse & Bedfordshire – rural/affluent & deprived) pose significant challenges for the provision of mental and community health services. The Trust is the only mental health and community trust in London and the East Of England to have been awarded an 'Outstanding' rating from the CQC.

Summary

East London Foundation Trust's (ELFT) 'Collect. Review. Do.' approach to patient experience embodies our action orientated approach to quality assurance. It provides the structures and systems to empower its staff to own the feedback of those who have used their services, making small improvements that have a big impact. This initiative's innovative nature is not only attributable to the use of technology at all stages to improve data quality, but also the quality improvement methodology it is grounded in. Feedback is now accessible in a tailored manner to all members of the organisation and all action is based on statistical indications of change, ensuring an evidenced-based approach to patient experience across the Trust. The combination of these factors and the use of distributed, networked leadership throughout the organisation to drive this forward has led to a bold step toward a sustainable action-based approach to patient experience. Early wins have led to the transferring of this work to other assurance functions within the Trust, however the work involved in this project is unprecedented and measurements of success will evolve as changes in the culture of the organisation are achieved.

Impact

Real-time patient feedback is now collected electronically through our automated system within 85% of services across the Trust. Workload reduction has been achieved by removing the requirement of inputting data and freeing up time to focus on making changes that matter. Workload reduction has been achieved within the central team of 140 hours per month enabling them to utilise this time to facilitate the development and implementation of change ideas from patient feedback. Response numbers in our mental health services are set to statistically increase in December, following eight months of response numbers above the average. In community settings quality improvement work is now in place to better understand the challenges here and address them to increase response rates. Patient experience data can now be viewed at a trust wide, directorate and team level via online dashboards. Change plans are now also developed at a team level, informed by service specific results, helping staff to take more control over improvements made within their services and utilise their local expertise to make real changes to patient's experience of our services. We also centrally collate all change ideas, monitoring the numbers generated and progress against them; this follows the formal introduction of Patient Experience Action Trackers. The dashboards provide data in SPC and run charts to allow teams to change practice and accept improvement based on a scientifically validated approach. This has led to more informed changes to services & more confidence in the data. Service users informed on actions via 'You Said We Did' boards.

What Makes Us Special?

The adoption of quality improvement methodology, the use of technology and the central monitoring of actions taken from patient feedback all ensure this approach is one that is exceptionally robust. Our approach truly empowers staff at all levels by both supplying centralised and localised data. Senior leaders are able to more intelligently drive momentum and frontline staff can identify areas of improvement in areas they are able to control. The involvement of audit leads in the administration and leadership of the process goes beyond the traditional champion role and signifies strong buy-in across the organisation. Merging the use of Quality Improvement and patient experience data also supports the evidence-based improvement of services, ensuring value for money & correctly directed effort of staff members, realising real impact for patients.

Contact Details - Polly Pascoe - polly.pascoe@elft.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Frimley Health NHS Foundation Trust

Claire Marshall, Head of Patient Experience

Category

Manager of the Year

Frimley Health 

NHS Foundation Trust

At Work

"Claire has been in her permanent position as Head of Patient Experience at Frimley Health since April 2015 but was in a seconded position from Feb 2014. Through Claire's leadership the Trust now has a patient experience team in place and robust policy and processes which encourage patient feedback through multiple platforms in order that information can be gathered from as many of our patients as possible. This information is turned into meaningful data, regularly and readily available so that it can be used to affect change. As a result the Wexham Park Hospital received a 'good' rating from the CQC with no 'requires improvements' at its most recent inspection having previously been rated inadequate and placed in special measures. Since the CQC inspection improvements have continued with one of Claire's outstanding qualities being her drive and resilience. An example of this is the patient bedside survey results data. She has worked tirelessly to ensure that the data is presented to the directorates in a way that is simple yet meaningful and to that end she codes all qualitative survey results into Positive or Negative and then Relational (things we do that focus on the staff and patient relationship such as make them feel safe, communication, kindness, compassion etc) – this is important as these are the key indicators for great patient experience or Transactional (environmental factors or waiting times, food, parking etc.). Further breakdown is offered into broad subject codes on a spreadsheet which can be filtered by ward, site, & directorate. This means the staff can drill down to build up a picture ward by ward/directorate of really positive patient experience and areas for improvements. The data is also collated for the overall Trust results in order that staff can see the biggest comments for improvement (not necessarily negative) are often environmental, and the largest % of positive comments relate to the quality of our staff. Claire is passionate about her role and has the patient at the heart of everything she does, her commitment to that is demonstrated by the real-time responsiveness to feedback. For example on Twitter, Claire answered a gentleman who was very upset on a Saturday night about a change in the drug for his condition. He had received a letter that the Trust were moving from a named drug to a generic one. By lunchtime on the Monday the issue was resolved, the pharmacist had telephoned him and he agreed the choice of staying on the original drug. A lot of this work is undertaken by Claire in her own time. Another great example would be the waiting area in gynaecology and antenatal clinic. Feedback came loud and clear through NHS choices this was an area that needed focus with a poor experience for women. Those women that may have difficulty in early pregnancy or with fertility were expected to share a waiting area with pregnant women. After discussing with the Deputy Head of Midwifery Claire facilitated transformation of the waiting area into two sections. Claire line manages the Voluntary services manager who won a special commendation at the Excellence in Voluntary Management Awards from the National Association of Voluntary Services Managers in September for the work that they undertook in reshaping the volunteering offer over the last two years.

The Professional

Through Claire's leadership and hands on hard work there have been significant changes: • Board support and leadership for the way in which we deal with complaints; • Directorate chiefs of service actively involved; • More Local Resolution Meetings; • Restructure of Complaints and PALs team to allow patient facing interaction; • Strengthened PALs function leadership; • PALs relocated to prominent position demonstrating 137% increase in contacts; • Centralised complaints process implemented with staff engagement; • Recording of Patient Story for Board and other for a; • Bedside Folders implemented at Wexham Park; • Patient Information Tablemats Heatherwood Hospital; • New posters and leaflets informing patients how to seek help; • Robust responses to NHS Choices, Patient Opinion, Ask Andrew and Twitter @frimleyhealth; • Development of Patient Experience Forums on each site for shared learning; • Development of Changes in Practice Log from Formal Complaints

Individual Summary

Claire makes a difference to patient experience every day (even when she is not at work) through valuing every piece of patient feedback, always listening to the patients and the staff and leading with confidence and great resilience. She has made a difference to patients and their families/carers and this is demonstrated by a recent Christmas card she received from a long-term contact. Claire's ability to lead as allowed her team to develop and flourish which is evidenced by the voluntary services team award and is a direct result of Claire's leadership and impact on the team. She embodies our Trust values of working together, committed to excellence and facing the future. Both I and the organisation are extremely lucky, and proud to have her in the team.

Contact Details - Sally Brittain - claire.marshall@fhft.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Frimley Health NHS Foundation Trust

Voluntary Services Team

Category

Team of the Year

Frimley Health 

NHS Foundation Trust

At Work

Through Mike's leadership the Voluntary Services Team have been responsible for giving clarity and a vision highlighting on a broader scale the value of volunteers to patient and staff experience throughout the organisation. Mike and Harpreet have worked relentlessly in pursuit of improvement with a collaborative approach between the Voluntary Services Team and frontline staff, a partnership that needed strengthening to ensure that volunteers were welcomed and treated as part of the team, but also to ensure that staff were listened to. The development of the volunteer role profiles have been led by the staff based on the needs of their patients and carers. Priorities for roles have also been agreed with the Heads of Nursing and the Deputy Director of Nursing focusing on where they feel the volunteers will have the most impact on patient experience. Prior to the merger volunteers were recruited and then placed on the ward or unit with little or no involvement from the ward/department managers. Staff are now involved in the interviewing of potential volunteers. This starts the relationship with the volunteer, and assists with integration into the team from the beginning. Partnerships have been built and strengthened with a number of community groups. These include Slough Employability, Arbourvale School, Slough Homeless Our Concern, North Surrey Voluntary Services, Rushmoor Voluntary Services, Farnborough Technical College, Salesian College and Voluntary Action South West Surrey. Importantly the team have built partnerships with the volunteers on individual levels. Mike and Harpreet regularly thank the volunteers. This happens more formally at the annual "Afternoon Tea" events with senior staff including the Director of Nursing and helps to reinforce the value the organisation places on the volunteers and their contribution to improving the patient and staff experience.

The Team

Mike led work focusing on the recruitment and retention of volunteers, and this involved surveying all active volunteers, holding focus groups, and engaging with staff on how volunteers could have an impact on patient experience. The key outcomes have been: 1. An improved robust safe, streamlined, filtering recruitment system highlighting expectations from both the volunteers and the Trust, and the commitment required; 2. The development of over 22 role profiles for volunteers indicating the skills required; 3. An improving working relationship with the frontline staff to support and develop volunteers; 4. The inclusion of all volunteers in the standard Trust induction; 5. Improved communication with the current volunteers including a quarterly newsletter; 6. The development of community relationships to broaden the pool of potential volunteers such as Slough Employability and the Duke of Edinburgh Award Scheme; 7. Regular audit of current volunteers to ensure those that have left follow the governance process.

Volunteering brand was developed which uses the "V" for volunteering, the hands for friendship and the colours matching the Trust values for Working Together, Committed to Excellence and Facing the Future –used in all promotional material. All volunteers are also now issued with a uniform polo shirt which has helped them feel involved in the Trust and given them a sense of identity and belonging. Qualitative comments relating to the volunteers included: "What a great service from the buggy driver, so effective and efficient" WPH patient; "Very positive. The volunteer knew exactly where I needed to get to and gave me easy to follow directions" FPH patient; "Absolute joy to have around. Charming, caring and compassionate" HWD staff member; "A really friendly and nice person who gave me a chance to express my views about my stay" HWD patient. The team has promoted diversity in a number of ways. The two groups that appeared to be underrepresented amongst the volunteers were those with learning disabilities and those of a younger age group. Much work has been undertaken to recruit volunteers with learning disabilities. This has been a great success. By working with local schools and also with Slough Employability we now have volunteers on a weekly basis. Work is also being undertaken regarding how to make volunteering open to seldom heard groups within the community. Attracting younger volunteers has also been a priority. Relationships have been formed with local 6th form and technical colleges, the Duke of Edinburgh Award Scheme, and the team have attended a number of recruitment fairs for example, at Brunel University.

Summary

Mike and Harpreet are making a difference to patient experience every day through valuing and individually nurturing our volunteers. They have recognised the importance of volunteers to both patients and staff, but combine this with ensuring that volunteers are developed, happy and supported in their roles. A number of our volunteers have gone on to be employed by the Trust in permanent positions. The team has a vision for the future and further development will take voluntary services to another level. I love working with them and their enthusiasm and outcomes are evident for all to see. They embody our Trust values putting the patient and their families/carers at the heart of everything they do.

Contact Details - Claire Marshall - claire.marshall@fhft.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Healthcare Improvement Scotland

What Matters to You?' Day 2016

Category

Communicating Effectively with Patients and Families



Organisation

Healthcare Improvement Scotland and Scottish Government worked collaboratively on the development of 'What matters to you?' day. Healthcare Improvement Scotland is the national healthcare improvement organisation for Scotland and is part of NHSScotland. Our organisation work with staff who provide care across health and social care services and with patients, carers, communities and the public. Our work programme supports the care priorities of the Scottish Government, in particular those of NHSScotland's Healthcare Quality Strategy and the 2020 Vision. Our work drives improvements in the quality of care people receive by:

- supporting and empowering people to have an informed voice in managing their own care and shaping how services are designed and delivered
- delivering scrutiny activity which is fair but challenging and leads to improvements for patients
- providing quality improvement support to healthcare providers, and
- providing clinical standards, guidelines and advice based upon the best available evidence.

Healthcare Improvement Scotland main offices are based in Edinburgh and Glasgow, with Scottish Health Council local offices in each territorial NHS board.

Summary

'What matters to you?' day, held on 6 June, connected with 575 teams from 14 different countries and received over 21 million Twitter impressions. Care staff from across the public sector including health, education, early years and prison healthcare took part, as well as service users, their families and carers. The campaign encouraged care or support providers to hold a 'What matters to you?' conversation by: • promoting the day widely using traditional communication channels as well as social media networks; • providing a registration website and free materials such as badges, stickers and posters, to assist with local campaigns; • inviting participants to adapt the national materials to meet local needs, and; • encouraging participants to share their learning from the day. Those holding the conversations were encouraged to act on the information shared with them to improve the experience for those they care for or support. Following the day, we received hundreds of informal feedback through social media and 153 formal responses outlining the difference made by asking this powerful question. We learned how asking this question assisted practitioners in delivering person-centred care and how improvements were made for people directly resulting from being asked 'What matters to you?' We also heard how being part of the initiative changed people's care experience at two conversation cafes held in August.

Impact

We used both qualitative and process measures, as below.

- Qualitative outcome measures centred on feedback on impact for individuals involved in the conversations and generated case studies.
- Process measures focussed on the success of communication methods, registration and feedback responses.

Reach: Between 1 April and 12 July 2016, a total of 575 teams across the world registered to participate in 'What matters to you?' day activities, as below. These teams were from across the public sector including health, education, early years and prison healthcare. Service users and health and social care staff from these settings were engaged in the conversations. During the promotion of 'What matters to you?' day, we made over 21 million Twitter impressions with hashtag '#wmt16'.

Activities: We received 153 formal responses and a range of examples of actions resulting in local change, confirming the positive experience of holding these conversations. We also received many pieces of feedback through social media. This correlated with our aim to inspire people working in health and social care organisations to ask the people they care for or support about what is important to them and to act on this.

What Makes Us Special?

'What matters to you?' day shifts the focus of the conversation from 'What's the matter with you?' to 'What matters to you?' The aim of this shift is to support the development of high quality compassionate support, care or treatment focused on what people really want and need. Recent changes such as health and social care structural integration, the evolving Our Voice policy framework and the stated intent in the recent Chief Medical Officer's report to 'focus unrelentingly on the things that matter most to people', demonstrate the convergent evolution of this movement.

Contact Details - Claire Scrim - claire.scrim@nhs.net



PEN National Awards 2016

Re:thinking the experience

Healthwatch Essex

David Sollis

Category

Manager of the Year



About Nominee

"David Sollis is the Engagement Manager at Healthwatch Essex and he has responsibility for developing and managing Healthwatch Essex' overall engagement strategy as well as the direct line management of a small but enthusiastic engagement team. At Healthwatch Essex his role as Engagement Manager is firstly to be part of our organisations small senior management team, making decisions on strategy, funding and management/governance. This is an important part of his role in ensuring that the Healthwatch Essex continues to build on our three main work plans in Engagement, Research and Information. As a relatively new organization David has been pivotal in developing our drive for 'honest conversations' and actively pushing to engage with the less often heard and has been determined to ensuring that Healthwatch Essex punches above its weight in terms of the quantity of high quality engagement activities and useable outputs that we produce that can be used to influence service development and improvement both at a local and at a national level. He has an incredible sense of fun which translates into creating an innovative and exciting new ways to reach the people who are often overlooked when services are looking for honest feedback about experiences of using their services. Some of his most crazy ideas have been the ones which have managed to create the most interesting conversations, and his enthusiasm brings his staff on board. At the outset Healthwatch Essex 'Sofa Films' – getting people to sit on a Sofa and talk to camera about their experiences of using Health and Social Care Services – have formed the basis of our ongoing work with young people, people with mental health problems, disabled people and unpaid carers. More recently his vision of having accessible information made available to the public about the NHS Success Regime – led to the filming of a number of strategic partners being interviewed by a 11 year-old on the premise that if they could explain what the Success Regime is to an 11 year old then this would be clear enough for the wider public to understand – genius!

At Work

At Healthwatch Essex we believe that people's views and lived experience of health and social care matter and we have powers in law which mean we can make their voice heard. This is a huge challenge but we believe that we can make a difference. There are no groups of people that David does not think that his team can engage with – if he can only get the mechanisms right. At Healthwatch Essex our Engagement Staff have engaged with some of the most hardest to hear groups of health and social care users; carers, people living with dementia, people with mental ill health, people living with long term neurological conditions, women with experience of post-natal depression. We've undertaken a range of work with young people which this year has engaged 1600 young people and includes young people who are disengaged from education, at risk of offending, with mental health issues and young people who are known to the Criminal Justice Systems. Our 555 Projects working with people living with mental health problems and people living with long term neurological conditions have been widely praised by both the groups involved and by the managers and commissioners of the services that these people use. Our work with Carers and people living with Dementia has been recognized at a national level by the Department of Health. David was also the brains behind the Healthwatch Chatterbox Cab which is a London Black cab, liveried with Healthwatch Essex' Logos which his engagement staff use and hire out to capture peoples lived experience through the recording studio in the back – going out to meet people where they are rather than expecting them to come to us. David also manages the Healthwatch Essex Voice Network, amongst a wide variety of other projects (info available)!!

Summary

The projects that David has designed and managed have seen the people of Essex have an ever-growing voice within health and social care and the evidence is mounting that when you make the conditions right to go and ask people what worked and what didn't work for them that they will tell you how to get it right. Through ensuring that our Ambassadors are at the heart of commissioning within Essex; people with Mental Health problems, with neurological conditions, Carers, people living with dementia, young people; have all been able to influence the shape of services. Our Learning Disability ambassadors were empowered to be part of the solution as they have worked as 'peer educators' around the importance of annual health checks. What David brings to this is an unending amount of energy and a belief in his staff that they will get the job done with the right working environment and support. With a sense of fun and a belief that anything is possible David pushed back the boundaries of community engagement in Essex and created opportunities for the people of Essex to have a say in the way that health and social care is designed and delivered.

Contact Details - David Sollis - david.sollis@healthwatchessex.org.uk



PEN National Awards 2016

Re:thinking the experience

Healthwatch Essex

YEAH!

Category

Championing the Public



Organisation

Established four years ago, Healthwatch Essex is a small not for profit organisation set up under the auspices of the Health and Social Care Act 2012. Currently employing just 12 people Healthwatch Essex is an independent voice for the people of Essex. We gather and represent people's experiences of using health and social care services and use these to help improve them.

Summary

The YEAH! Project (YEAH! stands for Young Essex Attitudes on Health and Social Care) was designed by Healthwatch Essex to engage with a large and representative sample of young people in Essex in order to understand their lived experience, their health and social care priorities, and their ideas and suggestions on how services could be improved.

Services are often commissioned or redesigned without feedback from young people, who it is often assumed do not understand services or use them. The YEAH! Report allowed us to create an accessible tool for commissioners, providers and decision makers to consider young people's voices in everything they do.

Healthwatch Essex believe that people's views and lived experience of health and social care matter and we have powers in law which mean we can make their voice heard. This is a huge challenge but we believe that we can make a difference. Young people are optimistic that their lived experiences can positively influence the services they use for the rest of their lives.

Impact

From our engagement activities we developed our YEAH! Report (<http://www.healthwatchessex.org.uk/wp-content/uploads/2015/03/The-YEAH-Report-Healthwatch-Essex-March-2015.pdf>) to convey our findings, both the lived experience of our participants and the priorities and needs identified by young people themselves. But this report is not just an overview; we believe it offers some practical next steps for health and social care commissioners and service providers. We have already seen and recorded improvements in services for young people as a result of the YEAH! Project.

The YEAH has influenced how health & social care is designed and developed for young people across Essex. The YEAH! Report is a compelling portrait of the lived experience of young people in Essex, and highlights the value of effectively engaging and consulting with this seldom heard demographic.

- 85% of participants had not heard of walk-in centres. The number of those who had used A&E was five times that of those who had used a walk in centre.
- 8 in 10 participants who had visited A&E reported negative experiences, with 83% waiting 4-7 hours
- 8 in 10 participants did not know how to access support for mental health issues, yet we found that young people often have real experience of mental health issues.
- 7 in 10 participants had not heard of the 111 service, and the number of those who had experience of calling 999 was three times higher than those who had called 111.

The transformation plan for young people's mental health services in Essex, 'Open Up, Reach Out', draws upon the findings of the YEAH! report. The transformation plan is being used as a national exemplar. The five-year focus is on early intervention, easy access to information and involving young people in the design and development of services.

In Essex with the evidence that young people were unaware of the 111 service and of walk-in clinics, all five clinical commissioning groups increased their communications to educate young people on options rather than A&E which has begun to show real signs of impact.

What Makes Us Special?

In its work with over 400 young people the YEAH! Project has developed a compelling portrait of the lived experience of young people in our county. The YEAH! Project showcases the particular potential of high quality engagement with young people and highlights the value of effectively engaging and consulting with this seldom heard demographic.

The YEAH project is seen as the innovation, a number of agencies are now developing their engagement strategy based on this piece of work. Based in the basic format of engagement, the YEAH project staff sit with young people, where they are, discussing topics important to them, recording and listening without judgement or assumption.

Contact Details - Hannah Fletcher - Hannah.fletcher@healthwatchessex.org.uk



PEN National Awards 2016

Re:thinking the experience

Healthwatch Northamptonshire

Engaging with Children and Young People to Champion their Voice

Category

Championing the Public



Organisation

Healthwatch Northamptonshire is a strong, resolute and independent community champion. We give local people a voice and work in partnership to influence the design and quality of health and social care provision in the county. Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services, to speak out on their behalf, and to give them a voice. We ensure that local decision makers and health and social care providers put the experiences of people at the heart of their work. We believe that asking people, including children and young people, about their views and experiences can identify issues that, if addressed, will make services better. We are a small team of dedicated staff supported by local volunteers, both young and old, in Northamptonshire. Resources are limited and we operate as a Community Interest Company (CIC).

Summary

Engaging with children and young people (CYP) is not easy. It requires thought, planning, commitment and innovative ways of working to achieve outcomes that are meaningful. It is a journey of learning and if done well provides an organisation which is truly interested in what CYP think and experience an insight into better service provision for them and their families. For Healthwatch Northamptonshire that journey started in February 2015 when we held our first youth conference – which was designed and led by CYP of all abilities. It was a huge success and out of that came the focus and impetus to start “Young Healthwatch” and since then has led to some remarkable work with CYP. Young Healthwatch have designed and produced a survey on eating disorders which was distributed through schools in the county and for which we received over 2000 responses – a survey “designed by young people, for young people”. The report and recommendations have been provided to commissioners to consider in the designing of their new eating disorder service. Other members of Young Healthwatch have conducted a visit to Kettering General Hospital to the Skylark children’s ward. The report was written in their own words and again the recommendations taken on by the Trust.

Impact

Since working with children and young people as Young Healthwatch we have produced the following work and projects:

- A report on a survey of Young People’s Wellbeing in Northamptonshire - February 2015;
 - A report on Healthwatch Northamptonshire’s Young People’s Health and Wellbeing Conference 18 February 2015 (Easy Read version also available);
 - A report on the views of children and young people with SEND in Northamptonshire 2016;
 - Understanding Mental Health Easy Read Guide - Matthew’s Story 2016;
 - Healthwatch Northamptonshire Understanding Mental Health Easy Read Guide 2016;
 - The views of Children and Young People in Northamptonshire about Eating Disorders 2016;
 - Eating Disorders and Body Image - Issues affecting LGBTQ Young People 2016;
 - Young Healthwatch Visit to Kettering General Hospital Report – June 2016.
- All these include their findings and recommendations for commissioners and service providers.

The eating disorder survey was completely designed by a group of young people at a workshop in January 2016. The initial aim was to get 300 - 400 surveys completed. The end result was that over 2000 surveys were completed. A huge success in itself. For the SEND report we engaged with children with disabilities as young as 2 years old by making the activity fun and engaging using nothing more than a paper tablecloth and coloured pens – and imagination! Young Healthwatch has also developed their own Facebook and webpages as well as a Twitter account. They wrote and designed their own leaflet in July 2016 and in September 2016 made a short film about their work and achievements. <https://youtu.be/yFTMDd-vTP4>

On the 4th October 2016 four of the young people helped present a Masterclass for the East Midlands Academic Health Science Network (EMAHSN). This was a potentially daunting presentation to professionals about how to engage with CYP and the work they have done to date – and the feedback from the EMAHSN has been terrific. The impact and achievements of Young Healthwatch over the past 2 years has been outstanding. The Information and Advice Service for SEND (IASS) is using the findings about bullying to help design their next conference for young people with SEND. Commissioners are using the views of 2000+ young people about eating disorders in service design. See www.healthwatchnorthamptonshire.co.uk

What Makes Us Special?

The key thing that makes this initiative special is that all the work of Young Healthwatch is driven by the young people themselves. What has made it a success is that Healthwatch Northamptonshire staff and volunteers see engaging with CYP as a priority and have committed time and resources to make things happen. Without resources e.g. money for simple things - such as taxis ensuring access to and from events - the CYP would be unable to participate.

Contact Details - Kate Holt - kateholt@healthwatchnorthamptonshire.co.uk



PEN National Awards 2016

Re:thinking the experience

Healthy London Partnership

NHS Go - a Health app Designed by Young People for Young People



Categories

Championing the Public & Innovative Use of Technology/Social Media

Organisation

Healthy London Partnership is a transformation partnership funded by NHS England London Office and the 32 CCGs across London. The NHS in London came together during 2015-16 to develop and agree a shared plan for the capital. The partnership was established in response to the Five Year Forward View and the London Health Commission. The aim is to take London from seventh in the global healthy city rankings, to the number one spot. The London Health Commission contained 10 aspirations for London. The work that we undertake is organised into transformational focus areas. Each programme aims to solve a different health and care challenge faced by the capital. All aim to make prevention of ill health and care more consistent across the city. The Children and Young People's programme aims to ensure consistent care for all the children and young people in London to ensure that all children have the best start in life. In Yr 1 we engaged with over 600 children and young people who helped us to shape our programme & develop the programme's aims & outcomes. HLP employs around 50 staff to deliver the transformation programme with about 10 working solely on children's health.

Summary

NHS Go is an app which pulls advice directly from NHS Choices in an engaging way for young people. The app was designed after engaging with young people that said they didn't know how, where or when to get health advice or what their rights were. Since its launch in July nearly 13,000 people have downloaded the app. We promote the app through Youtube to reach young people in their space. NHS Go is also promoted through pharmacies, GP surgeries and hospitals across London and feedback from health professionals has been very supportive. The app helps young people to access confidential advice, which ensures that they go to the right professional, if needed, for advice. This means that they will go to the right place for advice the first time. The app pulls content from NHS Choices, which means that the information is up to date, validated and current. It is free, confidential and as the young people requested branded with the NHS logo. The app consists of three key sections: • The health A-Z; • A service finder; • Your Health rights. The app can be downloaded on www.nhsgo.uk or on itunes or Googleplay and is available to download anywhere in the world.

Impact

The app was released in July 2016 and so far 13,000 people have downloaded it. Given that the app has only recently been released we are still gathering some of the qualitative data on how it has been received by young people. In the last week we have implemented an in-app rating which allows young people to rate the app and leave feedback after they have accessed a certain number of pages on the app. The results of this will be available shortly. In the next month we will be gathering some qualitative feedback from the young people on how the app feels and its usability so we can start to improve some of the aspects and develop it further. We have also gathered feedback from the youtube videos which have been released, able to pick up on the aspects which aren't working and ensure that these errors are corrected. We currently can collect data on the number of downloads and the impact of some of our marketing campaigns from YouTube.

- So far we have had 13,000 downloads; - We know how long a user would normally spend in the app when using it – this is above the average for all apps – about six minutes which indicates that users are engaging with the app more so than they would with other apps; - we have 220,000 visits to our landing page; - we have had 300,000 views of our youtube video; - after a youtuber posts a video promoting NHS Go we can see a spike in downloads of anything between 100-400.

What Makes Us Special?

This initiative does something completely unique in that it inhabits the space of the young person instead of asking the young person to come to the NHS. Traditionally, we ask young people to come to us to get health advice, to help us change services, to give us feedback, but the app inhabits a space they work in. We listened to young people and we now market the app in their space. Using youtubers to promote the app has proved highly successful, it also has never before been done by the NHS. So often in the health service we create a brilliant resource but we don't share it with the public in a way that engages them, this uses a completely new approach, engaging with the new technological age to promote a resource in a space that young people use and by people that young people listen to. Our creative approach to marketing has led to 13,000 downloads and the number is increasing. The fact that we listened and involved young people from the inception to the evaluation has meant that we have got it right for young people and they now have access to the health advice they need in a format they can engage with.

Contact Details - Francesca White - francescawhite@nhs.net



PEN National Awards 2016

Re:thinking the experience

Helen Hamlyn Centre of Design at Royal College of Art, Healthcare Lab, London

SlowMO - A Digital Therapy Platform, Which Uses Digital Technology to Provide Self-management Tools for People to Take Control of their Lives

Category

Innovative Use of Technology/Social Media



**helen hamlyn
centre for design**

Organisation

The Helen Hamlyn Centre for Design (HHCD) undertakes people-centred design research within the Royal College of Art (RCA), building on a 25-year history of age-inclusive design. The Centre has three research areas: Age and Ability, Work and City, and Healthcare Research. Jonathan West is a Research Fellow who leads the Healthcare Research Lab - a group of researchers investigating effective, systems-based design solutions to current and future healthcare challenges. The Lab carries out research with patients and clinicians, and collaborates through the process of co-design and evaluation, working with industry partners to help to bring ideas to commercial reality. In collaboration with the Kings College London IOP, the HHCD has been conducting research for the past 2.5 years.

Summary

<https://youtu.be/NT7YeKVLMAc>. SlowMo is a unique digital therapy for people with severe mental health problems that uses new, responsive technologies to visualise thoughts and thinking habits and provides a revolutionary shift in the accessibility of therapy. SlowMO is a digital therapy platform, which uses digital technology to provide self-management tools for people to take control of their lives. During the sessions, the therapy is supported using a tablet and outside the sessions the user keeps track of their thoughts using a synchronised mobile app. In the sessions characters who have had similar experiences of paranoia share their stories and coping tips, to help them feel that they are not alone and give them hope for their recovery. What is particularly unique about the SlowMo platform is the way in which it visualises and illustrates the invisible - their thoughts and associated thinking habits. Thoughts are represented as bubbles, with different speeds, sizes and colours....this makes it easy for users to understand that their thoughts as transient, and reflect a range of distress and thinking habits. SlowMo allows people to slow down and pop their bubbles by providing tips to help them cope and feel less distressed. This simple metaphor provides a revolutionary shift in the accessibility of therapy.

Impact

Around one in five people may experience paranoid thoughts (Bebbington et al, 2013); estimated to cost the UK economy £11.8 billion per year (Schizophrenia Commission (SC), 2012). Talking therapy has been effective in improving thought processes for these people (Garety & Freeman, 2013). However, less than 10% of eligible people have access to talking therapies for psychosis (SC, 2012). The Psychosis Research Partnership has been developing the understanding & treatment of paranoid thoughts since the 1990s. More recently, the partnership developed the therapy tool to aid therapy for people with paranoid & suspicious thoughts. A trial of an early version of this showed that working memory, holding information in mind, and motivation all had an impact on the effectiveness of the therapy. We have involved patients and therapists from the very beginning, co-designing with users and testing every iteration, building on feedback. Service user feedback on the platform to date has been extremely positive, and we are very excited about the difference it can make to people's lives.

What Makes Us Special?

The evidence base for SlowMo have been developed over the past 10 years, with previous versions demonstrating significant reductions in paranoia severity. This work has allowed us to make iterative improvements, particularly with our unique collaboration of leading healthcare designers, clinician academics and technology specialists. We are now testing the current version in a feasibility study. Mental health is one of the most overlooked area of the healthcare, as well one of the most challenging areas to design for. We see a big opportunity for utilising new technologies to make a significant impact in a serious, human and financial cost area. The role of design & design thinking is becoming increasingly established in healthcare. Many applied design & academic research projects have played major roles in innovation in healthcare, ranging from commercial design consultancy outputs to design for policy interventions. We have involved patients and therapists from the very beginning, co-designing with users and testing every iteration, building on feedback. Over the past decade there has been a rapid growth in start-ups exploring innovation in healthcare. The resulting digital interventions span a huge number of areas in healthcare, including mental health. The case for many of these is unproven (Charani et al, 2014), and often the research and development methodology unreported. This project is, to the authors' knowledge, the first project to apply inclusive design thinking and methodologies to the problem of improving therapy for paranoia. Thanks to winning the King's Commercialisation Fund we are now developing the self help version of the the mobile app, which will be available on the app store for everyone to use, from for the wide range of conditions, like depression and anxiety.

Contact Details - Anna Wojdecka - anna.wojdecka@network.rca.ac.uk



PEN National Awards 2016

Re:thinking the experience

Imperial College Healthcare NHS Trust

Practice Champions - Improving child health across North West London.

Category

Championing the Public



Organisation

Connecting Care for Children (CC4C) is a Paediatric Integrated care model that has been operating whole systems change across North West London. It's an intervention that enables Primary, Secondary and Tertiary care to work cohesively, alongside the local population. At the core of this service is patient and practice engagement via co-design. To do so, CC4C and GP practices recruit Practice Champions (volunteers), to design and deliver support groups and health education events for children and families in their local community.

CC4C is small team, with two lead Pediatricians, a Programme Coordinator and a Practice Champion Manager, who leads on patient and public engagement.

Summary

Connecting Care for Children (CC4C) is a Paediatric Integrated care model that has been operating whole systems change across North West London. It's an intervention that enables Primary, Secondary and Tertiary care to work cohesively, alongside the local population. At the core of this service is patient and practice engagement via co-design. To do so, CC4C and GP practices recruit Practice Champions (volunteers), to design and deliver support groups and health education events for children and families in their local community.

CC4C currently has over 30 Practice Champions, across Central and West London and Hammersmith and Fulham CCG, drawing on patient experience and facilitating change, at a local level. This means that patients feel more confident and supported with the care that they receive, whilst also knowing that their voice matters. This not only allows patients to be heard, but then enables them to bring about change, through education and understanding.

In 2015 we published an evaluation of the Child Health GP Hub, demonstrating its system-wide impact Child Health General Practice Hubs: a service evaluation archives of disease in childhood and in 2016, we published a broad umbrella approach to child health whole population integrated child health archives of disease in childhood.

Impact

CC4C has recruited over 30 Practice Champions for GP practices, who have designed and delivered 5 support groups and two education events. The support groups include walking groups; mindfulness classes, adolescent sexual health drop in's and support groups for new fathers. All of the Practice Champions have received volunteer training and then 18 have gone on to do more specialised Public Health training. This has up skilled the Practice Champions and has even resulted in them finding employment. CC4C measures the number of Practice Champions that are at part of a Child Health Hub, how many hours a Practice Champion contributes and the number of sessions that are run. This can then also inform us how many patients are attending each event, if they are new or recurring. This data will allow us to assess the impact that the Practice Champions are having on their patient population; we can share learning and create feedback loops for continuous development. CC4C has developed clinical and patient networks, which have meant that this work is sustainable and continually growing. We measure the success of these networks by asking patients for feedback. CC4C currently uses PREM forms to ask patients about their experience of attending a Child Health Hub.

What Makes Us Special?

Practice Champions are volunteers that want to improve child health for patients and families in their GP practice. CC4C is passionate about giving patients the opportunity to share their experiences, express their concerns and letting their voices be heard. However, this is more than just a platform to raise awareness; this model allows patients to lead change. We give patients education, support and the confidence to help other children and families.

The patients that attend an education event or support group are also gaining from peer to peer support. Patients have said that this has a very positive impact on their confidence and self-management of conditions. For example, there has been a recent outbreak of Measles and the Practice Champions wanted to run education sessions with Drs so that parents could ask what they might feel are 'silly' questions about the condition and the risks of immunising their children. We ran a session with two weeks and parents have asked for more sessions to be delivered at the GP practice and the local schools. We believe that listening to the patients and then mobilising our resources can lead to positive outcomes for patients in Primary care.

Contact Details - Beatrice Liddell - beatrice.liddell@imperial.nhs.uk



PEN National Awards 2016

Re:thinking the experience

InHealth Group

Supporting Scan Related Anxiety in MRI

Category

Access to Information



Organisation

InHealth is the largest independent provider of managed diagnostic services and healthcare solutions to the NHS and the independent sector. We work in collaboration with over 200 Trusts & CCGs across the UK, delivering a portfolio of MRI/CT, PET-CT, DXA, Ultrasound, Mammography, X-ray, Endoscopy, Audiology & ENT and interventional cardiology from 350 mobile and static sites to over 1 million patients every year. Committed to improving accessibility, affordability and speed of diagnosis, our mission is to make healthcare better for patients, delivering excellence in everything we do.

Summary

In 2016 internal data analysis highlighted that 14% of MRI appointments booked with InHealth did not result in a completed scan, due predominantly to claustrophobia and other scan related anxiety. Our vision is to make healthcare better for patients delivering excellence in everything we do. Although scan related anxiety is a common occurrence within Magnetic Resonance Imaging (MRI), and widely acknowledged as a barrier to patient compliance, the fact that scan failure or premature termination can result in delayed diagnosis and treatment, steered us to implement an initiative. This was led by managers and clinical heads, that would not only help our patients to manage and/or reduce anxiety by providing them with clear, simple and accessible MRI information, but that fundamentally would equip staff with the knowledge and tools to positively engage with anxious patients, build their trust and confidence and create an enhanced experience and a better outcome. By harnessing digital technology in the form of an informative patient MRI video and creating sustainable patient support strategies supported by educational materials we knew that we could provide a platform for change not just in MRI but in other areas of the business.

Impact

The initiative has had a significant impact across the business providing a platform for change and identifying opportunities to improve internal processes organisation wide. Using patient analysis data and clinical knowledge we have been able to better support the delivery of enhanced patient care and meet the ever increasing demand for MRI and other diagnostic services. Implementing clear and simple “best practice” strategies for supporting patients and facilitating successful scans has led to increased staff knowledge and awareness of scan related anxieties and allowed staff to more positively engage with patients, build trusting one-to-one relationships with them, and assist patients in managing anxiety levels and avoid scan failure or early scan termination. Patient comments: *“Well informed about the procedure and was confident with the staff”, “Very informative regarding the process of the MRI Scan”* This initiative has been well received by all of our staff. *“The sheet ‘What to expect’ is very, very good. A simple, clear and visual presentation of a patient in a scanner and the main points set around it. The 8C’s sheet is a very clear and helpful summary.”* Will Halpin, Senior Radiographer- MRI Mobiles North; *“These are brilliant!! Will be really useful for Rads with limited experience.”* Aimee Smith, Lead MRI Radiographer – MRI Mobile East Midlands; *“This is a great piece of work.. brilliant that we are focussing in on some important issues & how we can alleviate these....”* Nicola Devine, Mobile Imaging Services Manager, East Anglia; *“I like the ‘What to expect from your MRI’ poster, its very informative.”* Apollo Exconde, Senior MRI Radiographer – Croydon MRI Centre. *“I have read the staff leaflet on managing scan anxiety with great interest. I would like to share this with our breast screening staff, which I am sure they will find very interesting. I am currently producing a patient experience feedback report and as part of the report I want to mention your leaflet.”* Christiane Zelenyanszki (PhD), Head of Screening & Prevention, InHealth Group

What Makes Us Special?

What started out as a review of failure to scan, led to the development of materials which focus on patient experience and how we can better support their anxiety related to having a scan in order to achieve a successful and positive outcome, early diagnosis and appropriate and timely treatment. We are passionate about helping patients with what is most important to them and we care how patients feel and that each patient may have different fears and expectations. We are passionate about striving for better healthcare and this fresh thinking initiative reflects this. Many services provide patient videos and literature, but outcomes from this initiative were based on the latest evidence base. There is focus on the human interaction with patients which is often lacking but is vital in allowing the patient to put their trust in those carrying out their scan, and alleviate anxiety levels. Whilst the scanner manufacturers have modified design to improve experience, there is little evidence on the importance of the wider environmental factors and it is hoped that further work from this project will start to build the evidence base to better inform facilities design for both patient safety and experience.

Contact Details - Darren Hudson - darren.hudson@inhealthgroup.com



Kidney Research UK

ACE: Acceptance, Choice and Empowerment: A Peer Educator Based Community Project that Aims to Improve Choice and Quality of Life for Pre-dialysis Kidney Patients

Categories

Communicating Effectively with Patients and Families & Continuity of Care



Organisation

Kidney Research UK is the leading charity dedicated to research into kidney disease in the UK. We rely almost wholly on the generous donations of the UK public and we believe that everybody deserves a life free of kidney disease. Our aim is to find better treatments, and ultimately cures for kidney diseases. Our research saves lives. Kidney disease is a silent killer. There are three million people in the UK with it right now. One million don't even know they have it and there is no cure. For decades our developments in treatment, better information for patients and raising vital public awareness have been saving lives. As the likelihood of kidney disease striking you becomes ever greater, our work is more essential now than ever. Our people are crucial to our success, we are a small team of just over 60 employees, nearly 50 staff work in our office in Peterborough and our field based staff work in awareness, fundraising and retail positions within the community. The charity relies heavily on its very loyal and hardworking team of volunteers.

Summary

There are a disproportionate number of patients receiving haemodialysis compared to peritoneal dialysis despite self –care renal replacement treatment being associated with improved quality of life and cost savings. Kidney Research UK and HEFT collaboration is a UK first 1yr project. Through the Charity's leadership, we are using our evidence-based Peer Educator (PE) approach innovatively. Trained (accredited) members of the target audience – themselves patients and carers (PEs) partner with kidney nurses, undertaking home visits and clinics to enhance the information, support and decision-making process. The project team provide effective leadership through the Peer Educator Coordinator and Project Manager and this is reflected in that the objectives of the initiative remain at the forefront, leading to its success, with volunteers remaining passionate and effective. Standard operating procedures have been developed to support sustainability and transferability & Dissemination. The team has been invited to share its work with other centres and at conferences. Initial outcomes include: *"The support of a Patient Peer Educator allowed me to get through to a lady.... who previously wasn't accepting her diagnosis and need for treatment."* (Lead nurse). Through questionnaires and focus groups, there has been overwhelmingly positive feedback from patients, PEs and the renal unit staff.

Impact

A mixture of questionnaires and focus groups have been used to measure the impact and results of our initiative on 3 key groups of stakeholders: Patients, Peer Educators, and renal unit staff. These methods were found to be the best and most practical and effective means of eliciting feedback on this short term pilot project. All 3 groups confirmed that this new service delivery approach at clinics, home visits and patient information days, is highly effective – and that there should be more. The Patient Peer Educators used reflective diaries to record and learn from their experiences, which helps to evaluate the pilot project too. **Patient Information Days:** We found many spontaneous conversations going on among the patients and their carers at the Patient Information Days. Patients are also given the choice of speaking in their own language with the PEs to facilitate direct communication. We have had some very encouraging results to date. Importantly, patients and their carers all said that the event helped bring them closer to making a decision about dialysis options. **Home Visit:** *'I noticed very quickly that this patient was a lot more comfortable in his home environment speaking in a language he understood and surrounded by family members.'*; **Reflective Diary:** entries from volunteer patient PEs: *"I really enjoyed it, the patient was responsive"*; **Clinic:** *"Peer education worked very well with this gentleman. He was desperate for information and greatly appreciated having the information from an actual patient and a professional together."* (Lead Nurse)

What Makes Us Special?

The uniqueness of our Peer Educator approach is that it is a collaborative initiative. Partnership working between NHS health care professionals and volunteer trained patients has proved to be very successful in this project – as both parties bring their own unique and valuable expertise for the benefit of other patients. The key elements that have contributed to our initiatives success are: • It is innovative – with the unique partnership approach as above; • Patient Peer Educators have been through an accredited training programme, followed by provision of ongoing support and guidance from effective leadership through the project steering group; • A highly motivated and enthusiastic team, maintained throughout the project with a zero drop-out rate; • Monitoring and recording our results to provide hard & "soft" outcomes & outputs, providing the necessary "evidence" and keeps the team focused and motivated

Contact Details - Neerja Jain - neerjajain@kidneyresearchuk.org



PEN National Awards 2016

Re:thinking the experience

Leeds Teaching Hospitals Trust

Leeds Children's Hospital TV - a 21st Century Approach to Information Giving

Category

Access to Information & Innovative Use of Technology/Social Media

The Leeds Teaching Hospitals



NHS Trust

Organisation

Leeds Teaching Hospitals NHS Trust (LTHT) is one of the largest Trusts in Europe and treats around 2 million patients a year. There are seven hospitals within the Trust; one of them, embedded within Leeds General Hospital is Leeds Children's Hospital. LTHT is the tertiary centre for many childhood long term conditions. Many specialities, i.e. cancer, renal, diabetes etc., will care for patients from Yorkshire and Humber and UK wide. In some instances, i.e. children's liver transplantation, cardiac surgery, LTHT is one of the few tertiary centres in the UK, therefore taking referrals from many cities in the UK. This project pertains to all children and young people treated in our hospital - but, it is also transferrable to other centres.

Summary

Children and young people in hospital (CYP) need to be informed in order to be involved in their care and treatment. This leads to better control for them, helps with self-management of care, allays fears and positively enhances their experience and improve health outcomes. In partnership with Leeds Hospitals Charitable Foundation and Mosaic North (a film company) we have developed the first online platform in the country called Leeds Children's Hospital TV - www.lchtv.com Patient and professional short films introduce each ward and staff, show common procedures, patient stories and provide feedback in a way that is understood by the young people of today. It is a 21st Century approach to information giving. This has been led by senior nurses within children's services, and the Director of a film company, and has the views, input and work of CYP firmly embedded within it. The site has had over 9000 hits since we first launched in June 2016 (June - Nov). The CQC recently rated it as 'outstanding', and recently won the Nursing Times Award in the Child and Adolescent category. This project has just received further funding from the Charitable Trust to continue for a further two years, and will continue to grow and keep up with the times. This model has now been developed and, with funding, can be replicated to all children's hospitals.

Impact

We have achieved an online website for children and young people, hosting a variety of self-made and professionally directed films. We have had verbal evidence from professionals, CYP and families who have stated that it has helped them in their experience and have placed these on the site, they have used our video booth, film and iPad films to present a dialogue of their experiences. This project has exceeded expectations as it has: Produced high quality films; Has had over 9000 hits (June - Nov) from all over the UK; Developed awareness of Leeds Children's Hospital, locally & nationally; Created an awareness about CYP in LTHT and aided the implementation of CYP friendly care across the Trust; Provided an unparalleled resource for CYP and for obtaining feedback from our service users. The recent CQC Report 2016 commended it as an 'area of outstanding practice'. We currently have over 88 films, constantly growing, and we have just been given a further 2 years funding. New films are under development. It is also being used by CYP in LTHT as well as with adults with learning disabilities; it is a visual tool, therefore accessible to the diverse group of CYP. This IS the future of information given to ALL patients, not just children and young people. It is a blueprint for all other Children's Hospitals and has been collaboration with other individual departments within the Region – e.g. DigiBete (Diabetes), Cystic Fibrosis and Cardiac services, as well as a commissioned film explaining cardiac services by a young man with Down's Syndrome using Makaton.

What Makes Us Special?

Leeds Children's Hospital TV (LCHTV) is the first Children's Hospital in the UK to develop such an entity. It has developed user-driven, creative content for the web, in a safe and controlled environment, offering best practice in terms of safeguarding and signposting. It has involved CYP, families, friends and professionals. It allays some of the fears of admission before coming into hospital & helps CYP who have been admitted to hospital/receiving treatment, to share their personal experiences in a creative way. It gives the professionals who lead the services unprecedented access to feedback - helping to drive standards up. It is providing the CYP and their families with a forum to share experiences and to learn from others. It teaches the CYP the skills to help them to self-manage their care as well as learning new skills with regard to media work. This is a therapeutic resource for CYP & can help to pass the time whilst they are in hospital and can also give them a project to complete when they are at home. The therapeutic effects of sharing their experiences through film by creating a safe space for them to express their emotions, is well known. Key elements: CYP have been at the centre of all developments & have helped to form the site. Their views have been central to the initiative, no decisions were made without CYP input. It is patient centred, aids the empowerment of CYP in taking control & helping with their self-management of care, particularly those with long term conditions. It has also been a true collaboration with many teams both within the NHS and externally.

Contact Details - Sue Morgan - suemorgan@nhs.net



PEN National Awards 2016

Re:thinking the experience

Leicester City Clinical Commissioning Group

Engaging with Asylum Seekers and the Homeless to Commission a New Primary Care Service

Categories

Championing the Public & FFT and Patient Insight for Improvement



Leicester City

Clinical Commissioning Group

Organisation

Leicester City Clinical Commissioning Group (CCG) was formed in early 2011 after the Health and Social Care Act announced the abolition of primary care trusts and introduced new organisations led by GPs. Initially operating in shadow form under the guidance of the outgoing primary care trust, the CCG officially took over responsibility in April 2013 for planning and managing health care for Leicester city's population, which is almost 330,000 people. Leicester City CCG looks after a budget of around £469 million per year, to plan and manage healthcare for the local population and work with partners to address poor health in the city. The services that it is responsible for include primary care, hospital treatment, rehabilitation services, urgent and emergency care, community health services, mental health and learning disability services. Based in the centre of Leicester, it employs approximately 90 staff.

Summary

Some of Leicester City CCG's most rewarding engagement activity to date has been for the asylum seeker and homeless primary care services which took place in two phases; between September 2015 and May 2016. In two separate engagement periods patients from these marginalised communities were actively involved in shaping the future plans of the health services they access, using a wide range of different methods to reach out to individuals who often struggle to have their say. With the use of a wide range of networks which included street pastors, charities, voluntary sector and provider organisations we reached out to service users using surveys, workshops, face to face discussions, an interview booth and drop in sessions. Working with patient representatives to access these communities we were able to gain an in-depth level of understanding of the complexities faced by individuals which we would not have previously considered. A video compiled of key interviews from both communities was presented to the board bringing individual patient stories to life. The project is already being used internally as a success story, demonstrating the power of the patient voice and highlighting the work we have done to engage with these harder to reach communities.

Impact

A combination of the feedback gathered through surveys, interviews and videos gave us an in depth overview of the current service, wants and needs of the service users and risks to any changes to the current service. We considered our response rates as a successful example of our engagement activity. In total we received 342 completed surveys over the 2 engagement phases from both groups and spoke to many more homeless and asylum seekers over the course of 8 months during face to face discussions. The health needs analysis conducted by Public Health at the same time complimented and validated the engagement activity to give a comprehensive view of Leicester's asylum seeker and homeless population. The feedback has helped us to develop the service specification and make important adjustments such as the addition of outreach clinics and arranging separate contracts for each service due to their considerable differences. We also evaluated our engagement in the following ways: • Demographic representation of our members; • % members active in our activities; • Number of people involved in engagement activities; • Number of letters/comments/calls; • Number of attendees at events; • Number of comments per engagement activity; • Number of published articles and social media mentions; • Nature of decisions taken as a result of feedback; • Evaluation of specific events and activities

What Makes Us Special?

Historically the NHS in Leicester has worked with a wide range of communities but this was the most challenging, diverse and harder to reach group we had yet to engage with. The homeless and asylum seeker groups tend to be quite closed groups of people, so the main challenges were gaining trust, getting them to understand who we are and what we wanted to do as well as explain why we wanted to involve them and how important their ideas and experiences are. The key elements for success include the early input from the PPG Chair at both practices, who gave us a good foundation of information about their patient demographic. Secondly networking played a vital role, working with the British Red Cross, Voluntary Action Leicester, City of Sanctuary and Council of Faiths to contact people and ask them to take part. We were all on a journey together; patients, ourselves and our partners, we had no pre conceptions of what to expect from patients. This made it different from other projects as we tend to be aware of the challenges patients face through our other general feedback mechanisms. Some of the information we collected surprised us. For example we assumed that any materials should be in their language, in fact many asylum seekers want to improve their English & asked for materials in English.

Contact Details - joanne.ryder@leicesterccg.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Leicestershire Health Informatics Service

Friends and Family Test (FFT) Mobile App Solution, Including Patient Experience and Equality & Diversity!



Category

FFT and Patient Insight for Improvement

Organisation

Leicestershire Health Informatics Service (LHIS) provides 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 pride themselves in taking this experience and creating pioneering solutions to meet the needs of their customers and push the boundaries of health IT. www.leics-his.nhs.uk

Summary

1. Innovation – LHIS developed an online and offline mobile app FFT solution (off-line where no internet connection), a web desktop application and a way of collecting paper responses into the same database, providing flexibility for service users to interact. The addition of branded QR codes, Patient Experience Questionnaires, Equality Diversity Monitoring and feedback reporting tools. **2. Leadership** – The objective was to increase submissions and make FFT more accessible. All decisions were made collaboratively with the Trusts patient experience leads. Regular communications such as project updates and marketing resource is included. **3. Outcomes** – The Trust who have seen an average of 300% increase in submissions. Administrators can be notified of extreme responses i.e. 'Extremely Unlikely/Extremely Likely', for appropriate action to be taken if necessary. **4. Sustainability** – Embedding FFT into the Trust has had a positive impact on the service user as they feel they are being listened to and valued around the care they receive. It has also had a massive positive impact on service user's mood. **5. Transferability & Dissemination.** FFT can easily be rebranded for different healthcare settings. GP practices are live with our FFT using kiosks in waiting rooms. LHIS are now promoting to acute, dentists, pharmacy, opticians.

Impact

The project has not only received great feedback from the initial rollout within LPT, the trust has also seen an average of 300% increase in responses. LHIS have received feedback direct from the mental health crisis resolution team that introducing this into their service has had a positive impact on their service users. Improvement plans are being put into place currently in relation to individual's services feedback on their directorate by allowing ward matrons and team leads to access their own feedback data. Action has been taken in the Trust when they are notified of any extreme feedback, whether that be positive or negative responses.

What Makes Us Special?

We are particularly proud of the level of engagement our IT staff have had with the clinicians, service users and patient experience leads in developing the FFT solution and PEQ/EDM questionnaires, and championing FFT to improve response rates. We also feel that our service offering is special due to the tailored approach we have taken, adapting the user interface by service (by applying variants to the interface such as responding to age, implementing a language conversion, awareness of a mental health audience). What makes our FFT offering different is that we don't just offer a product; we offer a service which includes unlimited support to our NHS colleagues, including project rollout support, training, marketing material and brand creation and social media engagement. We listen to feedback and if required, rework our solution accordingly. A recent example of this is our 'easy read form' uses weather symbols instead of smiley faces as it was identified that some users saw the green face as sick instead of smiling. The additional pictures to explain the question have made the form easy to understand by service users who have previously struggled. LHIS also understand the NHS's requirement for reporting and where the FFT/PEQ data may end up, such as using this for CQC inspections, revalidation / appraisals of clinicians and / or one day, contribute to the patient record. This experience adds value at the concept stage and aids discussions with patient experience leads as they may have not considered the impact collating this kind of data may have in future requirements of shaping the NHS. As an NHS organisation, LHIS embeds naturally into the staff's core values that we always have the patients best interest at the heart of everything we do even though we are an IT provider who has little interaction on a day to day basis with service users. The service user has the ability to select 'no thank you' to responding with our offering, this therefore provides the trust with a new set of data that has not been captured before. Those who were offered and declined. This flexibility, this additional service wrapper has absolutely contributed to the success of this solution and this is that makes us different to some of the non-NHS Commercial offerings.

Contact Details - Gemma Clayton - gemma.clayton@leics-his.nhs.uk



PEN National Awards 2016

Re:thinking the experience

National Council For Palliative Care

Homeward Bound - A Play and Educational Package About Relationships, Love, Empathy and Compassion at End of Life

Category

Partnership Working to Improve the Experience & Communicating Effectively with Patients & Families



Organisation

The National Council for Palliative Care (NCPC) is the umbrella charity for all those involved in palliative, end of life and hospice care in England, Wales and Northern Ireland. Since 2009 NCPC has led the Dying Matters coalition. Dying Matters is a coalition of 30,000 members across England and Wales which aims to help people talk more openly about dying, death and bereavement, and to make plans for the end of life. Its membership includes hospices, care homes, NHS organisations and staff, GPs, funeral directors, the legal sector, charities, faith groups and many more.

Summary

Homeward Bound is an initiative driven by Lesley Goodburn a patient leader who wanted to share the journey that she and her husband Seth made through devastating diagnosis of pancreatic cancer. Seth died just 33 short and heart breaking days after his diagnosis. Lesley promised Seth before he died that she would work to raise awareness of the signs and symptoms of pancreatic cancer and raise awareness of the gap between the person centred aspirations of the NHS and the reality of end of life care in an acute hospital. Lesley wrote letters after Seth died to various healthcare professionals explaining what it felt like to be the person who is dying or the family supporting them and these letters were shared with National Council for Palliative Care (NCPC). NCPC then commissioned playwright Brian Daniels to work with Lesley to develop a play about compassion at end of life. The play was launched in March 2016 and from there a partnership was developed between NCPC, Pancreatic Cancer UK (PCUK) and Leeds Teaching Hospitals NHS Trust (LTHNT) to develop a package of educational resources to accompany the play. NHSE and St Giles Hospice have now also entered the partnership to produce a film of the play.

Impact

The play has been seen by over 1000 healthcare professionals and based on the feedback we are clear that it has a huge emotional and thought provoking impact. A world cloud was created based on the feedback from 8 performances. At each performance a postcard in the form of a Homeward Bound railway ticket is handed out asking the for three actions that a person will take when they are back in their organisation along with their details. These are databased and then followed up at 3, 6 and 12 months in the form of a ticket check towards a destination. So far we have 500 actions that are databased and we are just coming up to our first three months check in a flavour of the changes pledged are outlined below:

- Community palliative care nurse will never be late for an onward appointment and if she is late she will always phone to explain;
- Nurse – will always think about what it's like to be the person who is dying and change her practice;
- Consultant – will make sure that all the people involved in end of life care from cleaners and catering staff to OTs, physios, and medical staff all join up their communication so that the person and the family are at the centre of their practice;
- Nurse – will always empathise with families and imagine what it might feel like to get a diagnosis with the short prognosis;
- We are currently working with academics to develop a measurement and evaluation approach to the both the play and the educational resources.

What Makes Us Special?

This initiative has been driven from the patient and carer perspective and is an example of the determination of one person to share a thought provoking, emotive, emotional and immensely personal story in memory of the man she loved. This is a story with a clear focus on improving the empathy and compassion of health care professionals through the sharing of the story supported by educational packages. Homeward Bound is an example of using the arts to portray a true and personal story of the 33 days from diagnosis of terminal disease to the death of a husband, soul mate, partner and friend. The play uses humour to give a glimpse of the devastation that a terminal diagnosis can bring. It brings forward the need for coordinated person and family centred care at end of life & how that is a partnerships between all involved. The partnership approach of bringing together the people and organisations to organically grow the potential of what originally was the idea of play which has now been turned into a play, supported by educational resources and a film. Along with professional charities that specialise in end of life care and pancreatic cancer, joining with palliative care, educational and organisational development staff and culminating with the support of a hospice and NHSE to bring together the play and the educational resources to support a film that will promulgate the messages of compassion and empathy amongst healthcare professional is unique. We have come a long way since Jan 2016 to realise the ambitions set out at the start of the process with development, implementation and launch of full supported package within 12 months supported by six strategic partners.

Contact Details - Lesley Goodburn - l.goodburn@ncpc.org.uk



PEN National Awards 2016

Re:thinking the experience

NHS City and Hackney CCG

City and Hackney Innovation Fund



Category

Commissioning for Patient Experience

**City and Hackney
Clinical Commissioning Group**

Organisation

NHS City and Hackney Clinical Commissioning Group (CCG) is an NHS organisation. CCGs are led by GPs, which means that they are better placed to assess, understand and meet the health needs of their patients, ensuring effective and accessible healthcare for all. City and Hackney CCG is made up of 43 GP practices. We are responsible for: o understanding the health needs of the population in City and Hackney; o facilitating the design and redesign of services; o buying services; o measuring the impact of services and how well they are provided. We want our services to reflect our local populations and their needs which is why local residents and patients are involved in all our decisions. Our plans and ideas are based on us talking to patients and members of public, as well as local GPs who form our membership.

Summary

The Innovation Fund is a £400k fund that was set up by the City and Hackney Clinical Commissioning Group (CCG) to identify community-based innovative ideas that have the potential to deliver significant improvements in the health and wellbeing of City and Hackney residents. Twenty-seven projects have received funding to test new and innovative ways of improving the health and wellbeing of local residents. A third round of the fund, focused on mainstreaming and scaling successful ideas as well as making them sustainable, has just launched. Local residents and patients have been part of the fund from the beginning by articulating their needs, suggesting different ways of doing things and shaping the fund's remit and application criteria. Patients and residents have been involved with scoring bids and making decisions about how the money should be spent. Priorities defined by the residents became the fund themes on which all the applicants were asked to base their project proposals on. These are: o Integrated Services; o Confident and informed users; o Building independence; o Involving and listening to patients.

Impact

The relationship between innovation and evaluation can be complicated. Innovation by nature requires an appetite for uncertainty and openness to on-going adaptation based on feedback from service users. Traditional approaches of evaluation require a clearly defined idea of the intervention and desired outcomes. It can become challenging for innovation projects to even gather baseline data as the interventions themselves are changing during the course of the evaluation period. Despite these challenges most projects found ways of monitoring activity and recording outcomes. Many projects used both a quantitative and qualitative approach to measuring their outcomes and ran surveys with their service users comparing outcomes before and after the intervention. A large number translated complex wellbeing matrices into simplified questionnaires using visual representations to enable participants to understand and respond to the specific questions. Some projects captured outcomes through workshops and interviews at the end of the programme asking service users to reflect on their journeys throughout the course of the programme. Others developed a film where participants shared their experiences on the course. These are great examples of how outcomes can be captured in a meaningful way. Projects that have received funding have been 'adopted' by the relevant commissioners at the CCG and have also received external support around their outcomes monitoring. More detailed information about the impact and outcomes is available in the Innovation Fund report at <http://www.cityandhacknecg.nhs.uk/about-us/innovation-fund-2015.htm>

What Makes Us Special?

In 2 years over 140 applications have been submitted, spanning physical and mental health conditions; acute, planned and long term care; and addressing health and wellbeing from cradle to grave. Proposals have looked to make services more accessible to traditionally disadvantaged groups such as ethnic minorities, or people with conditions that can make the use of mainstream services difficult or stigmatising. There were a high number of applications seeking to tackle mental health problems and long term conditions, reflecting high levels of need for community-based solutions. A wide variety of delivery mechanisms were proposed for new services, including peer support and mentoring, volunteering, time-banking, activity groups, digital software, and mobile applications. The strongest applications had a solid understanding of the need & demand for their proposed solutions & supported by feedback from prospective users/clients. The successful projects also communicated a compelling case for change and were able to articulate a clear vision of how their solution would help deliver better outcomes for City and Hackney residents. They had a clear understanding of where their proposal fitted in with the existing services and in some cases had already secured a partnership with other organisations or services working in the area. Plans balanced an amount of experimentation & service learning with credible plans for future sustainability.

Contact Details - Eeva Huoviala - eeva.huoviala@nhs.net



PEN National Awards 2016

Re:thinking the experience

NHS Coastal West Sussex CCG – CYP Commissioning Team

**The PACE Setter Award - The Primary Care Quality Mark
for Children & Young People's NHS Services**



Category

Strengthening the Foundation

Organisation

As the clinical commissioning team for our CCG, we represent 50 GP member practices which provide primary healthcare services to a local population of 110,000 CYP. CWS is a geographically and demographically diverse area of over 1000 km2 within which there are significant areas of marked deprivation and rural isolation. We function in partnership with the commissioning leads from Public Health and Social Services to commission NHS services for CYP, including those in transition into adult services. Along with our Paediatric colleagues in our local Acute, Community and Mental Health Trusts, our primary objective is to ensure that the CYP and their parents and carers receive high quality services to meet their medical, emotional and well-being needs in the right place and at the right time regardless of their postcode.

Summary

The PACE Setter Award is the first NHS derived quality mark programme. It is a voluntary but formal process for recognising, promoting, celebrating and sharing excellence in the provision of health services to this sector of the population. Award applicants have to demonstrate that patients and their families have contributed to the design of the key activities that practices undertake as part of the whole Award process. The PACE Setter Award has been awarded to 10 practices and the formal independent evaluation of the project describes the programme as "a highly successful and innovative intervention that has generated substantive and sustainable service improvements" in the successful practices. For example, two practices have had their PACE SETTER Award-winning CYP services rated as outstanding at their respective CQC inspections.

Impact

The PACE Setter programme has demonstrated specific improvements in service in each of the Award holder practices with the context of the PACE criteria. The remarkable range of innovations implemented is diverse and includes examples such as: 'My Passport'; Healthy Birthday Card; Introducing-your-practice video; Post-school children-friendly open clinics; Sick Child clinical pathway template on GP computer system; whole team learning using case scenarios and Young person web-sites, one practice has specifically documented increased 'hits' on its practice information Facebook page. An independent evaluation found that "participants have developed the capacity to mobilise a range of quality improvement strategies, including: 'whole practice' change initiatives; inter-organisational system strengthening; partnership working with patient and carer organisations; educational initiatives; and practice-level change to the medical treatment of Children and Young People through implementation of acute and chronic care pathways." In terms of impact numbers: - Over 50 GPs and 80 wider health professionals have been involved to date; - 75 Primary Care staff attended the two training/celebration events held to date; - No untoward incidents reported since the work has begun; - All 17 pioneer practices have undertaken engagement with their families/patients and of our 10 Award Winners, to date at least 3 have a strong link with their PPGs; - Before PACE Setter, Patient Participation Groups did not specifically address quality issues around CYP/Parent Carer issues but now awareness has been raised. Many of the Pioneer practices have followed a plan-do-study-act approach for each of their Key Activities and this lends itself to audit and assessment of impact. In order to maintain the quality of applications and to calibrate the assessment of each Award activity, the Award Panel has developed an Award assessment matrix. The Award team believes that PACE Setter has demonstrated that it could prove an attractive catalyst and provides a useful framework for all practices to reach the high standards being considered.

What Makes Us Special??

The PACE Setter Award has proved to be an effective quality improvement vehicle that has enabled participating practices to focus, in both a strategic and a practical manner, on the needs of their CYP population for the first time; Practices have been proud to receive their award and to have been able to share their best practice initiatives with their peers; The PACE Setter is strongly branded in keeping with a number of CYP commissioning initiatives we have in place in Kent Surrey and Sussex. The concept is well understood by all stakeholders and is attracting interest in from those involved in the national CYP NHS Quality agenda; Practices have greatly appreciated the opportunity to work with their patient groups in order to improve the services they offer. They have described the process of co-production as 'refreshing' and have enjoyed working on a quality initiative from the 'bottom-up' - some have even described it as the 'antidote to CQC'.

Contact Details - Tim Fooks - Tim.Fooks@nhs.net



PEN National Awards 2016

Re:thinking the experience

NHS North of England Commissioning Support

NHS Child Health



Category

Innovative Use of Technology/Social Media

**North of England
Commissioning Support**

Organisation

North of England Commissioning Support (NECS) is one of the leading Commissioning Support suppliers in the country. The breadth and depth of our portfolio of services meet the end-to-end commissioning support needs of public sector organisations across the health and social care spectrum and beyond. Our dedicated, expert, multi-disciplinary teams, supported by a broad range of specialist partners, apply their extensive knowledge and practice-based NHS experience to design and deliver creative solutions for our customers. 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. We deliver high quality, cost effective and innovative services locally, regionally and nationally to a range of customers including Clinical Commissioning Groups (CCGs), Commissioning Support Units, General Practices and GP Federations, Foundation Trusts, Local Authorities, NHS England and its Regional offices and Clinical Networks.

Summary

The NHS child health project was developed by the North East Urgent and Emergency Care Network. It received funding from the NHS' New Models of Care programme for a range of pioneering projects. As a result of researching patient perception, there was a significant opportunity to support parents of young children. This project focuses on producing a suite of material to support health care in the under-fives including an app, booklet and asset based community engagement via the third sector to target key groups. The NHS child app project was developed and within eight weeks of its launch has nearly 3,000 downloads and 30,000 page views of the app. The key benefit are giving parents more confidence in looking after their under five children and increased parent/carer satisfaction. The app gives easy to understand guidance on childhood illnesses, recognising when your child is unwell, and advice on when and where to seek further treatment. The app is available on Google Play and the App Store by searching for NHS child health.

Impact

The NHS child health app and booklet has been available for eight weeks (at 25 November 2016) and is still in the early stages. However given this short timescale, it has achieved the following: • Positive comments from the target audience – examples given below; • Positive comments from healthcare professionals; • Nearly 3,000 downloads; • 30,500 page views of the app by individuals; • On average, users spend over two minutes on the app; • 61% of users of the app are under 35; • Social media reach of 273k, over 200 shares and 53k view of the video

The statistics on the app demonstrate that parents and carers of children under five are feeling more confident (number of uses and the average time spent). This is further demonstrated by a mid-review where the following comments were obtained. Comment from target audience: Jessica Bowen, new mum, Newcastle: *"I think we're pretty lucky that we have this kind of information. In past generations people didn't necessarily have such involvement from the health system – they relied on family. Nowadays we don't always have the time to spend with family, and relatives might live in different places, so this kind of information is a real help. As a new mum, I think it's aimed just right for me. It is clearly signposted, so you know how to find information easily, and I really like the advice from doctors and health visitors. I'd read the booklet when we first brought our baby home from hospital, then use the app to look up any symptoms or concerns later on."*

App user: *"Excellent – a must have app that has all the relevant information you should need for your child. A "must" that all parents should have on their phone."*

What Makes Us Special?

- Part of national NHS drive to develop more apps to encourage self-care and help parents manage illness
- This project is built on evidence provided from pilots, from other schemes and using specialist knowledge and understanding of urgent and emergency care services
- The public influenced the development from start to finish - the app and booklet have been developed using insight and early results are showing that the target audience are using this
- Includes a location finder for NHS services
- Gives NHS health advice in people's homes via an app and increases confidence

Contact Details - Helen Fox - helen.fox6@nhs.net



PEN National Awards 2016

Re:thinking the experience

NHS Norwich CCG

Passport to Better Health

Category

Commissioning for Patient Experience



Norwich

Clinical Commissioning Group

Organisation

NHS Norwich, North Norfolk, West Norfolk south Norfolk Clinical Commissioning Groups (CCG) became a statutory body on April 1st 2013. Our main responsibility is to use the budget we are each allocated to commission (plan and buy) local NHS services such as hospital, community, mental health and urgent/emergency health care. We are also responsible for ensuring patient care is safe and 'high quality'. We are "clinically-led" which means local doctors and nurses set the local health strategy, supported by a team of experienced managers.

Summary

Innovation. In Norfolk all looked after Children receive a Health passport at the point they leave the care of the Local Authority. The Health Passport contains a record of a young person's health and medical needs. It is designed to make it easier for young people to register with a GP and other health care professionals when they move into Independent living. It also provides a quick and easy reference for young people who may have had a complex and disrupted health care history. It also importantly includes their birth history and any important family health information. Norfolk decided to extend this current passport and develop a health style passport / health record book for all looked after children. It is the equivalent of having a red book that covered their childhood and adolescence health journey. It would include their health history and family health history. The aim was to encourage young people to be aware of their health history at all times and to promote the importance of good physical and emotional health. **Leadership:** The work-stream, although hosted by Norwich CCG was a full partnership across health commissioning, the county council and providers of services for children in care. **Outcomes:** The aim of the work-stream was to improve the health outcomes of children and young adults in care and to ensure they have a better understanding of their health and as accurate a record of their health history to assist them in improving their health and wellbeing. **Sustainability:** When designing the health passport with the Norfolk In Care Council we built in a financial sustainability plan regarding the costing of design and print with the assistance of the graphic designer. We have reduced the cost of the passport from £10.00 per item for the previous generic passport to £1.53 per passport making it infinitely more affordable and sustainable. As part of the 12 month review which is built into the plan for this work stream will also look at the current eight designs produced and revise the less popular ones. **Transferability:** At the time submitting an application for the award a number of voluntary sector organisations have shown an interest in it being adopted for the disease specific conditions of the members of the public/patients they represent.

Impact

We launched the passports in September 2016 with the IN Care Council and as a result the passport has got off to a strong start with young people in care asking for the passports themselves and not wanting to wait until their annual health review. The children in care who have now received their passports are starting to take an interest in their own health history and their health going forwards. Ofsted recently revisited Norfolk commenting "Health partners have responded very positively to the findings of the last inspection and have improved the quality and timeliness of health assessments. Significant progress has been made, not only in ensuring that annual health assessments are timely but also in developing a more robust, and meaningful, approach to assessing the health, including the emotional well-being and mental health, of children and young people looked after and care leavers."

The financial sustainability the new health passport is assured as it now costs £1.56 per passport to print instead of the £10.00 per passport for the previous design.

What Makes Us Special?

By adopting a collaborative approach and getting 'buy in' between Health commissioning, Health providers, the Local authority and ultimately the young people in care it was one of the more easily deliverable projects.

At the heart of the project were the children in care. If we had not got buy in by trusting them to know what was needed this project would not have succeeded to the extent it has.

- The design was completely driven by young people,
- The Launch was hosted by the Children In Care Council,
- This is the first all age Looked after children health passport in the country, and
- The process for health assessments and the passport make the system for young people in care clinically robust

Contact Details - Laura McCartney-Gray - laura.mccartney-gray@nhs.net



PEN National Awards 2016

Re:thinking the experience

NHS Southwark Clinical Commissioning Group

Championing the Voice of Children, Young People and Families in Southwark

Categories

Championing the Public & Commissioning for Patient Experience



Southwark

Clinical Commissioning Group

Organisation

NHS Southwark Clinical Commissioning Group (SCCG) is one of 209 organisations nationally. SCCG is made up of 41 GP practices across Southwark. As members of the SCCG, they guide the organisation. They also make sure the CCG is getting the most from the money it is allocated from the Government. Southwark GP practices have elected a Governing Body to lead the CCG work. The Governing Body is made up of local GPs and nurses, hospital doctors and NHS managers. The CCG is also has around 50 members of staff that support the Governing Body.

Summary

SCCG and Southwark Council worked together with children, young people (CYP) and families to develop priorities and solutions for health, education and social services in Southwark to make sure that children from 0 - 25 years, including maternity have the best health and wellbeing outcomes possible. To engage with this group of people who are often considered to be seldom heard we designed a programme of innovative engagement methods which included: • a pop-up graffiti wall in Peckham Square; • working with Southwark Youth Council to develop a survey; • developing a range of CYP personas; • text polling; • developing a forum theatre production; • commissioning a spoken word artist to perform a rap about mental health; • holding a solutions workshop with 20+ young people; • supporting a campaign led by young people.

The programme of engagement was led by the CCG Engagement Manager and The CYP Project Manager and was supported by two clinical leads, two heads of service and the Director for Integrated Commissioning. The rich information captured through this engagement process has been fed into commissioning intentions. An engagement toolkit has been developed to ensure that methods from this programme of work can be replicated in other areas across the CCG.

Impact

The two main impact measurements included the number of young people who were actively engaged in this piece of work and how their feedback impacted decision making. The CCG held workshops and focus groups, used art and theatre, undertaken surveys and supported campaigns – reaching out to over 280 young people in Southwark. We achieved this by working with voluntary organisations that worked with young people to promote our events, worked with Southwark Youth Council to develop and disseminate a survey and worked with the National Citizen's Service to run a solutions workshop with young people and a health and wellbeing campaign – designed and delivered by young people with support from the CCG. By working with voluntary organisations we were also able to reach out to 'seldom heard groups' including young people, who are LGBT, looked after children and families who have children with special education needs and disabilities. The feedback collected from all of our activities has contributed to finalising the CYP Strategic Framework and commissioning intentions. We created a 'you said, we did / are doing' table to highlight the impact of their feedback. The participants from the National Citizen's Service gave excellent feedback regarding their involvement in this project and have expressed an interest in continuing to stay involved in the work of the CCG as advisors and story collectors.

What Makes Us Special?

Besides from running an extensive programme of engagement and reaching 280+ people from a population that is often seldom heard we also used novel methods for engagement that were relevant for that group including:

- working with Southwark Youth Council to develop and disseminate a survey to school children
- developing a range of CYP personas – case studies that are based on the lives of real people
- Text polling – a live, online poll that people can text anonymously for free to answer questions at workshops
- developing a forum theatre production
- commissioning a spoken word artist to perform a song about mental health
- holding a solutions workshop with 20+ young people
- supporting a campaign led by young people

We worked with Healthwatch and held a joint event 'My Voice Counts' in April 2016 where we used some of these methods. The event was planned and delivered jointly and we commissioned the Bubble Theatre and a local rap artist to highlight health and wellbeing issues that are relevant to young people and then discussed solutions with the participants. The event was advertised via voluntary organisations, Southwark Youth Council and we ran a vibrant Twitter campaign. The report was disseminated to all Healthwatch members.

Contact Details - Laura Brannon - souccg.southwark-ccg@nhs.net



PEN National Awards 2016

Re:thinking the experience

NHS Sutton Clinical Commissioning Group

Improving Health Outcomes Through Patient Education

Category

Access to Information



Sutton

Clinical Commissioning Group

Organisation

NHS Sutton Clinical Commissioning Group is a membership organisation made up of 25 GP practices in the borough of Sutton. We serve a population of 191,000 people across the borough of Sutton. We are responsible for the local NHS budget and making sure it is spent on the right health services for the needs of Sutton residents which include services our residents receive at hospitals, in the community and mental health services. As doctors, we came together to put patients first and improve health services in Sutton. Our vision is to commission high quality health care through joint working with health and social care organisations to ensure that patient's physical, mental and social wellbeing needs are met "working together to build the best affordable healthcare for Sutton". Sutton CCG's Primary Care Team strive to enable, support and encourage new ways of working with member practices particularly recognising the pressures currently being faced by General Practice.

Summary

The patient education sessions are planned educational activities, designed to improve patients' health, knowledge and awareness of the importance and benefits of self-care. Engaging and involving patients, carers and the general public is an essential part of Sutton CCG core business. The sessions are a great opportunity to meet, talk and share information with local people. Sessions take place on a monthly basis in community venues, lasting approximately two hours. Each session includes an information market place and a programme of short talks. Stands are manned by local professionals from various organisations, including health, social care, the voluntary sector and education who are able to inform, support, advise and signpost to local services. Improving the health of communities requires a broader look at health, and the things that impact on it. Sessions have been specifically designed to have a more holistic approach to health, focussing on four topics: • Living with Diabetes; • Living with COPD; • Happy Healthy Child; • Looking After You (people aged 75+ including dementia). All sessions are planned and delivered in partnership with colleagues across general practice, pharmacy, community services, public health, social services, acute trust, schools, colleges and the voluntary sector to provide pro-active health education.

Impact

So far over 875 patients have attended 8 patient education sessions (March–October) and 27 short talks. To date we have received 193 feedback forms from patients, 186 were very positive saying they found sessions beneficial and that they would recommend them to others. Feedback has been overwhelmingly positive, key points patients said they found most useful included : • Having access to a wide range of professionals from across health, social care and the voluntary services under one roof at the same time; • Being able to take part in the short talks to find out more about specific conditions and service, and have the opportunity to ask questions. **Feedback from Partnering Organisations:** • Sessions are well attended, enabling supporting organisations to speak with a large number of local people in a short period of time, making better use of all ready limited resources and contact time; • Sessions have provided supporting groups, teams and organisations with an opportunity to find out about others services and support in the borough, increasing their knowledge of local services and their ability to sign post patients. **Provider quotes:** • Health Visitors - "The Health Visiting service have found the Patient Education events to be of great value to educate, support and give hands on health promotion advice to families in their locality. They are an opportunity for the health visiting service to engage with local people...". • Admiral Nurses – "We have found the patient education events very useful as it is a great way to promote services within Sutton. The sessions have enabled us to communicate with many residents of Sutton and we have taken referrals through the patient education events.". **Feedback from GP's:** • We received very positive feedback following the Diabetes Education Session on a Saturday morning. Patients found the exposure to several different local resources very helpful. They liked the venue, the timing of the event and the ease of car parking. They also asked for similar events in the future.

What Makes Us Special?

Empowering patients to become key decision makers in their own healthcare can only be successful if they are provided with the necessary information to make informed decisions. In General practice there has been little opportunity for patients 'to talk' with other health/care providers unless via the route of referral. These events are a unique way of encouraging dialogue between patients and providers in a setting outside of a consultation. There are a wealth of other local, community based providers/organisations outside of general practice that can assist in supporting patients (and their families) with practical help and advice. Raising the profile of these organisations and facilitating face to face discussions has been invaluable for all who have been involved in this scheme.

Contact Details - Clare Lowrie-Kanaka - clarelowrie-kanaka@nhs.net



PEN National Awards 2016

Re:thinking the experience

NHS Sutton Clinical Commissioning

Group - Help Yourself to Health

Category

Access to Information



Sutton

Clinical Commissioning Group

Organisation

NHS Sutton Clinical Commissioning Group is a membership organisation made up of 25 GP practices in the borough of Sutton. We serve a population of 191,000 people across the borough of Sutton. We are responsible for the local NHS budget and making sure it is spent on the right health services for the needs of Sutton residents which include services our residents receive at hospitals, in the community and mental health services. As doctors, we came together to put patients first and improve health services in Sutton. Our vision is to commission high quality health care through joint working with health and social care organisations to ensure that patient's physical, mental and social wellbeing needs are met "working together to build the best affordable healthcare for Sutton". Sutton CCG's Primary Care Team strive to enable, support and encourage new ways of working with member practices particularly recognising the pressures currently being faced by General Practice

Summary

Help Yourself to Health (HYTH) is a 6 week interactive educational course for Suttons Tamil, Urdu and Polish communities, delivered by Tamil, Urdu and Polish speaking Health Advocacy Workers. Recruitment to the programme focuses on disadvantaged communities and health inequalities. HYTH is designed in partnership, with input from ourselves, Livewell Sutton and the course participants. It supports learning about NHS Services and how to access them appropriately. Raises the awareness of key health messages, can improve lifestyles, reinforce positive health behaviours, promote self-care and supports individuals to take control of their health and wellbeing, and of their families.

The key focus is to support participants to:

- Improve their knowledge of local services, when, where and how to access them to improve their health and wellbeing, and that of their family, by having a greater awareness of health services
- Improve their knowledge of health, key health promotion and prevention messages, healthy lifestyles, self-care, self-management and to reinforce positive health behaviours
- To motivate and empower individuals within communities to bring about a positive change to health, improve quality of life and wellbeing for themselves and their families and to reduce health inequalities
- Reduce inappropriate use of urgent and emergency care services

Impact

To measure the impact and results of HYTH, participants complete pre and post course monitoring and evaluation forms at the first and last session, which asks participants to review their own health, their knowledge of health and well-being, and their use of local services.

During the first session, participants are asked to assess their health (and their families) and identify the things that have a positive and negative impact upon it. The negative impacts are then addressed during the course. The pre and post course questionnaires enable us to evaluate the impact of the course has had on their health and wellbeing.

Further evaluation of the course outcomes are captured at the celebration event. The event also enables wider engagement regarding the accessibility of local services, barriers face and possible resolves family and friends.

At present, the first two courses are still running, both have delivered 4 of 6 weeks. Participant retention to the course is 90%. We feel this is due to a combination of the participants choosing course topics, removing the language barrier, activities being fun and interactive.

What Makes Us Special?

Patients are talking with friends and family from the Tamil and Urdu community about their positive experience of the course. This has supported the advocacy workers promotional talks and has help to recruit participants to future courses. Professionals and commissioners from Health and Social Care are invited to take part in the course by talking with participants about services, the importance of improving or maintaining health and wellbeing. It also offers professionals the opportunity to find out what the barriers are for participants from these communities and what could be done to remove them. GPs, nurses and practice staff are asked to promote the course, and encourage their patients to take part as part of the support for black and minority ethnic communities to better access services. Our commitment and belief in the benefits of the programme mean that we are very happy to share what we have achieved and the learning and opportunities which have arisen. We hope that by entering this award we can further raise the profile of this programme and enable the continued course delivery and development of participant's involvement in their health and wellbeing and that of others.

Contact Details - Clare Lowrie-Kanaka - clarelowrie-kanaka@nhs.net



PEN National Awards 2016


Re:thinking the experience

Northampton General Hospital

Chit Chat Maternity Support Group for Parents with a Learning Disability

Category

Continuity of Care & Personalisation of Care

Northampton General Hospital 
NHS Trust

Organisation

Northampton General Hospital NHS Trust is an acute general hospital located close to the town centre. The Maternity Unit delivers in excess of 4,700 births each year and offers choice of birth including homebirth, birth in an alongside Birth Centre and an Obstetric labour ward. The workforce consists of 300+ midwives and maternity support workers providing holistic for women and families during their pregnancy, birth and postnatal period across the hospital and in the community. Most of the women live in Northampton but we also care for women across the borders in to Buckinghamshire and Oxfordshire. Maternity services include an integrated Safeguarding Team of midwives who provide specialist advice and care for our more vulnerable families in collaboration with other external agencies.

Summary

This is an innovative project that is the first of its kind, and aims to improve the maternity care given to parents with a Learning Disability. These mothers are at greater risk of poor outcomes during the pregnancy and the postnatal period. It is imperative that care is tailored to suit individual needs and circumstances. Northampton General Hospital midwives run a group called 'Chit Chat', offering professional guidance and peer support to parents who have additional needs enabling them to receive the optimum maternity care. Performance is measured using participant feedback, and allows us to see the positive impact the group has on parents, and the difference participation can make to their confidence to parent, this also ensures the appropriate level of support is being offered. Alongside this countywide pathways have been developed in conjunction with the Commissioning Manager for SEN, Disability & Maternity. This has included the development of "The Pregnancy passport" – an easy read document for pregnant women to carry with them on their journey through their pregnancy to help health professionals to make the reasonable adjustments, and a range of easy read resources.

Impact

An audit of each group is undertaken and feedback gained which provides assurance as to the content of the antenatal education provided and the appropriate level of support being offered to women and their partners. This feedback also gives insight into more general areas of maternity care which feeds into the continuous improvement and development of services as a whole. The method of verbal feedback was chosen in order to ensure that parents did not feel embarrassed if they were unable to complete forms due to being unable to read or write. Feedback includes "I don't feel out of place and enjoy having people to talk to about my worries". The key outcomes that have been achieved are: • Increased guidance for parents during the antenatal and postnatal period, not only from the midwives facilitating the group but their peers; • Additional help to attend hospital appointments such as scans and consultant appointments, the midwife becomes an advocate for the parents; • Reduction in anxieties including familiarisation with ward areas and staff members; •

Empowering staff with a better understanding of the individual needs of the women, attending theatre to support in Elective Caesarean Sections, and are on hand during admissions to offer support and guidance; • Increased confidence for parents with their ability to parent, they feel coming to the group has enabled them to be better mothers. This video link to overview of the impact this project has made: <https://www.youtube.com/watch?v=7pf8-O2qQ6U&feature=youtu.be>

What Makes Us Special?

This is the only project of its kind that is run by midwives, covering the whole of the antenatal and postnatal period. As it is facilitated by safeguarding midwives they are not only able to support with information regarding pregnancy, birth & baby care, but also provide support and guidance around the processes involved with social care & an understanding of the pre-birth assessments and child protection procedures. The key elements that have contributed to the groups success are:- • Continuity of care from the midwives who facilitate the group – this enables the midwives to act as an advocate for the woman & develop a supportive relationship enabling discussion around any issues or concerns; • Involvement of the father/partner – adopting a think family approach to the care; • Locating the group on labour ward has helped break down barriers & reduce anxiety as parents become familiar with the environment; • Staff feel more empowered to be able to support women given the twofold effect of the group, women feel less anxious & find accessing staff easier and staff have access to clear plans & greater understanding of the individual user needs; • Enabling parents to feel positive about their parenting abilities, reduce anxieties, increase confidence and provide care that is tailored to suit individual needs and circumstances.

Contact Details - Emma Fathers - emma.fathers@ngh.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Northampton General Hospital

Compliments Collation: A Recipe for Success

Category

Staff Engagement/Improving Staff Experience

Northampton General Hospital 

NHS Trust

Organisation

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

Summary

Richard Branson is quoted as saying: 'If you look after your staff, they'll look after your customers, it's that simple.' The pressures staff face mean they don't always have time to acknowledge and celebrate the great work they do and we know that colleagues may become demoralised if they feel their contribution isn't being recognised. That is why, throughout the past 10 months, we have worked as hard to ensure that positive comments and compliments from our patients are shared and celebrated, as we have done to address any concerns and complaints, with some inspiring results.

We know our staff face challenges every day as they do their best to provide our patients with the best possible care. In a constantly busy and demanding climate it is easy for staff to become demoralised and feel their efforts are not appreciated. All too often the emphasis is on the negative rather than the positive. That is why we have decided to address the issue by working together to ensure all the different positive pieces of feedback are captured and collated. We want to reflect back to our staff how much of what they do is appreciated by not only their patients but also their colleagues.

At the same time, we hope that by raising awareness of this initiative among staff and patients, more will be encouraged to put forward their views – be they positive or identifying areas where we need to do more to improve.

Our aim is to create a climate of positivity which will encourage and support staff to give of their best, providing a variety of ways in which patients can give feedback which is collated and shared not only with staff in clinical areas but also at division and board level.

Impact

It quickly became evident that receiving a personal thank you card from the chief executive was very highly valued by our staff, who ensure the cards are prominently displayed. And, when staff were aware that we had introduced the compliments collation they very quickly began forwarding images of their thank you cards and letters to the patient experience lead to ensure they were included.

There are many examples of the emails received from different clinical areas when sharing their compliments.

However, the biggest success has been seeing the positivity in our staff when they receive the feedback each month.

An unexpected outcome of this work is the healthy competition it has caused with different clinical areas wanting to be noted as having received the most compliments.

The feedback we have received from our staff has been overwhelmingly positive. The ability to capture and record feedback from such a wide range of sources has contributed to an increase in positivity around patient feedback and a willingness to share the feedback received. All too often staff say 'I was just doing my job'. What this project has been able to demonstrate to staff is that what they do really does mean a great deal to our patients, and reporting this back to them via our compliments collation has been a contributory factor in boosting positivity and morale.

What Makes Us Special?

This initiative is unique in that it pulls together a number of different forms of positive feedback, including comments posted via social media and online reviews. It is likely that without this, a great deal of this rich positive feedback would be missed. In addition, we encourage staff to share their compliments and successes, celebrating their own positives and also contributing to the wider success of their team.

The compliments collation provides an effective method of displaying the true extent to which positive feedback is received and valued within the organisation.

From a staff experience perspective it provides an immense amount of positivity, from the cards that are sent out, to the social media recognition, through to the accumulated figures within the spreadsheet.

Contact Details - Rachel Lovesy - rachel.lovesy@ngh.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Northern Lincolnshire and Goole NHS Foundation Trust

Northern Lincolnshire and Goole NHS Foundation Trust



Category

Team of the Year

About Nominee

I was previously the Lead for Patient Experience Team. The team members have personal experiences of excellent, good and poor patient experiences and have a burning desire to enable and support patients and staff improve the experience of care for all at our Trust. The formation of the team has changed over the last 3 years to meet the needs of the Trust; through the teams work with staff and patients, the patient experience agenda, work and team profile has increased. The current team consists of a Patient Experience Practitioner and Patient Experience Apprentice

At Work

The team is a dynamic, forward thinking and creative team who have the support of staff and patients across the Trust. The team are visible and make every contact count they have with patients and staff; through their work they have been able to provide consistent approaches to service improvements. Over the last two years the team have increased their activities, patient and staff involvement, as a result they have been able to advise, influence and lead on a number of service improvements with and for our patients and staff which have in turn improved the experience of care for patients and staff; these have included:

- Increase in response rates to Friends and Family
- Design and put in place new patient feedback cards and boxes
- Worked with leaders and managers to address patient feedback
- Influenced hospital signage changes
- Increased patient panel involvement
- Changes in patient menus and food choice
- Patient experience and satisfaction surveys
- Mystery shopping exercises
- Extended hospital visiting pilots
- Increased the number of patient stories and delivered them and the learning at key Trust wide meetings
- Created and delivered patient experience 2-hour awareness training to new starters to the Trust.
- Created and delivered Deaf Awareness training to improve the experiences of care for Deaf and hard of hearing people.

The Team

"Jo Loughborough is a very highly respected nurse and patient experience practitioner with a wealth of experiences in the area of patient experience. Jo has been instrumental in supporting colleagues in the Trust deliver improved patient care and safety. The Team have been instrumental in the development of patient panels and encouraging patients to lead on a number of work streams to support the Trust in its work to deliver high quality care for all and to identify areas of improvement. The Team have developed stronger relations with external groups and stakeholders in improve the experience of care and experiences for our patients. The Team have and continue to work with patients and staff at all levels within the Trust in celebrating good care and experiences.

Summary

"The Team is a very small, well lead, caring and responsive team who provide patient experience advice, information, and support across three hospitals sites and community services. The Team is supported by a communications officer in its day to day work. The Trust Patient Experience Team is highly motivated who place patients and staff at the heart of everything they say and do, whilst striving for quality. The Team have and continue to maintain high levels of output over the last two years in promoting patient experience agenda whilst increasing the experience of care for all. The Team have and continue to be flexible and responsive to the needs of the Trust. The team are a group of unsung heroes whose interactions have touch the lives of many people, much of which will have gone unnoticed or unheard of.

I would strongly recommend Northern Lincolnshire and Goole NHS Foundation Trust Patient Experience Team for 2016 Award.

Contact Details - Karl Roberts - karlroberts@nhs.net



PEN National Awards 2016

Re:thinking the experience

Northern Lincolnshire and Goole NHS Foundation Trust

Northern Lincolnshire and Goole NHS Foundation Trust

Category

Team of the Year



About Nominee

The team members have personal experiences of excellent, good and poor staff experiences and have a burning desire to enable and support staff and patients improve the experience of for all at our Trust. The staff experience team was formed in December 2015, the team comprised of a Quality and Staff Experience Lead, Karl Roberts and Engagement Assistant, Mica Dixon; the team is part of a wider team who supports staff experience agenda. Through the visibility of the team and the number of work stream, the profile of the team has increased over the last 12 months.

At Work

The team is a dynamic, forward thinking and creative team who have the support of staff across the Trust. The team are visible and make every contact count they have with our staff and patients; through our work we have been able to provide consistent approaches to service improvements for and with our staff; which intern has retained staff and increased patient safety and expeir4ecnes of care for our patients.

Over the last 12 months the team have increased their activities through staff being involved in service redesign and changes, which include:

- Employee listening events
- Formation of a LGBT network
- Engagement events i.e. Operating Theatre reconfiguration and administration review
- Increase in response rates to staff Friends and Family
- Design and put in place new staff feedback cards and boxes
- New staff experience information boards
- Development of Health and Wellbeing champion and equality and diversity champions
- Increase in Health and Wellbeing initiatives and schemes
- Worked with leaders and managers to address staff feedback
- Influenced hospital signage changes
- Increased employee involvement
- Increase in response rates to staff surveys

The Team

The Team have been instrumental in the development of patient panels and encouraging patients to lead on a number of work streams to support the Trust in its work to deliver high quality care for all and to identify areas of improvement. The Team have developed stronger relations with external groups and stakeholders in improve the experience of care, support and experiences for our staff. The Team have and continue to work with patients and staff at all levels within the Trust in celebrating good care and experiences.

Summary

The Team is a very small, well lead, caring and responsive team who provide staff experience advice, information, and support across three hospitals sites and community services. The Team is supported by a number of colleagues across the Trust in its day to day work. The Trust Staff Experience Team is highly motivated who place patients and staff at the heart of everything they say and do, whilst striving for quality.

The Team have and continue to maintain high levels of output over the last 12 months in promoting staff experience agenda whilst increasing the experience of care, support and wellbeing for all. The Team have and continue to be flexible and responsive to the needs of the Trust. The team are a group of unsung heroes whose interactions have touch the lives of many people, much of which will have gone unnoticed or unheard of. I would strongly recommend Northern Lincolnshire and Goole NHS Foundation Trust Staff Experience Team for 2016 Award.

Contact Details - Karl Roberts - karlroberts@nhs.net



PEN National Awards 2016

Re:thinking the experience

Northumbria Healthcare NHS Foundation Trust

Ageing Well Allies

Category

Including Social Care to Improve the Experience



Organisation

We are one of the top performing NHS foundation trusts, looking after the wellbeing of around 500,000 people across Northumberland and North Tyneside. As one of eight 'vanguard' sites we are taking a lead on transforming care and in May 2016, became the fourth trust nationally to be rated 'outstanding' by the Care Quality Commission. We provide hospital and community health services in North Tyneside and hospital, community health and adult social care services in Northumberland. Care is provided from three general hospitals, four community hospitals, an integrated health and social care facility, an elderly care unit and two outpatients and diagnostic centres plus a purpose built specialist emergency care hospital. Our community teams provide a broad range of care in a variety of settings offering care management, telecare, reablement, palliative care, therapy, specialist nursing and care services. We employ 9,500 staff, with community staff, seeing on average 22,400 patients each week. Our specialist prevention and early intervention programmes to improve health and wellbeing recognise the high proportion of 65+ year olds in Northumberland, with an increasing trend from 54,100 aged 65+ in 2001 to 69,000 in 2013. As one of the most sparsely populated areas in the country, health profiles vary compared with the England average with lower life expectancy for both men and women. Using a place based methodology, action through our Ageing Well programme is consistent with the idea of "Lifetime neighbourhoods" and the recognition that where we live has a significant role in keeping us well and independent as we grow older.

Summary

Ageing Well Allies is a new and innovative training approach that has developed from pilot to mainstream service within 18 months. Forming a key element of our asset based Ageing Well programme it has the potential of being adapted in any area to support wellbeing, as well as increased role satisfaction for volunteers and workers. The development links social care prevention with health improvement and embodies NHS England's ethos of 'making every contact count', as well as our local ageing well ethos of helping people stay 'connected, active and well'. Ageing well allies one-day training is offered to partner agencies, with the aim of ensuring any worker or volunteer who has regular access to older people in Northumberland has a basic knowledge and understanding of key public health messages, safeguarding and carer issues and is able to confidently signpost to help, information or lifestyle advice – ultimately helping older people maintain control and make the changes they can to improve or maintain their health and wellbeing. The programme provides on-going access for allies to an extensive ageing well information network. Allies also receive regular information bulletins and an ageing well allies pin badge in recognition of their commitment.

Impact

In 11 months from starting in November 2015, 120 people have successfully completed the training to become ageing well allies. Allies include staff/volunteers from: Alzheimer's Society; local housing associations; Mind Active (activity support); Golden Age forum; Age UK; Carers Northumberland; Contact the Elderly; Northumbria early intervention services; council information services: fire/rescue; and others. Allies complete evaluation sheets at the end of each course with feedback being hugely positive across all participant groups. When asked what difference it would make to their work, Alzheimer's Society (AS) volunteers said: 'When working with older people, give me confidence & knowledge to act appropriately', 'Be more aware of opportunities to signpost people to help', 'Both in my work for AS & personally caring for mum & looking out for OAP neighbours', 'By being more attuned to what is happening in my clients lives - more aware of changes'. Overall, follow up feedback has confirmed the training helped build confidence in identifying and reporting any small changes noticed with clients. The training is relevant & useful for anybody working with older people and is not about being an expert regarding problems people encounter, but about noticing differences & what to do about them. "Very worthwhile relevant training. It reminds you to look at the bigger picture and not to ignore any small changes in older people."

What Makes Us Special?

1. It's simplicity;
2. It's pragmatic, inclusive and interactive training;
3. One-size-fits-all and is linked to further training opportunities;
4. It combines health and social care messages;
5. It's targeted at people with natural contacts, investing in people as caring citizens with something extra to offer;
6. By identifying and building on strengths in the community it's cheap, effective and sustainable;
7. It values every contribution

Contact Details - Annie Mallach - annie.laverty@nhct.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Northumbria Healthcare NHS Foundation Trust

Compassion Based Training - Maternity Services

Category

Turning it Around When it Goes Wrong & FFT and Patient Insight for Improvement



Organisation

Northumbria Healthcare NHS Foundation Trust is one of the top performing health Trusts. It covers the largest geographical area (some 2500 square miles) of any health Trust in England and provides integrated health and social care to over 500,000 people living in Northumberland and North Tyneside and employs over 9000 staff.

Summary

In September 2014 we identified variation in the quality of the care experience for one of our maternity sites. We analysed all the free text comments given by 201 women in Friends and Family cards, complaint feedback and posts on social media. We also conducted face to face interviews with 30 women who had recently experienced care on the unit. Analysis of all free texts comments revealed a much higher proportion of negative themes than we were used to - with only 62% of statements about care being positive and 38% negative. Within the 137 statements about care that were negative – 67 of these (49%) were associated with relational aspects of care. It became clear where we needed to focus our improvement efforts. Our improvement programme was supported at the highest level with on-going patient experience results tracked through Safety and Quality Committee and Board. Results illustrate how compassion training, delivered by a highly skilled practitioner, has completely transformed the experience of care for women on the unit. There is a noticeable difference in staff's attitude: enhanced buoyancy, enthusiasm and a higher 'feel good' attitude among the team and a strong sense of pride in the care they now offer.

Impact

91% of participants identified that their knowledge and confidence in applying compassion skills increased. 80% of participants identified that any fears related to compassion had been reduced. No participants reported an increase in fears about compassion. At the end of each workshop, participant were asked the question 'what would you pledge to do, add, or change in your practice that would be noticeable to yourself or others from tomorrow, based on your thinking and learning today?'. Pledges were written on two post-it notes, one to be kept by participants. Feedback reflected adherence to the compassion model illustrating the learning that had taken place. Our maternity programme has only reinforced our belief that if you want high quality, safe and compassionate care, then you have to promote a climate of care where the needs of both patients and staff are listened to, supported and prioritised. The turnaround in the patient experience is striking. See statistically improvement in every domain of patient experience compared to a baseline position in 2014. Since the compassion training, women accessing maternity care are reporting statistically significant changes in the following areas :- • Coordination and consistency of care and team working; • Involvement in decision making; • Responsiveness to pain; • Kindness and compassion; • Communication about medicine and side effects; • Overall score

As well as the obvious improvement in real time measurement there has been a significant change in what women are now saying about the service. In June 2015 we repeated the thematic analysis of all qualitative data recorded about the service at Wansbeck. We analysed feedback from 378 women between Nov 14 and May 15. This generated 1187 statements about care sourced from NHS Choices; Patient Opinions; Complaints; Social Media (Facebook/Twitter); 2 Minutes of your time and real time measurement, which were then themed. The results make clear just how far the team had moved to alter their practice and approach. Relationships on the ward had changed significantly for the better. Positive themes had increased by 14.5% meaning that the positive to negative split was now 77% : 23 % which meant the maternity unit was no longer an outlier when compared with other wards. Where previously almost half the negative comments related to poor relationships, this had fallen from 49% to 18%. Specifically the absence of kind, empathetic staff as an area of concern had fallen from 10 % to just 2%. Finally the 3 main reasons women were now happy with the service were all relational :- • the quality of the staff; • the personalised nature of care and; • the kindness and empathy of the staff.

What Makes Us Special?

1) The way this programme engaged staff and secured their commitment; 2) The quality of the compassion training; 3) The robust measurement of patient experience that firstly allowed us to detect we had a problem and then to use this measurement for improvement; 4) The focus on staff experience and self compassion as a key intervention; 5) The support of all staff in embracing, promoting and maintaining a culture that upholds compassion in care, dignity and respect for all.

Contact Details - Annie Laverty - annie.laverty@nhct.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Northumbria Healthcare NHS Foundation Trust

Improving Staff Experience and Mental Health

Category

Staff Engagement/Improving Staff Experience



Organisation

Northumbria Healthcare FT delivers integrated acute and community health and social care to the residents of Northumberland and North Tyneside. It is the largest geographical Trust in the UK covering 2500+ square miles.

Employing over 9000 staff - together each year we: Care for over 73,000 patients and families on our wards. Provide treatment to around 167,000 patients in our A&E departments and minor injuries units. Perform almost 27,000 operations. See more than 45,000 people for day-case procedures. Carry out around 1.3 million appointments with patients outside of hospital. Provide adult social care support during 70,000 home visits.

Summary

I have been privileged to witness the Northumbria learn, develop, and implement an innovative training programme to help improve staff psychological health and effectiveness in their interactions with each other and their patients. Their specific approach is based on acceptance and commitment therapy (ACT), which is a more recent development within the fields of psychotherapy and human functioning. As far as I am aware, Teresa and her team are the first NHS occupational health practitioners to pick up and adapt this approach for delivery to their own staff groups. I have been most impressed by their externally validated results. They have helped to improve staff members' psychological flexibility, an ability linked to improved relationships with patients among healthcare professionals. The training has resulted in significant, clinically meaningful improvements in mental health among those involved in the pilot project. The learning is transferable, the team deserve recognition for their dedication to improving staff mental health at a very difficult time for the NHS.

Impact

Results showed that the training intervention had a significantly positive impact on staff wellbeing and work related functioning. Staff attending the training improved in terms of their distress and ended up with better than average levels of mental health. This positive result was sustained at a 3 month follow up. Staff also reported a significant improvement in their ability to: Concentrate at work; Think clearly at work; Handle their workload; Do their work without making mistakes; Feel capable at work. These results indicate improved resilience and reduced presenteeism resulting from stress or emotional difficulties. This is a very important finding as it suggests that staff are working more effectively which of course links to a better patient experience. A variety of questionnaire measures were used to assess change at 3 time points. Analysis of the data conducted on 602 staff who had been through the programme showed a significant improvement on the following variables: • Mental health (a reduction in symptoms of distress); • Mindfulness skills; • Psychological flexibility; • Behavioural activation (which leads to more functional coping). Of particular note, participants whose scores were in the clinical range for psychiatric caseness prior to the group, reduced down to the normal range after one month and maintained after 3 months. The results showed that our training had more than halved the incidence of symptoms of poor mental health and work limitations among the staff involved. The training had produced 'clinically significant' improvements in mental health for many of the staff involved – this degree of improvement is often only observed in (considerably more costly) one-to-one therapy. Nurses not only improved – they ended up with better than average levels of mental health. We also elicited some qualitative feedback on what staff felt about being in the groups. The feedback has been very positive and encouraging to date and this is reflected in the growing interest shown by staff wanting to book onto courses. Feedback suggests that there is a sense of positive feeling about the organisation providing this type of support for staff. This may link to a stronger sense of staff feeling engaged with their work in the organization. Northumbria received the leading score for staff engagement in the latest staff experience survey results and was named best NHS place to work by NHS employers in 2015.

What Makes Us Special?

We feel this initiative to improve staff experience is innovative – the first of its kind within an NHS organisation. It is a good example of a proactive, preventative intervention providing staff with key skills which empower them to protect themselves and develop resilience. Many other types of staff support initiatives tend to be reactive. This initiative, not only improves staff wellbeing and experience, but importantly, it has shown to improve work functioning and presenteeism which has huge implications for the quality of care we provide to our patients. The following key aspects, in particular, have made it successful: • It is an attractive option for staff who want to be proactive about their health; • It shows that the organisation cares about the staff; • Formal scientific evaluation, reported in 2016, has helped to promote the evidence base; • Senior HR colleagues, managers and executive directors have helped to champion it.

Contact Details - Annie Laverty - annie.laverty@nhct.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Northumbria Healthcare NHS Foundation Trust

Making 7 Day Services Work in Emergency Care – The Northumbria Way

Category

Strengthening the Foundation



Organisation

Northumbria delivers integrated acute and community health and social care to the residents of Northumberland and North Tyneside. It is one of the largest geographical Trusts in the UK covering 2500+ square miles, employing over 9000 staff. In June 2015, Northumbria Healthcare NHS Foundation Trust opened England's first purpose-built, dedicated, specialist emergency care hospital, transforming urgent and emergency care services across Northumberland and North Tyneside.

Summary

The culmination of over ten years' worth of planning, outstanding clinical leadership and widespread staff, patient and public engagement. Changes were pioneered by frontline clinical teams with the collective desire to deliver the best possible emergency care to those who become seriously ill or injured. In summary:-

- Responding to a 15% increase in urgent and emergency care activity, with over 150,000 attendances in 2015/16;
- Northumbria one of only a handful of trusts nationally meeting the 95% within 4hrs target;
- A 14% reduction in emergency admissions to hospital resulting in a £6 million saving for the health economy;
- Senior clinical decision making from consultants on site 24/7 and almost 80,000 radiology examinations performed, resulting in much quicker diagnosis and treatment;
- Consultants in a range of specialties, now working seven days a week and doing twice daily ward rounds on a Saturday and Sunday. 9 out of 10 patients using the ED at The Northumbria rated their care as good, very good or excellent and 97% of inpatients at The Northumbria would recommend their care to friends and family.

Impact

Northumbria Healthcare is one of only a handful of trusts nationally to meet the four hour 95% performance standard in 2015/16. This is against a backdrop of a 15% increase in attendances. Of the 81,216 people attending The Northumbria ED only 37,516 resulted in a hospital admission. Out of all patients directly admitted to The Northumbria: 76% were discharged directly home and 22% were transferred to another hospital within the trust for on-going care and rehabilitation. There were also: >5,000 emergency operations performed, >800,000 urgent blood tests and >8,000 blood transfusions. Since centralising specialist emergency care onto one site at The Northumbria, the trust has recorded a 14% reduction in emergency admissions to hospital. This is against a national context of increasing emergency hospital admissions for the whole population. This means 7,496 fewer people have been admitted to hospital and equates to a saving for the whole local health economy of over £6 million. This highly efficient emergency care system will continue to benefit the local NHS for years to come and ensure people are not admitted to hospital unnecessarily. The reduction in admissions is largely as a result of the dedicated emergency diagnostics. Radiographers are on site 24/7 and work with specialist consultants to quickly interpret results. Improved the model of care for seriously ill CYP across the region, with a consistent level of high quality care now available 24 hours a day, seven days a week. Specialist paediatric staff work alongside ED staff within a dedicated children's facility to ensure that CYP are seen quickly. Senior clinical decision-making from consultants as soon as patients arrive and across a range of medical and surgical specialities happens every day of the week, with consultants doing twice daily ward rounds on a Saturday and Sunday. The positive impact of this seven day model and consistent level of senior clinical staffing is helping to maximise chances of survival and a good recovery for serious emergency patients. This positive impact is already becoming clear in cardiology where the number of people surviving heart attacks has dramatically increased since the opening of The Northumbria. National in patient results have improved dramatically.

What Makes Us Special?

The scale of change required to successfully deliver our vision for emergency care. Opening a new hospital when you can't close an old one takes meticulous planning to keep patients safe. We delivered that. The quality of clinical leadership and the authentic engagement of staff and patients in the service & building design. The involvement of the local community has encouraged local primary school children to make models of the building and name our wards; local artists have submitted their photography to brighten our walls and older people have influenced the choice for new menus after several food tasting sessions. There is much in this work that I am proud of, but above everything it is the changes we have made to the patient experience in just 12 months. The improvements in patient experience are meaningful and statistically significant in the following areas:-

- Coordination and consistency of care;
- Involvement in decision making;
- Rating of doctors;
- Rating of nurses;
- Pain control;
- Kindness and compassion and;
- Overall score. Our staff have embraced huge change and have made a difference where it matters most.

Contact Details - Annie Laverty - annie.laverty@nhct.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Northumbria Healthcare NHS Foundation Trust

Mental Health Services for Older People (MHSOP) – Transforming the Inpatient Environment at North Tyneside General Hospital

Category

Environment of Care



Organisation

We look after the wellbeing of around 500,000 people across Northumberland and North Tyneside and we employ 9,500 staff overall. We provide hospital and community health services in North Tyneside and hospital, community health and adult social care services in Northumberland. Care is provided from 3 general hospitals, 4 community hospitals, 1 integrated health and social care facility, an elderly care unit and two outpatients and diagnostic centres plus a purpose built specialist emergency care hospital. MHSOP provides care in North Tyneside for people over 65. It provides assessment and treatment for patients with complex mental health problems through 3 inpatient wards and 2 multi-disciplinary community teams.

Summary

In recent years the significant national drivers for mental health and dementia care have pushed to the forefront the need for organisations to reassess their mental health inpatient resources. Over the last 2 years Northumbria Healthcare Trust has made a significant multi-million pound investment to bring together its Mental Health Services for Older People. This purpose built facility brings together all inpatient services in one place, on the main North Tyneside General Hospital site, and cares for patients living with various stages of dementia as well as other mental health illnesses such as anxiety, depression and challenging behaviour. Following the engagement of key stakeholders the work commenced in October 2014. The key aims of the programme was to provide safe environments for our patients and staff in a homely yet therapeutic setting that promotes recovery and patient centred care. Specially-designed to suit the specific needs of patients, the bright and welcoming area – made up of three separate wards, completes the transformation of mental health services in the trust. It's also part of North Tyneside hospital being a centre of excellence for planned and on-going care.

Impact

The difference that the wards are making to patients and their families is absolutely fantastic. While we've always had good feedback regarding our care, we knew that our environment could be improved. The comments we've had since we moved into the new unit have been overwhelmingly positive with patients benefitting from their new surroundings. Throughout the project the importance of therapy, activities, colour, textures and art has been of paramount importance, in order to engage our patients in activities that are meaningful, relevant to their personalities, their life experiences and their connection with the local communities. E.g. we have ensured that the observation windows in the bedroom doors have their own character, each panel has a picture and each picture corresponds to one of the 4 seasons of the year and this in turn corresponds to the colour of the room and furnishings. The appreciation of visual art for people with dementia and other mental health issues within our current wards has proved to have had positive impact upon improving the psychological well-being of our patients, it has been noted to reduce distress and increase spontaneity of expressions and emotions which have improved communication with vulnerable adults who are experiencing crisis and distress. In turn this has had an impact on how aggressive incidents have been managed by staff with more no pharmacological interventions & diversional therapies. The advantages of being in one location are immense. It's important to recognise that we are looking after patients' physical health alongside their mental health needs and from time to time they need procedures or diagnostic tests. Before the move, this would have meant bringing patients in a taxi so to be all together in the hospital makes it so much better for our patients. It's also given us the opportunity to have the community team which includes nurses and social workers based in the unit. We are one big team and having them with us means we can work even closer together, ensuring patients experience seamless care when they move between hospital and home. Two of the three wards have recently been assessed using the '15 Steps' approach and both been graded as 'outstanding'.

What Makes Us Special?

The success of this project has been the key role played by clinical staff at all levels. For the whole team to play a part in every aspect of the purpose built environment from designing everything from the décor to the soft furnishings to specifically meet patients' needs has been utterly brilliant. The environments have had such a positive impact upon staff at all levels. Embedding the core principles of the 10 shared capabilities for mental health, staff are actively engaged in promoting recovery and delivering person – centred care. The Trust also has an outstanding two day training programme focussing on person centred care for people with dementia and delirium which supports staff to understand what matters most to patients, to get the most out of the environment they are working in.

Contact Details - Annie Laverty - annie.laverty@nhct.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Nottingham University Hospitals NHS Trust

Think Drink Project

Category

Staff Engagement/Improving Staff Experience & FFT and Patient Insight for Improvement & Measuring, Reporting and Acting

Nottingham University Hospitals 
NHS Trust

Organisation

Nottingham University Hospitals is in the heart of Nottingham and provides services to over 2.5 million residents of Nottingham and its surrounding communities. We also provide specialist services to a further 3-4 million people from across the region. We employ around 14,500 people at QMC, Nottingham City Hospital and Ropewalk House. QMC is our emergency care site, where our Emergency Department (A&E), the East Midlands Major Trauma Centre and Nottingham Children's Hospital are located. Nottingham City Hospital is our planned care site, where our cancer centre, heart centre and stroke services are based. Ropewalk House is where we provide a range of outpatient services, including hearing services. We have 82 wards and around 1,700 beds and carry out 50,000 operations annually.

Summary

The project is a simple but innovative project which aims to minimise fasting times for our patients to improve patient experience and outcomes. Complications of excessive fasting are a patient safety issue; minimising fasting times reduces dehydration, hypoglycaemia and potentially reduces the incidence of electrolyte imbalance and acute kidney injury. Implementation has been made possible by the inclusivity of all staff, students and patients through education and training. This has been achieved by developing and adopting specific eating and drinking guidelines and an approved drinks list and incorporating 'Think Drink' moments in theatre briefings in order to enhance decision making and communication. Education and training of staff, students and patients has been undertaken across the whole of the organisation by credible and enthusiastic champions to promote engagement. The success has been measured by improved feedback and audit data; fasting times have reduced from 9 hrs to 3.5 hrs. More importantly for sustainability, there appears to have been a cultural shift. Wards are more aware of prolonged fasting, and theatres are more comfortable with shorter periods of fasting. Other organisations across the NHS have shown interest in the project, challenging long held perceptions is not easy and requires persistence and credible champions. Think Drink initiative was established in 2015 at NUH. The cause and extent of the problem was identified through audit data of fasting times for patients' waiting for surgery and valuable Patient Public Involvement feedback from patients about their experiences. The audit data indicated excessive fasting times for patients across the trust, an average of nine hours; this coupled with some negative feedback from patient, saying they were very thirsty and kept without fluid for long periods prior to their surgery. The overall aim of the initiative is to minimise fasting times for patients across the trust thus improving patient outcomes and experience, reducing dehydration and morbidity.

Impact

The Projects efficacy has been measured by improved patient feedback; this has been collated in a number of ways. One of the ways in which this has been collated is in the form of PPI feedback, the feedback received thus far has been exceptionally positive. Another measure used to assess the impact of the project is audit data of fasting times for patients across the Trust. This has reduced from 9 hours to just 3.5 hours which is a huge improvement especially given the size of NUH and the enormous culture change required. We continue to gather feedback and have seen a reduction in negative comments regarding excessive waits; however on-going comments have enabled us to focus on continuous improvement.

What Makes Us Special?

- Think Drink Is a very special project, it is not a difficult concept it is about a change in culture that has been longstanding across not only Nottingham University Hospitals but lots of hospitals across the NHS.
- Such a simple idea has had such a positive and wide spread impact on improving our patients' experience; the project has encompassed all wards and departments and really is Trust Wide.
- Changing the longstanding culture of 'nil by mouth from midnight' has had minimal cost implications for us as a Trust and makes such an immense difference to our patients experience and outcomes.
- In terms of contributing to the project's success, it would not have been made possible without increasing awareness of the benefits of shorter periods of fasting to both staff and patients. Improving communication between theatres and ward staff with the development of specific guidelines and algorithms to simplify the process of fasting.

Contact Details - Katie Hammond - katie.hammond2@nuh.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Pennine Acute NHS Trust

“A Family-centred Sensory Experience for Relaxed, Normal Birth”

Category

Environment of Care



Organisation

Pennine Acute NHS Hospital Trust is the largest NHS Organisation in the North West region. We spent over £500 million on providing healthcare services for local people last year. There are 9000 staff and 900 volunteers, and we employed 1000 new staff members last year. We have over 4500 follow the Trust on twitter@pennineacutenhs. We had 9785 births within the Trust as a whole last year.

Following the reconfiguration of maternity services in December 2012 a temporary Birth Centre opened in a wing of the Children's Ward on the lower ground floor whilst awaiting the purpose built area to be ready. Our purpose built Birth Centre, on ward F4, first floor of Royal Oldham Hospital site has been open since December 2013. It is part of the Community Midwifery Team and is co-located with an Obstetric Unit. Our Birth Centre has a core staff of a Band 7 Ward Manager, 1 full-time Band 6 Midwife and 2 Band 5 Midwives, 4 part-time Band 6 Midwives and 4 Health Care Assistants, one of which is Level 3. It is staffed with two Midwives per shift and a HCA on most shifts. Community Midwives are allocated to cover shifts on the Birth Centre as part of their working week and every-day a Day Availability and Night Availability Community Midwife is allocated to cover the Birth Centre in case of busy activity requiring additional Midwifery support. There are five en-suite birthing rooms, three with pool facilities. Run by Midwives we offer a family-centred sensory experience in a calm and relaxing environment to promote natural, normal birth.

Summary

Innovation: Leading the way for normal birth the Birth Centre has been developed over the past 3 years, to offer a “multi-sensory experience” based around the five senses: see, hear, smell, feel, and taste for all the family.

Leadership: Pioneered by our Matron and lead by the Manager we have clear objectives for the philosophy and culture that the whole team has adopted to offer all our women the best possible experience during their labour and birth.

Outcomes: Rated No.1 in the Trust for Friends and Family feedback and the emotional reaction of women and their families as they walk through the door. Over 75% of women walking through the door have calm, natural births on our Birth Centre.

Sustainability: Organisational commitment- encourages innovations/initiatives, staff personal commitment and fundraising has driven forward Hypnobirthing and we are in the process of producing an Aromatherapy guideline.

Transferability/Dissemination: We are members of the NW Birth Forum, which has been held here. The Annual Report and Monthly Transfer reports are disseminated to senior managers. Regular attendance at Labour Ward and PN ward forums and weekly incident meetings.

Impact

We pride ourselves on being number one in the Trust for Friends and Family 100%. We achieve 98.4 - 100% every month for cleanliness audited by the trust and G4S. Last year, per quarter 17.1 – 18.7% of all ROH births took place on our Birth Centre. 75% of all women entering the Birth Centre in labour birthed their baby naturally. 60.3 – 65.5% of women used Entonox alone during labour, 12.1 – 20.9% used no analgesia at all during labour. 27.7 – 30.3% had a Waterbirth. Our skin to skin rates are 85 - 90%. Our transfer rates of 21 -22.7% are lower than the national average of 40%. Of these transfers 49.8 – 63.2% resulted in Emergency LSCS, Instrumental Delivery or Augmentation. Anecdotally, women have expressed that by offering a more holistic approach reduces their need for further analgesia including Epidural, thus decreasing transfer rates for Epidural, and increases satisfaction rates for women and their families.

What Makes Us Special?

As you walk through the door we offer a very different “feel”. The lighting is dimmed and on entering you can smell the aromatherapy diffuser and hear soft relaxing music. This theme runs throughout the rooms, with LED candles, twinkling ceiling lights, and water features and relaxing music. We offer all women Hypnobirthing sessions antenatally and are producing a guideline for Aromatherapy to further enhance women's experience during labour and birth. Our rooms are home from home style with pull down double beds for a bedroom feel for family overnight stays. We pride ourselves on offering a non-clinical but safe environment with necessary equipment hidden from view.

Our team are experts in normal birth and have a team passion to deliver this excellence with compassion, kindness, respect and understanding. We believe the importance of women's memories of her birth environment being ones to treasure and that baby's first experience in the world is calm and relaxed.

Contact Details - Dawn Lee - Dawn.Lee@pat.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Plymouth Hospitals NHS Trust

Bereavement Cards



Categories

Communicating Effectively with Patients and Families & Support for Caregivers, Friends and Family

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. We provide services for patients at the following main sites as well as through clinics provided at other local hospitals and care centres: Derriford Hospital, Plymouth Dialysis Unit, Child Development Centre

Summary

The death of a loved one is an event that all of us are likely to experience at some point during our lifetime. Dealing effectively and positively with grief caused by such a loss is central to a loved one's recovery process. Plymouth Hospitals NHS Trust introduced the bereavement card initiative in May 2016. It was recognised that dealing with the loss of a close friend or family member may be one of the hardest challenges some of us face and although death is a natural part of life many of us still can be overwhelmed by shock and confusion. In this state it is well known that we do not take in all information given to us and our ability to think rationally can be impaired. In this environment it is not surprising that many forget to ask questions and bereavement cards were developed to send to families after the death of a loved one, to give them the opportunity to meet with the clinicians involved and take time to discuss the care they received.

Impact

The Bereavement Team follow a stringent process when issuing the cards as well as logging the number of requests received for meetings or discussions from families. The Trust continues to receive very positive feedback after the introduction of these cards. One lady took the time to say "thank you" following the Bereavement Card she had received and commented on how lovely and extremely pleased she was with the care given to her father whilst he was in hospital and how he was treated with dignity and respect at all times. Another was a Patient Story which was shared recently at our November 2016 Trust Board. The story related to an elderly, frail gentleman who was admitted to hospital for treatment but sadly passed away a few weeks later. A Bereavement Card was sent to the gentleman's wife and she contacted the team following receipt of the card because she was concerned about the cause of death recorded on her husband's death certificate. A meeting was arranged with our Matron for Older People, doctor and ward manager. They were able to discuss the timeline of care provided and explain the reasons behind some of the decisions made. They were also had the opportunity to address additional questions. The lady felt her husband might have survived had she acted quicker, it had been keeping her awake at night. The staff were able to talk about the patient's care and give reassurance that her husband was already very unwell and that her actions had not had a detrimental effect. The doctor and matron raised concern for the wife's own well-being as she looked particularly frail, she explained she had not been eating or sleeping well following her husband's death. Advice about her own welfare was offered and staff recommended she seek some further support from her GP. The Trust was able to address this lady's concerns and put her mind at rest, whilst also keeping her wellbeing as a priority. This story highlights the importance of communication with patients and relatives. We think we may have communicated something well but often those on the receiving end of the information may often not understand what they are being told.

What Makes Us Special?

We believe this project stands out above others and demonstrates the care and compassion the Trust has committed to deliver following a patient's death. It offers families and relatives the opportunity to have an informal and relaxed discussion with the clinical team caring for their loved one and to ask any unanswered questions. It offers proactive communication to bereaved families at a time when they may have queries about care, by taking this approach we are able offer answers and from a Trust perspective hopefully avoid future complaints from bereaved families.

Contact Details - Jayne Glynn - jayne.glynn@nhs.net



PEN National Awards 2016

Re:thinking the experience

Plymouth Hospitals NHS Trust

Improving Patients' Sleep

Categories

Environment of Care

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. 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. We provide services for patients at the following main sites as well as through clinics provided at other local hospitals and care centres: Derriford Hospital, Plymouth Dialysis Unit, Child Development Centre.

Summary

Plymouth Hospitals NHS Trust is committed to improve the levels of disturbance on its wards at night which had been recognised as an issue through a number of sources of patient feedback. The Director of Nursing approached the Acute Care Team to conduct an audit assessing the levels of disruption at night. The audit was performed in a number of areas within the main hospital. Findings supported initial views that wards were noisy and at times disruptive during the night. This led to further interrogation of the findings to better understand the cause and impact on patients. Evidence suggests that patients have longer inpatient stays, and there are increased numbers of falls due to insomnia. Audits are repeated to provide assurance that changes made had the desired effect. Significant improvements were noted between audits, which could be attributed to engagement of nursing staff with the suggested recommendations. In particular, Healthcare of the Elderly wards saw significant reduction in the levels of confusion for their patients. Matrons ensured that the changes made were fully embedded. An audit was carried out in June 2016 and, we had maintained reduced noise levels, despite a number of complicating factors including the high numbers of patients being admitted throughout the summer with high acuity.

Impact

Following introduction of a number of recommendations the follow up audit showed significant improvement in the levels of noise generated with nursing staff appearing to work hard on achieving a low tolerance to noise and high threshold to maximise length of sleep available to patients from day to night. Nursing staff were inventive in using options to reduce light levels. Drug rounds appear to be the main stumbling block to reducing lights in a timely manner, with many quoting safety of administration as the main reason. As a result of the audits and observational work, the Trust had a responsibility to consider what actions should be taken to reduce noise levels and other disruptions, whilst still bearing in mind cost implications. Three levels of recommendations were devised: • No cost (e.g. behaviours and activity of ward staff); • Low cost (e.g. providing ear plugs instead of medication); • High cost (e.g. installation of overhead lamps for every bed space so bay lights can be turned off). These were presented to our matron group for consideration and the Acute Care Team was asked to lead on the recommendations and monitor its success over a period of time. The results following 4 audits showed an improving picture, with engagement by the nursing staff that further identified actions to aid early sleep. This was however only a starting point and maintaining these changes into a sustainable and acceptable working practice was the main challenge faced by the organisation. Although there is still a long way to go in achieving our target, current and planned action has already made significant improvements to the patient experience enabling our patients to receive a good night's sleep. The follow up audit in June 2016 showed that the previous progress had been maintained. Despite initial successes there is still some work to do to continue the levels of improvement. A number of issues that could be a factor in limiting progress include: • High acuity of patients, many with co-morbidities resulting in complex care requirements; • Continued 'winter pressures' with resulting escalation beds being opened on wards and movement of patients overnight to accommodate emergency admission; • Staffing issues, with use of agency staff who are not familiar with the ward environment; • Complex care requirements resulting in out of hours test/reviews; • Admissions to wards during the night

What Makes Us Special?

We are addressing a long standing problem, which every organisation is challenged by and for which there seems to be no solution. Our simple approach of audit, monitoring and reminders to staff of the need to be aware of unnecessary disturbances at night has enabled us to make a difference to our patients. This cost effective approach using audit as the key to identify sources of noise pollution and the immediacy of the feedback to staff has proved particularly effective and efficient.

Contact Details - Jayne Glynn - jayne.glynn@nhs.net



PEN National Awards 2016

Re:thinking the experience

Plymouth Hospitals NHS Trust

PALS Clinics and Welcome Centre in Hospitals

Category

Turning it Around When it Goes Wrong

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.

Summary

Following a number of complaints a review of the Patient Advice & Liaison Service was undertaken and a 3 pronged approach was adopted to address issues raised and ensure PALS was accessible, available and effective for patients, relatives and staff. A Welcome Centre was opened in the main concourse of the hospital, ensuring the team can be seen as the first point of contact for all our patients, staff and members of the public. In December 2015 we saw the installation of the Netcall telephone system. This provided us with a facility where we are able to answer all calls within the department immediately. We introduced scheduled PALS clinics held within the ward and departmental areas. Implementation of scheduled PALS clinics ensures the public have more access to the service and there is a pro-active approach to trying to address concerns. The clinics are run jointly with the area Matron and/or Ward Manager and are advertised for patients and relatives to inform them of the time and dates. All 3 has enabled the team to reduce the formal complaints received within the trust.

Impact

These 3 initiatives have led to changes across the hospital – we are able to feedback and comment to service lines about patients' experiences whether positive or negative. Enabling staff to listen and take ownership but raising these comments with their multidisciplinary team. It allows us to address inpatient concerns immediately, before patients & families become more anxious and issues escalated. We have seen the complaints about PALS and complaints overall reduce. PALS enquiries are recorded on our datix system with the outcomes detailed. All feedback and learning is reviewed and monitored by the Patient Experience Manager on a monthly basis and included in the Patient Experience Report which is widely disseminated. This initiative is already making a difference as we have noticed an increase in the walk-in PALS enquiries and observed a decline in telephone enquiries. Previously enquirers would have been greeted by an answerphone, requesting that they leave a message should a team member not be available at the time of the call. Not only did this cause delays in returning calls following the download of messages but more importantly enquirers made us aware that they did not like this process and it became evident that they became more frustrated with this process.

What Makes Us Special?

Listening to patients, relatives and staff is a key function of the Patient Experience Team. Information is vital in order to make improvements and move services forward. Not all patients are aware of the PALS team and not all patients are able to visit the office or make contact when they leave hospital. By visiting the ward areas we are demonstrating that we care about their opinions and that we want to make a difference to their hospital stay. We can help foster good relationships between ward staff and the PALS team in order to provide our patient with a functional service. Key elements include speaking to patients on the ward or enabling us to take patients out of the ward environment to have a 'chat'. This builds relationships, builds confidence in our staff and helps patients feel more involved in our hospital and their care. The feedback is discussed with staff in the area visited to ensure that everything is considered and listened to and where possible acted upon. This helps to improve our patients' experience giving them a feeling of being involved in their care and listened to. The Welcome Centre is a highly visible point of contact within the hospital, members of the public are easily able to access support and advice when they want it. The addition of PALS clinics offers an opportunity for patients and relatives to have an informal and relaxed space to discuss and provide feedback on their experience. In some instances PALS staff have been able to create a social opportunity with patients who have few or no visitors.

Contact Details - Jayne Glynn - jayne.glynn@nhs.net



PEN National Awards 2016

Re:thinking the experience

PPL on behalf of West London Alliance

West London Alliance - Integrated Health and Social Care Hospital Transfer of Care

Category

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



Organisation

The West London Alliance (WLA) is a partnership between seven West London local authorities of Barnet, Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon and Hounslow. With over 17 years' experience in partnership working, the WLA is committed to an enduring programme of collaboration and innovation to improve outcomes for West London. The WLA is governed by a board of the seven West London borough leaders and steered by the councils' chief executives, who also directly sponsor individual WLA programmes. We share a vision that West London will be a thriving and prosperous part of the world famous capital consisting of successful residents and resilient communities. We believe in an open approach and dialogue with public, private, voluntary sector partners and our priorities are shaped accordingly to achieve improved efficiency, reduce costs and reform public services.

Summary

Despite a plethora of initiatives and investment, growing demand has continued to outstrip ability to respond; whilst cuts in social services have left many people who are medically fit to go home, stranded in hospital wards which are needed to treat new patients. North West London (NWL) exemplifies these challenges, with 8 local authorities, 8 clinical commissioning groups, 10 hospitals and multiple local providers. This partnership developed and delivered a programme of fundamental, system-wide change: a single, integrated hospital discharge function, bringing together health and social care staff, improving experience and outcomes for patients, and reducing capacity pressures on acute services.

Our approach was based on developing joint adaptation and implementation of new models of care to meet the diverse needs of local populations. Evaluation of outcomes to-date shows: • Up to 50% reduction in Delayed Transfers of Care; • 35% freeing up of nurses, therapists, and social worker time; • 5-10% decrease in referrals into higher levels of care; • 89% of NHS & 79% of council staff say the model improved the patient/carer experience; • 89% of NHS ward staff and 79% of social services say it has significantly improved the discharge process.

Impact

Despite the large number of stakeholders, organisations and amount of change involved, the project has kept to plan with phases 1 and 2 now fully complete and signed-off. Evaluation of outcomes to-date has shown: • A 5-10% decrease in referrals into higher levels of care; • A freeing up of 35% of staff time through reduction of duplication and re-admission.

Staff feedback has been overwhelmingly positive. Based on the initial implementation across 3 local authorities and 4 acute sites: • 89% of NHS and 79% of Local Authority staff believe the model has been effective in improving the patient/carer experience; • 89% of NHS ward staff and 79% social care staff believes the new model and approach has significantly improved the overall discharge process; • 63% of NHS staff report reduced average Length of Stay of patients.

Patients' experience of hospital discharge has improved as a result of the new model implementation. In comparison between the 2014 and 2015 Care Quality Commission Adult Inpatient Survey at CWH, in 2015: • More patients felt involved in their discharge decisions; • More patients were given enough notice of their upcoming discharge; • More patients had their home situation taken into account during discharge planning.

What Makes Us Special?

The WLA approach is based around 6 core methodological principles of 'whole-system' organisational change which have been co-developed with NHS, local authority, academic and consulting partners. These principles are innovative and unique, and we weave them into all the work we do. These are the key elements which contributed to the success of this project:

- Enable and empower citizens and frontline professionals to take a leading role in organisational and system change.
- Work jointly to understand, interpret and adapt new models of care to the locality – rather than just accepting them as 'the solution', or rejecting them as not applicable.
- Work on the principle of evolution rather than pure innovation – changing the small things quickly, to create areas that are 'change-ready' and build momentum.
- Create a local dialogue around disruption over continuity – conversations about how change is going to be managed, rather than whether it will occur.
- Focus on the one to three year time frame – not just the next six months or five year forward view.
- Develop genuine support networks and 'safe spaces' between peers on the same journey – across organisational and geographical divides.

Contact Details - Laura Porro - laura.porro@pplconsulting.co.uk



PEN National Awards 2016

Re:thinking the experience

Pulborough Medical Group (PMG)

Initiative to Design Educational Sessions Supporting our Non Clinical Staff (Practice Receptionist and Admin Staff) in Making Decisions



Categories

FFT and Patient Insight for Improvement &
Staff Engagement/Improving Staff Experience

Organisation

Pulborough Medical Group, Pulborough GP Surgery

(part of NHS Coastal West Sussex Clinical Commissioning Group (CCG)) is delighted to be able to submit their application for consideration of a 2016 PENNA Award.

Our work was conducted as part of our application for a PACE SETTER Award which is the Quality Mark for Children and Young People's NHS Services (<http://coastalwestsussexccg.nhs.uk/pacesetter>)

Background on our General Practice – A Practice list size of 13,000 spread over a 250,000 square mile rural area. We are based in the same building as health visitors, community nurses and a pharmacy. With a strong patient liaison group which hopes to address/review challenges regarding access to appropriate care in the best place.

Summary

In terms of our local initiatives, we decided to focus specifically on two areas for our PENNA Award application:

1. Receptionist (Non Clinical Staff) Training (using a Red / Amber / Green (RAG) traffic light method) – (Slide set for energetic Receptionist Workshop available)
2. Online video for young people – to improve patient experience and access for young people

We saw the PACE SETTER Award as an opportunity to reassess and engage our services for young people and children so we can improve upon them in a patient-centred way. At our practice, for our engagement with families, we undertook 5 hour session of telephone interviews comprising over 1.5% of population by the lead GP. This coupled with engagement with our staff lead us to focus on 2 initiatives: 1) Ensuring our current appointment systems whilst timely were also robust and safe so that staff and patients could be confident that patients were being seen in the right time frame and in the right place. Therefore we focused on training our non-clinical staff (receptionists) on the key features of patient contact that would raise concerns and led to a more prompt review or advise to call 999. To simplify this process symptoms were ranked into Red, Amber or Green categories by the receptionists (with the doctors only allowed to listen in) based on the risk of a severe problem. 2) On talking to our young people it became clear that a significant proportion had been deterred from attending appointments due to unfamiliarity with the practice and process of having an appointment at the surgery. The message from young people was very clear that the preferred forum for sharing information regarding this was online. This led to the development of a 'walk through' video showing the practical and key aspects of attending an appointment, from what to do with a prescription to issues around confidentiality. This project led on to a dedicated sister site for young people with useful information available related to their concerns and needs. (Link to video is: <https://coastalwestsussexccg.nhs.uk/pacesetter-pulborough-medical-group-pulborough>)

The Panel letter received when we received the PACE SETTER Award states "Your application was particularly strong in the RAG Educational Receptionist Training Exercise. The way this was further corroborated by the thorough patient engagement exercise, which underpins this Award, is highly to be commended. This idea and the lessons learned in designing and implementing it will likely be of considerable interest to many other practices so this is great and innovative too."

Impact

The training project has had great impact on the working of the GP team in terms of patient safety as well as team working and communication. Feedback regarding the website and video has been positive from our younger patients and is leading onto further project ideas.

What Makes Us Special?

- Many practices do not accept that their front line/reception staff need to undertake a level of prioritisation in booking patients into appointments but the interest from our front line staff and the confidence in their ability to undertake their work has been remarkable. Pulborough Medical Group may be ahead of their time in terms of seeking to boost the confidence of staff & their own fulfilment/ experience of working as part of our practice team.
- Our practice is all about Safety and we believe the whole patient experience should be as high quality as possible for the good of patients, their families and staff. This includes the first encounter that patients have with the practice team when they ring in or attend at the front desk.

Contact Details - Nikki Tooley - nikkitoolley@nhs.net



PEN National Awards 2016

Re:thinking the experience

Royal College of Art

Future ICU: Improving the Patient Experience of Critical Care

Category

Environment of Care



Royal College of Art

Organisation

The Helen Hamlyn Centre for Design (HHCD) undertakes people-centred design research within the Royal College of Art (RCA), building on a 25-year history of age-inclusive design. The Centre has three research areas: Age and Ability, Work and City, and Healthcare Research. Jonathan West is a Research Fellow who leads the Healthcare Research Lab - a group of researchers investigating effective, systems-based design solutions to current and future healthcare challenges. The Lab carries out research with patients and clinicians, and collaborates through the process of co-design and evaluation, working with industry partners to help to bring ideas to commercial reality. In collaboration with the London Clinic, the HHCD has been conducting research in the patient experience of Intensive Care for the past 18 months.

Summary

The Intensive Care Unit (ICU) is a hospital department specialising in treating patients with life-threatening conditions. It can be a hostile place for patients; environments are surrounded by machinery designed to prioritise clinical interventions. Patients may be in ICU for extended periods of time, lying in bed with nothing but the ceiling in view. Making matters worse, a large proportion of patients suffer from hallucinations and delirium as a result of the semi-conscious state they are placed in. The psychological effects of the ICU experience may linger on in patients for years after discharge, affecting their lives and those of their carers. The aim of this two-year project is to understand ways in which design might improve the ICU experience without compromising clinical care. Working together with clinicians and ex-ICU patients and relatives from different hospitals in England, the team identified ten dimensions that influence the ICU experience, as well as patient characteristics that may be affected differently by these drivers. The team has developed a digital system aimed at improving the patient's orientation and reducing stress levels whilst in ICU. The project is currently initiating pilot testing for this digital tool. Please see <https://vimeo.com/183202241> for a summary

Patients in ICU were historically kept under sedation; however, modern clinical practice advocates weaning them off sooner to promote recovery, the consequence being a more "awake" ICU experience for the patient. Disorientation, hallucination, delirium, inability to sleep and boredom result from this constant oscillation between states of consciousness. The clinical nature of the environment presents a further obstacle to bringing much needed comfort to patients and their relatives. The aim for this project is to humanise the patient experience of ICU. Using a patient-centric approach, the research highlighted 10 areas where design intervention could have a positive impact. Collaboration with ex-ICU patients, clinical staff and SMEs helped the team focus on developing a solution to improve orientation, relaxation and the nurse-patient relationship.

Impact

The mapping of insights from this data identified 10 key domains that patients most felt influenced their Intensive Care experience. Through further workshops with all three groups: clinicians, patients and relatives, we were able to isolate four key areas directly affecting their experience; boredom, sleep patterns, hallucinations and orientation. These key dimensions were further validated by the multi-disciplinary team and clinical psychologist focus groups, as well as through observation of the Intensive Care environment.

The result is an app providing personalised sensory experiences during patients' ICU admission.

Through pre-hospital engagement of elective-surgical patients due to be admitted to ICU, our tool identifies sensory preferences ranging from sounds and smells to relaxing videos and photos. The app will generate a mood board of sensory stimuli, personalised to the patient, which can be used throughout the day according to a schedule; this will help reduce boredom, provide structure to their day, while helping to orientate and humanise their hospital admission.

What Makes Us Special?

Too many innovations are developed without real patient input; these are often introduced into the patient experience without them having a say in the design. This project is genuinely patient centric and was co-developed with ICU survivors. It uses readily available technologies, which makes it easy to scale with only minimal investment.

The project addresses these complex issues in a non-medicalised way. It offers a human dimension to staff-patient relationships, helps patients to feel more valued in their identity, and treats delirium, insomnia and boredom by orientating and stimulating the patient in a more nuanced manner.

Contact Details – Gabriele Meldaiyte - gabriele.meldaiyte@network.rca.ac.uk



PEN National Awards 2016

Re:thinking the experience

Serco

The Patient Dining Experience

Category

Personalisation of Care & Support for Caregivers, Friends and Family



Organisation

Serco are responsible for both Hard and Soft FM at the Norfolk and Norwich University Hospital (NNUH). This includes maintenance of electrical and mechanical services; building fabric; infrastructure and grounds maintenance for the 130,000 sq m site; Cleaning; Catering; Helpdesk; Portering; Waste Management; Linen and Laundry; Security, Car Parking and Grounds. There are 658 staff employed at the facility who work in close partnership with our NHS colleagues ensuring a person centred approach to patient care. The NNUH is a 1,200 bed teaching hospital with state-of-the-art facilities which provides care to a population of approximately 825,000 from Norfolk and neighbouring counties. Serco provide Integrated Facilities Management in the hospital where over 90,000 inpatients and nearly 700,000 outpatients are treated each year. The hospital has world class facilities, highly skilled staff and low infection rates.

Summary

At NNUH we pride ourselves in delivering an excellent service and as such are always exploring new and innovative ideas to enhance the hospital experience for patients, visitors and staff alike.

It is well recognised that, amongst many factors, social interaction and nutrition play an important part in patient recovery. Therefore this simple but innovative idea, supported by the leadership of both the Trust and Serco, enabled the introduction of a different system for patient meals. The idea allows some patients to eat their evening meal in the hospital restaurant instead of at their bedside. Patients who are well enough are able to order meal vouchers which they can take to the hospital restaurant and exchange for an evening meal. This is in a setting which is more like a family meal and offers a different location, a joint meal experience and a different menu at a time to suit them.

The feedback from the initial pilot was extremely positive and now within the hospital the offer is being widened and adapted. The benefits described by NHS staff are sustainable and transferrable across certain patient groups and many other healthcare settings.

Impact

Initial feedback was positive from all involved - patients, families and nursing staff. Interestingly families asked that the tables in the restaurant were not laid out with white table cloths (as we had originally planned) as they preferred to blend in with the other restaurant users. This was a quick and easy modification to make.

Emma McKay, Director of Nursing said "The scheme is a great way to encourage patients to be mobile and to enjoy eating with their family as they would do at home. It is very important to keep patients fluid and nutritional intake up whilst in hospital and this scheme will help encourage that with meal times that people look forward to with their family"

The original Matron involved commented as below:-

"It has been well received by the patients, who have enjoyed the opportunity to leave the ward and have a sense of normality to their day. It has really helped some of their mental wellbeing to have the chance to visit the restaurant and get off the ward. Relatives have liked the chance to come and eat with their family member and make it more of a social occasion. The patients have also enjoyed the variety of the menu on offer". Julie Fox, Matron for Dermatology, Ophthalmology, Plastics, ENT, Head & Neck specialities

Our catering staff have said *"It is great for patients who have to remain in hospital but who may have menu fatigue or need to get away from the ward to socialise".*

The Serco Catering Lead Jon Batchelor, added *"we hope the voucher scheme will greatly enhance patient recovery, giving them a different environment to relax and dine in. All the dishes we will be serving in the restaurant have been checked by the hospital dietitians. It may seem like a small move, but actually it's a revolution in the way that hospital food works"*

As a result this positive feedback on a number of health and wellbeing concerns, the meal voucher option is now being developed for other suitable areas within the hospital, using the same criteria patients who are independently mobile and have no dietary requirements.

What Makes Us Special?

As with all good ideas the key to this initiative lies in its simplicity. It focuses on the needs of the patient and encompasses a family approach, social interaction is encouraged and thus mental wellbeing is improved-for minimal financial outlay patient experience and recovery times can be enhanced.

Contact Details – Stephanie Gray-Roberts - stephanie.gray-roberts@serco.com



PEN National Awards 2016

Re:thinking the experience

Solent NHS Trust

Solent's Accessible Information Portfolio – Supporting Information for All

Category

Access to Information



Organisation

Solent NHS Trust was created on 1 April 2011. We specialise in providing high quality, best value community and mental health services. We do this by putting individuals and their families at the heart of our decision making, and by forming strategic partnerships with other organisations so that our service users and commissioners benefit from local, integrated community solutions. We are the main provider of community services to people living in Portsmouth, Southampton and parts of Hampshire. We work in over 100 clinical sites and employ over 3,500 staff and make over 1.5 million patient contacts each year.

Summary

Since our creation as 'Solent NHS Trust' in 2011 Clare has worked relentlessly to improve access to communication for our most vulnerable patients who have communication and information needs. With Clare's leadership and the inclusive approaches to co-designed service improvements and engagement, we now have a portfolio of developments. Some of the our key achievements are listed below;

- Inclusive public consultation on our application to become an NHS Foundation Trust 2011
- Portsmouth Accessible Information website to support people with learning disabilities in the local area (2012), see www.accessibleinfo.co.uk
- A service evaluation to investigate the development and implementation of accessible multi-source feedback resources for doctor's revalidation within Solent NHS Trust (2013) www.solent.nhs.uk/_store/.../accessible_patient_feedback_report.pdf
- Development and pilot of a tiered model of accessible information training for healthcare staff, see Tier 1 Training: Accessible Information Awareness DVD (2015) https://www.solent.nhs.uk/page_sa.asp?fldKey=615
- Accessible information champion network to support collective intelligence and social learning
- Dissemination of developments at international conferences (IASSIDD 2010 & 2014), subject expert for policy development (NHS England Accessible Information Standard), co-authored professional standards (RCSLT 'Five Good Communication Standards' and 'Inclusive Communication Position Paper') and peer-reviewed publications (TLDR 2015 & 2016, HSJ July 2016).

More information about these achievements is available

Impact

The impact of the Solent Accessible Information Portfolio can be measured in a number of ways;

- Patient level – accessible information practice is embedding within the patient journey from screening processes at the start of interventions through to inclusive approaches to obtain patient feedback.
- Healthcare staff – awareness training rolled out across Trust.
- Local Universities – developments have been shared through lunchtime seminars and open access resources.
- Across Hampshire – developments have been shared through support events that attracted various stakeholders including representatives from neighbouring Trusts, commissioners, Healthwatch and patient groups.
- Nationally – some of our developments have been celebrated by NHS England and GMC as best practice.
- Internationally – publications in peer-reviewed journals and European Congresses.
- Social media – information and open access resources have been share via #Accessibleinfo

What Makes Us Special?

- The volume of work that has been achieved, mostly in addition to Clare's full time role.
- Team effort that has occurred through Clare's ability to inspire and motivate others to take action.
- The social movement is now developing at pace and the influence across stakeholders is building week-by-week.
- None of these developments would have been possible without the patient and public involvement at every stage. Empowering vulnerable people to have their voices heard and be listened to.
- Although there is a long journey ahead, together we have the opportunity to make a real difference!

Contact Details - Clare Mander - clare.mander@solent.nhs.uk



PEN National Awards 2016

Re:thinking the experience

St Lawrence Surgery

Personalisation of Care with Children and their Parents/Carers with Additional Needs



Categories

Environment of Care & Personalisation of Care

Organisation

St Lawrence Surgery team, Worthing (part of NHS Coastal West Sussex Clinical Commissioning Group (CWS CCG)) is delighted to be able to submit their application for consideration of a 2016 PENNA Award. GP practice - the Partners and staff of this long-established practice are committed to providing the highest level of patient care. Our work was conducted as part of our application for a PACE SETTER Award which is the Quality Mark for Children and Young People's NHS Services (<http://coastalwestsussexccg.nhs.uk/pacesetter>)

Summary

Following some very exploratory and searching engagement and collaboration with local patients and families of children with additional needs we have enhanced the quality of our services for Children and Young People that delighted both staff and patients and families and is gaining recognition and interest nationwide. In addition because of our local initiative the CQC has, in October 2016 awarded our Practice as overall 'outstanding' rating and they cited the "medical passport" as one of the reasons for innovation and responsiveness to our patients. As part of our work, we have engaged with the West Sussex Family Network who has collaborated with us to generate ideas that have come to fruition eg the "Medical Passport" and "Hospital Diagnosis Pack" amongst other ingenious ideas for families with children with additional needs. These have improved the Continuity of Care for these families both in terms of their many interactions with their local GP surgery as well as with hospitals and in terms of supporting families to self care and become more confident and resilient. We decided to apply for a PACE SETTER Award as we would like to be known, as a local practice, for the high quality of our CYP Services. The critical part of the PACE SETTER Award is engagement undertaken with families/patients and staff. We decided to focus on children with Additional needs following a discussion with Lindsey Butterfield a parent at our practice. Lindsey has been an enormous help in giving us insight and a patient and/or carer perspective on what it's like for them to access our services. **Medical Passport – Why?** Many anxious and frustrated parents who found attending the surgery a stressful time. All children with additional needs have individual stresses/triggers and ways they like to be handled by health care professionals. This helps the practice hold a bespoke service to get the best out of their consultations. It helps the patients, carers and the health care professionals. **Hospital Diagnosis Pack for newly diagnosed CYP with additional needs – Why?** Parents said they feel isolated. When their child is given a diagnosis they are discharged from hospital care without any further information on how to cope or what is available. We offer a 20 minute appointment with a GP and literature specific to the condition that child has been diagnosed with, together with offer of support groups here and within our area.

Impact

Regular parent support days now in place, alternating on a different day at a different day to try and accommodate as many parents. Meeting held on 10.6.15 – notes attached below including 30 participants (including staff):

Register has 114 children with additional needs as patients. These are patients aged less than 18 years old with any of the following diagnosis: ADHD, Autism, Behavioural Problems, Cerebral Palsy, Developmental Delay, Down Syndrome, Epilepsy, Hearing Impairment, In a wheelchair, Learning Disabilities, Nervous System Abnormalities, Spina Bifida or Spinal Changes, Tourette's and Visual Impairment. Some of the children will be on more than one register.

A general discussion between clinical, non-clinical and parents about previous struggles and how we as a surgery can learn from these experiences. Agreed between Lindsey, Zoe, Rachel, Jo and Debbie the next Parent Support Group will be on Thursday 17th September, 10-12am in the education room.

Immediate actions made June 2015: • Waiting room slides have been updated with child friendly slides and information; • A new STL carers registration form; • My Medical Passport has now been approved and uploaded onto Emis

They met with the parents again in Sept 15 - and agreed that they can have the premises to run regular support groups and hold role play groups for children so they have seen a stethoscope or an auroscope before they come to the GP. This will be supported by our GP and HCA initially and then the parents will run it independently.

What Makes Us Special?

The PACE SETTER Award has helped us with quality improvement to galvanise our staff and patients to jointly produce initiatives that will make our services better all round. We've made a real difference to our children and parents and CQC awarded us outstanding with mention of the medical passport being very innovative.

Contact Details - Josiane Wadey - jowadey@nhs.net



PEN National Awards 2016

Re:thinking the experience

Staffordshire & Stoke on Trent Partnership NHS Trust

Using FFT for Improvement

Staffordshire and 
Stoke on Trent Partnership
NHS Trust

Categories

FFT and Patient Insight for Improvement & Turning It Around When It Goes Wrong

Organisation

The Trust provides a range of community based services, through three operational divisions. Our core community services are provided to a broad range of people within the communities we serve – from the new born to the elderly with services being delivered in a number of different locations. Our Integrated Local Care Teams provide both nursing and social care to the people of Staffordshire in their own homes, whereas other services are delivered in our community hospitals, health centres, or GP practices. We employ 5,894 staff, including doctors, dentists, nurses, allied health professionals, social workers, managers, and support staff. We cover a geographic area of around 1,012 square miles from the Staffordshire Moorlands in the North, down to the Black Country and this area contains a population of 1.1 million people. We also provide Sexual Health Services in Leicestershire and the Rutland.

Summary

The Trust has captured FFT for the last four years and in 2015/2016 identified a 33% increase in the reporting for users 29,408 and carer responses of 7,451. Areas of innovation have been continually implemented so the model can be transferred and disseminated across 142 Community Health and Adult Social Care Teams e.g. district nurses, AHPs, dental services, Social Workers, Sexual Health Services, and Community Hospitals. As a Trust, we can demonstrate reliable outcomes in our performance through the set monthly sampling which is accurately reflecting the Trusts FFT score of 97%. The Trust captures data in many different formats to gain sustainability and to ensure that people who have a disability, impairment, or sensory loss get information that they can access and understand. Health or Adult Social Care Professionals identify the appropriate survey on their initial assessment to meet the individuals communication needs e.g. easy read/picture, large print, electronic surveys, telephone, interpreters, or an alternative language survey. We continually monitor to ensure that individuals are not treated differently or less favourably, on the basis of their specific protected characteristic. The Trust captures experience outcomes at Trust Wide, divisional and at team level. Alongside the FFT, four local experience questions have been developed with users, carers, operational teams and CCG Commissioners. These are incorporated in the Trusts monthly contractual requirements for every operational team. An early warning system has been developed which immediately escalates when users and carers are providing negative feedback on any of our health and Adult Social Care Community. Suggestions for improvements are captured monthly from our users and carers and reported internally and externally using a wide variety of media. Users and carers suggestions of improvement are aligned and triangulated with the Trusts complaints and PALs investigation outcomes. The Trust has implemented an Independent Complaints Review Panel which is independently chaired by members of the voluntary sector. The purpose of this panel is to review the Trusts organisational outcomes and learning from the feedback for our users and carers experience. The Trusts bi-monthly User and Carer Forum review all the trends and themes and implement task and assurance groups to work in partnership with the operational teams. From the triangulation of experience data a deep dive, quality visit or Mystery Shopper initiative is triggered for operational teams who are under performing to gain further detailed analysis of the users and carers feedback. Every month the highest scoring operational teams are acknowledged by receiving gold, silver or bronze experience awards from the Director of Nursing and Quality, published internally and monitored by the Trust Board.

Impact

Success is measured through the monthly outcome measures of the FFT and experience to monitor sustainability regarding the users and carers' experience of the service. Suggestions of improvement along with compliments will be monitored monthly along with actions of improvement. Improve the experience of carers by providing useful, accurate, accessible information. Following the implementation the Trust has received no further comments regarding bereavement information. Users and Carers are able to shape the future service of health and Adult Social Care Services. The Experience Outcomes are included in every Operational Teams KPI's for sustainability and transferable learning across the Trust.

What Makes Us Special?

Experience outcomes have been embedded within the operational service delivery across the Trusts contractual requirements for health and Adult Social Care Teams. All initiatives have been implemented and can be monitored for sustainability. The Head of Service User and Carer Experience continually provides leadership to drives changes and works in partnership with external voluntary and third party sectors. Actions of improvement are piloted and tested through innovative ideas and the Trusts ambitious to constantly change to provide high quality services.

Contact Details - Marie Allen - MarieC.Allen@ssotp.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Surrey and Sussex Healthcare NHS Trust

Supporting Carers - Making a Difference

Category

Support for Caregivers, Friends and Family

Surrey and Sussex 

Healthcare NHS Trust

Organisation

East Surrey Hospital in Redhill, run by Surrey and Sussex Healthcare NHS Trust (SASH), serves a growing population of over 535,000 people living in urban and rural communities. The hospital is the designated hospital for Gatwick Airport and the local M25 and M23 network. It has a trauma unit, which cares for seriously injured patients in partnership with the major trauma centres in the South West London and Surrey Trauma Network. East Surrey Hospital has 691 beds and ten operating theatres with four more theatres at Crawley Hospital in our day surgery unit.

SASH is a major local employer, with a diverse workforce of around 4,000 providing health services to the community we serve. In addition, we provide a range of outpatient, diagnostic and less complex planned services at other hospital sites across West Sussex and East Surrey. The Trust is an associated University Hospital of Brighton and Sussex Medical School.

Summary

With a focus on continuous improvement and building on our strong history of putting patients at the centre of how we deliver care we are keen to also recognise the valuable role of caregivers, friends and family as well. Our more recent developments include introducing a carer's passport and open visiting to help us ensure that patients' emotional and physical needs are met and that they, as carers and relatives, are supported too.

Supported by our chief nurse, medical director and divisional chief nurses, and following a pilot, we have introduced open visiting, which emphasises a collaborative approach and encourages visitors to actively engage with the person they are visiting. Alongside this, we have also introduced a carers' passport across all adult inpatient wards. We are making carers aware that the passport is available at pre-assessment and issuing it at admissions for surgical patients and on the wards for medical patients. We have put systems in place to ensure that our work is sustainable through a carers steering group, regular awareness raising and visits to ward staff. Our approach uses the NHS Commitment to Carers as a framework to identify and implement initiatives.

Impact

Both open visiting and the carers' passport were implemented in the late summer and we are in the early stages of gathering and collating data to measure the success and impact of the initiatives on our patients, carers, relatives and staff from across the hospital. Early data and feedback supplied as supporting information.

Review comments and feedback highlights include:

Open visiting: • Anticipated challenges raised by staff such as visiting late at night have not been realised; • Dignity scores remain the same from our established Your Care Matters patient survey; • Privacy being examined has not dropped on Your Care Matters patient survey; • Care and compassion has not dropped on Your Care Matters patient survey

Carers' passport: • strengthened our view that we see carers as partners in the patient's care; • a whole systems approach to supporting carers; • helps carers and makes them feel valued

What Makes Us Special?

Open visiting – We have taken the concept of open visiting a step further by encouraging collaboration from the outset. We want people to come and be involved in caring for their loved one in whatever capacity they wish - this may include, helping them get ready for the day, being present for ward rounds, eating together, playing cards and board games or going for a stroll - all of which we know will assist in maintaining a patient's mental and physical capacity. The tone and approach of our open visiting guidance document embraces the role a visitor can play and encourages them to engage in activities whilst also making it clear that wards are busy places and have a rhythm that needs to be respected.

Carers' passport - We want to demonstrate to carers that their input is vital to delivering high quality care and that we value the contribution they make. To recognise their contribution we want to thank them by making their time in hospital more comfortable and to provide practical support such as providing access to staff discount and tailored parking that means carers can come and go and visit the hospital as often as they like each day. We also want to be able to help them in meeting their emotional and practical needs, both when they are supporting a patient in hospital and when they return to their homes. We have received positive Initial feedback on both initiatives, which has been very positive from everyone involved – including our staff and we are encouraged to see just what a difference is being made.

Contact Details - Cathy White - cathy.white@sash.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Tees Esk and Wear Valleys NHS Foundation Trust

Staff FFT Initiative

Category

FFT and Patient Insight for Improvement

Tees, Esk and Wear Valleys 

NHS Foundation Trust

Organisation

Tees, Esk and Wear Valleys NHS Foundation Trust provides mental health, learning disability and eating disorders services around County Durham, the Tees Valley, Scarborough, Whitby, Ryedale, Harrogate, Hambleton and Richmondshire and the Vale of York. We employ over 6000 employees.

Summary

Following the success at the NHS England FFT Awards in 2016 we felt a further submission was necessary to show case the areas we have introduced since the event and how we are working to further embed the use of the Staff FFT results within our teams. The Trust's Executive Management Team (EMT) in June 2016 agreed to several recommendations that have helped increase both the awareness and use of this valuable feedback. In April 2016 a quality improvement event took place with eighteen delegates in attendance from across the Trust and across disciplines. These included HR representatives, clinical team managers, admin support and housekeepers. We requested nominations from the Locality Managers as the decisions made on the day ultimately impacted everyone and we needed the input from those who regularly complete the survey to be involved. The event was a huge success and eleven recommendations were developed. A report was submitted to the EMT meeting and all the proposals were agreed.

Impact

Following the event Managers are now expected as a minimum to share and display the FFT results in their area. The manager must discuss the results in their team meetings and ensure the results are visible for staff and, if they wish, for visitors to access. They must also ensure that the results are discussed during supervision sessions and included in appraisals. Those teams that score less than 60% in any of the questions are required to identify actions to try and address these areas. Support is offered from the HR Manager (Staff Experience) Kerry Jones as well as signposting to the OD team.

During the quality event individuals raised that some staff are still unaware of what the Staff FFT is and what happens with the information. It was agreed that a guidance leaflet should be produced. There is evidence that following a visit from the HR Manager and the guidance leaflet being explained more team members have been happy to share their opinions. It was also agreed that the Staff FFT should be a standard agenda item at meetings. The ward managers must update everyone present on their teams' results and whether any improvements have been reported. There have been huge developments in partnership with our external commissioner Picker Institute on the information they produce for us. More senior teams are requesting more detailed statistics so that they can identify areas of concerns and best practice. An example of this is the demographic reports at locality level. A further recommendation from the report was to develop a reward and recognition scheme for those teams that have seen an improvement in their results or have seen an increase in their response rate. This is in the process of being formalised. We continue to produce over 200 individual team reports as well as produce case studies on the areas that have done well. This is proving to be very popular amongst managers wanting to highlight the excellent work of their teams as well as share good practice.

We are working with Picker Institute to help develop a reporting tool to identify 'Themes' from the free text comments received. The Trust Board are particularly interested in receiving these and are fully engaged in the information the Staff FFT provides them with. The Trust's overall results are published on the Trust's website for the public and potential employees to access. We encourage transparency and are proud that approximately 3,000 staff still embrace the opportunity to share their views. The Trust employs approx. 6,500 staff and has achieved 50% and above in its response rates since the survey began. Initiatives of how the survey can be promoted further and the data utilised are Kerry's top priorities. Following the event in April we also 'rebranded' the Staff FFT and tried to prevent the use of the word survey, as feedback suggested that staff didn't wish to continue to complete surveys. We refer to the Staff FFT as a quality improvement tool.

What Makes Us Special?

The Staff FFT data is used amongst various groups across the Trust, it continues to be recognised as a valuable tool of obtaining up to date information by managers and staff which we feel is one of the reasons why individuals continue to complete it. The data is used in so many ways and we continue to think of other ways it can be utilised. Whilst staff have increased responsibilities and conflicts on their time they still complete the survey when they receive it. Whilst not all the responses we receive are positive we have pledged as a Trust to act on the information and identify areas/teams that require additional support.

Contact Details - Kerry Jones - kerry.jones7@nhs.net



PEN National Awards 2016

Re:thinking the experience

The Integrated Care Clinics (TICCS)

Diversifying the Skill Mix in Primary Care: ESP Physiotherapy Initiative

Category

Partnership Working to Improve the Experience



Organisation

TICCS provide community-based musculoskeletal and biomechanical treatments, from around 300 clinics, delivered by 500 HCPC/NMC/GOSC/GMC registered professionals. TICCS deliver community MSK and triage services for 39 CCGs, delivering 450,000 physiotherapy treatment sessions per year, across all aspects of MSK physiotherapy. TICCS work in partnership with all stakeholders to improve the patient experience and outcomes; using innovative approaches. In 2016, TICCS achieved a 98% positive patient service rating. **JENNER HOUSE SURGERY (JH)** - Part of NE Hampshire and Farnham CCG and provider of quality health care to 10,000 patients. This comprises GP and Nurse Practitioner surgeries, weekly chronic disease management clinics and physiotherapy, delivered by TICCS. They obtained CQC registration in December 2012, a 'Good' rating in 2014 and are working towards 'Outstanding' over the next two years. **SALUS MEDICAL SERVICES Ltd** - A federation of 24 GP practices in NE Hampshire and Farnham CCG. Salus provides a platform for partnership working to strengthen regional General Practice.

Summary

TICCS provided a Musculoskeletal (MSK) assessment clinic in JH Surgery for patients to be assessed by an expert MSK clinician (Extended Scope practitioner (ESP)), rather than GP. This helped solve JH's GP shortage by diversifying their clinical workforce while improving their skill mix. **INNOVATION:** A fresh, collaborative solution; ensuring patients with MSK disorders are treated by the right clinician within primary care. Responds to GP shortages and the 'funding and efficiency gap' in NHS 5YFV. **LEADERSHIP:** JH's Practice Manager and TICCS' Head of NHS Services ensured: • Effective triage by receptionists; • Service integrated with existing MSK pathways to streamline patient journeys; eliminating inappropriate secondary care referrals; • Appropriate engagement with stakeholders (including PPG). **OUTCOMES:** We measured patient satisfaction (friends and family test), onward referrals and waiting times. 99% of patients were likely/extremely likely to recommend the service to friends and family. **SUSTAINABILITY:** The 12-week pilot was a success, TICCS and JH maintained this patient satisfaction and clinical outcomes while increasing clinics from 2 to 3 per week. **TRANSFERABILITY, DISSEMINATION:** JH and Salus Medical Services (GP Federation) championed the project to Yateley locality; which they will implement in all GP surgeries therein from January 2017. TICCS replicated this model in individual practices in Oldham, Corby, Haringey, and Dover and successfully integrated the services within each practice's individual/local MSK pathways.

Impact

Patient satisfaction: • 99% were likely/extremely likely to recommend the service to friends/family; • 100% would happily see the clinician again; • 100% said everything was clearly explained. **Clinical Outcomes:** • 44% of patients discharged with self-management advice and home exercise programmes, rather than non-steroidal/anti-inflammatory drugs, showing patient empowerment and engagement; • Reduced orthopaedic referrals by 21%; reduced physiotherapy referrals by 20%; • Just 1% of patients referred for X-ray/MRI; • Streamlined patient journeys by providing coordinated specialist care. For example, ESPs would perform joint injections and seize this window of reduced pain/improved mobility by recommending exercise therapy. This sustained improvements in MSK conditions. **Added Capacity:** • 240 GP appointments saved; • Wait to see an MSK practitioner reduced from 4-weeks to 7-days. **Saved money:** £10,800 saved by reduced GP appointments; £7119 saved by fewer orthopaedic/AQP physiotherapy referrals; reflecting 5YFV goals.

What Makes Us Special?

• Enhanced JH's capacity: saving 240 appointments over 12 weeks; • Improved patient experience: 99% likely/extremely likely to recommend the service; • Saved money: £10,800 saved by reduced GP appointments; £7119 saved by fewer orthopaedic/physiotherapy referrals. **Elements of Success:** Effective partnership working and leadership. Multidisciplinary working between TICCS ESPs, JH GPs, Nurses and Receptionists ensured: • Patients appropriately directed to service; • Secondary care and imaging referrals appropriately authorised; • Red flag symptoms, complex cases discussed with duty GP; • Specialist treatment sustains improvements; • Complete integration with existing clinical services within practice/MSK pathways within locality/CCG; • Clinically led by experienced ESPs and GPs, both with clinical/operational and commercial understanding. **Communication, Patient Consultation:** Consulting the patient participation group and patient engagement explained the concept and rationale of using physiotherapists from initial appointment. This allayed concerns, ensured patient uptake and contributed to positive patient satisfaction. **Bringing Care Closer to Home:** The project brings specialist care closer to patients' homes; so that patients receive the right care, in the right place, at the right time.

Contact Details - Neil Copeman - rglasspool@ticcs.co.uk



PEN National Awards 2016

Re:thinking the experience

The Ipswich Hospital NHS Trust

Adopt A Ward - Patient Leaders Getting Underneath the Data to Learn and Improve

Category

Measuring, Reporting and Acting

The Ipswich Hospital **NHS**

NHS Trust

Organisation

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

Summary

Adopt A Ward (AAW) – unique, beyond an FFT score to understand more deeply the lived experience of patients. Co-designed and patient led. Delves beneath number crunching to hear real-time, real-life stories – by patients (pt leaders). Developed following shared leadership workshop, collaborative partnership is at its heart from start through to rolling out. Simple concept – pt leaders ‘adopt’ a ward – work with staff to understand issues; visit wards, engage with patients; report back. Real-time feedback leading to real-time action. Time spent up front to build trust between staff and pt leaders; clear remit and objectives; guidelines tested by the pilot; good communication to ensure smooth pilot period with clear measurements for success. Range of results demonstrating clear benefits on a number of levels beyond those anticipated, including improved staff morale/engagement, continuing and seeing the project ‘in demand’, rolling out across the hospital with potential at our community hospitals/services and partnership hospital, Colchester. The learning has been shared widely across the organisation and externally including media interest and regional conferences. This has been a truly collaborative and partnership approach cutting through the ‘them and us’ to be ‘us, together, making a difference’.

Impact

Stated Aims of Pilot – to increase ‘soft intelligence’ collection and enable a deeper understanding of patients’ ‘real-time’ experience; enabling immediate responses if necessary; to increase collaborative working between patient leaders and frontline staff. Key initial question from ward sister – what lies beneath the comments about noise at night? AAW members got more out of the patients than the ward sister ever could; reflecting the positive response from patients to patient (leaders) undertaking the interview-conversations and being more willing to share with them what they keep from staff whom they perceive as too busy and whom they ‘don’t want to bother’. The pilot gave an opportunity for some tangible changes – often ‘the small things’ – sometimes bigger: • dimmer switches installed; • sister joining doctor’s ward rounds, enhancing communication; • better information on drinks trolley for diabetic patients; • staff lanyards for agency workers; • creation of a mealtime area for social dining (surgical ward); • relatives kitchen opened on a ward. Immediate feedback/responses: • food portions were an issue for 1 patient, addressed; • visitors not realising they could visit out of hours, staff able to reassure; • patient unhappy with care, sister alerted; • sister alerted to patient who was anxious about what the doctor said but too nervous to mention it. **Other outcomes:** • patients’ given a distraction from boring days/emotional support – patient often confided how lonely they were; • staff morale increased with positive comments naming specific staff; • greater engagement and understanding of patient experience amongst staff on the wards – greater ownership of the changes and the feedback AND building of trust in the AAW members, breaking down barriers; • role-modelling of ‘change can happen and is easy’ and sharing of ideas across wards via AAW members who were the ‘connecting thread’ between the wards eg; shared how to get a food trolley; • AAW members reported they had a greater understanding and appreciation of how the hospital worked making them more effective patient leaders. Complaints reduced across the wards. Feedback from staff shows how they value the AAW member visits and illustrates the success of the scheme thus far with word of mouth leading to more wards, and outpatient areas, requesting their own AW teams.

What Makes Us Special?

Patient leader led – with true collaboration and partnership with staff. Patients (leaders) not staff - enabling patients and carers to open up and be honest. It is NOT an audit, CQC inspection or quantitative survey – questions are asked as part of a conversation; No clipboards or notebooks – written up afterwards; Fluid and responsive in the moment – walking alongside the patient; In pairs so safer, flexible and more opportunities to ‘click’ with the patient; Realtime feedback – realtime response; Time – the voluntary nature of the intervention means there is the time to spend really listening to the patient. Non-judgemental; Real people, really listening, really connecting and engaging, responding.

Contact Details - Gill Orves - g.orves@hotmail.co.uk



PEN National Awards 2016

Re:thinking the experience

The Ipswich Hospital NHS Trust

FAB - Frailty Assessment Base

Categories

Continuity of Care & FFT and Patient Insight for Improvement



Organisation

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

Summary

The service – FAB – Frailty Assessment Base - brings together the whole system to address the frailty needs of older people in once place by a multi-disciplinary team; reducing admissions, increasing confidence, enabling patients to go home. FAB has proved to be successful in its ambitions to make an impact on individuals and the system. Based on evaluation of evidence, best practice; involving key stakeholders and led by senior clinicians, specialists in their fields, FAB enables the pooling of expertise within a clear framework and objectives to improve the patients experience, reduce admissions and increase the system's ability to manage frailty. FAB was piloted and has been so successful it is now (12 months later) being relocated to a specially designed and refurbished area with increased capacity. Recognised at the HSJ Awards, the project has communicated its ethos and success widely which provides evidence and ideas for others to use. The positive outcomes for patients and across the system has demonstrated its sustainability which will now continue to grow.

Impact

The FAB opened in Oct 2015 and the data below is for the first six months (pilot). Patient experience was a key outcome for the service: • 85% response rate and 100% would recommend the service (94% rate extremely likely to recommend). **Other measurements:** • 88% of patients assessed avoided immediate admission and were discharged to the community with 58% returning home, a further 24% returning home with increased support and 6% transferring to an intermediate care bed; • 12% required acute admission following assessment but had received a front loaded geriatric assessment and the average length of stay for these individuals was 1.35 days below the average length of stay for age matched individuals admitted through existing pathways. **Staff satisfaction (re: patient experience):** 82% of staff involved in the FAB across the system reported being satisfied with the quality of care they were able to give with most also being happy to recommend working in the FAB. System wide improved outcomes (in recognition that frailty and inappropriate admissions is a system wide issue with system wide consequences): • Support for self management - Explanation, advice, Shared Care Plans; • Patient empowerment; • Falls assessment waiting time - reduced from 3 months to 3 days. The service also aims to raise the awareness of frailty in the local healthcare community. Each patient is scored on the Rockwood Clinical Frailty Scale and this is communicated to GPs. **System wide efficiencies:** • Best use of GP time – easy access; • Consultant telephone advice and triage; • No waiting lists; • Front loaded CGA for those admitted – saves time; • Reduction in admissions 274; • Reduction in bed days 1,918; • Cost of service £225k; • Net saving to CCG £500k; • Net saving to Trust £300k. **Case study 1** – patient via ED. • 88 year old man attending ED with “funny turns”, • 12 months before FAB had 27 ED attendances & 8 acute admissions; • Seen in FAB October 2015 & 6 months after FAB – Attended ED once. Full data analysis currently underway but: 931 patients in our first year, 90% of which we were able to get home (with or without a change in care/support). The breakdown is similar to the pilot with 58% home, 32% returning home with increased support. 3% were transferred to another supportive environment eg. rehab hospital or respite care placement whilst 7% were admitted to acute hospital for medical input. Over 50% of the patients seen were in the mild to moderate frailty groups. 14% were severely frail or above.

What Makes Us Special?

The FAB is a one stop shop pulling together a range of people and services with the sole aim of ensuring the needs of frail, elderly patients are addressed without the need to resort to a lengthy stay or repeated visits. FAB speaks for itself in terms of its results (outlined above) and especially in the feedback from patients and carers: *“It was good to have some explanations for a possible cause rather than being discussed just as elderly”, “I have been so impressed with the wonderful treatment I have received. Nothing could possibly improve all the help and advice I have been given.”* Consultant geriatrician Julie Brache said: *“The proactive approach of the new FAB aims to provide a friendly and comprehensive assessment in a day which helps to maximise independence and avoid the risk of harm from an overnight admission if this is not required.”*

Contact Details - Becky May - becky.may@ipswichhospital.nhs.uk



PEN National Awards 2016

Re:thinking the experience

The Ipswich Hospital NHS Trust

Voice4Change - Children & Young People Making a Difference

Category

Strengthening the Foundation

The Ipswich Hospital 
NHS Trust

Organisation

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

Summary

Voice4Change (V4C) is the children and young people's group (CYP) at Ipswich Hospital (IHT) – more than a focus group. The group is innovative for its approach to targeting and engaging CYP and having a broader focus than just IHT patients; the group involves the wider community via schools and colleges. At the core of the group's ethos is a commitment to a two-way process – gathering feedback, influencing service change and development as well as volunteering to give something to the patients and carers, especially looking at inter-generational work. The work is directed by the CYP, supported by dedicated Children's Matron and Patient Experience Manager.

The outcomes demonstrate the group as being embedded now in the culture of IHT and its user involvement process through continued successful activities and a growing membership with 2 successful Takeover Challenge events under their belt as well as successful presentations to the Trust Board regarding transitional care. Successes have also been personal with members going on to become employees at IHT and entering medical/clinical training. The group has created links to Ipswich Hospital User Group (IHUG – who have funded a number of their events) and externally with schools and colleges which will support its sustainability. The model of engagement is easily transferable and the group spoke about their achievements at a national patient experience conference in 2015. It has been a real opportunity to engage the young people of Ipswich in the work being done at the hospital and also enabled us to involve them in developing services for young people.

Impact

Voice4Change now boasts over 20 members – one aspect that we have worked with is that the membership is fairly fluid unlike our other user groups and this has to be accommodated if we are to engage with younger people.

The voice4change group has allowed local young people to experience how it is to work in a hospital. It has also given them confidence in communicating with people. They have also helped us to look into how we can improve services for young people at Ipswich Hospital and improve transitional care. Some of the things the group have been involved in are; bingo on the elderly wards, a listening event around transitional services, a cinema night on the children's ward, nail painting for carers. They also visit the wards on an adhoc basis to offer support. They were a big part of the hospitals 'Take Over day' in November 2015 and 2016. The group also take things back to their schools and colleges to get the views of the wider population. Two of the initial members of the group have now joined the trust as Healthcare Assistants, one whilst awaiting medical school and one has recently started her midwifery studies.

What Makes Us Special?

- It is more than a focus group – it is all about working together – to listen to CYP and ensure their voices are heard AND for them to have the opportunity to get involved directly through volunteering their time within the hospital gaining skills and experience.
- It is an innovative way of engaging young people, before the group came along we had held open days and open evenings and could not get any engagement from local young people.
- I think one of the key elements to its success is the passion that the Children's Matron and Patient Experience Manager have to make it a success. We meet the group outside of working hours, attending evenings in schools and colleges. It is also the commitment of the group members who attend regularly and are very engaged.

Contact Details - Sarah Smith - sarah.j.smith@ipswichhospital.nhs.uk



PEN National Awards 2016

Re:thinking the experience

University College London Hospitals NHS Foundation Trust

Young Voices at UCLH - Involving young people in the Interview Process for New Recruits to Paediatric and Adolescent Division



Category

Team of the Year

About Nominee

As a division we decided we wanted to involve our young people in a meaningful way so we created a lead for patient experience in the team. This post worked closely with the divisional manager to implement the involvement of young patients on interview panels for new staff. We feel passionate about patients being involved in shaping services that they use and having their voices heard.

At Work

We work hard to ensure we listen to the needs of the patients in our care and shape services around them. We engage with the young patients in ways they have told us they prefer such as our weekly breakfast clubs and pizza afternoons. The play service manager and lead for patient experience has worked in the NHS for 17 years.

The Team

The team have promoted this project to the wider MDT and have started to share this with other divisions in the trust who are interested in using the model to involve their patients in a meaningful way.

Summary

The team here at UCLH in the Paediatric and Adolescent division strive to provide the best possible care for our children and young people by listening to them and involving them in shaping services. By involving them in the recruitment of new staff we are ensuring that they have a say in who will be looking after them and that we recruit people who can relate and engage well with children and young people. We feel that we are setting the standards for our to meaningfully engage and involve patients in shaping services. This project not only helps us to get valuable input from the young people but also proves to give a unique experience to the patients who gain confidence and self-esteem from valuing their voices.

Contact Details - Irene O'Donnell - Irene.O'Donnell@uclh.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Velindre Cancer Centre

Caring for my Family with Cancer

Category

Communicating Effectively with Patients and Families



Organisation

Velindre Cancer Centre in Whitchurch, Cardiff, provides specialist cancer services to people living in South East Wales and is one of the 10 largest cancer centres in the UK. The Cancer Centre is a specialist treatment, teaching and research and development centre for non-surgical oncology, treating patients with chemotherapy, radiotherapy and related treatments, and caring for patients with specialist palliative care needs. We provide services to over 1.5 million people across South East Wales and beyond. Each year we treat over 5,000 new referrals and around 50,000 new outpatients. Our dedicated staff of over 670 work as a close knit team. Our aim is to provide patients & families with the best possible care and treatment.

Summary

Michele Pengelly, a cancer nurse with 30 years experience has worked with numerous parents who made decisions not to talk to their children about their cancer. Sometimes the parents' health deteriorates and they sadly die with their children still unaware of the cancer and no understanding of what has happened. Michele facilitates a children's bereavement group; listening to these children's stories and observing their pictures and memory jars she felt passionately that we could do better and take a more proactive approach. The aim was to meet a gap in resources and enable safe and open conversation about cancer within families so that children were part of the experiences in a positive way. Inspired by experiences of families, cancer nurse Michele Pengelly was concerned about the paucity of resources helping newly diagnosed cancer patients talk to their children about cancer and the impact on families. Resources were limited, mostly using heteronormative images, questionable for the diversity of modern-day. Demonstrating a collaborative partnership with Equality Manger Ceri Harris, the idea followed to write a series of books which are fully diverse, accessible and fit for purpose including audio/BSL. Following consultation with patients, children and professionals the first "Caring for my family with Cancer" book was successfully launched in 2015. 150 have now been issued. The series of 6 books is innovative as a completely diverse, accessible resource aiming to support cancer patients to talk to their children about cancer. Utilising modern technology and computer graphics, the books have provided positive outcomes to families' experiences, have longevity, are cost effective and include single parent and same sex families. This use of technology and charitable funding to support costs has meant that the series of books is fully sustainable. The simplicity of the family story has contributed to a project with transferability. The dissemination of this work has been through professional, public and third sector events.

Impact

The impact has been so positive using both quantitative and qualitative methodologies including patient experience digital stories. We have attached as part of our application a video of Vincent, a little boy who received the book and cuddly lions when his mother was a patient with us. He speaks so eloquently about how useful and important the book was to him; how he recognised himself within the book and that he even thought he looked like the little boy, Jack. We asked each family who received a copy to provide comments and feedback, this helped us evaluate and revise future versions. We spoke to clinicians, asking if they found it a useful resource. We keep data on numbers of families using the resource, ages of children and which type of book is most used. What surprised us is that we are now seeing the lions appear in the children's memory boxes when they attend the children's bereavement group. This demonstrates how important the lions were as part of their own journeys, how they found comfort in the books and lions and the positivity they must have given during a very upsetting time. An additional outcome is that the Trust has been approached by a number of health organisations not just from Wales but across the UK asking about the project and wanting to purchase copies of the books.

What Makes Us Special?

- Velindre believes the reason this project stands out as it was inspired by real family experiences that had happened at Velindre Cancer Centre.
- Acknowledging there was a gap in the resources available which did not reflect the diversity of the patients we see.
- There was a need to develop a fully inclusive product that wasn't heteronormative, which acknowledged the needs of those with sensory loss and was adaptable to changes quickly and efficiently, consequently minimising costs and stress to the organisation and families.
- The books are future proofed, they can grow with diverse needs, they meet both current & upcoming patient needs.
- Best of all, the families who have used them have loved them and found them incredibly helpful. For us that's the most worthwhile & positive outcome we could have ever achieved.

Contact Details - Kate Hammond - kate.hammond@wales.nhs.uk



PEN National Awards 2016

Re:thinking the experience

Virgin Care Limited

Working with Prisoners, Health and Prison Staff to Deliver Improved Experience for Prison Healthcare Patients

Categories

Partnership Working to Improve the Experience & 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. During 2016, Virgin Care took on new services in Wiltshire (Children's Community Services), North Kent (Adult Community Services) and in East Staffordshire, where we're managing services from other providers for over 65s and those with long term conditions as a 'prime provider', providing Community Nursing ourselves directly. The organisation is focused on community services and primary care and currently employs around 7,500 staff. Since our creation we've now treated around five million people, adding another million each year and focusing entirely on NHS services.

Summary

Julie Andrews was recruited to join Virgin Care Services Limited in 2015 in order to manage the introduction of an improved customer services function within the Norfolk cluster of prisons where Virgin Care provides healthcare services. The service was created as a 'partnership' between the prisoners (known as patients, just like elsewhere in the NHS), prison staff, the prison management, Virgin Care's operational healthcare team and Virgin Care's customer services team – all elements would work together to create a seamless complaints (formal and informal) system which would seek to resolve complaints quickly and efficiently without necessarily insisting on formal investigations before resolving easily-resolved issues and waiting up to a month for formal responses to every minor issue. Julie set up clinics in each prison, worked with the prison to nominate 'healthcare reps' – prisoners who would act as a healthcare champion on each wing of the prison – and to identify where issues lay and could easily be resolved. The prison agreed to allow a noticeboard to be used on each wing to deliver healthcare news and regular meetings were created where prison reps, healthcare operational reps, prison staff and other people (as required) with ability to make changes could discuss healthcare-related issues and seek speedy resolutions.

Impact

By working together, much as the NHS in the community does, with patients, professionals and other services the Virgin Care PALS service has delivered significant improvements to the patient experience. Julie's launch of the PALS healthcare representative has improved the patient experience by increasing awareness among prisoners of the healthcare services, what they offer and how long they can expect to wait for treatment or to be seen, as well as providing a simple and easily understood route to raising issues and complaints. The healthcare representatives have benefited greatly from the additional training and expertise they've developed in handling sensitive matters, the benefit of feeling trusted by the prison to complete such an important role and the transferable skills they are learning, as part of their rehabilitation, for when they return to the community. The healthcare team have been able to resolve more than 200 issues, across the 4 prisons, since September 2015 as well as reducing complaints from around 30 per year to just more than 20. While this is not a substantial reduction in complaints, the significant increase in the total number of issues being resolved through the PALS system demonstrates the 'unmet' demand for smaller, local improvements that was present, and demonstrates just how vocally the voice of the patient is now being heard in the service through the partnership with the prison. The results demonstrate that, with the right investment in resource, the organically-developed system Virgin Care delivered in the Surrey prisons can be replicated, and partnership working put into place in other prison healthcare services.

What Makes Us Special?

This initiative is disruptive, and developed from experimentation with improving the patient experience in services which run in a challenging environment, and for some of the most vulnerable and unempowered people. The organic development of the model in the Surrey prisons was significant to the fast success the project has achieved in Norfolk, but the freedom to 'disrupt' and to build partnerships to work together with prisoners themselves, the prison staff, and the healthcare staff is a significant element of the success of this project. The most important element, though, it is clear is deploying the appropriate resource to allow the building of trust – an essential element if a project involving prisoners being trained to complete tasks, and improve services, is to succeed. The prison staff are responsible for, above all, keeping prisoners safe and the prison secure and therefore building confidence in the model is imperative and while not necessarily requiring significant manpower, deploying the right resource to make that possible is crucial. Our satisfaction survey in 2016 revealed a rating of 'Excellent' overall (90% rated Excellent). 680 surveys were delivered, with 420 completed and returned.

Contact Details - Nic Parkes - nic.parkes@virginicare.co.uk



PEN National Awards 2016

Re:thinking the experience

West Leicestershire Clinical Commissioning Group

Designing Non-urgent Patient Transport Services

Categories

Commissioning for Patient Experience & FFT and Patient Insight



Leicester City

Clinical Commissioning Group

Organisation

West Leicestershire Clinical Commissioning Group (CCG) is an NHS organisation which commissions health services for a population of 370,255 covering North West Leicestershire, Charnwood and Hinckley and Bosworth. We employ 70 staff and plan and purchase acute and community hospital care along with mental health care. We also co-commission local primary medical care services. The CCG is responsible for leading the procurement of non-urgent patient transport services (NEPTS) in Leicester, Leicestershire and Rutland (LLR) on behalf of all three local CCGs.

Summary

NEPTS is integral to the NHS for eligible patients. Their experiences of the NHS end when they are back in their home, rather than when they leave an NHS building. To successfully commission NEPTS that are safe, appropriate and timely, we needed an understanding of what mattered most to patients and stakeholders by hearing their experiences. We believe no qualitative research into NEPTS had been previously done into how it impacts on the lives of people and their ability to keep well. Led and managed by a programme board consisting of a multi-disciplinary team, we communicated with our wide stakeholder base; with their support collected and analysed the problem from a '5D perspective' providing holistic business intelligence informing our NEPTS specification and influencing patients' discharges from hospital. The business intelligence formed a 'golden-thread' through our specification including performance measures and once awarded will also shape the contract, measured using a person-centred approach to the services sustained through the contract life. The successful project is used as a benchmark and blue print in our organisation for co-designing services and the learning can be transferred across all health and social care services.

Impact

The impact and results are on three levels: **Knowledge:** • Positive feedback surprised stakeholders and gave us a good news story. As a result, the negative press coverage has virtually stopped; • Everyone - NHS and social care commissioners and care providers, patient groups, transport providers (current and potential future) - all got a much better understanding of the impact of delays on patients' wellbeing and the difference drivers make to their experience and outcomes, which enhanced empathy • The work helped commissioners to refine their understanding of value by uncovering invisible impacts, including: o The emotional labour drivers do and its impact on their wellbeing; o The impact of waiting on patients' health and wellbeing and service use on other parts of the system; **Relationships:** • Potential future providers got a much clearer understanding of the improvement opportunities and service requirements, which is improving their ability to respond to the tender process; • The animosity and negativity about the current service has eased, which has made it easier to negotiate improvement and solutions; • Because everyone now understands that every one's current behaviour is impacting on delays, there is a greater sense of collective ownership of improvement, which bodes well for future collaboration. **System and process redesign:** • The work shed light on how current metrics are driving system behaviour and the unintended consequences, which is driving the creation of new metrics; • The work provided a deep understanding of how the complex processes that make up a successful non urgent journey play out and interact on a daily basis, which supported effective process and system redesign; • The work made visible several processes in need of improvement; • We identified high impact, low cost changes that would make a big difference to patients' and drivers' experiences. Immediate improvement: • The insights became a golden thread through the service specification. Specific changes included only use of incentives where they reward positive behaviours when taking transport booking; reducing pick-up time slots to limit the time patients are waiting and enhancing the communications between control, drivers, hospital and patient/carers.

What Makes Us Special?

Stand out special things are: • This work has reduced antagonism towards the incumbent provider, which was getting in the way of them doing their best work. This work has reduced negative press coverage and recognised what is working well. This has provided a safe space to focus on improvement; • For the first time, commissioners have concrete evidence – good and bad - to support constructive discussions with providers and reframe the conversation positively and towards improvement; • The evidence of the role of all parties in creating solutions so there was a sense of shared ownership and responsibility. • Collecting and analysing a '5D perspective' on the problem: the driver, NHS staff, patient, family carer and transport controller and planner perspectives; • The quality of data and insights produced by the work because all participants felt safe and able to be very honest about their current experiences....and so much more!!

Contact Details - Sue Venables - susan.venables@westleicestershireccg.nhs.uk



PEN National Awards 2016

Re:thinking the experience

West London Alliance

West London Alliance - Integrated Health and Social Care Hospital Transfer of Care

Category

Including Social Care to Improve the Experience



Organisation

The West London Alliance (WLA) is a partnership between seven West London local authorities of Barnet, Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon and Hounslow. With over 17 years' experience in partnership working, the WLA is committed to an enduring programme of collaboration and innovation to improve outcomes for West London. The WLA is governed by a board of the seven West London borough leaders and steered by the councils' chief executives, who also directly sponsor individual WLA programmes. We share a vision that West London will be a thriving and prosperous part of the world famous capital consisting of successful residents and resilient communities. We believe in an open approach and dialogue with public, private, voluntary sector partners and our priorities are shaped accordingly to achieve improved efficiency, reduce costs and reform public services.

Summary

Despite a plethora of initiatives and investment, growing demand has continued to outstrip ability to respond; whilst cuts in social services have left many people who are medically fit to go home, stranded in hospital wards which are needed to treat new patients. North West London (NWL) exemplifies these challenges, with 8 local authorities, 8 clinical commissioning groups, 10 hospitals and multiple local providers. This partnership developed and delivered a programme of fundamental, system-wide change: a single, integrated hospital discharge function, bringing together health and social care staff, improving experience and outcomes for patients, and reducing capacity pressures on acute services. Our approach was based on developing joint adaptation and implementation of new models of care to meet the diverse needs of local populations. Evaluation of outcomes to-date shows: • Up to 50% reduction in Delayed Transfers of Care; • 35% freeing up of nurses, therapists, and social worker time; • 5-10% decrease in referrals into higher levels of care; • 89% of NHS & 79% of council staff say the model improved the patient/carer experience; • 89% of NHS ward staff and 79% of social services say it has significantly improved the discharge process.

Impact

Despite the large number of stakeholders, organisations and amount of change involved, the project has kept to plan with phases 1 and 2 now fully complete and signed-off. Evaluation of outcomes to-date has shown: • A 5-10% decrease in referrals into higher levels of care; • A freeing up of 35% of staff time through reduction of duplication and re-admission. Staff feedback has been overwhelmingly positive. Based on the initial implementation across 3 local authorities and 4 acute sites: • 89% of NHS and 79% of Local Authority staff believe the model has been effective in improving the patient/carer experience; • 89% of NHS ward staff and 79% social care staff believes the new model and approach has significantly improved the overall discharge process; • 63% of NHS staff report reduced average Length of Stay of patients. Patients' experience of hospital discharge has improved as a result of the new model implementation. In comparison between the 2014 and 2015 Care Quality Commission Adult Inpatient Survey at Chelsea and Westminster Hospitals, in 2015: • More patients felt involved in their discharge decisions; • More patients were given enough notice of their upcoming discharge; • More patients had their home situation taken into account during discharge planning. DToC Figures for Three Boroughs patients at Charing Cross (the Three Boroughs integrated team launched in March 16), shows almost a halving of DToC from the previous year (124 in 2015 and 67 in 2016). In terms of financial benefits of the project, it is estimated that: a. A reduction in DToC will yield £963,208 of savings. b. A reduction in unnecessary readmissions will yield £1.1m of savings.

What Makes Us Special?

The WLA approach is based around 6 core methodological principles of 'whole-system' organisational change which have been co-developed with NHS, local authority, academic and consulting partners. These principles are innovative and unique, and we weave them into all the work we do. These are the key elements which contributed to the success of this project: • Enable and empower citizens and frontline professionals to take a leading role in organisational and system change; • Work jointly to understand, interpret and adapt new models of care to the locality – rather than just accepting them as 'the solution', or rejecting them as not applicable; • Work on the principle of evolution rather than pure innovation – changing the small things quickly, to create areas that are 'change-ready' and build momentum; • Create a local dialogue around disruption over continuity – conversations about how change is going to be managed, rather than whether it will occur; • Focus on the one to three year time frame – not just the next six months or five year forward view; • Develop genuine support networks and 'safe spaces' between peers on the same journey – across organisational and geographical divides.

Contact Details - Cheryl Barsdell - barsdellc@ealing.gov.uk



PEN National Awards 2016

Re:thinking the experience

Whittington Health NHS Trust

Footprints of Birth: Women's' Voices and Institutional Listening

Category

Team of the Year



NHS

Whittington Health
NHS Trust

About Nominee

The idea of the project was inspired to develop a framework for the patient as an educator to improve compassion empathy and an awareness of human rights in healthcare. It started out as a medical school project which was transposed into a compassion project for the Whittington Health NHS Trust. The team got funding from HENCEL under the umbrella of funding for compassion projects. Once the project was established within the Whittington Hospital it inspired staff, students, managers, patients to contribute as an endeavour to promote organisational development and include patient experience in healthcare education. The initial team involved 2 obstetricians (Dr Lokugamage and Dr Kyei-Mensah), a medical student (Rosie Howitt) and a film maker (Alto Films Ltd), then it expanded to involve a Consultant Midwife (Logan VanLessen) and an information technology Manager (Richard Megroff) who were invaluable in the logistics of the project in order to gather video footage through the Hospital's Webpage. Film footage that was deemed educationally beneficial were included in a final documentary. The film was found to be very powerful, it inspired the leadership and coaching team (Rai Gallo) to input into the reflective Footprints of Birth Workshops that have been run locally and nationally. A patient called Lucy Whitehouse became part of the workshop team and was a facilitator at the Royal College of Obstetricians & Gynaecologists patient experience workshop. We now also have the Clinical Director Chandrima Biswas as a member of the team.

At Work

'Footprints of Birth' is a unique multi-disciplinary joint project team of obstetricians, midwives, medical students as well as Informational technology and coaching expertise from within Whittington Health NHS Trust. This project team worked together for over 2 years to gain funding, planning, managing and engaging with maternity users to share their honest opinions about the care they received. The team is representative of highly skilled staff with a shared commitment and passion for improving patient experience. The team stands out because it was based on an evolving partnership between the project team, patient participant, students and the senior management team, impacting positively on care and professional behaviours towards patients and each other: Youtube trailer <https://www.youtube.com/watch?v=JyvEoo9DJZY>

The Team

Patient experience and patient's as educators is very important in health care provider education. We can never be complacent and must continue to listen to the people we care for and to staff who are responsible for that care so we can continually improve. We must teach all healthcare professionals to avoid in-attentional blindness of health providers. In doing so we could potentially improve levels of compassion, empathy and an awareness of healthcare human rights. This innovative project called Footprints of Birth was born. Women provided their open and honest feedback about their experiences of maternity care which they would otherwise be 'shy' or 'hesitant' to share. Women submitted their views on 'video selfies' and the result is a 30-minute documentary that captures their unique experiences. We have used the video in multidisciplinary learning forums such as students (medical and midwifery); perinatal meetings, research meetings, national professional development conference (incl Royal College of Midwives Annual Conference 2016). We produced a follow up 5-minute video of institutional responses to hearing the women's voices which include the Chief Executive Officer, Department Leads, staff and students to demonstrate the full circle of listening throughout the institutional hierarchy.

Summary

The team has enabled the project to blossom into an all-inclusive educational tool for professional and organisational development. The YouTube trailer has already had over 700 views and has attracted both national and international interest as a potential learning and development model through patient experience. Through this project we have also recruited one of the patient participants who features in the documentary, who has joined the Footprints of Birth workshop team and brings her immensely valuable leadership and coaching skills to the forum. The video has been well received. We have collected a repository of comments for qualitative analysis including: workshop participants - 'Provided me with insight into patient experiences which will help me to meet these requirements in future practice'. Midwife - 'Should be essential viewing for all staff'. Kath Evans- NHS England (at launch) 'The collaborative approach you demonstrated through engaging women directly is outstanding; it does require bravery to seek out experiences and then importantly to use them to drive ongoing improvement. I love Dr Don Berwick's challenge to us 'we have two jobs, that of delivery of care and that of improvement' well you certainly demonstrated how to progress this challenge with your work.'. Junior doctor 'Things that are important to obstetricians can be different to patients'

Contact Details - Amali Lokugamage - amali.lokugamage@nhs.net



Information about our Partners



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

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

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

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

www.PickerEurope.Org



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

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

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

What are the experiences that patients/families/carers 'Always' want to happen? What can we learn from improvement science to assist us?

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

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

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

Working together the three organisations have developed the Always Events® framework. 10 provider pilot sites across England have tested the approach and a further 50 organisations are now using the toolkit that has



PEN National Awards 2016

Re:thinking the experience

been developed, this is available to download at: <https://www.england.nhs.uk/ourwork/pe/always-events/>.

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

The patient experience team at NHS England is keen to share the Always Events® approach so that local services adopt the framework to ensure that improvements in experiences of care are sustained and effectively embedded in practice.

For further information please contact ENGLAND.PEAdmin@nhs.net



CoMetrica measures patient's outcomes and experience as a fully managed service for health and care organisations. We do all the measurement for you and can reach all your patients, not just a skewed sample of the easiest to reach. This leaves you to focus on the results and improve services for all patients rather than worrying about doing the measuring, dealing with paper

or running around facilitating data capture with devices. Our service includes ongoing consultancy helping choose and interpret the right measures and we provide automated reporting leaving organisations to focus on the results. Our unique patient friendly information capture includes pictures, image based sliders, unlimited free text and other patient-friendly channels. Content is automatically matched to individual patients allowing patient specific questions to be used, including evoked responses triggered by recollection through pictures.

We get responses and measures continuously from the majority of ALL patients (typically >65%) and we measure outcomes and reflection on experience at any stage along the patient pathway. This includes carer/relative input and longer-term follow up without the patient having to be present to use devices. Results are linked to anonymous patient data at a detailed level making them much more valuable than superficial surveys. This provides continuous daily assurance based on the majority of your patients without any effort on your part.

For more information, see www.CoMetrica.co.uk or contact Stuart Mathieson on 07973 212306



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

www.eventsnorthern.co.uk



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

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

www.galbraithwight.com



PEN National Awards 2016

Re:thinking the experience



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.

Many organisations cater to several market sectors with a 'one size fits all' approach. This is what sets us apart, our technology adapts to your needs, not the other way round! Our developers produce 'Wow' products based simply on NHS user feedback and trusted technology. We focus on excelling in Appointment Management and Patient Experience surveys and align with NHS England objectives to leverage technology to enhance patient experience and increase efficiencies. Underpinning every part of our operations is data security and we send over 100 million secure patient communications a year.

www.healthcare-communications.com

@healthcommuk

Phone: 0845 9000 890



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

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

www.healthcareconferencesuk.co.uk



Monkey is absolutely thrilled to bits to be sponsoring a new PENNA award this year; **Improving the Experiences of Children and Young People Award.**

There are so many fabulous innovative ideas and projects across the NHS and beyond and we are excited to be able to help support them with our Award. Recognising brilliant inspiring initiatives and helping to share them across the country is such an important thing to do. Fantastic projects and good practice should be recognised and adopted in other settings and we hope that this Monkey Award can help to do this.

We know first-hand how much hard work goes into the PENNA award applications; Monkey was a runner up in the 2012 awards! We are so proud to be a part of this fantastic celebratory event and understand from personal experience just how important it is to make children and families experiences whilst in hospital, as comfortable and happy as possible.

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

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

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

Visit our website www.monkeywellbeing.com or contact Helen, Monkey's Mum helen@monkeywellbeing.com

Monkey loves making new friends!



PEN National Awards 2016

Re:thinking the experience



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. If you need support to help your business thrive, get in touch.

Delivering value added PA, Business Administration, Business Support & Development Services. Our Proposition - Life is busy...time is money...flexible, reliable, on demand support from pa mayday will give you more time to focus on growing your business and achieving your work-life balance. We are a team of experienced professionals providing

•PA & Business Administration •Sales & Marketing Support •Business Advice & Coaching •Tailored Recruitment Solutions

www.sourceandeffect.com



significant expansion and has evolved from a telephone answering service to a specialised virtual services provider. We provide a variety of services including an expert call answering and diary management service perfect for the health and wellbeing industry. Using PCM Medical is a brilliant business strategy for those operating in vocational occupations where they literally cannot get to the phone. Working primarily for those in the medical field, we offer clinics full-time reception cover for a fraction of the cost of an in-house member of the team. You can focus on treating your patients with the freedom of knowing that your customers calls are answered, appointments made and enquiries dealt with.

Established in 2005 by Sarah Preece, Professional Call Minders (PCM) was created with true passion for delivering exceptional customer service. What started as a small entrepreneurial idea full of promise and potential has developed over a decade into a blossoming business that has seen

www.professionalcallminders.co.uk



101 SystemWorks Ltd is a Birmingham based Microsoft Office Consultancy company.

If you are busy but need to make your business database, spreadsheets, or Microsoft Office documents fly, then we can help! We will look at what you

do and how you do it, then suggest ways of working smarter with spreadsheets, databases and other MS Office documents. We guarantee to save at least 30-40% of your time with what we develop and what we do for you will exceed expectations - What do you need?

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

We created the admin system for PENNA 2016.

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



PEN National Awards 2016

Re:thinking the experience

An invitation to join our network



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

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

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

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.



PEN National Awards 2016

Re:thinking the experience

Our Judging Panel

Alison Threlfall	Amanda Riches	Anand Kumar
Andrew Milner	Annie Gilbert	Annie Laverty
Brite Harlev-Lam	Carol Munt	Caroline Faulkner
Clare Enston	Dan Wellings	Daniel Ratchford
Darren Hudson	David McNally	David Supple
Elaine Marshall	Georgina Craig	Gillian Radcliffe
Helen Brady	Hilary Baseley	Jacqueline McKenna
Jane Blay	Jane Whittome	Janet Husk
Jenny Negus	Joan Saddler	Joanna Reid
John Dale	Judith Ockenden	Julia Holding
Karen Deeny	Kate Martin	Kath Evans
Kathryn Smales	Kevin Brent	Kim Rezel
Kuldeep Singh	Lee Bennett	Lesley Goodburn
Lisa Jelly	Louise Blunt	Mary Skeels
Maureen Dale	Melanie Foster-Green	Michael Young
Michaela Finegan	Michelle Jones	Michelle Wren
Nichola Duane	Nick Medforth	Nicky Beecher
Nikki Thomas	Paul Jebb	Paul Sanguinazzi
Penny Gutteridge	Phillip Stylianides	Ruth Evans
Sam Holden	Seline Trueman	Shankar Chappiti
Steve Johnson	Tara Webb	Tessa Callaghan
Victoria Gregory	Wendy Sinclair	

One judge commented: "Wow what fantastic entries you've given me to judge. Very high standard."

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

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

Contact Details for all things PEN:

Ruth Evans on 07798 606610

E-mail: r.evans@patientexperiencenetwork.org

Louise Blunt on 07811 386632

E-mail: l.blunt@patientexperiencenetwork.org



PEN National Awards 2016

Re:thinking the experience

Your notes



PEN National Awards 2016

Re:thinking the experience

Your notes



PEN National Awards 2016

Re:thinking the experience

Your Notes



PEN National Awards 2016

Re:thinking the experience

Your notes



PEN National Awards 2016

Re:thinking the experience

Your notes for voting

Category	Winner	Your notes	Your rank