

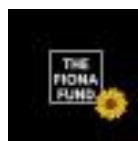
#PENNA21  
PATIENT  
EXPERIENCE

NATIONAL  
AWARDS 2021

Awards Conference  
13 – 17 September 2021



PEN







# PEN National Awards 2021

*Re:thinking the experience*

## Introduction



Welcome to PENNA 2021 - our 11th year of celebrating the great work being done to improve the experience of care for both patients and staff.

This is our second year on-line ( but our first planned 😊 ) and we will be delighted to welcome you over our week long celebration. With the continuing uncertainty and challenges in the workplace it is incredibly heartening to see that so many organisations continue to innovate to improve and are willing to share their work. You are what makes PENNA so special so a

heartfelt thank you!

I stated last year that there is evidence that when there is so much pressure and change we are actually at our most creative, finding ways to do more and be better with less. Under such difficult circumstances over the last year and a half you have absolutely demonstrated this to be true. PEN will continue to support you by doing our best to share and celebrate these superb examples of best practice.

Thank you for joining us

Enjoy the celebration

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

## NHS England and NHS Improvement



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

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

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

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

NHS England and NHS Improvement







# PEN National Awards 2021

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## Picker Institute Europe



Picker and PEN share a similar philosophy; we both have a person centred approach to healthcare at our very core, and we believe strongly in a balanced conversation around quality improvement that puts equal emphasis on both celebrating success and learning from experience. The National Awards provide a wonderful opportunity for celebration, but equally they give us powerful examples of how people's feedback can be used to create real improvement. We're delighted to be supporting them.

As a charity our mission is threefold:

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

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

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

I hope you have an enjoyable day that leaves you inspired and full of great ideas to take back to work with you. And from everyone at Picker – thank you for everything you do!

**Chris Graham**, CEO – Picker



## Liverpool John Moores University



### **School of Nursing and Allied Health**

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

better. We are delighted to be working with the Patient Experience Network to sponsor the Patient Experience Advocate of Tomorrow and Patient Experience Transformer of Tomorrow awards at this year's ceremony. With guidance from experienced and invested practitioners and staff, students can make immensely positive contributions to patient care and service-users. This is often whilst on practice placement in one of the many healthcare settings, or through student networks and volunteering within their local communities. Frequently learners see services from fresh or alternative perspectives, based on their own unique life experiences; enabling them to combine care and empathy with a commitment to improving the lives of the people they meet whilst on their journey to becoming health and social care professionals. Once qualified, graduates have the potential to become agents of positive change, turning creative ideas into innovative projects to improve the lives and experiences of their patients and service users.

It is important that as a sector, we recognise and celebrate students who are already generating positive change and inspiring others to champion the enhancement of patient and service-user experiences in the future. They will be the next generation of service providers, managers, leaders and commissioners; having the potential to shape health and social care services for the next forty or fifty years. If you would like to find out more about the School of Nursing and Allied Health at Liverpool John Moores University, visit our website: [www.ljmu.ac.uk/ehc](http://www.ljmu.ac.uk/ehc) or follow us on Twitter @LJMUEHC.

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





# PEN National Awards 2021

*Re:thinking the experience*

## PENNA – 11 Glorious Years – Role of Honour Overall Winners

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

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

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

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

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

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

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

**2017 – Walsall Healthcare NHS Trust - Informed and Empowered**

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

**2019 – University Hospitals Plymouth NHS Trust - #RehabLegend**

**2020/21 - ????**







## Best Practice - Re:Thinking the Experience Conference 2021

### Programme

	Morning (9am to 12-30pm)	Afternoon (1-30pm to 5pm)
<b>Monday</b>	Innovative Use of Technology, Digital and Social Media  Team of the Year	Personalisation of Care  Environment of Care
<b>Tuesday</b>	Measuring, Reporting & Acting (incorporating Turning it Around)  Support for Caregivers, Friends and Family	Commissioning for Patient Experience  Communicating Effectively with Friends and Family
<b>Wednesday</b>	Using Insight for Improvement - Inequality & Access  Using Insight for Improvement – Innovation  Using Insight for Improvement – Integrated  Using Insight for Improvement – NHS Funded	CPES Category  Integration & Continuity of Care
<b>Thursday</b>	Strengthening the Foundation  Partnership Working to Improve the Experience	Staff Engagement & Improving Staff Experience  Engaging & Championing the Public
<b>Friday</b>	Advocate of Tomorrow Transformer of Tomorrow Professional of the Year Manager of the Year Fiona Littledale Award Outstanding Contribution “Best ofs” OVERALL WINNER	



## Speaker Profiles

### Ruth Evans MBE - PEN

Ruth is Managing Director of the Patient Experience Network (PEN). Ruth has over 30 years' experience in healthcare and is known for her passion and commitment to Patient and Customer Experience. Ruth is delighted to continue to be involved with the PEN National Awards, and to see it growth from strength to strength. Her over-riding ambition is to ensure that excellent Patient Experience is recognised, spread and embedded making a real difference for those involved with the patients' experience.



### David McNally – NHS England and NHS Improvement

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



### Louise Blunt - PEN

Louise is Head of Operations of the Patient Experience Network (PEN). Louise has over 30 years' experience in improving company performance across a wide variety of business sectors and organisation sizes. Having specialised in manufacturing and lean management principles for many years, Louise has now developed a reputation within the healthcare sector as a very knowledgeable and enthusiastic champion of improved patient and staff experience.



### Kate Tantam and the Team at University Hospitals Plymouth

The '#RehabLegend' campaign sees a new person each day awarded with 'RehabLegend' status. This includes Intensive Care Unit (ICU) survivors, their loved ones and anyone who actively supports rehabilitation in ICU. This simple message promotes rehabilitation among staff who are not in traditional caring roles. The use of #RehabLegend on social media, #RehabLegend badges and lightboxes makes it an accessible campaign for anyone to contribute and raise awareness of the importance of rehabilitation in ICU. Rehabilitation in ICU has been associated with improved functional outcomes and reduced length of stay.







# PEN National Awards 2021

*Re:thinking the experience*

## Award Categories and Partners

### Categories

Commissioning for Patient Experience

Communicating Effectively with Patients & Families

CPES Award

Engaging and Championing the Public

Environment of Care

Fiona Littledale Award

Innovative Use of Technology / Social Media

Integration & Continuity of Care

Measuring, Reporting & Acting

Partnership Working to Improve the Experience

Patient Experience Advocate / Transformer of the Future

Patient Experience Professional/Manager of the Year

Personalisation of Care

Staff Engagement / Improving Staff Experience

Strengthening the Foundation

Support for Caregivers, Friends & Family

Team of the Year (including PALS)

Using Insight for Improvement (4 Sub-Categories)

Outstanding Contribution 2021

Overall Winners





## The Finalists

### CATEGORY: Commissioning for Patient Experience

NHS Cambridgeshire and Peterborough Clinical Commissioning Group	The Raham Project
PPL	How do you open a hospital in a month?

### CATEGORY: Communicating Effectively with Patients and Families

Calderdale and Huddersfield NHS Foundation Trust	Bereavement Support Service
East Suffolk and North Essex NHS Foundation Trust	A cancer helpline during COVID-19 and beyond
Milton Keynes University Hospital NHS Foundation Trust	Keeping Patients Connected in a Pandemic
Northampton General Hospital	Keeping Connections during the Pandemic
Nottingham University Hospitals, NHS Trust	'Good to be heard' A collaborative approach to improve patient written information and support following limb reconstruction
Nutricia	Helping to make information accessible to all
University College London Hospital	MyCare UCLH – Our patient portal
University Hospitals Bristol and Weston NHS Foundation Trust	Virtual Youth Involvement Group – communicating effectively and providing opportunities for young people

### CATEGORY: CPES Award

Barking, Havering and Redbridge University Hospitals NHS Trust	EMPOWER
Hull University Teaching Hospitals NHS Trust	To ascertain the views and experiences of patients aged between 16-24 years of age diagnosed with a cancer.
Kings College Hospital NHS Trust	Kings Macmillan Improving Cancer Patient Experience Programme
Kingston Hospital NHS Trust	Transforming the experience of Haematology patients
Leeds Teaching Hospitals Trust	Patient Experience Real Time Feedback
Northampton General Hospital NHS Trust	Improving the experience of men living with prostate cancer
University College Hospital Macmillan Support and Information Service	Chemotherapy education for newly diagnosed patients

### CATEGORY: Engaging and Championing the Public

Cambridge University Hospitals NHS Trust	Cancer Patient Partnership Group
Every-One	Co-producing Together - Lincolnshire Macmillan Cancer Co-production Group
Northampton General Hospital	Patient Engagement Model
Nottingham University Hospitals NHS Trust	Gender Diverse Inclusion
PPL	What we need now: What matters to people for health and care, during COVID-19 and beyond - new National Voices I Statements 2020
Welsh Ambulance Services NHS Trust	Continuous Engagement & Communication Through a Pandemic



## CATEGORY: Environment of Care

Oxford Health NHS Foundation Trust	Creating with Care
Tameside and Glossop Integrated Care NHS FT	A collaborative approach to developing Portering Standards for Person Centred Care
The Clatterbridge Cancer Centre	Clatterbridge Cancer Centre – Liverpool

## CATEGORY: Fiona Littledale Award

Chesterfield Royal Hospital	Development of a Cancer Information and Support Centre App
Chesterfield Royal Hospital	Bereavement Support
Nottingham University Hospitals NHS Trust	Beads of Courage
Royal Cornwall Hospital Trust	qFIT
University Hospitals of Leicester	Setting up a Neuroendocrine patient service

## CATEGORY: Innovative Use of Technology

Ascenti	Providing effective online care during the COVID-19 pandemic
Calderdale and Huddersfield NHS Foundation Trust	Coproduced Innovations Improving Patient Experience
East Lancashire Hospitals NHS Trust	'Da Vinci Robot '
Little Journey Limited	Little Journey: a children's healthcare procedure preparation and support tool
Serco Justice & Immigration	Modernising medication management in a prison setting
Technical Health Ltd	MySunrise
Vita Health Group	Developing an innovative digital chatbot to elevate the patient experience within primary care psychological therapy

## CATEGORY: Integration and Continuity of Care

Cheshire East Integrated Care Partnership	Child Health Hubs
National Clinical Homecare Association	On the Front Line - Behind extraordinary achievement you'll always discover extraordinary collaboration
Nottingham University Hospitals NHS Trust	Stay at Home and Stay safe – we will get your medicines to you.....
Shrewsbury and Telford Hospitals NHS Trust	Providing support and resources for people affected by cancer
Surrey Heartlands Health and Care Partnership	If we change the beginning of the story, we change the whole story: Using Citizen and Workforce Insight to create and implement a Strategy for children and families

## CATEGORY: Measuring, Reporting and Acting

Breast Cancer Now	Service Pledge
Leeds Teaching Hospitals Trust	Patient Experience Real Time Feedback
Nottingham University Hospitals NHS Trust	Experience of Care Shared Learning Workshops
Nottingham University Hospitals NHS Trust	Investigating and Responding to Complaints with Compassion
Nutricia	Working together to implement an environmentally sustainable solution
Serious Hazards of Transfusion	SHOT- the independent UK Haemovigilance scheme
University Hospitals of Leicester NHS Trust	Engaging with family members and carers during COVID-19 pandemic



## CATEGORY: Partnership Working to Improve the Experience

National Clinical Homecare Association	On the Front Line - Behind extraordinary achievement you'll always discover extraordinary collaboration
Nutricia	Working together to initiate change to improve patient's experience
Serco Justice & Immigration	Modernising medication management in a prison setting
Tameside and Glossop Integrated Care NHS FT	Volunteering partnership approach to enhance patient experience
The Clatterbridge Cancer Centre	Clatterbridge Cancer Centre Liverpool – Inpatient Refreshment Service
University Hospitals of Leicester NHS Trust	Hepatitis C Micro-Elimination in HMP Stocken
Vita Health Group	Working in Partnership to develop an innovative digital chatbot to elevate the patient experience within primary care psychological therapy

## CATEGORY: Patient Experience Advocate of Tomorrow

King's College London	Saleh Alessy - s variation in patients' experiences of cancer care associated with their subsequent survival
Tees Esk and Wear Valley NHS Foundation Trust	Michael Curtis - Dementia Friendly Village Project

## CATEGORY: Patient Experience Transformer of Tomorrow

University of Salford	Kelly Burton
LJMU - School of Nursing and Allied Health	Grow Your Own Cohort 1 (Hollie Davies, Milin Dinu, Laura Gildea, Lucy Gore, Rachel Hoaereu, Derren Kelly, Neamh Kelly and Mary McNeil)
LJMU - School of Nursing and Allied Health	Megan Wilde and Meg Harvey

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

Lancashire and South Cumbria NHS Foundations Trust	Paul Jebb - Reaching out and listening to improve service user and carer experience
Nutricia	Catherine Shakespeare
University Hospitals of Leicester	Pathway to Excellence - The use of the GULP Risk Assessment Tool in reducing inpatient harms – Karen Green

## CATEGORY: Personalisation of Care

Calderdale and Huddersfield NHS Foundation Trust	Bereavement Support Service
Nottingham University Hospitals NHS Trust	Beads of Courage
Nottingham University Hospitals NHS Trust	“Group Physio” and “Dinner & Dance” for enhanced recovery after hip fracture surgery
Royal Cornwall Hospital	Patient diaries, following patients journeys' through Critical Care
Shrewsbury and Telford Hospitals NHS Trust	Providing support and resources for people affected by cancer
Tameside and Glossop Integrated Care NHS FT	Implementation of Volunteer Led Patient Property Centre
University Hospitals of Leicester NHS Trust	Implementing an Admiral Nurse Service in an Acute Hospital setting to improve experience for people living with dementia and their family and carers



## CATEGORY: Staff Engagement / Improving Staff Experience

Calderdale and Huddersfield NHS Foundation Trust	Bereavement Support Service
East Lancashire Hospitals NHS Trust	Staff Oasis – Listening Lounges and conversations with Jasper
Liverpool University Hospitals NHS Foundation Trust	An integrated programme for staff support and wellbeing during Covid-19 and beyond
Locala Community Partnerships	Engagement Champion Programme
Tameside and Glossop Integrated Care NHS FT	Shifting the relationship between the public and service providers by having person centred conversations
West Suffolk NHS Foundation Trust	The Clinical Helpline - Using digital healthcare records to communicate effectively with relatives / carers to enhance patient experience and safety in hospital.

## CATEGORY: Strengthening the Foundation

Cambridge University Hospitals NHS Trust	Cancer Patient Partnership Group
Leicestershire Partnership NHS Trust	Recovery and Collaborative Care Planning Cafés
Locala Community Partnerships	Engagement Champion Programme
Nottingham University Hospitals NHS Trust	DNACPR Quality Improvement Project
Tameside and Glossop Integrated Care NHS FT	Shifting the relationship between the public and service providers by having person centred conversations
University Hospitals of Leicester NHS Trust	Improving Falls Safety for Patients - Enhanced Falls Reduction

## CATEGORY: Support for Caregivers, Friends and Family

Cardiff and Vale University Health Board	Bereavement Support Service
Leicestershire Partnership NHS Trust	LPT Mental Health and Wellbeing Workbook
Manchester University NHS Foundation Trust (MFT)	MFT's Virtual Visiting Service
University Hospitals Bristol and Weston NHS Foundation Trust	Christmas isn't cancelled - Supporting patients and families with virtual Christmas activities and entertainment
University Hospitals Dorset NHS Foundation Trust	Shifting the focus of a hospital based carer support service and gaining new insights into making a difference to carers
West Suffolk NHS Foundation Trust	The Clinical Helpline - Using digital healthcare records to communicate effectively with relatives / carers to enhance patient experience and safety in hospital.

## CATEGORY: Team of the Year (including PALS)

Calderdale and Huddersfield Foundation Trust	Co-production "What matters most to you, diagnosis through to end of life."
Cardiff and Vale Patient Experience Department	Listening, Learning and Improving in Real Time
Fresenius Kabi	Development of a Specialist National Clinical Account Team and the Impact this had on Contingency Management
Gloucestershire Hospitals NHS Foundation Trust	Patient Support Service - our Covid Response
Hope Network	Hope in a pandemic - The work of the Hope Network
Locala Health and Wellbeing	Locala's Engagement Team



## CATEGORY: Using Insight for Improvement (4 subcategories)

### Using Insight for Improvement – Equality / Access

Little Journey Limited	Little Journey: a children's healthcare procedure preparation and support tool
Nottingham University Hospitals NHS Trust	Gender Diverse Inclusion
Serco Justice & Immigration	Modernising medication management in a prison setting

### Using Insight for Improvement - Innovation

Manchester University NHS Foundation Trust	Implementing Always Events during Covid-19 on a Children's Oncology Ward
PEP Health	What Patients Think: Identifying trends and variation in patient experience across hospitals in England using online patient feedback
Vita Health Group	Developing an innovative digital chatbot to elevate the patient experience within primary care psychological therapy

### Using Insight for Improvement – Integrated Care

Northampton General Hospital	Patient Engagement Model
Surrey Heartlands Health and Care Partnership	If we change the beginning of the story, we change the whole story: Using Citizen and Workforce Insight to create and implement a Strategy for children and families
University Hospitals of Leicester NHS Trust	Continence In Reach Service

### Using Insight for Improvement – Other NHS Funded

Calderdale and Huddersfield NHS Foundation Trust	Coproduced Innovations Improving Patient Experience
Nottingham University Hospitals NHS Trust	Improving Inpatient stays – Patient Movement
Nottingham University Hospitals NHS Trust	Experience of Care Shared Learning Workshops

**Note: Entries on the following pages have been edited to fit a one page summary**



**Ascenti****Providing effective online care during the COVID-19 pandemic****Category**

Innovative Use of Technology/Social/Digital Media

**Organisation**

Ascenti is a leading independent UK healthcare company, providing physiotherapy and mental health services and selected clinical outsourcing solutions to both the public and private sectors. We provide physiotherapy and rehabilitation services on behalf of the NHS and we are proud to be a trusted partner to more than 20 CCGs across the UK. Our network of 300 directly employed clinicians help thousands of people every day, with a 99% patient satisfaction rating and 95% of NHS patients saying that they would recommend our services. We are regulated by the CQC and are proud to be a clinically-led healthcare organisation and nearly half of our Executive Team are physiotherapists by background.

**Summary**

When the first lockdown was announced in March 2020, Ascenti's 300 nationwide physiotherapy clinics were closed overnight, and we pivoted our entire musculoskeletal (MSK) service delivery to an online model. This was an extraordinary transition – one week we were delivering just 25 virtual appointments a day; the next this was over 1,400. Since then, in response to changing restrictions, Ascenti has successfully operated a blended model of virtual and in-person treatment. Our immediate response and ability to adapt on a national basis meant our patients could continue to access the support they needed during the pandemic. The success of our virtual physiotherapy service has led to the increasing acceptance of digital solutions within the physiotherapy sector.

**Impact**

The speed of pivoting from in-person to virtual care nationally provided crucial continuity for the many Ascenti NHS patients midway through treatment plans. On average Ascenti completed 1,640 appointments per day the week before lockdown. The following week Ascenti completed 1,550 appointments per day on average – 94.5% of the previous week. The reduction of just 5.5% in volume highlights how quickly we adapted to deliver online care large-scale, and our success in contacting patients and partners and advocating our digital physiotherapy service. For most patients, virtual physiotherapy was an entirely new method of treatment, but 81% agreed to virtual sessions and continued with them beyond their first session. In 2020 we delivered over 3 million minutes of virtual consultations, more than any provider in Europe. 92% of our patients who were treated virtually were satisfied with its effectiveness. To date over 100,000 patients have accessed the Ascenti Physio app to support their recovery (making it the most widely used MSK app in the UK), achieving a 13% greater improvement in symptoms when they do. Our contact centre staff homeworking could have impacted the quality of our customer service delivery, but despite operational challenges and busier phone lines, patient satisfaction stayed consistently strong. In 2020 Ascenti was aware of the lack of large-scale research to validate virtual physiotherapy as an effective treatment option. Our study of 27k+ patients compared patients who had received virtual treatment only, in-person treatment only, or a mix of virtual and face-to-face care showed: Patients who combined face-to-face treatment with virtual physiotherapy sessions saw the biggest improvements on a 10-point Numerical Rating Scale (pain score), compared to those who had F2F or virtual treatment only; Patients with low or medium NRS pain scores at IA (initial assessment) who had virtual treatment only achieved almost identical results to those who had in-person treatment only; Patients with high NRS pain scores at IA who only received virtual treatment still achieved substantial improvement (average of 4.7 NRS)

**What makes us special**

Integration with our workflow and patient management system provides a truly seamless patient experience and exhaustive reporting capabilities. Through the app, patients can complete a PROM (health survey), access their virtual consultations, view their personalised rehabilitation programme with guided exercises videos, record adherence and feedback, and read educational materials. Our physiotherapists can play exercise videos during the virtual consultation, allowing them to properly demonstrate exercises. Our well-established digital service and 300 directly-employed physiotherapists with specialist training in virtual physiotherapy has allowed us to effectively manage the introduction of local lockdowns and tier systems. We can quickly mobilise our online physiotherapy service in areas where in-clinics services are suspended. Our patients can choose between virtual, in-person or combined care pathways, which gives them greater control of their recovery.

**Contact Details:** Laura Marlow - [communications@ascenti.co.uk](mailto:communications@ascenti.co.uk)





# PEN National Awards 2021

*Re:thinking the experience*

## Barking, Havering and Redbridge University Hospitals NHS Trust

### EMPOWER

#### Category

CPES Award

Barking, Havering and Redbridge   
University Hospitals  
NHS Trust

#### Organisation

BHRUT is a large acute hospital Trust in outer North East London with a major cancer treatment centre with 3500 diagnoses per year across all tumour groups. The Living with and Beyond Cancer Team are a small team of staff within the cancer services specialty supporting patients from all tumour groups and providing personalised cancer care including health and wellbeing information and support. We deliver 1:1 telephone support & end of treatment holistic needs assessment, welfare benefits advice, complementary therapies and a range of health and wellbeing information and support in a group setting.

#### Summary

Traditionally we held a post treatment HWB ,typically accessed by patients at end of treatment. We acknowledged that this was excluding large groups of patients who may be on either maintenance treatment or those with poor prognosis. Patient feedback on evaluation stated that the information received was good but would have been useful earlier. We therefore set up and deliver a weekly HWB session for patients from all tumour groups at diagnosis regardless of tumour type, stage or prognosis called EMPOWER. We are the only Trust who deliver this information weekly. We have successfully converted this to video format during the Covid-19 pandemic. This method has: increased access to the information as all patients are given the information booklet and link to watch the video at diagnosis and do not have to attend the session to receive it; embedded EMPOWER into the patient pathway. The process for delivery of this is continuously monitored and weekly data is gathered on number of patients given the information and those watching the video. Where hotspots are identified tailored work is focused in the specific tumour group and a process of PDSA with the teams involved. Covid-19 became an opportunity for change / improved patient experience rather than have a negative impact.

#### Impact

Implementation of EMPOWER had an impact on the following areas of the NCPES survey (2017 – 2019)

Q13 Possible side effects explained in an understandable way - 68% to 71%; Q14 Patient given practical advice and support in dealing with side effects of treatment - 58% to 65%; Q15 Patient definitely told about side effects that could affect the in the future - 49% to 53%; Q20 Hospital staff gave information about support and self-management groups - 77% to 87%; Q21 Hospital staff gave information about the impact cancer could have on day to day activities - 75% to 82%; Q22 Hospital staff gave information on getting financial help - 54% to 63%; Q23 Hospital staff told the patient they could get free prescriptions - 82% - 86%.

**Pre-Covid:** Recorded and measured monthly attendance broken down by tumour group to monitor improvement in attendance. Comparison between 2018 attendance to 2019 attendance demonstrated significant increase

**Patient feedback:** 100% positive feedback from those who attended- including partner/carer. Majority of patients said they would look at improving their diet and increase exercise. Majority said their levels of understanding of treatments, healthy eating, exercise, emotional impact had improved *“Atmosphere relaxing, facilitators straight to the point and knowledgeable.”; “Being in an environment with others diagnosed with cancer, going through similar experience.”*

**Post-Covid:** All patients receive booklet at diagnosis, film can be watched in different languages. All patients receiving info were recorded on Somerset and weekly report run to monitor numbers. If any tumour groups seemed to be having difficulty based on the report tailored support was implemented to address this. Patient feedback - *“The booklet is really good - excellent. The film is excellent - top notch, so helpful” “All the information was very helpful. The film was excellent.”*

#### What Makes Us Special?

Compared to traditional HWB events this is non tumour specific, relevant regardless of diagnosis, stage or prognosis. Although aimed at diagnosis – it is relevant at any stage of the patient pathway. Developed as a direct response to patient feedback. Evaluation by patients and patient partners informs continuous improvement of the service. Team delivering this are passionate about delivery and sustainability of this project. Relevant to family members and pre-covid there was high attendance by family members. On occasions a family member would attend in place of the patient – and commented on feeling included by being offered this support. All tumour specific CNS’ recognise the relevance for their patients and are on board with this project.

**Contact Details:** Lucy Brooks - [lucy.brooks3@nhs.net](mailto:lucy.brooks3@nhs.net)



## Breast Cancer Now Service Pledge



### Category

Measuring, Reporting and Acting

### Organisation

Breast Cancer Now was formed in 2015, when Breakthrough Breast Cancer joined forces with Breast Cancer Campaign, to form the UK's largest breast cancer research charity – known as Breast Cancer Now. In 2019, Breast Cancer Care also merged with Breast Cancer Now, uniting the largest breast cancer support community with the largest research charity under the Breast Cancer Now banner. Today we are a powerful charity with a single focus on breast cancer. We have offices in London, Sheffield and Cardiff and employ 264 members of staff.

### Summary

The Service Pledge is an innovative programme dedicated to delivering lasting positive change to everyone's experience of breast cancer. It brings patients, healthcare professionals and Cancer Alliances together to work in partnership to design and deliver improvements in a practical and achievable way. The Service Pledge recognises that patient experience is as important as clinical effectiveness and safety. Actively involving both the people who provide breast cancer services and those who receive them gives a more complete understanding of the challenges and opportunities, meaning the changes made make a real difference for all. In 2019-2021, with sponsorship from Pfizer, a new approach was piloted: using feedback from people with primary and secondary breast cancer to inform improvements across a Cancer Alliance. By working at a Cancer Alliance level and including all experiences of breast cancer, we aim to reduce variation through co-production, peer learning and sharing best practice. With great opportunity for scaling up, the Service Pledge provides the chance to ingrain a culture of continual improvement in breast care teams and hospitals across the NHS.

### Impact

We use a Theory of Change and evaluation framework to monitor and evaluate stakeholders' experience of the programme and the resulting outcomes and impact. Feedback forms are used to evaluate every stakeholder interaction, and at the end of the programme all stakeholders are asked to complete an end of role feedback form reflecting on what they have gained. We continue to monitor Service Pledge action plans by conducting 6-monthly phone interviews with hospital staff to evaluate the long-term impact of the programme. Many patients report that being involved in the Service Pledge helps them grow in confidence and turn something negative (their diagnosis) into something positive for others: *"I feel I am doing something purposeful, which might inform strategies for improvement for other cancer patients"* - Patient representative. All healthcare professionals (HCP) involved in the 2019-21 Service Pledge reported an improved understanding of patients' perspectives. Over 40 improvements have been identified across the five hospitals that worked with Breast Cancer Now in 2019-21, benefitting approximately 3,060 people diagnosed with breast cancer every year in the East of England. Improvements included: • Submitting a business case for a dedicated secondary breast cancer nurse to provide invaluable support to patients with secondary breast cancer; • Staggering patient arrival times for surgery so patients don't have to arrive early in the morning for an afternoon surgery slot; • Speaking with patients two days after diagnosis to answer questions and identify additional support needs; • Employing a healthcare assistant to provide additional support to patients throughout treatment

### What makes us special

Breast Cancer Now is uniquely positioned as the UK's largest breast cancer charity to provide insight into the latest research, guidelines, best practice, and needs and priorities of people affected by breast cancer, informed by those who use our information and support every day. The Service Pledge embeds a culture of meaningful patient involvement. Our Patient Advocates are directly involved throughout the process and local patients work in partnership with their HCPs to make impactful patient-centred improvements to their breast cancer service. The Service Pledge provides valuable insight into the challenges faced by NHS staff. The Service Pledge listens and supports HCPs to improve and future-proof breast cancer services, making sure they work for both HCPs and patients, and focusses on reducing variation in patient experience, whether that is geographically, across different breast cancer diagnoses, or between different demographics. It facilitates a culture of teams, hospitals, and regions sharing best practice and learning from one another which will aid the performance of services. The success of this work has led to more Cancer Alliances and Health Boards wanting to take part in the programme.

**Contact Details:** Catherine Wood - [Catherine.wood@breastcancernow.org](mailto:Catherine.wood@breastcancernow.org)





## Calderdale and Huddersfield Foundation Trust

### Co-production “What matters most to you, diagnosis through to end of life.”

#### Category

Team of the Year



Calderdale and Huddersfield  
NHS Foundation Trust

#### The Nominee

The cancer information and prehabilitation team have developed under the passionate leadership of Helen and Nicky since their appointments two years ago. Improving the lives of people with cancer is the motto of this team, “You said, we did” which is the key to the success of all they do. All service developments have been supported and co-produced with patients, changing the service, information, and the support they offer. Their style of leadership; being inspirational, leading by example, supportive and inclusive, lends itself to the success of the overall team. The team's vision and objectives are shared through annual reports which are shared with Macmillan, CCG and Trust. Whilst they have developed themselves over the last two to three years, they have simultaneously integrated teams across the whole organisation. The team do not see themselves as the ‘be all and end all’ to patients and their families, their sustainability is through collaborative and matrix working across services with primary and secondary care.

The team do not just strive to ensure people’s needs are identified and either met or signposted to services that can help, they strive to improve the longer-term outcomes of health and wellbeing after someone’s cancer diagnosis and treatment and that shines through how they approach developing the service and patient/user co-production. The team is multi professional and is inclusive of cancer patients and their carers.’ The team’s vision and objectives are:

“Empowering people to manage their own health and wellbeing, providing them with support from the point of diagnosis, that is tailored and personalised to meet their needs, enabling them to feel confident and in control of their care. To have the involvement of our patients in developing the support offer, ensures we are delivering what patients need and want, as they are the experts, and drives our passion further to be there for them every step of the way, so patients get “What they want, when they want and need it.”

#### The Professional/s

"This team stands out from the moment you meet them. Their passion is evident in all they do. They do not see the service as themselves, they see the service as the patients. Service transformation is patient driven. Ideas and decisions are made through the patient panel they have developed, with all services and sessions co-designed within that forum, with ongoing feedback to continuously evaluate the service, courses, and support group's needs. The team recognise the skills and knowledge of the wider teams within community, voluntary sector, and primary care, such as social prescribing teams, ensuring integration and therefore sustainability of services. The pandemic has catapulted what may have previously taken 12 months or more to achieve into a few months, The team adapted all support offers to become virtual and transferred all information and resources on webpages on the Trust website. Digital solutions also extended to the development of a Mobile Application (App) with quick and easy links again to all the resources available. The team have been working collaboratively for just over two years and as individuals have over twenty years' experience in the healthcare setting.

#### Summary

"They are walking on the shoulders of giants" (the patient being the giant) in all they do. Their passion, commitment and dedication to improve the lives of people and their families with cancer shines through, not only within local services they are developing, but the whole team are committed to share what they are doing and share regionally and nationally. As the Chief Operating Officer for CHFT I couldn't be prouder of the this team and the work they are doing. They are proactive in their approach and have fully embedded patients in all the work they do ensuring this fully meets their needs. CHFT have given priority to addressing Health Inequalities and the team have embraced this in their work ensuring their developments meet the needs of all patients, ensuring no digital exclusion. Most importantly the team have taken the initiative with their work, they identify current issues and horizon scan potential issues and have been brave in their response that has enabled them to, with patients, think differently, without constraint and it is their determination to do the right thing for patients that makes them stand out.(Helen Barker June 2021)

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## Calderdale and Huddersfield NHS Foundation Trust Bereavement Support Service

### Category

Communicating Effectively with Patients and Families & Personalisation of Care  
& Staff Engagement/ Improving Staff Experience



Calderdale and Huddersfield  
NHS Foundation Trust

### Organisation

Calderdale and Huddersfield NHS Foundation Trust employ more than 6,000 staff who deliver compassionate care from our two main hospitals as well as in community sites, health centres and in patients' homes. We provide a wide range of hospital and community health services, including sexual health services in Calderdale from Calderdale Royal and local health centres. In 2019/20 we cared for more than 119,000 men, women and children as inpatients (stayed at least one night) or day cases. There were also more than 460,000 outpatient attendances; 154,000 accident and emergency attendances and 5000 babies delivered. There were some 261,000 adult services contacts by our community teams as well as 217,000 contacts with our therapy services.

### Summary

The Bereavement Support Service was set up in response to the Covid pandemic and is a unique collaborative initiative with bereaved relatives at its heart. The service has 2 elements: A bereavement box is sent to families of deceased patients – it contains marigold seeds, a handwritten card, bereavement support numbers and a knitted heart. Relatives are made aware that a knitted heart is placed with the deceased patient; Calls to relatives – take place 5-10 days after the death. The service was developed in response to the passion of Trust staff and feedback from our local community. The service epitomises the Trust's vision 'Together we will deliver outstanding compassionate care to the communities we serve'. It was set up to support bereaved relatives at unprecedented times and the fantastic feedback received both from staff providing the services and relatives has made it clear that this service is hugely appreciated and one that we intend to continue. The service has clear operational goals, is delivered through a committed workforce and the Trust is fully supportive. Has enabled the Trust to respond quickly to feedback provided, sharing positive messages, and addressing learning opportunities.

### Impact

Since March 2020 the Trust has had 1949 deaths and 1710 (88%) boxes have been distributed and 1239 (64%) phone calls made to bereaved relatives with follow ups and referrals onto different professionals too. Outcomes to date have been measured through qualitative feedback which has described the impact for relatives and staff involved in the process: **Examples of relatives' feedback:** • Heartfelt thanks for the card and heart, I loved that the card was handwritten as it made it more special, and that Mr B also had a heart. I slept with the heart the day it was received and had it with me when I did the eulogy. I am going to put the seeds on his grave; • I can't describe the feeling when we got the box. Totally overwhelmed and speechless. Made us feel so connected and close to A – we were happy knowing he had a heart too; • My family found the bereavement box, containing a heart, some marigold flower seeds and a heart-warming message from the Trust comforting. **Staff making the calls:** • This service has really supported grieving families and friends who are feeling the sadness and loneliness of loss. So many people have thanked us for contacting them, providing help with any questions and passing messages of thanks to ward teams and providing a caring and compassionate approach at such difficult times. I feel that the development of this vital service underpins the core values of our organisation and the staff who work within. **Staff supporting the administration:** • During this scary and uncertain time it was very sad to see the daily large numbers of families who lost loved ones, however supporting this service felt like a very worthwhile small way we could help relatives and made us feel like we were playing our part. Following discussion with Patient experience Quality Improvement colleagues we now have a section on the Datix reporting system, this will enable us to monitor outcomes, trends, and impact.

### What makes us special

It places the relative's wellbeing at the heart of the service. Being able to provide support for grieving families who may feel sadness and the loneliness of loss is a real honour and privilege. It is proactive service, provided for the NOK of all deceased patients - it embraces everyone - no one is left out. As far as we are aware no other Trusts provide this service, so ours is unique. Main impact relates to the relatives' experience with us as a Trust. The feedback has been incredibly positive. It has opened the 2-way dialogue with relatives which has been hugely appreciated. Trust colleagues are openly hear concerns and deal with them in a timely manner to support families

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## Calderdale and Huddersfield NHS Foundation Trust Coproducted Innovations Improving Patient Experience



Calderdale and Huddersfield  
NHS Foundation Trust

### Category

Innovative Use of Technology/Social/Digital Media & Using Insight for Improvement (NHS Funded)

### Organisation

Calderdale and Huddersfield NHS Foundation Trust (CHFT) provides health care to a population of over 460,000 people in West Yorkshire. The organisation consists of 6,000 staff and diagnoses around 3,200 people with cancer every year. As well as a clinical team of oncology consultants, cancer nurse specialists, surgeons and allied health professional staff, the information and support needs of patients and their families are met by the 'cancer support team', whose holistic approach, practical help and patient education, complements the clinical support provided. The cancer support team consists of the Macmillan Prehabilitation Lead, Macmillan Cancer Information and Support Service Manager, Assistant Manager, Support Worker, the Lead Cancer Nurse and Cancer Manager.

### Summary

Innovative virtual delivery and co-design with cancer patients, includes: • Virtual cancer patient focus groups to hear what support and education matters to patients and how this should be delivered; • At patient's suggestion, the introduction of a new CHFT cancer Mobile Application (App) for patients; • The introduction of a virtual 'First Steps' programme for newly diagnosed patients and family members. <https://www.cht.nhs.uk/services/clinical-services/oncology/information-support/first-steps>; • Enhancing the cancer pages Trust website to reflect suggestions; • Creation of 'First Steps' webpages, for newly diagnosed patients; • Introduction of a virtual book club style Q&A session for 'First Steps'; • Creation of a First Steps DVD for people unable to access the webpages/virtual session' • Introduction of a virtual 'Thinking Ahead' course for patients with incurable cancer and family members; • Co-ordination of a collaborative, virtual Thinking Ahead course with Leeds and Harrogate. • One of five Trusts delivering the iHOPE course – Macmillan's online health and wellbeing course; • Virtual end of treatment health and wellbeing events, to help patients self-manage going forwards; • Virtual support groups – singing, coffee time and walking groups; • Virtual hair-loss support sessions; • Virtual volunteer and patient rep meetings; • Two NHSE webinars to highlight virtual delivery and patient co-design – one delivered with a patient.

### Impact

• Feedback gathered through the CPFG; course attendee feedback; informally at support groups; also via volunteer feedback telephone calls. Reports written and feedback collated within the annual reports; • First Steps – positive attendee feedback highlighting patients and family members feel more supported, less overwhelmed, better able to self-manage and knew where to go for support, following diagnosis. • Other Trusts locally have introduced First Steps in their area; • Enabled patients and carers to access a variety of support and information when they were most vulnerable, isolating and shielding at home; • Created reach to those who did not access the face-to-face offer of support; • Enabled family members not living locally to also access the support offer with relative or independently; • Unique hits to relevant webpages on the Trust's internet shows consistent traffic; • First Steps web page content was designed to provide information prior to a virtual Q&A support session. Found many individuals use the website alone for information, thus reaching individuals who would not necessarily attend either a face-to-face session (pre-COVID) or the virtual Q&A session.

### What makes us special

The team are passionate about providing the best possible patient experience and outcomes for people affected by cancer and their commitment to be a service for the patients and with the patients - with the patient voice very much driving digital developments - makes them stand out from the crowd.

Key elements that stand out in terms of difference and success are: • Our CPFG and cancer team were responsive and quickly identified need. Start of information available and the first digital groups in place by May 2020 well ahead of others. • True co-production with our CPFG, we gave them what they wanted from the outset.

• An invitation for patients and family members to provide ongoing feedback as virtual groups and courses were delivered, to improve digital provision for the benefit of the service users. An example of further services that have been identified through this route are a 'Body Matters' online discussion group to talk about sexual/body image concerns, arose from the iHOPE programme; • Leaders/co-ordinators of the 1st regional collaboration of a virtual Thinking Ahead programme (itself an innovative programme for incurable patients).

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## Cambridge University Hospitals NHS Trust Cancer Patient Partnership Group



### Category

Engaging and Championing the Public & Strengthening the Foundation

### Organisation

Cambridge University Hospitals (CUH) NHS Trust is a major teaching hospital in the East of England. Its vision is to improve people's quality of life through innovative and sustainable healthcare. CUH employs around 11,000 members of staff and provides accessible high-quality healthcare for the local people of Cambridge, with specialist services, dealing with rare or complex conditions, for a regional/national/international population. CUH is recognised as a centre of excellence and innovation with many specialists leaders in their field.

### Summary

CUH Cancer Patient Partnership Group is an evolving group of passionate cancer patients and staff who want to make a difference and improve the patient experience. **Start:** CUH Cancer Services recognised that providing outstanding service needs patient involvement and a workforce that recognises the importance of co-production; working with patients as equal partners. Embedding co-production within services is a challenge. CUH Cancer Services senior leadership team committed resources to setting up and growing a Cancer Patient Partnership Group ("The CPPG"), and getting staff to actively involve patients when considering service design. **Growth:** The CPPG has over 50 members participating in projects from patient representation at strategic and operational boards, to improving patient information and communication. The Group is co-chaired by a patient and the Trust Lead Cancer Nurse, has a Co-Production Lead to facilitate its work, is an active member of the CUH Cancer Board & other senior level committees. **Project work:** The CPPG is involved in multiple short + long term projects, working towards improvements in Cancer Services. E.g. during the pandemic the CPPG rapidly responded to changes in working style, listened to a wide range of patient experience, and produced communication pieces to support clinicians and patients. **Cultural change:** As the concept embeds, staff more actively seeking and valuing the patient voice. Group works closely with other services within CUH/the local community.

### Impact

The impact and results achieved can be measured in terms of the development of the CPPG and its impact on improving Cancer Services. The CPPG grew from 10 to over 50 members with a strong Committee of 15-20 who steer and promote the work of the group. The CPPG is well organised with co-chairs, induction packs and training for Committee members, and regular weekly communication. Its new structure recognises patient involvement must suit people's life circumstances and offers a flexible levels involvement. CPPG produces its own newsletter and it currently has a working group which is addressing membership diversification to gain a wider patient view. Impact of the CPPG measured by the level of patient involvement in service improvement and development projects. Projects are initiated by both the CPPG and CUH. Examples of the types of projects: • **Patient information:** Reviewing, improving and creating written information for patients, including Covid communications, guidance documents and templates, leaflets, plasma screens, FAQs, letters, new patient packs, etc. • **Patient Communication:** These projects include: o Starting the 'Please write to me' initiative to encourage clinicians to write understandable clinic letters directly to patients and copy the GP, rather than the other way around; o Developing and sharing information on patient buddy schemes; o Working with local referring hospitals on improving communication between hospitals, patients and GPs. o Creating a guidance document for clinicians on communicating with patients re changes during pandemic. • **Environment and patient flow:** Contributing to redesign of the Oncology Outpatients department/design of the new Cambridge Cancer Research Hospital.

### What makes us special

The CPPG is a model for strong patient involvement and co-production within CUH and the local community. Cancer Services recently shared its work as a good practice example with the Care Quality Commission. Its success and what makes it special is: • A strong and very active Committee of 15 -20 patients who steer the work of the group. Members are engaged with and excited by the projects they are involved with. Everyone contributes. • Consistent, growing support from senior leadership within Cancer Services and CUH. • Active participation and involvement in the CUH Cancer Board. • A six-weekly catch up meeting with Cancer Services Operations Manager. • A professional approach to communicating and working with both patients and staff to ensure that co-production seen as positive/beneficial to service design and improvement. • Passionate collaborative approach.

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**Cardiff and Vale Patient Experience Department  
Listening, Learning and Improving in Real Time****Category**

Team of the Year

**About Nominee**

As Asst Director Patient Experience I manage the Patient Experience Team we have a corporate responsibility and the services I manage consists of Bereavement, Patient Feedback, Chaplaincy, Information and Support, Carer Support, Voluntary Services, Concerns Complaints and Claims) and PALS. Throughout the pandemic the team has pulled together to deliver a 7 day service while working more closely than ever in developing initiatives to support patients and staff across the Health Board. The team's dedication to PX has ensured patients dignity has been maintained, contact between patients & their loved ones has continued, we have developed experience support roles, used IT to reduce isolation and boredom, and families have been supported through bereavement.

**At Work**

Throughout the pandemic the team had to diversify in function to meet the needs of patients. Their ability to adapt and their positive and flexible attitude in changing their roles, sometimes on a daily basis, and their drive to keep the patient and their loved ones at the centre of all the UHB does, during such a difficult time for everyone, has been first class. At the heart of every initiative or service we provide we believe that feedback from our patients, relatives and staff is vital to ensure we are meeting the needs of our community. At the start of the pandemic we had to remove all our feedback machines from public areas. Our Feedback Manager worked tirelessly to develop innovative and safe ways for feedback to be provided. A suite of online surveys were created which included; patients experience of staff wearing PPE; boredom and isolation survey; a next of kin survey evaluating communication during the pandemic. They gave us real time information on how the pandemic was affecting our patients, staff, and next of kin. As a result we developed services that truly made an impact through this difficult time. E.g. repatriation of deceased property; The Patient Experience 7 day service was implemented in March 2020 and it has ensured that we have maintained an active response to enquiries and complaints. The team has also hosted a visiting helpline and a mass vaccination enquiry line which also operates over the 7 days.

**Summary**

**Virtual Visiting and Message from a loved one** - With our IT department we configured over 400 tablets. Each was set up with Zoom for virtual visiting, Hospital Radio Glamorgan, free magazines from Wi-Fi spark, a feedback survey, a range of activity apps to help alleviate isolation/boredom. **Patient Essentials** - Team engaged with community, local businesses & organisations e.g. Primark/M&S to support our patients with donations of toiletries, clothing and nightwear. Due to demand, more items purchased using monies gifted by C&VUHB Health Charity/donated by the public via our JustGiving page. **Enquiry Line (7 day service)** - To ensure the community had a point of contact in the week and on the weekend, the PX & Concerns teams implemented a 7 day service in March 2020. The community, patients and staff are able to call everyday between 9am – 5pm, along with email contact. **Chatter line** - Many people were shielding/not able to socialize, we launched a volunteer led Chatter Line. From 31st Mar those were feeling isolated could contact us and request a call from one of our volunteers. Volunteers were provided with information on services to support in the community should they identify that the person they are calling has further needs than to just 'chat'. **Medical/Nursing Students** - Relatives were contacting the enquiry line as they were unable to get through to the ward. The team, in partnership with Cardiff Uni School of Nursing/Medicine, created a role for Medical/Nursing students to support patients and families by contacting next of kin, providing updates, facilitating virtual visiting, ensuring patients had the essentials during their stay and providing activities. Students undertook an induction then placed on wards in most need of their support. The students recognised the value of the placement in developing communication skills, the placement is now imbedded within the year 2 nurse placement timetable. To date they have provided 13,794 hours of patient experience support to wards. The service has been embedded into the PX Framework and placed within the Voluntary Services portfolio. **Bereavement, Spiritual & Support Care** - During pandemic the Senior Bereavement Nurse/Chaplaincy Manager developed comprehensive guidance for staff supporting patients at end of life or those significantly unwell. A bereavement helpline was implemented, contacting all who suffered a bereavement. The aim was to provide someone to listen, signpost to other organisations/initiatives, including our Chatter line, and address any queries. To date the team have contacted over 2400 families to offer support.

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# PEN National Awards 2021

*Re:thinking the experience*

## Cardiff and Vale University Health Board Bereavement Support Service

### Category

Support for Caregivers, Friends, and Family



GIG  
CYMRU  
NHS  
WALES

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



### Organisation

CVUHB is one of the largest NHS Organisations in Europe and employs approximately 14,500 staff. The Health Board provides health and wellbeing services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan. The specialty services also serve the wider population of South and Mid Wales. The organisation is complex and multifaceted as we provide acute services, primary and community-based services, plus tertiary services, alongside a consistent focus on public health. The Health Board's vision is to create a community where healthy life choice does not depend on who you are or where you live.

### Summary

In response to the isolating nature of the Covid-19 pandemic the Bereavement Lead Nurse has developed an ambitious service whereby all next of kin of those who died of Covid-19 in a hospital setting are contacted by telephone. The original aim was to call the bereaved within 3 -4 days after death to provide emotional support, signpost to useful organisations, and to address any queries, where possible, regarding the death of their loved one. The calls are made by a multi-skilled team led by the Bereavement Nurse who provides guidance and support for staff, as well as allocating calls, where necessary, according to experience and competence. As the service developed feedback from staff and next of kin indicated that calling too soon after death was not appropriate and families were given more time to grieve and process their feelings in these early stages before contact was made. Working relationships were very quickly established with Third Sector organisations who were able to provide ongoing counselling, if required, for those we made contact with. Such is the positive response that the service has expanded and accentuated the need for an extended Bereavement Support Team.

### Impact

The feedback we have received from the bereaved when making these calls has been overwhelmingly positive and highlighted just how invaluable a service it really is: *'Thank you so much for taking the time to think of me, thank you for caring.'* *'I never thought I would be the type of person to call and ask for counselling, but having spoken to your team I realise that I need support.'* *'What a fantastic and worthwhile service you are providing.'*

We have maintained a spreadsheet from the outset of the service to collect and review the call information. Following the calls, the team forward the information to this nominated staff member who ensures that information is displayed clearly and accurately. The team has contacted over 2300 next of kin since March 2020. Of those who died in our hospitals 130 did not have next of kin or they were unobtainable, e.g. living abroad. Just under 200 have required an immediate follow-up from the team following the initial support call and over 100 of those who are bereaved have required an immediate referral for counselling from Third Sector.

Speaking directly to families has also enabled us to gain feedback regarding the resources provided to next of kin upon the death of a loved one and regarding the care received whilst in hospital. When next of kin do not perhaps have the strength to contact the ward we have been able to liaise and provide feedback, both positive and negative. This has served to strengthen our links with the clinical areas and highlight the service within the hospital. Through developing these relationships with next of kin, improved links have been formed with specific hospital departments who may require bereavement support.

### What makes us special

The bereavement calls primarily focus on the support we can provide on an emotional and well-being level. Bereavement counselling services are stretched and waiting times locally average 3 months. As a team we ensure that, even after referral to other service, no one is left unsupported. We maintain regular contact and are guided by the bereaved on the frequency of the calls. The service doesn't close its doors on the bereaved and all those who require support will receive it. The introduction of this service, as with many during the pandemic, was in reaction to the Covid-19 restrictions. This meant that the success of the service initially relied heavily on staff from across PatExp adapting their roles to support the Bereavement agenda. This support from the team was vital in launching the BSS & gave us time to establish a Bereavement workforce to make the service sustainable.

### Contact Details

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## Cheshire East Integrated Care Partnership Child Health Hubs



### Category

Integration and Continuity of Care

### Organisation

Cheshire East Integrated Care Partnership (ICP) is an alliance of NHS providers of health and care services who work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs, as well as social care. By working together in this joined-up way, we help local people receive the health and care that is sensitive to their needs, as close to home as possible. Our approach works through the 8 care communities in Cheshire East. The 8 are coterminous with the nine Primary Care Networks, with the exception of Crewe (includes two PCNs). The ICP is not a separate organisation, there is no HQ, no buildings, no full-time staff, it's run as a partnership & serves nearly 400,000 people.

### Summary

The project group were tasked with 2 main targets—develop 2 children's health hubs, and reduce A+E attendances / GP appointments where these could be managed in other ways. The project is designed around the Imperial Child Health Model, centred around developing more effective communication between primary and secondary care through regular MDT sessions/learning opportunities. Despite the pandemic, we have achieved a significant amount in the last 12 months. We have 2 established child health hubs based within Children's Centres in Crewe and Macclesfield. We have successfully implemented Prolonged Jaundice and unsettled infant clinics in the children's centre in Crewe, and have a paediatrics bloods service operating from Macclesfield, completely run by Adv Paediatric Nurse Practitioners/Community Nursing services. All received excellent feedback from parents. MDTs are also starting to be well established between primary and secondary care colleagues.

### Impact

We set out to deliver the right care closer to home, and from the feedback that we have received to date, this is certainly something that has happened. We have seen over 40 children in our unsettled infant clinic since it started in February. These children would previously have either attended A+E or needed to have gone to their GP. Seen a similar number in the prolonged jaundice clinic, which has received positive feedback in regards to its accessibility and location within the children's centre. Over 90 children have accessed the paediatric bloods service in the children's centre in Macclesfield, all of which would have been on a waiting list in the acute trust if it were not for this service. All of these services have received praise from GPs also in regards to ease of access. Feedback from clinicians running the clinics is also extremely positive, and has led to improved job satisfaction. One key success of the project has been bringing together health, Local Authority and 3rd sector workers to share best practice and link services together to ensure that there is no duplication and that parents are truly only having to tell their story once. Health staff are sharing information on Universal services that they previously didn't know existed, parents attending clinics at children's centres have started to access some of the Early years services operating out of the same site. MDT sessions have identified that retrospective referrals have been appropriate, & flagged opportunities for educational sessions to promote shared learning. These are being implemented currently for GP Colleagues. We have promoted co-production wherever possible. A service user survey was completed in the summer. Quotes: Staff - *"....the environment is perfect for children. It is easy for parent's to park their cars, it is a relaxed child and family friendly waiting area....feedback from parents has been positive."* Parent: *"The Children's Centre is a fantastic resource for children having blood tests - it is easy to park, doesn't feel like a hospital, and the staff are amazing. We were in and out really quickly"*

### What makes us special

All stakeholders involved in this project have all commented on its pace, organisation, and most importantly its success. We have achieved a significant amount even during the height of the COVID-19 pandemic, testament to all involved, particularly our clinical leads who have been on the 'frontline' throughout. The feedback that we have had from stakeholders involved in the project is extremely positive. One of the key elements that stands out for us as a project management team, is the truly collaborative nature of the project. Successfully connected several different NHS trusts, Local authorities and 3rd party sectors together in achieving the same goal of bringing care closer to home for the children and their families. The improved communication/connections between primary & secondary care departments has been invaluable. Feedback from parents has been excellent.

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## Chesterfield Royal Hospital Bereavement Support



**Chesterfield  
Royal Hospital**  
NHS Foundation Trust

### Category

Fiona Littledale Award

### About Nominee

We always strive to ensure that patient experience remains at the heart of our practice. We constantly strive to measure patient experience and then use this to underpin our service development. Since COVID-19 it has become more difficult to ensure high quality patient experience despite it being even more important. The team continued to develop its patient support group virtually have been instrumental in ensuring the Lewis foundation support bags are now available to all patients undergoing chemotherapy. The team became aware of a lack of support (or awareness of support available) for relatives who are bereaved. We have patients on pathways and treatments for a long time and develop relationships with both the patient and their loved ones. Rebecca, our support worker, decided to take action; • I decided to look into services in our local area; • I spent some time with our bereavement service but realised they offer more practical support with paperwork and not much emotional support; • I found Cruse bereavement who offer support to adults and children. I went to visit them to understand more of the support they offer and if it would be suitable to signpost relatives to, they supplied me with leaflets of their service; • I found insight offering telephone support which relatives can self-refer to; • I was saddened at what little support there was out there for relatives so decided to offer a little bit of support from the team. We send a hand written card, we then contact relatives to offer the teams condolences/support, offer a second phone call, make them aware of the services available in the community and post information out if they would like it. The impact of losing a loved one and the loss of routine/support relatives receive, due to the nature of many haematological malignancies we see patients each week building strong bonds with patient and family.

### At Work

The introduction of the haematology support worker role has been paramount in ensuring that patient focussed care remains at the forefront of our vision for haematology patients. The support worker role has been instrumental in increasing the numbers of patients who have had a holistic need assessment performed and our latest patient survey demonstrated how beneficial this was to the patient. Despite some of the challenges due to COVID the team remain very proactive and are constantly looking at innovative ways to develop the service. We adapted very quickly to the use and introduction of attend anywhere to enable us to review patients, offer HNAs via a choice of mediums such as face to face, video and telephone.

### The Professional/s

We have actively posted out bereavement cards to the relatives who are bereaved. Over the last year this has been followed up with a bereavement telephone call from Rebecca and these calls have been very well received. Rebecca quickly identified a gap in the provision of emotional and practical support offered to relatives following bereavement, sourced and researched what practical and emotional support there was outside of the hospital setting. This support has proved even more important due to COVID-19. The isolation many patients and carers have felt. We will showcase what we have done to other cancer teams to raise awareness of what is already available for people who are bereaved but also for each team to look at what they may be able to improve.

### Summary

The team is innovative and dynamic with a constant focus of improving services in line with patient need. The team recognised that relatives/loved ones are equally important throughout the patient's journey and often they themselves require emotional support. This is particularly noticeable at a time of bereavement and relatives often describe feeling lost. We identified a gap in emotional and practical support at a time of bereavement and we put measures in place to address this. NHS resources are often in demand for clinical services such as the provision of nurse led clinics however we must always ensure we are offering a patient focussed service that encompasses the needs of the patients loved ones. It would be fantastic if Rebecca could receive recognition for this as it would really demonstrate that the support elements of patients and their loved ones should be held in as high of a regard as the clinical aspects. This would enable us to really showcase this work locally and nationally and may really help other cancer nursing teams demonstrate the importance of maintaining the valuable softer skills of a cancer haematology support worker. It may even be a driver to looking at bereavement support across the community and ensuring support is available for families.

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## Chesterfield Royal Hospital

### Development of a Cancer Information and Support Centre App – Dawn Warrington

#### Category

Fiona Littledale Award



**Chesterfield  
Royal Hospital**  
NHS Foundation Trust

#### About Nominee

Dawn joined our Macmillan Information and support centre summer 2019 and has an extensive background of oncology nursing and palliative care nursing. She is dynamic and enthusiastic in developing and improving cancer information and support services at Chesterfield Royal Hospital. Dawn has a wealth of skills and knowledge around cancer care but also her personality and personal skills ensure people feel welcome and safe coming into the centre.. This ensures both healthcare professionals and people affected by cancer are able to gain the care and support needed. As a lead in the information and support centre, patient experience is at the heart of the philosophy and services are shaped and designed in response to what people require. The centre is on site within the cancer unit but is a non-clinical environment which enhances the clinical care by addressing personalised cancer information and support.

#### At Work

Dawn's focus on both staff and patient makes her stand out and she strives to help and support all people who access the centre. She constantly works to ensure all services and developments meet the needs of users and staff. She is able to triangulate services with staff and patient feedback to develop and implement changes as required. Due to the extensive oncology nursing background Dawn is also a fantastic support for new or junior staff and using a coaching and mentoring approach to support colleagues. She uses this same approach to support people who are struggling with their cancer diagnosis building relationships with them to enable a movement towards empowerment and self-management. Dawn has led on the development of a cancer information and support centre app which is a virtual extension of our cancer information and support centre. Due to impact of covid we have had a reduction due to less face to face contacts in hospital amongst other reasons. Dawn led this activity and has developed a well- planned cancer information and support app based on the needs of people using the centre which has already had the most amazing feedback. Part of this work required collaboration with cancer teams, non-associated cancer services such as learning disability teams, service users and partner organisations. She has pulled this work together using her skills and knowledge plus her earlier described personal skills to enable this development.

#### The Professional

Dawn has ensured the cancer information and support app is of high quality and includes a wealth of information and support. Ensuring a professionals section too and the information and support sections have been designed to ensure covers all cancer sites. As part of this she has included videos of cancer teams and has encouraged other teams to get involved and also develop specific information. This has encouraged others to get involved and since launching the app In February we have had other teams approach us to develop podcasts to add onto the app. This will be an ongoing development and Dawn has ensured areas of app are adapted based on staff and user feedback to ensure app meets the needs of the community. The quality and standard of the information is high and this has been demonstrated in the feedback we have had from people affected by cancer and healthcare professionals. Dawn has given all her efforts getting this app to the standard that it is and has invested time and energy above what is expected of her which has paid on in the high quality product we now have.

#### Summary

Dawn has gone above and beyond in her role using her oncology nursing skills and knowledge to develop a high quality app and work collaboratively with patients and healthcare professionals. Her dedication and passion was vital in developing an app which can be used by people to raise awareness and engage users in the centre. This has been especially important due to covid restrictions and a change to current ways of accessing cancer information and support. Positive feedback from staff is great but we recently had some feedback from patients about the positive impact the app had and this is fantastic and is reassuring that the app is meeting the needs of people in the local community. Dawn has presented the app to cancer alliance and they were 'blown away' and are looking at how it can be funded and rolled out across other cancer information and support centres.

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## East Lancashire Hospitals NHS Trust

### ‘Da Vinci Robot ‘



**East Lancashire Hospitals**

NHS Trust

A University Teaching Trust

#### Category

Innovative Use of Technology/Social/Digital Media

#### Organisation

East Lancashire Hospitals NHS Trust (ELHT) was established in 2003 and is a large integrated health care organisation providing high quality acute secondary healthcare for the people of East Lancashire and Blackburn with Darwen. ELHT employ 8,000 staff, some of whom are award winning and internationally renowned for their work and achievements. We serve a diverse community, and treat over 700,000 patients a year from the most serious of emergencies to planned operations and procedures. Our high quality healthcare services are offered across five hospital sites, and various community sites.

#### Summary

As an organisation, the quality and delivery of excellent patient care is paramount to all of us. We believe our entry demonstrates the energy, passion, hard work and dedication by our multidisciplinary team in achieving our aim. The introduction of the ‘Da Vinci Robot’, (robotic assisted surgery) was inspired by a leadership who are driven by continued development and strengthening expert experience, which deserves recognition at the highest level. ELHT’s utilisation of the Da Vinci Robot places us at the forefront of technology that enables surgeons to go way beyond the limitations of laparoscopic and open surgery. This has resulted in huge clinical benefits for patients with improved cancer outcomes as it gives the surgeons the opportunity to remove tissue such as the prostate gland with a high degree of precision. The establishment and enthusiasm of the robotic service within the Trust, has served to embed robotics within the organisation, provided experience excellence to patients and support the teaching of robotic lead surgery to external surgeons across Britain.

#### Impact

In the 6 years of maintaining our minimally invasive robotic surgery, the impact has been phenomenal. Even during the covid-19 pandemic, leading surgeons have been able to perform innovative surgery - the first of its kind in the North of England. One of our patients had been diagnosed with advanced pelvic cancer, this patient also had a diaphragmatic hernia; a complex procedure that would require leading surgeons to use the robotic technology to remove the bowel and repair the diaphragmatic hernia. Being able to provide and carry out such forward-thinking surgery, has made an enormous difference to the quality of life of the lady, who consented to share her story. The relieved and recovered patient commented: *“The surgery has not only saved my life but completely transformed it. This could have been an extremely long and painful recovery process, but by using the robot, this was dramatically reduced. I simply cannot find the words to thank the ELHT team enough.”* Since the beginning of 2015 we have treated Urology patients which includes: cystectomy, partial nephrectomy, pyeloplasty, prostatectomy, to date we have performed appropriately 710 cases. The colorectal cases to date are 85, the Head & Neck to date are 70 cases and Gynaecology to date is 30; the projection for 2021/22 in urology 160 cases, colorectal 35 cases, head & neck 25 cases, Gynae 80 cases. We continue to listen to the views of our patients and their families via our patient survey. In one year 98% of our patients would recommend the services to friends and family. Patients evaluate their care across the whole surgical package, incl theatres and our robotic initiative. We published a paper, accepted earlier this year in the Journal of Robotic Surgery. This focused on short-term outcomes for open, laparoscopic & robotic surgery, for rectal and sigmoid cancer. The article describes how this is the first single centre study in a UK setting, comparing the surgical outcomes of patients undergoing open, laparoscopic and robotic rectal resections in a real-life setting. The data clearly identifies a significant positive impact on patients’ quality of life.

#### What makes us special?

It is essential that patient care is always delivered to the highest possible standard. That is why, as a Robotic team, we are able to display a certain degree of flexibility, to provide an outstanding revolutionary service. Our robotic programme has already improved the lives of many patients. Our patient stories complement our achievements. Showing an ability to plan, co-ordinate, learn and deliver a unique robust service. Not only have our expert robotic surgeons performed combined cancer surgery. Advances in robotic techniques at ELHT has made multiple resection surgery, the way forward, giving ELHT the leading edge when it comes to our sophisticated robotic programme.

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## East Lancashire Hospitals NHS Trust

### Staff Oasis – Listening Lounges and conversations with Jasper

#### Category

Staff Engagement/ Improving Staff Experience



**East Lancashire Hospitals**

NHS Trust

A University Teaching Trust

#### Organisation

Employing 8000 staff, East Lancashire Hospitals NHS Trust provides comprehensive secondary healthcare for the people of East Lancashire and Blackburn with Darwen, and community healthcare for the population of East Lancashire. The Trust treats over 700,000 patients per year from emergency care to planned operations and procedures, operating across two main sites, Blackburn Royal Teaching Hospital and Burnley General Teaching Hospital, as well as smaller sites across East Lancashire including health centres and community hospitals.

#### Summary

In response to the increase pressures faced by staff during the current pandemic, the Spiritual Care Team established the Oasis centre and Conversations with Jasper. Following a comment by a member of staff that the only place where they could go to cry was the toilet, within 48 hours the Oasis was born; a place of peace, relaxation and care for staff. Jasper, a therapy dog was brought in as an integral part of the Oasis and the support offered to staff, both informally and through structured animal assisted therapy sessions. Since its conception, the Oasis and Jasper has been a lifeline to staff. A place where they can be themselves and express their emotions free of judgement or advice, support by Jasper and the wider team. The use of Jasper and the environment, enabling staff to seek help and be supported. The project has been recognised nationally by NHS England and highlighted as one of ten examples of key learnings. The work of the project also independently reviewed.

#### Impact

Multiple adverse psychological outcomes in healthcare staff are reported due to the recent pandemic with concerns about increased levels of anxiety, depression, post-traumatic stress disorder, moral injury and fatigue. Indeed, staff wellbeing has been emphasised as a priority for the NHS. Research has evidenced that offering staff relaxing space away from the clinical setting, but accessible is beneficial, along with offering an environment where staff can engage in formal and informal peer support. The impact of the use of therapy dog in supporting staff in trauma is increasingly being recognised.

Over the past 18 months the Oasis has been described as a life-line by some of the staff. Staff making use of it day and night. Over 750 staff have attended group support sessions with Jasper the therapy dog in the Oasis. The impact of these sessions has been independently reviewed by the quality improvement team, with 100% finding them positive. Within the review, staff frequently spoke of how they felt less alone, and able to express and process feelings that they are unable to speak about outside. They described the space as a place of peace in the middle of the storm, a bolt hold for when they need to have a cry, have a moment, before going back on the wards. A simple space of human care.

#### What makes us special

The uniqueness of this project is how through a few staff dedicated, passionate and sensitive to the emotional and spiritual welfare of their colleagues, were able to put in place a lasting and wide ranging impact on staff experiencing burnt out and emotional exhaustion. Creating the Oasis sent a clear message to staff that the Trust Board was listening and genuinely care; staff felt recognised for the experience they continue to go through, and it allowed a shared space for staff from all services to reconcile their thoughts.

The Board's receptiveness to the staff needs was key, and demonstrated in how quickly the Oasis rooms were established and catered for; and how a clear message from the Board encouraged their use, which continues to the present day. Pivotal to the care of the staff was the recognition that they still have patients to care for, and to have met the staff needs only strengthened the care we were providing to our patients and their relatives. Sometimes we try very hard to fix our staff, but often it can be more helpful to offer them the space to be. That is what the Oasis seeks to do and that is why it has been so effective. To be a place of companionship, where people can be themselves. Of course, that takes courage to witness the pain of our colleagues and offer them that space, but it can enable them to feel heard, valued and cared for.

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**East Suffolk and North Essex NHS Foundation Trust****A cancer helpline during COVID-19 and beyond****East Suffolk and  
North Essex**

NHS Foundation Trust

**Category**

Communicating Effectively with Patients and Families

**Organisation**

East Suffolk and North Essex NHS Foundation Trust (ESNEFT) was formed in July 2018 and brought together Colchester Hospital University NHS Foundation Trust the Ipswich Hospital NHS Trust. We provide hospital and community health services to around 800,000 people living across a wide geographical area. We deliver care from two main hospitals in Colchester and Ipswich, six community hospitals and in patients' own homes. We also provide a range of specialised services, such as spinal surgery and prosthetics.

**Summary**

We rapidly set up a dedicated cancer support helpline following the first COVID-19 lockdown to ensure that our cancer patients and their families could continue to access expert help and advice quickly and easily while our drop-in information centres were closed and key workers redeployed. The team was able to immediately respond to concerns and issues, providing an invaluable service for our patients as many had been unable to speak to health professionals as a result of the pandemic. The helpline was also an excellent way of utilising skilled members of staff who were unable to work in their own clinical areas. The helpline's remit evolved as the pandemic progressed, with staff contacting every patient who had or was likely to breach the 62-day treatment target to offer support and information and help manage any anxiety or concerns. The team also moved a range of other services, including exercise classes and support groups, online to make them easy to access. The helpline was hugely successful, attracting very positive feedback during what was a difficult and isolating time.

**Impact**

Between 30 March and 30 June 2020, the helpline took 1,954 calls. Feedback from callers was overwhelmingly positive, with patients grateful we were able to provide solutions and answers to their queries. At the same time, our teams used the contact they had with the patients as an opportunity to assess their needs to make sure that any other concerns they may have were dealt with, for example by organising the delivery of groceries or helping with prescriptions. We carried out a user experience survey of those who had used the helpline, which attracted 121 responses. Of these, 92% were satisfied with the outcome of their call and 120 of those who responded said they were happy with the attitude of the staff member who had dealt with them. All of the additional comments left as part of the survey were positive, with many patients asking for the service to continue. The vast majority said they found the helpline 'helpful' or 'good', while those who were shielding – and therefore isolated – commented that being able to speak to someone was hugely reassuring. Feedback from staff who worked on the helpline was also positive, with many saying they really felt able to make a difference.

**What makes us special**

This initiative stands out because of the hugely positive impact it has had on patient care and their experience of cancer services during a frightening and challenging period. By providing resources online, we have given our patients and their families a greater choice of ways to access information and support, and at a time and place suited to them. In this way, the pandemic presented us with an opportunity like no other, and has resulted in a phenomenal response from patients who have signed up for our online exercise classes, HOPE course and support services in their droves. We also expanded the information available on our website to signpost other sources of support, such as befriending schemes or help with groceries, in turn creating a one-stop-shop which brought together a host of resources in one convenient and easy-to-use place. The contribution the helpline team made to improving patient care was cemented when they took on the additional responsibility of contacting every patient who was about to or had breached the 62-day treatment target to offer support, information and reassurance. This made a significant difference to their experience by helping to show them that they had not been forgotten. We received excellent feedback from patients who have called the helpline. We have also received further testimonials from patients who have used the service, again providing additional qualitative evidence of its value. This includes a wonderful complement from Janet Byford, 70, who is currently having chemotherapy. This qualitative evidence is supported by quantitative data from our websites, which shows [www.ipswihcancerinformation.co.uk](http://www.ipswihcancerinformation.co.uk) attracted 1,600 visits between January 2020 and May 2021 and 7,900 page views. During the same period, the ESNEFT cancer services pages attracted more than 5,700 views.

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## Every-One

### Co-producing Together - Lincolnshire Macmillan Cancer Co-production Group

#### Category

Engaging and Championing the Public



#### Organisation

Every-One is a Lincolnshire based charity that works for the benefit of unpaid family Carers and the people they care for. We do that by seeking to influence services whilst delivering a range of health and wellbeing initiatives empowering people to have a voice. We work with people with lived-experience, commissioners, providers and employers to enable quality development, co-production facilitation, provide mentoring and awareness training alongside developing and incubating volunteer led activities. Our vision is 'making wellbeing personal'. Every-One has grown over the last 5 years to become known as local experts in strategic co-production and person-centred approaches whilst also being involved in national programmes such as Integrated Personal Commissioning. More about our work programme can be found at [www.every-one.org.uk](http://www.every-one.org.uk)

#### Summary

We believe that when you bring together services open to genuine engagement, with people, who want to work positively to improve services for all.... that's where the magic happens! The Lincolnshire Macmillan Cancer Co-production Group was established in May 2019 to co-produce the Living With Cancer Programme. This group of people with lived-experience of cancer was enabled by the partnership of Macmillan, the Lincolnshire CCG and Lincolnshire charity, Every-One. Together we have: Ensured joint leadership, listening, sharing and acting on feedback (Leadership); Embedded co-production throughout the core programme to support system wide change (Innovation); Engaged in meaningful activities that are important to people and services (Outcomes); Supported people with lived-experience who are now skilled and confident to engage alongside a legacy of people-led change (Sustainability); Maximised opportunities for dissemination of learning (Transferability) This long-term relationship has led to positive change for others in Lincolnshire.

#### Impact

The Co-production group work has been evaluated from 3 perspectives; that of the LWC work programme, the group members and programme leads. **The programme...** The work of the Co-production Group has had impact at both a strategic level and operational level and beyond. The LWC Programme Lead, Kathie McPeake said: *"Invaluable. The group has become valued members of the wider Living with Cancer team. Without the group, I don't think we would have been able to develop quality pieces of work..."* Examples of work completed include: NICE Guidelines – The group were instrumental in contributing to the Lincolnshire response to the NICE consultation on Cancer Care Review guidelines; Nurse's script – The group worked with staff to draft a script for Cancer Care Review calls; Pre-hab training design–Co-produced with Chris Styranka; Recruitment-supported recruitment to the LWC team. **The group...** Evaluation with the group has been both formal and informal. Each meeting includes a 'check-in' to ensure everyone is happy with what has been planned for the next session. The group is facilitated to be self-determining, and this constantly shifts to ensure it meets needs. It is evidence that individual group members have become skilled, knowledgeable and confident to engage, not only with the LWC Programme, but now also in further co-production activities as a result. **The staff...** The impact on each element of the work programme is fed back to the group in the spirit of reciprocity. An example of this is the co-production of the Pre-hab training content. The impact on staff has been evident not just in the quality of the work produced together, but also in their personal growth. It has reinforced that it is not only the work programme that is of value, but also the quality of conversations with staff, where assumptions and attitudes may be challenged.

#### What makes us special

This group was a trailblazer in co-production alongside Macmillan; The investment of support through neutral facilitation allows the balance and reflection in the discussions; Using a coaching approach with people with lived experience; The relationship between the programme leads and group members was open, honest, and mutually beneficial; The embedded values and ethos of the work ensures true co-production principles are applied; The determination to ensure the group works to consensus and speaks as one rather than a group of individuals; Positivity – ensuring an approach of doing this together and with, not to the system. Able to challenge and support at the same time; Valuing people – listening, feedback, expenses paid and it was important to ensure fun and nice sandwiches.

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## Fresenius Kabi

### Development of a Specialist National Clinical Account Team and the Impact this had on Contingency Management

#### Category

Team of the Year



#### About Nominee

Fresenius Kabi Nursing Service provides community nursing support for patients receiving Enteral, Parenteral nutrition and Intravenous Therapies nationally. Fresenius Kabi employs over 300 nurses divided into 5 geographical Clinical Directorates. We are a leading homecare company, working in partnership with the NHS to offer clinical, nutritional support to adult and paediatric patients in the community. Nationally, the nursing service offers supports for patients in their homes and in addition offers a dedicated clinical 24-hour advice line service. The team's value has been exceptional for the clinical service we can deliver and has had a tremendously positive impact on the patient experience. By making the team a dedicated standalone national team it has allowed them to focus on areas of development, focusing solely on improving the patient experience and moved them away from the day to day management of the directorate.

#### The Professional/s

Historically contingencies such as road closures, severe weather, supply chain and or manufacturing issues were managed as they arose. There was a Standard Operation Procedure (SOP) in place however it felt like a reactive service rather than a proactive service. The previous SOP focused on resource requirements rather than patient pathways, and although it delivered a safe nursing service, the revised SOP focused solely on patient management and offered specific contingency plans for a variety of possible contingencies. The revised SOP defined specific actions to be taken and implemented in order to maintain a consistent and safe nursing service in the event of an incident which may cause major disruption to the service and thus patient treatment. Prior to the implementation of this SOP and process flows every patient in our care would receive the same advice, now we can make individual decisions based on the patient's requirements. For example, should we not be able to get to a patient's house connect the intravenous parenteral nutrition we can instantly make a decision to provide a "back to back" feed and not have to visit twice that day. A clinical assessment has already been made and approved. Prior to this we would have had to contact the hospital to discuss and agree a plan. This call may have been out of hours with a clinician who may not know the patient. By separating and planning for each possible contingency there were clear plans in place for example a road closure can be managed by the regional team and advises: • Alternative nurse to see patient; • Swap feeding nights; • Refer to discharging hospital; Clinical teams at hospitals have a central specialised point of contact. Our CAL team have gained specific knowledge of our patients working so closely with the clinical teams. This special relationship means that we can make the best clinical decisions based on knowledge we have of the accounts processes and there have been many occasions where we have avoided escalating unnecessarily.

#### Summary

These plans were finalised at the beginning of 2020 which meant we were as prepared as possible for the global pandemic. As difficult as the previous year the disruption to our patient's care was minimised due to amazing work the team had done. They have produced decision trees for certain clinical teams which have allowed us to make decisions without escalating and allowed us to keep patients at home-a priority during this pandemic. They have managed to standardise our internal processes whilst still offering a bespoke nursing service to the clinical teams and our patients. We also launched an NHS Support Campaign which began by implementing a guiding principle across our service in relation to sending patients to hospital. The guiding principle was framed around whether we could keep the patient at home safely to avoid admission. The guiding principle was: 'Why Hospital, Why Today'. This was communicated across our nursing service and our standard operating procedures were updated to reflect this. To help raise awareness to this initiative we also launched a new logo (included as a supportive statement). This was added to the email footers of the nursing team and shared with our customers. During the pandemic, and because of the contingency plans the CAL team had put in place, we were able to reduce the patients visit to once a day from twice per day by administering 24-hour infusions, thus reducing contact and exposure to nurses and patients. The table in the supporting evidence demonstrates the amount of patients kept out of hospital during this challenging time to support the National Health Service (NHS).

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## Gloucestershire Hospitals NHS Foundation Trust Patient Support Service - our Covid Response

### Category

Team of the Year



**Gloucestershire Hospitals**  
NHS Foundation Trust

### About Nominee

Our patient experience team, including PALS team, wider patient experience colleagues and our amazing volunteers pulled together to adapt and respond to the covid pandemic. They all quickly changed how they worked, in order to continue to provide the best support possible for our patients and their anxious relatives who could not visit. This included reconfiguring our services into a Patient Support Service, which throughout the first wave became a 7 day service and took all patient and relative calls from the hospital switchboard, to provide reassurance to anxious and concerned relatives who were no longer able to visit.

### At Work

As with other services, our Patient Experience team needed to adapt during the pandemic to better support our patients, relatives and colleagues across the hospitals. Not being able to have regular contact with family and friends has a huge impact on patient experience, and so the patient experience team were reconfigured into the Patient Support Service, to support patients, relatives, families, carers and staff during this pandemic, offering a seven day service. This included:

- our PALS function, offering advice and managing concerns;
- a telephone helpline for relatives and carers to ring to help take the volume of calls away from the wards while providing reassurance to families;
- supporting virtual visiting and the management of iPads;
- acting as a central team for letters, photos and messages for patients, that can be printed and delivered to the wards;
- created a team manned by volunteers who manage belongings drop off for patients in our hospitals;

Since the service was set up on 3 April, we have taken 6800 calls, delivered over 1100 messages, letters and photos to patients on our wards, and collected over 4500 belongings from relatives unable to visit our patients. The belongings service has been staffed by volunteers at both sites, and has proved extremely popular and was available 7 days a week.

### The Professional/s

The team have received incredibly positive feedback from colleagues, patients and relatives, and their work to connect patients and relatives through video calls and the delivery of photos and messages was showcased last summer on BBC news, following the compliments from the families. They have made a huge impact on patient and relatives experience, working flexibly at short notice to make sure that people can still communicate with their loved ones. The team have been incredible, and have continued to look at how they can develop this service further, including a remote PALS service and further volunteer roles to continue to support and improve communication. They keep patient and relative experience at the heart of what they do, and I am so proud to be part of their team.

### Summary

This team have gone above and beyond, creating a seven day service with just a few days notice, to ensure that patients and relatives continue to get the best experience possible and can keep in touch with their loved ones at a time of huge uncertainty and anxiety. They have seen a phenomenal increase in the volume of calls they are managing, and have worked tirelessly to keep our patients in touch with their loved ones, via video calls, photographs and messages, even creating special "a message for you" envelopes for these to be delivered in. Our colleagues and volunteers have pulled together and kept focussed on how we can best support our patients and relatives, and their dedication and passion needs to be recognised - I am so proud to say I am part of their team!

### Contact Details

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**Hope Network****Hope in a pandemic - The work of the Hope Network****Category**

Team of the Year

**About Nominee**

The heads of patient experience network (Hope) network is facilitated by the NHS England NHS Improvement Experience of care team and the network has been active since 2014. On the 23rd of March 2020, the NHS was thrust into pandemic mode. Members of the Hope network were sent back to clinical practice on the front line and the remaining nonclinical staff essentially lost their “normal job”. We quickly identified the work to support our patients, families, carers, and staff, virtual visiting, infection control, getting possessions to patients, setting up family liaison services, getting possessions back to family (after quarantine) after someone died and making sure people could keep in touch with each other. Through the weekly meetings people worked together to develop standard-operating-procedures (SOP). Six different types of provider trust developed the SOP it would be shared on the platform and then everyone would take it, make amendments, change the logos, put it through governance and implement in their own organisation. Each week we would tackle a new area and the following week after collaborative development the SOP was available to “pinch with pride”. The aim of the platform and weekly/fortnightly calls was to identify areas of development, work collaboratively to develop policy / practice, to share and implement widely sharing resources, communication tools, posters, flowcharts, and practice.

**The Professional/s**

We looked at the number of documents on the sharing platform, the numbers of discussions on the discussion forum, the number of workgroups that were initiated the number of hours spent together at the meetings the quarterly meetings, and conference, the number of attendees/presenters at meetings and conference. All of data measures can be seen on in the Story of Hope document. We looked at the number of attendees, number of hours and external speakers at each of the weekly, fortnightly, quarterly, meeting as well as the webinars and conference. We also looked at the volume of discussion, replies and documents on the sharing platform and mapped the membership numbers, types, by region, by role and over time. We also tracked the number of work groups, the number of people involved, the number of hours spent as well as the composition of the leadership group and the number of hours spent meeting. During the pandemic, the network wanted to focus on capturing the stories of patients, families and staff and we initiated four storytelling projects, covering digital storytelling, oral histories, ITU stories and death/bereavement stories. Between June 2020 and March 2021 we have trained 48 heads of patient experience to plan, record edit and publish digital stories you can find an example of one here Humber Teaching NHS Foundation Trust - My Story – YouTube. Following the training trusts developed their own approaches and are now training their own staff to collect the stories. We also worked with NHS Voices of Covid to train 72 people to collect oral histories, and we are still in the process of collecting staff, patient, and family stories of covid treatment in ITU <https://vimeo.com/546234543/>. We are also working on a nonverbal storytelling project for staff and bereaved families that explores loss/grief through drama/arts/music therapy.

**Summary**

This is a special network of special people who work as a team from across the UK to improve experiences of care for patients, carers, and staff. The way in which the network works as a team demonstrates the power of trust, teamwork, and leadership. The pandemic was the catalyst to bring everyone together and to accelerate the sharing and learning which was enabled by the platform. Online meetings created a team that was dispersed across the country, from different types of trust all with different issues. The lack of formality created a sense of belonging, through leadership and focus on ensuring it explored how people were feeling. We did a Schwartz round in Jan to explore the trauma and emotional impact we had 80 people on a call who supported each other and reflected on the personal stories. The difference about this team is that it is a national network, with diverse trusts, people with different roles and experiences all working to the four aims of the network and working with of altruism and reciprocity. The network is led by the experience of care team from NHSE in a true partnership with the Hope leadership team. The network belongs to the network, the members decide the direction, prioritise what is important and share best practice. In the last 12 months we have achieved the aims of the network a human, compassionate and inclusive way. This nomination is for team of the year is submitted at many levels; at the broadest level, the Hope network is a team of people committed to improve experiences of care.

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**Hull University Teaching Hospitals NHS Trust**  
**To ascertain the views and experiences of patients aged**  
**between 16-24 years of age diagnosed with a cancer**



**Hull University  
Teaching Hospitals**  
NHS Trust

**Category**

CPES Award

**Organisation**

HUTH NHS Trust is a large trust situated in Kingston upon Hull and the East Riding of Yorkshire. We have two main sites, The Hull Royal Infirmary (HRI) and Castle Hill Hospital (CHH). Our services include: planned and unplanned general hospital services; a tertiary centre for Oncology and Hematology; centre for Cardiology and Cardiothoracic Surgery, Major Trauma Centre and a range of other specialist services. We are also a partner in the Hull York Medical School providing comprehensive training placement and support to medical students.

**Summary**

As part of their NHS Cancer Improvement Collaborative project, Hull University Teaching Hospitals NHS Trust developed a patient satisfaction survey to make sure the needs and experiences of patients' need accessing Teenagers and Young Adults service at Castle Hill Hospital were heard and understood. Often underrepresented in wider surveys, this engagement exercise provided the TYA team with the much needed opportunity to turn up the volume of the voices of TYA patients and helped to identify what parts of the service were working well, areas for improvement, and the impact of Covid-19. A high response rate of 67% allowed the TYA team to better understand the views of patients and develop action plans that quickly saw improvements implemented. The results of the survey also helped to raise awareness of the service across the Trust and Cancer Alliance, and this project has provided the team with a baseline for future engagement and improvement activities.

**Impact**

This project provided an important opportunity for teenage and young adults to share personal experiences of living with and beyond cancer. The results helped to shape improvements to the TYA service at Castle Hill Hospital and are helping to raise awareness of the service within the Trust and across the region. A report based on the results of the survey has communicated the key findings with relevant stakeholders. It has also helped to put the patient voice at the centre of action plans to improve the TYA service and patient experience. Overall the feedback received is positive, with the majority of respondents speaking very highly of the TYA services at CHH. Key themes that emerged regarding areas for consideration and improvement include: Additional support needed-Patients desired further support at home, including support for parents; Shorter waiting times-chemotherapy appointments could be improved; Workforce capacity-Patients rated TYA staff highly, respondents felt staff were often stretched & noted the need for additional capacity; Impact of COVID-19 and importance of social activities-one third of respondents said Covid-19 has affected their experience during treatment and follow up, including levels of support. Respondents noted Covid-19 had resulted in restricted visitations, delayed and/or cancelled appointments and reduced social activities. Patients appreciated social activities on offer prior to COVID-19 and noted the benefits of attending activities such as 'Look Good, Feel Better' and Alton Towers. The TYA team acted quickly to develop an action plan and have already implemented some solutions to the feedback highlighted above. The introduction of weekly ward handovers has resulted in shorter waiting times for chemotherapy and improved communication across the ward, pharmacy and teenage and young patients living with cancer. Balancing measures were added to the process and further feedback obtained from staff on the ward has positively impacted on day to day business of the ward.

**What makes us special**

This project has helped to provide a voice to a previously underrepresented group at HUTH. The high response rate has supported the TYA team to make changes that are relevant to the needs of its patients and the results have helped to improve working relationships and processes within the trust. Utilising individual skill sets and experiences ensured the survey received a high response rate. Rachel, the patient partner, was key to ensuring the survey was understandable to its target audience. Charlene's already established relationship with patients, as TYA Coordinator, helped to encourage participation, and the Lead Cancer Nurse and TYA CNS helped to ensure the results could support service improvements. During a challenging time for patients and staff, the survey provided an opportunity for reflection and an understanding of what matters to patients using TYA service. The positive feedback received helped to boost staff morale and promoted the services achievements within the Trust, and the opportunities for improvement have helped to provide clarity on what is needed moving forwards.

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## Kings College Hospital NHS Trust

### Kings Macmillan Improving Cancer Patient Experience Programme

#### Category

CPES Award

#### Organisation



King's College Hospital NHS Foundation Trust (King's) is one of London's largest and busiest teaching hospitals, with a strong profile of local services primarily serving the boroughs of Lambeth, Southwark, Lewisham, and Bromley. Kings serves a population of over 3 million people in South East London and diagnoses well over 4000 cancer patients a year. It has a total of 23 cancer teams operating between Denmark Hill, the Princess Royal University Hospital (PRUH) and Beckenham Beacon. Macmillan Cancer Support is one of Britain's largest cancer charities. It provides specialist health care, information, and financial support to people affected by cancer.

#### Summary

2018: KCHFT and Macmillan Cancer Support formed a strategic partnership to deliver the 'King's Macmillan Improving Cancer Patient Experience Programme'; • Highlighted as one of King's quality accounts top priorities, a Programme approach was taken to understand and address the unmet needs and expectations of local populations and to co-develop and tailor care to meet these needs; • Through collaborative working with key stakeholders, strong leadership, and listening and responding to our patients with cancer, the Programme demonstrated significant improvements in patient experience across cancer care at King's; • As a result, wider consideration given to the involvement of patients in quality improvement and transformational change, as well as the roles, strategy and approach that is required to undertake impactful change; • Recognition of the importance and impact of the Kings Cancer Patient Voice (KCPV) group, requesting their support to develop King's 5-year organisational strategy, and recognising them as key members of the new Trust cancer board.

#### Impact

Our Programme Theory of Change model reflects the long-term objectives for cancer care at King's. The large number of high-level outcomes is a direct reflection on the vastness of improvement that was required across cancer care at King's. It also demonstrates the need and interdependencies of each work stream required, to successfully achieve the output. • Programme workstreams had patient representatives embedded in them from the outset; • In 2019, Kings secured a 30-place improvement in the national league table, from 138th place to 107th place. For the first time moved out of the bottom 10 Trusts to 107 (out of 143).; The creation of 'Live Through This', LGBTQ+ cancer support; • We met with patients to understand their needs, identify issues faced by this community, the gaps in support and comprehend their experience of care; • Facilitation of working groups with key stakeholders and a patient focus group, allowed us to support the development of this pan London support group and its subsequent growth into its own charity. Kings Cancer Patient Voice (KCPV) • As our patient cohort grew and became more established, natural progression was to evolve our Patient & Public Involvement (PPI) work stream into a patient led advisory group, the Kings Cancer Patient Voice (KCPV): a volunteer led and managed board of patient representatives. It represents all cancer patients under King's • Working collaboratively, it influences the agenda for improving cancer patient experience. Change in culture/dynamic • The co-production of services has changed the dynamic of patient experiences and outcomes, as demonstrated by King's NCPES results. • The creation of the KCPV has ensured due diligence from the Trust, clear governance, and reporting structures through representation of patients on our cancer and quality improvement boards.

#### What makes us special

Recognising and utilising the benefits of multi-partner working. Support in delivering events allowed staff the space and time to reflect, share learning between teams and inspire others to make improvements in their own areas of work. • Breaking down the culture of silo working and recognition of interdependencies. • Having multiple work streams was one of the keys to our success. • PPI work stream impacted on all other workstreams by ensuring patient representation and co-design. Recognising the importance of education & workforce engagement: • Investment in education resulted in the development of staff, leading to greater job satisfaction, ability to deal with issues and in turn better patient experience. • The communication workstream contributed by hosting the help and support available on our website, communicating new services, events and forums to both patients and staff. • Engaging with the wider CNS workforce: seen immediate benefits of the Programme and how each work stream can support the development of another.

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**Kings College London****Saleh Alessy - s variation in patients' experiences of cancer care associated with their subsequent survival****Category**

Patient Experience Transformer of Tomorrow

**About Nominee**

I have recently completed my Ph.D. in Epidemiology at King's College London, and my thesis was nominated for the Best Thesis Award at our university. I became interested in the field of patient experience after my postgraduate education in USA. This project was unique and novel to pursue. My Ph.D. research project assessed the association between patients' experiences and their subsequent survival using a large dataset from the English Cancer Registry within Public Health England. I used large patient experience data set within Public Health England collected through the National Cancer Patient Experience Survey (CPES) in England between 2010-2014. To maximise the impact of my Ph.D. project, and to understand the findings and implications from the perspective of cancer patients in the community, these project findings were continuously shared with two patient representatives: Janette Rawlinson and Matthew Baker. In addition, findings from this thesis were continuously shared with the two patient representatives to be discussed at the National Cancer Research Institute (NCRI) Consumer Forum that aims to bring mutual learning and exchanging knowledge and expertise between the patient representatives. My research was of interest to many patient experience stakeholders in the United Kingdom. This includes cancer charities, consumer forums, academics, and CPES findings users. I have published my research in several high-impact journals and presented it in national and international conferences, with several won awards.

**The Professional**

This PhD project consisted of five projects:

Project 1: A systematic review to examine how patients' experiences have been linked to survival.

Project 2: A population-based case control study to assess the representativeness of Cancer Patient Experience Survey (CPES) responders.

Project 3: A cross sectional study to assess how Clinical Nurse Specialists (CNS) influence patients' experiences with cancer care.

Project 4: A systematic review to assess what factors influence cancer patients' experiences.

Project 5: A population-based cohort study to assess the association between patients' experiences with CNS care and their subsequent survival.

As a result, this project has established new knowledge by assessing the literature that has explored the associations between cancer patients' experiences and their subsequent survival. It has also highlighted the complexity of such a relationship and discussed the appropriate theoretical and methodological approach to assess it. Findings from this thesis on the importance of CNS in improving cancer patients' experiences and the factors affecting these are important for cancer charities, patient representatives and health professionals and managers using CPES findings to assess and improve care, as well policy makers. This project also established methodological approaches that might be useful for future research on patient experience in cancer care settings.

**Summary**

I have already collaborated with a team in Saudi Arabia - my home, and written a paper on how to improve patient experience there and integrate it in the healthcare policies. I am also in connection with a group of researchers at the National Cancer Institute in USA who are doing similar work using USA data. I will continue to do research on the importance of patient experience for the patients' communities and for the healthcare quality improvements. A very interesting area for me is the integration of quality of life with patient experience data.

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## Kingston Hospital NHS Trust

### Transforming the experience of Haematology patients

#### Category

CPES Award



**Kingston Hospital**

NHS Foundation Trust

#### Organisation

Kingston Hospital Foundation Trust (KHFT) – we are a district general hospital supporting around 350,000 people in Kingston, Richmond, Elmbridge (Surrey), Merton, Wandsworth and Sutton. We have a strong and committed workforce of around 3,000, an ethos of innovation and a commitment to engaging patients as equal partners. We deliver cancer services in partnership with the Royal Marsden, but manage the entire pathway for haematological and breast cancers. Involvement of patient partners on our Cancer Board and through our well established Cancer Patient Partner Group (CPPG), motivates and encourages us to respect and listen to patient experience, take heart, and strive to do better.

#### Summary

*‘Clearly a lot of thought and investment has gone into Haematology care at Kingston in the past few years, and the unit is now excellent.’* [respondent to our 2019/20 patient survey] The quote is positive and uplifting. Is representative of the many positive comments that patients shared with staff and members of our CPPG in our 2019/20 local patient survey. Over the last 5 years Kingston Hospital has transformed its haematology cancer service in response to poor patient experience. By bringing resources from external partners and Kingston Hospital Charity together with investment from the hospital, the service has achieved an ambitious programme of improvement that has seen the service relocate into a purpose built facility, adopt digital ways of working that have enhanced the experience of staff and patients, bring additional nursing resource onboard to ensure all patients are supported throughout their journey and co-produce information resources to enhanced patients knowledge and understanding of treatments and their care. Findings from the CPES and our own patient survey have confirmed the impact these changes are having, changes that are embedded and can be sustained. This application is in response to our CPPG’s encouragement that this journey is worth sharing, and our desire to share that transformation is possible when patients’ experiences of care and treatment are foremost..

#### Impact

Results from the 2019 CPES showed an improving picture on patient experience measures across the board. Of the 35 questions on which there was haematology respondent data, 26 showed an improvement on 2018 data, 7 showed a decline, and 2 showed no change. We invited all haematological cancer patients receiving treatment in our HDU (the Maxwell Thorne Unit) to complete an anonymous questionnaire on their experience. It was completed by 81 respondents, a 100% response rate thus capturing the views of all patients receiving treatment over survey period (Nov-19 to Feb 20). The survey found that: • Patients no longer had long waits to receive care and treatment - 91% were seen within 15 minutes of their appointment time. When patients had to wait, in all but two instances, the reasons for this were clearly explained; *‘The new appointment timings reduce delays and there is no sense of overcrowding now. Unit is always very clean and orderly.’* [respondent to our 2019/20 patient survey]; • Patients had a universally positive experience of the Maxwell Thorne Unit. 99% reported that their privacy and dignity was always respected, 98% said they always felt comfortable and put at ease. No respondents reported a negative experience; • Respondents reported a high level of satisfaction with the nursing team on important measure of patient experience. 98% said that the team as very good or good at providing trust and confidence in their expertise, 97% said the team was very good or good at explaining things in a way they could understand, and 95% said the team was very good or good at being available for advice and support at times when this was needed. *‘Proactive engagement with patients- an exemplary level of care with empathy and understanding.’* [respondent as before] • The vast majority of patients felt well informed about chemotherapy treatment before starting it – 78% of respondents saying they had all the information they needed, 13% reporting they felt informed to some extent. Since opening the Maxwell Thorne Unit patients have come together to form a peer support group for patients and their families. The patient leading this initiative has since joined our CPPG.

#### What makes us special

Sustainable resources have been used effectively to achieve the biggest and most meaningful impact possible. Possible because senior managers at the Trust had the confidence to recognise what was most important to patients, and make the case for the staffing, systems and the environment needed to fully deliver this.

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# PEN National Awards 2021

*Re:thinking the experience*

## Lancashire and South Cumbria NHS Foundation Trust

Paul Jebb



**Lancashire &  
South Cumbria**  
NHS Foundation Trust

### Category

Patient Experience Manager / Professional of the Year

### About Nominee

Paul is the Lancashire and South Cumbria NHS Trust (LSCFT) Associate Chief Nurse, Patient Experience & Engagement and is responsible for the management of the Experience and Engagement Team, which I am part of. LSCFT believes that by listening to people who use and care about services, it can understand their diverse health needs better, and focus on and respond to what matters to them. Paul has demonstrated this value by working in partnership with patients and the public, to improve patient safety, patient experience and health outcomes; supporting people to live healthier lives. By prioritising the needs of those who experience the poorest health outcomes, he understands the ability to improve access to services, reduce health inequalities in communities and make better use of resources. Throughout Paul's NHS career, which commenced as a staff nurse in 1996 he has been driven to understand the impact of care on people's lives. Inspired by listening to patient and family feedback in those early days he has driven service improvement in a number of patient experience related strategic roles over the past 24 years as detailed in the submission.

### At Work

What makes Paul stand out is both his passion and ability to cast his engagement net wide and far. Paul has cast the net wider by engaging with the local communities, hard to reach groups, carers and patient groups and other sectors. He quickly gets staff and others on side and moves barriers to ensure patients always come first. He demonstrates positive strong influencing, inspirational, leadership, motivation and coaching/mentoring skills. Paul actively and with ease engages and reaches out to people, he avoids assumptions, promotes equality and diversity, and encourages and respects different beliefs and opinions. He recognises, records and celebrates people's contributions and give feedback on the results of involvement; to show people how they are valued. As a manager his easy to approach style and humour allows staff to feel both supported and driven at the same time- not an easy feat! He is open and transparent and will always thoughtfully consider any ideas and innovations the Team has. He went out of his way during covid to speak to all staff on a regular basis and always takes time to ask how personal life is. He uses social media as a great tool to share learning and ideas and to network around the world.

### Summary

Always passionate, innovative and willing to go the extra mile Paul has made lots of improvements for the good of any patients care in the Trust. Some of these key areas he has focused during his first 12 months have been: Facilitating the Service User and Carer Council. The Council is responsible for monitoring the Service User and Carer strategy and ensuring delivery of the aims and work plan. Ensuring the LSCFT Trust Board has regular patient and carer stories delivered to enable the board to listen to patient's journeys and insights into care. These stories are co-designed and written by the service users/carers themselves. See <https://www.lscft.nhs.uk/my-story> Friends and Family Test improvements. Paul has been pivotal in changing the FFT database providing to enable more accessible offer, language interpretation and ability to send SMS / text messages to more service users. The Trust has seen a tripling of FFT returns over 3 months with the Teams engagement and innovation ways to inspire staff to gather more feedback. Paul had led the Experience and Engagement Team to have an active role in engaging with the public via their HARRI (Health, Advice, Recovery, Resilience, Information) vehicle which travels the local community offering health and social education alongside the Lancashire Recovery College, local authority and voluntary sector partners. Paul recognises the need for both listening to experience and facilitating involvement. He inspires an interest in patient experience and involvement throughout the organisation An exciting development has also been utilising learning from PX into to the new learning lessons sessions. These session are broadcast live and give all the Trust staff the opportunity to listen to staffs learning from incidents and feedback. Change Talks developments. Change talks offers an educational service which teaches children and young people about mental and physical health. Change Talks provides a variety of social prescribing interventions and is further supported by School Nurses and CAMHS teams to provide clinical support and follow up to service users. Talk improvements including pilot of a ground breaking train the trainer model to further roll out the Change Talks work.

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## Leeds Teaching Hospitals Trust Patient Experience Real Time Feedback



### Category

CPES Award & Measuring, Reporting and Acting

### Organisation

Leeds Teaching Hospital serves as a District General Hospital for the people of Leeds (population approximately 800,000) and as a tertiary centre for the wider area of West Yorkshire (population 2 million) and is the Cancer Centre for the West Yorkshire and Harrogate Cancer alliance. Employs approx 18,000 staff. The Trust has seven sites across the city of Leeds and plays an important role in the education of medical, nursing and dental students.

### Summary

This initiative has been a truly collaborative piece of work that has brought together staff from many different departments within the Trust to do something innovative around capturing patient experience in a meaningful way which has been able to be sustained at a Trust level. The project was supported at an executive level by the Chief Nurse and had a project team working on it however it was the ward team's leadership and engagement that made this successful. Staff from the clinical area along with members of the project team really honed down what part of the patient experience they wanted to measure and set a very specific goal to be achieved. A Plan Do Study Act (PDSA) approach was used to implement and test different initiatives. Improvements were charted using an SPC run chart and staff could see where changes had been made and what the impact had been. The project being owned by the ward manager and staff it meant that the initiatives implemented were sustained and the methodology could be replicated.

### Impact

Before the specific initiatives to improve mealtimes were introduced 25-30 % of patients asked reported on a regular basis that they didn't always get the help they needed to eat their meals and up to 25% reported that they only sometimes got enough help. The aim set at the start of the project was: To improve the measured experience of mealtimes for in-patients on ward J42, so that 80% of patients who require help to eat their meals get that help, & to achieve this by February 2020. Following the first initiative-the introduction of a mealtime champion, 100% of patients started to report when asked that they always got the help they needed to eat their meals. Discussion with the ward clinical team showed they felt that the meal time champion allocation sometimes didn't happen or that the person allocated didn't always manage to fulfil the role so some process and balancing measures were added in that the ward team agreed to take responsibility for. Process measures were: •how often is a mealtime champion identified and allocated; •how often does the mealtime champion fulfil the role for the process measures. All staff were asked about whether they felt the mealtimes champion role was having an impact for patients and what impact it was having on their role as a balancing measure. This was captured on a paper chart the ward designed that sat below the results poster. A second PDSA cycle followed where a board was identified to add the Meal Time champions name to on a daily basis and meal time champion allocation was added to the daily handover sheet. Results continued to show that 0 patients were answering no to the question did you have enough help to eat your meals.

### What makes us special

What makes this initiative special is the real team effort that was behind it. It brought together different staff groups who perhaps would not normally have any contact with each other and it pulled them together as team with a single purpose of improving patient experience. The ownership the ward took of the project meant that the initiatives implemented were maintained as it wasn't reliant on a single person. The senior ward sister changed half way through the project and this didn't have an impact as she had engaged all her staff and so there was a smooth transition with a new person coming in and no ground was lost. Being able to provide the real time feedback to all of the staff was something they really appreciated and by being open and adaptable and changing the approach required it meant that there was continuous improvement within the work. An example of this was that the ward staff asked if the person asking the questions to patients could provide some immediate feedback before leaving the ward about anything that staff could make a difference to there and then. This was added in and immediately brought about positive results as the staff could provide immediate intervention to any issues raised which increased the experience for the patient in a positive way but also the satisfaction for the staff. I feel proud that a way to embed this work much more widely across the Trust has been found.

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## Leicestershire Partnership NHS Trust LPT Mental Health and Wellbeing Workbook

### Category

Support for Caregivers, Friends, and Family



Leicestershire Partnership  
NHS Trust

### Organisation

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

### Summary

Through collaboration with our service user/carer network, in response to the pandemic, it was identified that members wished to form a working group to create a Mental Health and Wellbeing workbook. The workbook aim would provide support, advice and activities not only for the users of LPT services, but also focusing on caregivers, friends and family members. This workbook has the flexibility to support all of these groups and has been designed with those who have the lived experience of these challenges. During lockdown, it was apparent the internet was flooded with different types of advice and information on wellbeing, however this was fragmented which required visiting many different websites to obtain both local and national supporting materials. This workbook is an attempt to pool together resources in one document, structured with specific areas of interest and need. The group felt it was essential to provide our service user as well as their caregivers, family and friends with tools that would distract/ support individuals during and beyond the lockdown as the impact on mental health and wellbeing was evident. This project was service user led & completely co-produced.

### Impact

The Workbook has proven to be a great success. We have measured this in how much positive feedback has been received not only from our service users and carers but also by LPT staff and their families. It has also been well received by local Clinical Commissioning Groups as well as other organisations across Leicester/Leicestershire and Rutland (LLR); • We have received such positive feedback that there has been a request to have it professionally printed not only in English but also in different languages so the workbook can be accessed by the wider LLR community; • It has been nominated for the Book of Brilliance Award; • We managed to successfully secure charitable funds to professional print the workbook and also to translate into the top three different languages spoken within the LLR community. Examples of feedback : • Local CCG's *"We absolutely love it and will be including the MH and Wellbeing Workbook on our websites/start a conversation."*; • LPT Matron for OT/CMHT's *"just wanted to say what a fantastic resource this is"*; • LPT Lead Nurse for Suicide Prevention *"full of good advice and signposting to useful websites"*; • LPT Service user/carer Network member *"...you have brought out a masterpiece with the MH and Wellbeing workbook... I have tried a lot of the links and copied where possible the leaflets on all the different mental health problems... I love the bright and cheerful logo for wellbeing.....Probably the best example of what co-production can produce"*; • Working group/network member *"I have felt very involved at all stages of producing the workbook. My voice has been included and any ideas or concerns I have expressed have been taken into account. I feel that the group has worked well together to pool ideas and implement suggestions for the workbook. It has been rewarding to see the document take shape and evolve over the course of the group meetings...it has given me a purpose....focus... during a very difficult and unsettling time. It has also allowed me to make new connections with people I wouldn't otherwise have met."*

### What makes us special

The Mental Health and Wellbeing Workbook was completely co-produced with network members who currently/recently access mental health services. All members of the working group found this initiative very emotionally rewarding when considering the lockdown climate we faced at that time. The workbook is very relevant to the current climate we find ourselves in, targeting areas which are relevant to all (service users/their carers/LPT staff and family members) within our local community who are struggling with their mental health during the pandemic. Providing the workbook in the top three languages spoken across Leicester/Leicestershire and Rutland – we have greatly increased accessibility within our local BAME community.

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## Leicestershire Partnership NHS Trust Recovery and Collaborative Care Planning Cafés

### Category

Strengthening the Foundation



Leicestershire Partnership  
NHS Trust

### Organisation

We are a Community and Mental Health Provider that covers Leicester, Leicestershire and Rutland. We provide care and support through three Divisions which focus on adult mental health and learning disabilities, community health services and family young people and children's services. Our 5,500 staff work alongside schools, local hospitals, GP practices, social services and other local authority departments such as housing and education, as well as working with voluntary organisations and local community groups.

### Summary

The Recovery and Collaborative Care Planning Cafés (RCCPC) are a shared space for service users, carers, health care professionals and other VCS partners to come together to have conversations around collaborative care planning and recovery. The cafés have been growing in the Trust over the past three years and themed around the recovery concepts of CHIME (Connectedness, Hope, Identity, Meaning, and Empowerment). A key element of this project is that these cafés have been developed with staff and service users with lived experience. Cafes are underpinned by an established collaborative working planning group which again also including service users with lived experience. The Cafés have often included service users delivering a masterclass in sharing their lived experience of recovery and what matters to them. Many areas of good practice along with new initiatives have come from these Cafés including collaborative care planning guidance, recovery prompt sheet, a trust wide quality improvement project looking at care planning, and a proven model to share experiences for learning and improvement. We also take the opportunity to recruit service users and carers for involvement projects.

### Impact

Many areas of good practice and new initiatives have come from the Cafes. Outcomes include; • Co-produced 'collaborative care planning guidance' for staff highlighting language to be used, prompts, and collaborative conversations around building therapeutic relationships. Using CHIME as a conceptual framework; • Masterclasses and conversations between practitioners, service users and carers which strengthens a deeper understanding from both a patient/carer and staff perspective; • Recovery prompt sheet co-designed with patients have been introduced and are being used to support collaborative conversations between staff and service users/carers using CHIME; • CHIME recovery college course – 5 week course constructed on each of the concept areas has been piloted and is co-facilitated with a service user with lived experience, the course has had great attendance and is now regularly offered; • The cafés have been a great model for involvement which we are currently exploring to replicate in other service areas, some service user/carer attendees have also gone on to complete further involvement activities and training within the Trust; • Quality improvement project focusing on enhancing service user and carer involvement in care planning in mental health services has been tested as a measure of service user's experience. From August 2019 to February 2020, peer review audits were carried out with members of our service user/carer network group throughout Adult Mental Health inpatient units. Using the Enhancing Quality of User Involved Care Planning in Mental Health Services (EQUIP ) audit tool. From this we asked six questions in relation to how involved inpatients are in their care planning throughout their inpatient stay. Data showed that we still have work to do it, helped us to learn what has been done well, further areas to focus on to improve collaborative conversations and care planning. Feedback from peer auditor provided.

### What makes us special

- Collaborative approach with our service users and carers with lived experience has been pivotal in this initiative.
- Including LPT staff as well as VCS groups has provided a diverse, inclusive approach; • Providing the opportunity for service users and their carers to take part in co-facilitating and masterclass sessions within the Cafés has provided shared learning but also personal development of those speaking; • Using the Concept of CHIME and shaping the cafés to reflect this approach has helped to support service users and carers in their recovery journey;
- Platform for learning and improving existing services as well as providing the opportunity for external agencies to present their offer at the cafés to increase awareness of the types of community support available.
- A great model to encourage shared learning and to influence improvements to services with patient voice at the centre, using a collaborative approach to learning and solution finding.

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**Little Journey Limited****Little Journey: A Children's Healthcare Procedure Preparation and Support Tool****Category**

Innovative Use of Technology/Social/Digital Media &  
Using Insight for Improvement (Equality/Access)

**Organisation**

Little Journey is a healthtech SME founded in 2019. It was created based off the clinical and research experiences of Dr Chris Evans. Initially Little Journey was focused on supporting children through day case surgery but has grown to supporting children undergoing multiple healthcare procedures and those participating in clinical trials. The team has grown from two people in 2020 to up to ten in early 2021 and is looking to increase to twenty staff at the end of the 2021. Little Journey licences its solutions to healthcare organisations, life science and contract research organisations, providing a tailored version to their needs. We provide the NHS with a low-cost solution focusing on the international healthcare and contract research market for ongoing company sustainability.

**Summary**

Little Journey is an end-to-end digital psychological preparation and support tool for children and their families undergoing a healthcare procedure. Consisting of a patient-facing mobile application (app) and hospital-facing web application (portal) that enables organisations to control the app in real time, Little Journey provides engaging, interactive and age-tailored content to families from the safety of their own home. Little Journey was founded by Dr Chris Evans with the aim of democratising health information. Working closely with key stakeholders, the platform has grown and evolved based on his research and understanding of key stakeholder needs. Little Journey has been configured to over 50 NHS organisations. A health economic analysis performed at five NHS organisations identified that 71% of patients verbally offered the app went on to use it, with 98% satisfaction. In addition, premedication rates, on-the-day cancellations, recovery times and fasting times were reduced providing cost-benefit to the hospital (£3.50 per pound invested) and society (£6.00 per pound invested). Little Journey has since expanded to support families undergoing Endoscopy, phlebotomy and COVID swabs.

**Impact**

Little Journey has been used over 35,000 times with over 350 app store reviews (4.7 rating). 97% of users rate the information provided as good or very good with an average use of 49 minutes and 7 sessions. Our study surveyed parents of children undergoing ambulatory surgery to assess the usability and acceptability of the application and gain feedback, identifying that 100% of parents either agreed or strongly agreed it helped them talk to their child about the operation, helped prepare them for their operation and they would recommend to a friend before an operation. An independent health economic analysis assessing the cost-benefit of Little Journey's introduction at five NHS Hospitals was performed. It identified a cost benefit to hospitals through lowering anxiety (reduction in premedication rates) and improving flow through the hospital (reduction in fasting times by one hour for liquids and two hours for solids, 30% reduction in the time spent in the recovery room and 42% reduction in on-the-day cancellations). Societal benefits were identified through an improvement in family's quality of life and reduction in missed days of work. Belfast children's hospital reported 30% reduction in parent perceived anxiety levels in children with Autism/ADHD having daycase dental surgery.

**What makes us special**

Typically, patient facing apps attempt to support children of a single age group over a wide range of procedures using generic, inflexible content with insufficient depth. Little Journey changes this. Little Journey promotes discussion and learning across the child's social network, provision of content over the whole peri-procedure period makes the information digestible and understandable. For children, delivery of multi-faceted immersive, engaging/age-tailored content from virtual reality tours, therapeutic games and relaxation exercises promotes ongoing engagement and makes the preparation enjoyable. A core component of Little Journey is the flexible, modular, hospital portal that puts hospitals directly in control. By enabling organisations to configure the mobile application to their local patient pathways, we create a personalised solution to increase engagement. The ability to update content in real time prevents incorrect and out of date information dissemination. A key element contributing to the success of Little Journey has been its co-design with key stakeholders including children, families and healthcare professionals. Similarly, creating continual learning loops through formal research and real-world evidence has ensured the solution stays relevant and evidence driven. Pandemic increased need.

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# PEN National Awards 2021

*Re:thinking the experience*

## Liverpool John Moores University – School of Nursing & Allied Health

### Megan Wilde and Meg Harvey

#### Category

Patient Experience Advocate of Tomorrow



#### About Nominee

Laura Schwartz and Dr. Amanda Garrow would like to nominate Megan Wilde and Meg Harvey for the PENNA Student Award – Patient Experience Advocate of Tomorrow. (Megan and Meg are Student Nurses on the BSc Nursing programme at Liverpool John Moores University - Sep 2018 cohort)

#### At Work

Responding to an issue

During the COVID 19 pandemic National Emergency Standards were introduced by the Nursing and Midwifery Council in recognition of the important contribution that many of our nursing and midwifery students would be making to the national response to the Covid-19 outbreak. Third year student nurses were given the option to opt in and these Emergency Standards enabled students within their final six months of a nursing or midwifery programme to complete the remainder of their training in clinical practice. Many of the students at LJMU opted in and proved to be a valuable resource to our local Trusts in delivering care at a time of great need.

These two students however, went above and beyond this call to duty by offering to share their experiences with first and second year student nurses. Because of this we are able to gain valuable insight into what it was like to be deployed during the height of the pandemic. They gave their perspective on the challenges they faced, what they learned, what the positive aspects were and how they managed risk.

Making a personal sacrifice and putting patients first

Megan and Meg were the only two students in the cohort to come forward and both had worked on covid positive wards. They said that they had gained so much more confidence working on the ward. They thought that having a longer timeframe on the ward led to them feeling more comfortable with working in a team delivering the best possible care and increasing competency in working in the hospital.

Their presentation illustrates some of the challenges, perhaps most significantly that choosing to put their patients first meant they had to live alone and not see their families during the whole of lockdown. They articulate learning and it is evident that a critical role played by these students was being empathic and compassionate to family members over the phone as they could not visit family members or if a patient was end of life it is important to be there for the family and offer them support.

#### The Professional

Inspiring others by articulating the positive impact pre-registration students can have through listening to, and advocating for the patients and service users. They produced an excellent power-point presentation in their own time which was really colourful and engaging, sharing their experience and offering 'top tips' for other students going in to practice. They took positive aspects away from their experience including making patients smile at what was clearly a very scary time. For those patients who were not aware of the news these students were able to help them understand what was happening. Risk management strategies included self-care such as ensuring they were hydrated and well rested, limiting their exposure by reducing contact and avoiding public transport and scrupulous hygiene. They were then able to negotiate demonstrating their professional communication skills how best to protect their identity.

#### Summary

We really appreciated them sharing their experiences and uploaded their work to the practice modules attached to 1st and 2nd years, as information to help students prepare for practice. This in turn, I am sure enhanced other students' preparation for practice during the pandemic and ability to deliver high quality care to their patients. They encouraged other students to recognise that this experience could "make you the nurse you want to be." Being the Patient Advocate of Tomorrow is clearly core to this shared aspiration.

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# PEN National Awards 2021

*Re:thinking the experience*

## Liverpool John Moores University – School of Nursing & Allied Health

### Grow Your Own – Cohort 1 ((Hollie Davies, Milin Dinu, Laura Gildea, Lucy Gore, Rachel Hoaereu, Derren Kelly, Neamh Kelly and Mary McNeil)

#### Category

Patient Experience Advocate of Tomorrow



#### About Nominee

Heather Kirby and Dr Nicky Morell-Scott would like to nominate Grow Your Own Cohort 1 (Hollie Davies, Milin Dinu, Laura Gildea, Lucy Gore, Rachel Hoaereu, Derren Kelly, Neamh Kelly and Mary McNeil) for the PENNA Student Award – Patient Experience Advocate of Tomorrow. They are all student nurses on the BSc Adult Nursing programme at Liverpool John Moores University - September 2018 cohort

#### At Work

Local organisation Liverpool University Hospitals NHS Foundation Trust (LUHFT) has a scheme delivered in collaboration with Liverpool John Moores University whereby students are invited to apply for and join their Grow Your Own programme. The programme originated from the “Grow Your Own - creating the conditions for sustainable workforce development” report by the Kings Fund (2006). This is a structured and fully supported way of instilling a sense of belongingness to students who are then placed within LUHFT for the majority of their three year university programme. Students are allocated to a dedicated advocate for guidance, support and role modelling. When the COVID -19 pandemic started LUHFT responded by opening a clinical ward to support the clinical needs of patients who had recently been admitted to intensive or higher dependency areas. These patients were clinically vulnerable and were all deemed to be COVID negative. The majority of patients were waiting for rehabilitation in an appropriate area. As the clinical acuity of patients through the rest of the organisation was increasing staff were redeployed from other areas and also other local NHS Trusts to staff this important ward known as the Agnes Jones, or ‘Pink’ ward. Redeployed staff were not only nurses but allied health professional including dental nurses and also fairly senior staff including matrons.

#### The Professional

Making a personal sacrifice and putting patients first. Cohort 1 of the Grow Your Own Scheme were the very first to participate in this scheme, and so were the most senior student nurses at the time in the scheme. They were invited to join the workforce of the new ward and helped to set it up from scratch. This meant they agreed to move from their existing placement areas at very short notice into a brand new area. Not all the redeployed staff had been recently in acute clinical practice (some up to 20 years) so needed some support themselves, and this was supplied in large quantities by the students on the Grow Your Own Scheme, demonstrating a calm resilience in the face of an uncertain pandemic. This was daunting for the students who took it all in their stride, forming bonds and relationships through teamwork and generating an atmosphere of positivity. Their personal role modelling was apparent in abundance and they were ambassadors for their profession and also LJMU. We were very proud of this cohort.

#### Summary

Inspiring others by articulating the positive impact pre-registration students can have through listening to, and advocating for the patients and service users. The students were organised and thoughtful to their new colleagues, whilst being mindful that they were also there to learn themselves, and made sure they participated in everything they could. Anecdotally students reported that they valued the positive impact they made on patients and how they created imaginative ways to permit treasured communication between patients and their families as no visiting was allowed. Student Mary McNeil remembers some anxiety about working with senior colleagues who knew ‘so much more about patient care than we did’ but realised very quickly that their hands on contemporary skills and knowledge of navigating hospital systems for example were vital to instilling confidence in the team they were now an integral part of. Throughout the two month period the ward was open for the students moulded and added to their identity, being able to provide tangible support to both the wider team and patients alike. They ensured their voices were heard and they said they felt listened to and able to contribute positively and confidently to the day to day running of the clinical area. They further were able to learn an abundance of new skills, notably in management and leadership, which they will now take forward as new members of the nursing profession in a couple of months when their programme completes.

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## Liverpool University Hospitals NHS Foundation Trust An integrated Programme for Staff Support and Wellbeing during Covid-19 and Beyond

### Category

Staff Engagement/ Improving Staff Experience



Liverpool University Hospitals  
NHS Foundation Trust

### Organisation

Liverpool University Hospitals NHS Foundation Trust (LUHFT) is an acute trust with over 1,600 inpatient beds. We provide core hospital services to hundreds of thousands of patients each year. We also provide a range of highly specialist services to a catchment area of more than two million people in the North West region and beyond. Our turnover is more than £1billion. Around three-quarters of our 12,000-strong workforce live in Liverpool.

### Summary

Following the outbreak of COVID-19 our psychology, occupational health and organisational development (OD) leads joined forces to provide the best possible wellbeing support for staff. The service was designed to meet the needs arising from COVID-19 and help mitigate the impact of wider organisational challenges and stress. Alongside the pandemic the organisation was also facing a number of issues: • recently merged with extensive organisational change; • service transformation programmes; • a new hospital building to plan for. A simple outsourced counselling service was transformed into a fully comprehensive mental health and wellbeing offer during March 2020, way before national guidance was available. Service included: • In-house self-referral staff psychology support; • Central wellbeing hubs as place of comfort and support for distress in the moment; • accessible wellbeing resources managers/staff; • Access to PTSD prevention training from local university; • Development and delivery of in-house Psychological First Aid (PFA) training (based on the research-backed World Health Organisation Model); • Development of self-directed training, enabling it to be shared with staff isolating at home without symptoms so that they could take the skills back to their home teams when returning to work; • Supervision programme to ensure first aiders were safe, supported and quality assured.

### Impact

As they were established, the model and service were evaluated on an on-going basis—supporting staff through a global pandemic was a new experience for everyone and flexibility was key to success. The different elements of the support were evaluated by various Trainee Clinical Psychologists: • The PFA training programme evaluation demonstrated improved confidence of staff delivering PFA and increased awareness of issues which might arise and how to address them; • Almost all Staff Helpers attended supervision regularly and found it very positive; especially in helping them reflect and respond to the emotional impact of their experience, building skills to fulfil the role effectively, which they anticipated would also be transferable back to their usual workplace. • Staff reported finding the flexibility and accessibility of the sessions beneficial. There was appreciation of the psychologists' understanding of the stresses which staff were under at work and home, and how they interacted. Some staff reported a "ripple effect", such that they were able to use what they had learnt in their sessions to support colleagues; • The Outreach support service evaluation demonstrated that the service was very efficient (staff only required a minimal number of interventions) and that 80% of referrers into the system noticed changes in how staff approached distressed colleagues following psychological intervention. Evidence that rapidly accessible, flexible, bespoke nature of the 1:1 support enabled staff stay at work/get back to work more quickly.

### What makes us special

Established very quickly without compromising quality or safety; • it thrived due to the multi-disciplinary team approach; • it was responsive and evolved in response to need, meaning changes could be made quickly and easily as the pandemic fluctuated; • it was underpinned by a sound, tried and tested theoretical model and was overseen by the in-house psychology team which gave it both credibility and safety; • it was enhanced by a programme of supervision for those providing psychological first aid, keeping them safe and quality assuring the support that we being given; • it was simple and accessible – the model of PFA is straightforward and does not require any skills that would be beyond the majority of competent health and social care staff – but it provides an underpinning theory which gave staff the confidence to use it and know that they were making a difference; • it freed up clinical staff who did not have the time to support their upset colleagues, which is what they ordinarily would have done; • it was sustainable following the establishment of both the permanent wellbeing spaces and the permanent staff psychology service

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## Locala Health & Wellbeing Engagement Champion Programme



### Category

Staff Engagement/Improving Staff Experience & Strengthening the Foundation

### Organisation

Locala is a not-for-profit social enterprise providing community healthcare services to people in Kirklees, Calderdale and Bradford. Services range from before birth to end of life, ranging from health visiting, podiatry and sexual health to district nursing, dental care and school nursing. We have around 1600 colleagues and as a not-for-profit social enterprise, have the flexibility to tailor our services to meet the needs of our patients and the communities we service. We achieved a Good rating in our recent CQC inspection for all five lines of enquiry; Safety; Responsive Care; Compassionate Care; Effectiveness; and Well Lead.

### Summary

Locala has an Engagement Team of four, whose role it is to engage and involve our service users, membership, partners and the wider community. Two years ago, we launched our Engagement Champion programme which means every service has their own Engagement Champion to represent the voice of the patient within their team. They are a crucial link between the Engagement Team and our services. We have 52 Engagement Champions across the organisation. The Champions programme has proved a huge success and put patient engagement and involvement at the heart of all our services. The Champions are fully supported by the Engagement Team, receiving monthly patient feedback to share at team meetings and having 1:1s to plan engagement activities that are meaningful to each service. Engagement Champion workshops are held twice a year, where the Champions learn from each other, sharing 'patient voice' outcomes, ideas and experiences. We have seen improvements in many areas such as increases in FFT responses, patient's opinions sought at the start of projects by participating in online and telephone surveys and an increase in patient stories to highlight good practice. The Programme has been well supported at Board level and successes shared with partners and commissioners.

### Impact

The impact of the Champions has been outstanding. This can be evidenced in facts and figures but also in a deeper understanding of patient experience across the organisation. Evidence: • More patients involved in activities including readers panel, interview panel, focus groups; • FFT responses increasing year on year; • Before Champions programme 5 patient stories captured, 31 in 20/21; • Patient feedback is now an agenda item on all team meetings[ • Before the Champions programme 20 improvements as a result of feedback recorded, 54 in 19/20; • 50% increase in bespoke feedback surveys.

Activity	2017/18	2018/19	2019/20	2020/21 (Covid)
FFT	10,703	11,467	13,767	10,386
Patient Stories	5	10	23	31
Improvements	20	37	54	17

What our Champions have say about the importance of the programme. Damian, Community Matron Walk In Centre, *"Being an Engagement Champion is about getting the best for our patients, by using the feedback to improve services and to promote to colleagues the amazing work they do on a daily basis."*

### What makes us special

The aim of the Champions Programme is to establish a sustainable and developing 'patient voice' culture across the organisation. The Engagement team work hard to maintain and develop productive working relationships with the Champions, so that a positive and confident attitude to patient feedback and experience flourishes in each service. The Champions feel supported and valued and can see the impact they are having in the increased feedback, improvements made and profile they have within the organisation. The key to the success, it that they know we are working with them not adding to their workload – they are the link, we do the work. Our Champions are engaged and passionate about their service and understand the power of the patient voice. It is very much a team approach which has evolved over time. With the support of the Champions we are able explore and initiate new areas and for example, involving patients on interview panels, bespoke focus groups to discuss new ideas, patients involved in piloting new technology, supporting us on our Readers Panel to review patient information and being involved in co-production.

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## Locala Health and Wellbeing

## Locala's Engagement Team

**Category**

Team of the Year

**About Nominee**

This is four highly dedicated individuals who are responsible for all patient experience and engagement activity for Locala. Their responsibilities include: patient surveys, patient stories, Friends and Family Test, engagement with patients, codesign and coproduction, engagement with community partners, equality and diversity (as it relates to patients and carers), involving members, and managing Locala's small grants programme. The team largely operates autonomously, working with and supporting Locala's clinical services. It is a team of four comprising of: Two Engagement and Inclusion Managers, and two Engagement Coordinators, one with a specific role in membership development. They have all come to patient engagement in very different ways (from backgrounds that include communications, clinical and youth engagement), bringing a wide range of skills and experience making an incredibly well rounded and effective team. They are all hugely passionate about their work, and pride themselves on representing the voice of the patient in any situation.

**The Professional/s**

Locala's Engagement Team focus on ensuring the voice of the patient and carer is throughout. **Engagement Champions:** every Locala clinical service has a nominated "Engagement Champion" who is part of a network led by the team to understand the importance of patient experience and engagement, and act as an ambassador. **Service engagement plans:** every Locala service has an engagement plan that is reviewed and updated annually. It outlines what patient experience and engagement activity the service will achieve in the year ahead, including how they will capture FFT and use patient surveys, plus higher level engagement in service developments. **Equality Impact Assessments:** the team completes an annual assessment with every clinical service to consider how accessible services are, and agree actions to make improvements. Reporting on improvements made based on feedback, with more than 50 improvements reported each year. Examples include: • Feedback in the adult speech and language service highlighted that patients required additional information to appropriately prepare for virtual appointments. A guide was created and is now sent to patients ahead of an appointment. • A patient in an Intermediate Care Unit said that his stay had been good, but the only extra-long bed on the unit was already occupied, so he had been a little uncomfortable. The team have now ordered an additional three bed extensions for taller patients. • Feedback from a carer has led to a fire alarm poster, written in easy read format, being added to all waiting areas in Princess Royal Community Hospital. A patient they were with had become very distressed when the test alarm sounded on a clinic visit to the Dental clinic. Verbal warnings will also be given when patients enter the Dental department on test days. Additional areas (detail provided): **Young People's Network; Patient Participation Groups**-known as Making a Difference Groups; **Community Outreach Programme;** Innovative ideas such as a new dental passport and trialling a new diabetes app with patients; **Easy Read; Readers Panels; Waiting room roadshows; Doing things differently survey:** Covid resulted in changes to how some patients receive their healthcare. To enable us to learn from their experiences the team created a survey, 'Doing Things Differently'. The survey asked if service users had received care in a different way and how they found that experience, both good and not so good. The survey was texted, sent via email, shared on social media, hard copies were available and an Easy Read version created. 591 responses from users of 44 different services were received that are being used as part of Locala's restart plans. **Membership involvement.** enterprise), recruiting members, and ensuring that membership is meaningful and that members are involved.

**Summary**

This team is highly effective and dedicated to their role, and at the same time is fun and inspiring to work with. They are committed to core patient experience – getting large quantities of helpful feedback, and supporting services to interpret that feedback, then using that feedback. However they go even further, involving patients, carers and communities in service development, and the work of the organisation more generally. The team consistently receives great feedback both internal to Locala, and externally from commissioners, partners and community organisations. They all have the ability to build a great rapport with people, have a passion for listening to, understand, and championing the needs of patients and carers. Patient voice, and engagement of patients, carers and communities, is evident.

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## Manchester University NHS Foundation Trust

### Implementing Always Events during Covid-19 on a Children's Oncology Ward

#### Category

Using Insight for Improvement (Innovation)



**Manchester University**

NHS Foundation Trust

#### Organisation

Manchester University NHS Foundation Trust (MFT) was created in 2017 as part of the City of Manchester Single Hospital Service which involved the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospitals of South Manchester (UHSM). The second stage of this process involved the transfer of North Manchester General Hospital on 1st April 2021. MFT employs over 27,000 people, providing clinical services in ten hospitals across a number of sites in addition to community services across the city.

#### Summary

Ward 84, Children's Oncology within Royal Manchester Children's Hospital (RMCH) participated in Always Events® and the programme lead has supported the clinical team throughout the process. The ward team have successfully completed the implementation of their Always Event® during the Covid-19 pandemic despite pauses to the programme. This has resulted in the development of a co-produced daily communication tool for patients and families, identified as the Patient Information Update (PIU), designed to share key information about care and treatment. The Patient Information Update (PIU) tool includes daily blood count results and the name of the nurse in charge of their care for the day, which was identified as What Matters to them. The feedback following implementation of the PIU communication tool from patients, families and staff members was extremely positive in improving experiences of care. The Ward have now applied to NHS England (NHSE) to receive a recognition award and the Picker Institute (NHS Research organisation) have also identified Ward 84 as an area of good practice and will be utilising their case study in various promotional activities for Always Events®.

#### Impact

Baseline data collected over a period of time highlighted that patients and families were not consistently receiving written daily blood count results in the agreed pilot area in the Teenage Bay. This resulted in patients and families not being informed of key information in a timely manner. The Patient Information Update (PIU) was co-produced with patients and families and a PDSA (Plan Do Study Act) cycle was commenced in the pilot area to test its implementation. To monitor and evidence that the PIU was always being provided, staff carried out daily audits which evidenced that it did happen 100% of the time during the pilot. To test the Always Events® methodology in a second area of the ward (side rooms), additional baseline data was collected on the advice of the NHSE Always Events® team. This baseline data identified that patients in the side rooms were not receiving written blood count results. A further PDSA cycle was commenced to test the PIU with this group of patients to run alongside the PDSA in the Teenage Bay. The PIU was adopted successfully in both the Teenage Bay and the side rooms therefore the next stage of the pilot was to roll out the Always Event® across the remaining ward areas. The PIU is now successfully embedded across all areas as part of everyday practice, which is evidenced by regular audits. Following successful roll out of the PIU across the ward, a short experience survey was circulated to all patients, families, and staff members to gain their feedback regarding the effectiveness of the tool. The survey results highlighted the following: • 99% of patients' and their families and 84.5% of staff rated the PIU as excellent or good; • 80% of patients' and their families and 69% of staff members said the tool was definitely useful. Qualitative feedback regarding the PIU was extremely positive.

#### What makes us special

- The implementation of Always Events® has improved the patient, parent and staff experience with positive qualitative experience feedback. Patient, parent and staff survey highlighted 99% of patient's families and 84.5% of staff rated the PIU as excellent or good. 80% of patient's families and 69% of staff members reported that the PIU was definitely useful;
- Improved relationships with patients and families - staff members provide timely, meaningful information regarding the patients scheduled day. The information recorded provides a reminder of the patient's blood count which impacts on treatment schedules for the day, improving experience;
- Oncology patients' families often request a range of documents relating to care and treatment plans. The PIU provides pertinent information in a timely, patient friendly format for their own safekeeping.
- The experience of staff members has improved since the Always Event® as it has proven to be an effective time management tool for staff. PIU's distributed after the ward team huddle, pre-empt any queries/concerns from patients or families.

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## Manchester University NHS Foundation Trust (MFT)

### MFT's Virtual Visiting Service

#### Category

Support for Caregivers, Friends, and Family



**Manchester University**  
NHS Foundation Trust

#### Organisation

Manchester University NHS Foundation Trust (MFT) is one of the largest NHS Trusts in the United Kingdom, employing over 27,000 people. The organisation provides clinical services in ten hospitals across seven separate sites as well as community services across the city and provides a range of services from comprehensive local general hospital care through to highly specialised regional and national specialities. It is the principal provider of hospital care to a population of approximately 750,000 in Manchester and Trafford.

#### Summary

The Virtual Visiting initiative was introduced as a response to restricted visiting implemented to reduce hospital footfall and associated risk of transmission of Covid-19. The initiative enabled hospital inpatients to communicate with family members online using an electronic device, providing comfort and support to and from their families virtually. A specific role profile was developed for the Friends and Family Liaison Team (FLT) to be able to facilitate virtual calls between patients and their loved ones on request, later amended to suit volunteers. The scheme utilises volunteers who are confident with the use of technology and have received additional training to facilitate virtual calls. The service is available to all patients and their families between the hours of 1.30pm-3.30pm Monday- Friday. Evidence shows the service has been used mostly for patients aged 60 years and above as well as for patients with families overseas. Free to patients, the service provides family contact at a time when distance apart/visiting restrictions are issues for loved ones. A permanent team of 9 volunteers has been created.

#### Impact

Regular What Matters to Me (WMTM) Patient Experience Surveys were offered to users of the service providing invaluable feedback that could be utilised to further improve the service offered. In addition to patients, families and carers, staff were also asked to feedback on the service which was also extremely positive. Feedback includes: *"The team have had a huge impact on patients, families and staff members experience and as a result of their support they have received many thank you cards and messages to show their appreciation of a service that has allowed communication to continue with their loved ones in such uncertain times and has highlighted the impact the team has made."* (MFT Matron, June 2020); *"Thank you for the support you recently gave us as a family while our Mother was on Ward 32, to see and talk to our mother on the iPad was a huge comfort to us, your staff were so kind, understanding and kind. We will never forget how you helped us make good memories in mum's last days". "I would just like to say that these volunteers are a lifeline for families like ours. I live in Canada and this was the only way I was able to see and speak to my beloved mum before she died. I will be forever grateful for this. Thank you so much from the bottom of my heart"* Weekly activity data was collected to be able to further understand the needs of the service and how it could be developed. Activity data w/c 8th June 2020, across MFT adult inpatient areas: Activity Numbers - Patient belongings drop off and collection 138; Virtual Visiting calls 162; Patient Interaction 107; Total patient interactions 407; Total FLT staff 23. Quantitative activity data for the FLT identified that the greatest demand for this service was between 12 midday and 4pm. This learning was reflected in the Virtual Visiting Service hours. Further evaluation of Virtual Visiting was undertaken in February 2021.

#### What makes us special

- Restricted visiting meant that families had to put their trust and confidence in the FLT members to facilitate a Virtual Visiting call or to sit with their loved ones at a time of need;
- From evaluation feedback from users of the service, families said they were thankful and grateful that they were able to request members of the FLT, to sit with their relatives as they passed away. The Chaplaincy Service supported the emotional needs of the team.
- The initiative was so successful, it was necessary to create a more permeant way of offering virtual visiting for our patients through creating a specific role for our MFT Volunteers;
- The service uses the skill set of volunteers, with support from PALS and the Patient Experience Team for the booking of the calls. Since August 2020, 31 volunteers have helped facilitate 1600 calls;
- Seeing the smile on a patient's face when they recognise a familiar face or voice on a call is something that cannot be compared. What makes it so special is that the positive impact of the call is reciprocal – it makes families just as comforted as much as the patient themselves. Patient experience does not focus solely on the patient but also on the family and relatives' experience of care too.

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## Milton Keynes University Hospital NHS Foundation Trust Keeping Patients Connected in a Pandemic



Milton Keynes  
University Hospital  
NHS Foundation Trust

### Category

Communicating Effectively with Patients and Families

### Organisation

Milton Keynes University Hospital is a medium district general hospital providing acute, inpatient and outpatients services to the people of Milton Keynes and surrounding areas. The hospital employs around 4,000 staff and in addition to all the expected services it also has an active medical research team. It is a teaching hospital working in conjunction with the University of Buckingham to train medical students at a purpose built facility on site. Students from other disciplines, such as nursing, midwifery and theatre practitioners also join us for their practical placements.

### Summary

We have always had an open and generous visiting policy on our inpatient wards. Seeing a familiar face helps patients cope better physically, mentally and emotionally while recovering. When the pandemic hit in early 2020, in order to do our utmost to maintain the safety of our patients and staff, visiting was severely curtailed. No visitors were allowed at all for most patients, except for those at the end of life. The leadership team immediately realised that initiatives had to be put in place to ensure family contact was maintained in different ways during this period of enforced separation. We rapidly devised and implemented a raft of new initiatives to ensure we could support all types of patient to stay in touch. These included creating an email address for family letters which were then printed, laminated, and delivered to wards; a relatives' line with input from expert nurses; birthday cakes for patients; a bag drop-off for patients and the use of technology to ensure patients could receive secure video calls. These services were sustained with the help of staff and volunteers, and though some initiatives are no longer needed, they can be easily reinstated if required.

'Keeping Families Connected' Without visitors, we still wanted patients to be able to maintain contact with their families, so they could feel connected and in touch with relatives even though they weren't physically allowed on site. We all understand the importance of a kind word or news from home how seeing a familiar face can be a real pick-me-up, especially in times of ill-health. We thought very carefully about what we could reasonably do to lessen the blow and possible feelings of isolation that patients were feeling at an already difficult time. The aim included both practical and pastoral needs. We wanted to be able to support families by keeping them updated on their patient's condition; to let them to drop off belongings, and later, sadly, to collect personal effects in a straightforward way. Practically, we wanted to ensure patients reduced feelings of loneliness/ isolation by maintaining emotional connection with loved ones, via letters and video calls when hugs out of the question.

### Impact

Measuring success is particularly complex as outcomes such as the improved physical, mental and emotional health of patients are difficult to quantify. We received many positive messages from both patients and loved ones about Keeping Families Connected and considerable feedback on our social media channels (Facebook and Twitter). Some of our patients were so touched to receive letters that they shed a tear, others were speechless when presented with a birthday cake. One lady we helped Facetime her family was simply overjoyed to see her cat. These may sound like very small things but when you are feeling isolated and lonely in hospital they genuinely brightened patients' moods and may well have had considerable impact on their recovery. Staff on wards recognised the difference it made to patients' days and commented that it also made their jobs less stressed, knowing that their patients were still able to have contact.

### What makes us special

The multi-pronged approach makes this stand out, alongside the necessary rapid implementation of all aspects of the programme. Because we chose to implement a number of workstreams, it meant that we could reach a wide range of families in a huge variety of situations. In order to provide the best support for our patients and families, we knew we had to be quick, so planning was swift, with implementation even quicker. Staff and volunteers worked across teams to ensure everything was in place within a week of the first lockdown being announced and willingly used different ways of working to ensure its success. The collaborative work with the PALS team and nursing staff have also led to us realising the value of medical and administrative staff working together to provide an inclusive service to our patients and their families.

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## National Clinical Homecare Association

**On the Front Line - Behind extraordinary achievement you'll always discover  
extraordinary collaboration**



### Category

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

### Organisation

The NCHA is the trade body for the Clinical Homecare Industry representing the majority of organisations providing Clinical Homecare Services. There are approximately 411,000 patients in the UK receiving Clinical Homecare Services. Clinical Homecare patients receive hospital-led care in community settings. Given the choice, many patients choose to be treated at home rather than in hospital or as outpatients. NCHA members provide patient centred Clinical Homecare Services that are safe, cost effective and ensure seamless integrated patient care. The NCHA is at the forefront of ensuring high standards are applied. NCHA was established in 2006 and issued the first Clinical Homecare Industry Code of Practice in 2007.

### Summary

This submission highlights the incredible collaboration between the Private sector and NHS. Keeping patients at the heart of all decisions whilst meeting the Government objective of minimising hospital footfall. This involved: **Leadership:** Agreed/combined purpose. Sound decisions made at pace to maintain patient safety, with defined roles and responsibilities for all parties; **Innovation:** NHS UK-wide triaging and co-ordination of vulnerable patient cohorts was completely original. Bringing > 700 new homecare services, required urgent clinical service-redesign; **Outcomes:** Maintaining and supporting >411,000 people on services whilst many could not access their hospital clinical teams. An extraordinary 20,000 patients were accommodated in the first covid wave; **Sustainability:** Clinical re-design of services enables more patients to transition to community care thus helping the NHS to hit the NHS Forward Plan objectives. **Transferability & Dissemination:** More services now able to be managed in the community across the UK. NHS triage system since adapted for other system changes in other healthcare settings.

### Impact

The UK Private sector and NHS came together in unprecedented collaboration and partnership to deliver in numerous critical areas in Summary: **1. Existing Homecare Patients** - Over 372,000 patients pre-covid, it was essential to maintain services to existing patients, whilst minimizing their clinical risks due to pandemic. This was especially true as a large proportion of homecare patients fulfilled the criteria for vulnerability due to coronavirus. **2. New Patients** – >20,000 new patients across multiple therapy areas to transition away from NHS secondary care to Homecare Services. It was critical to increase capacity at pace for new homecare patients, to maintain their clinical safety throughout the pandemic and reduce their risks of infection. The NHS UK wide co-ordination of vulnerable patient cohorts was completely original. NHMC had never carried out such a wide reaching system of triage of patient groups to ensure a fair system of allocation of capacity ever before. This collaborative approach was ground-breaking. Service redesign led to the publication of guidance and outcomes e.g.: • COVID-19 Guidance – Prescription Management Process in Clinical Homecare Services during COVID-19; • NCHA Position Statement – Good Clinical Practice Guidelines for Remote Self-administration Training of Patients in Clinical Homecare Services; • NCHA Guidance for Decontamination of Clinical Equipment in Homecare Services during COVID 19 Pandemic; • NCHA Guidance on Delivery Procedure Changes for Clinical and Medicines Homecare Services in response to Coronavirus (COVID-19); • Access to coronavirus testing for homecare provider staff; • Access to coronavirus vaccine for frontline workers at vaccine roll-out

### What makes us special

The impact from this initiative has been immense, releasing the NHS capacity to treat the increasing number of acute Covid admissions, reducing the level of backlog that otherwise would be worsen without homecare support. The NHMC system for collating and co-ordinating requests for new services for 20,000 patients was outstanding. The system was put in place within 24 hours of the recognition for the need for a co-ordinated approach. Homecare providers supported this initiative with timely responses and a willingness to provide unprecedented levels of support for patients. The co-ordinated receipt for onward distribution of PPE supplies is a note-worthy example which deserves thanks and recognition to the receipting party. Patient Feedback-despite not having the same usual level of access to their clinical teams. They understood, the homecare industry stepped in and up but this was only possible with the help of the NCHA and their NHS Colleagues

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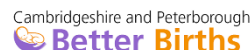


# PEN National Awards 2021

*Re:thinking the experience*

## NHS Cambridgeshire and Peterborough Clinical Commissioning Group

### The Raham Project



Cambridgeshire and  
Peterborough  
Clinical Commissioning Group

#### Category

Commissioning for Patient Experience



#### Organisation

The organisation is NHS Cambridgeshire and Peterborough CCG but the project is the Raham Project. As a system we work as a Local Maternity and Neonatal System (LMNS) covering the whole of Peterborough and Cambridgeshire. We are a single CCG covering 2 trusts that provide maternity care on 3 maternity unit sites. There are approximately 10,500 births per year. This project focuses on engaging with women and their partners who are BAME to support encouraging the lifting of the hidden aspects of perinatal mental health conversations to encourage open talking and support through pregnancy, birth and immediately afterwards.

#### Summary

We were aiming to address the health inequality messages and engagement with links to a known local mental health initiative to have perinatal mental health focus and to support with pregnancy, birth and becoming a family with our BAME population. To ensure that easy to understand messaging as available, engagement with local communities and driven from within that community. The innovation here is different as it is led through an existing community group but as a subgroup specialising more specifically on women and their families through pregnancy and having children. The Facebook page has open channels and closed to encourage and support privately if required. There are two key people in driving this project, one is a registered midwife, but she uses her nonclinical judgement to support and signpost, the other is the founder of The Lantern Initiative who works part time as a Muslim chaplain. The ambition started small and independently of the CCG/LMNS but now we have linked to ensure that we support each other with communications, tailoring these to meet specific needs and generally having access to a group from within their community. We now fund the project and continue with regular discussion to develop and truly integrate this work within our maternity and neonatal transformation programme.

#### Impact

The impact has been that the videos produced have been widely shared by women and health professionals across the whole of the UK.

The messaging has hit a note with midwives particularly struggling in the current pandemic as Faiza is a midwife and the short film has led to many open and personal messages back. It has also moved non midwives to tears. The impact of the Raham project is to raise awareness and engage with our BAME communities within our area to tailor messages to women and their families that are relevant and easy to understand.

I have nominated them as their passion is so catching and they encourage my team to carry on and utilise them to ensure our messages are tailored to women particularly at risk of health inequalities.

The response to the videos in particular have been shared multiple times and aware that the team have been contacted by many others to understand and learn from them to be able to set up something similar for their area.

#### What makes us special

What makes this initiative stand out is the simplicity of messaging, the amount of messaging and the topics.

The ability to send private messages enables women and their partners to reach out for support particularly with subjects such as perinatal mental health as this issue is not widely recognised or discussed within certain communities.

By having tailored messaging and raising the awareness publicly it enables a more open discussion about topics. The live session received attendance by women and health professionals and were able to reflect on the core themes in the messages as well as personal support to women during the forum and afterwards.

The key elements are the two people leading the project and their passion to support and encourage women to be aware of all things maternity. The support of a team within the CCG with regular catch ups, communications support, minimal financial support and the ability to quickly get messages out.

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## Northampton General Hospital NHS Trust

### Keeping Connections during the Pandemic



**Northampton  
General Hospital**  
NHS Trust

#### Category

Communicating Effectively with Patients and Families

#### Organisation

Northampton General Hospital NHS Trust is a 818 bedded (inc 128 mothers and babies) hospital providing general acute services for a population of 380,000 and hyper-acute stroke, vascular and renal services to people living throughout the whole of Northamptonshire, a population of 692,000. The Trust is an accredited cancer centre and provides cancer services to a wider population of 880,000 who live in Northamptonshire and parts of Buckinghamshire. The Trust also provides outpatient and day surgery services at Danetre Hospital in Daventry. More than 5000 staff are employed by the hospital, including clinical and non-clinical.

#### Summary

The pandemic has posed many challenges to the health services and the suspension of visiting caused concern over the provision of patient centred care and the hospitals ability to keep patients and their loved ones in contact with one another. The Volunteers Service and Patient Experience Team mobilised quickly to provide a number of initiatives, including electronic tablets on every ward, facilitated Virtual Visiting by the Volunteers Service, bespoke email address for Letters to Loved Ones to be sent, a Volunteer run property drop off service and Connected Hearts for bereaved families. The initiatives have provided thousands of interactions between patients and their loved ones that may never have taken place otherwise.

#### Impact

All of the initiatives have been embraced by patients, families and staff alike and as a result, we have been able to facilitate thousands of interactions: To date, we have printed and delivered 2422 letters to loved ones, the volunteers service have facilitated 3616 video calls (in addition to those run by the wards) and delivered 6122 patients their property. We have also delivered 100's of Connected Hearts to the wards and continue to deliver new packs whenever required. The community have really embraced the initiatives with a particularly positive response following the head of patient experience speaking on BBC Radio Northampton about Connected Hearts. After the plea for more hearts was made, thousands were sent into the hospital, many with heartfelt cards giving thanks to the staff and sending best wishes to patients. Staff on the wards have passed on letters, arranged virtual calls, sent out Connected Hearts, and many other things to ensure they work for patients. Feedback from families that have used the services has been overwhelming and really brings to life the impact that the initiatives have had in keeping patients and their loved ones connected to each other. Here are some examples:

**Virtual Visit:** My Dad is currently in the Intensive Care Unit at NGH as a COVID-19 patient. Last week he came off of the ventilator and we received a call from the hospital asking if we'd like to FaceTime him! This meant the absolute world to Me, My Mum, My Brother & His Parents! To be able to see his face, his smile more particularly, meant more than I could ever put into words! This is an incredibly difficult time and it breaks our hearts to know that he's in there on his own, my dad is critically ill and we can't even be there with him. We can't hold his hand, hug him or kiss his cheek. It's scary! But to be able to see his face on a screen! We are eternally grateful at the opportunity you have given us! This short message could never put into words how much you've done for us!

**Letters to loved ones:** *'It means so much to have the opportunity to reach out to and send my love in this way.'* *'Thanks for everything that you are doing, it's lovely being able to write to Dad as we haven't seen him since last year.'* *'I would just like to say a big thank you for facilitating this service - it means so much to (name) and myself in these very difficult circumstances where we cannot see one another and where it is difficult to phone.'* *'I just want to say a huge, heartfelt thank you, as this service meant more to me than you will ever know.'*

#### What makes us special

We feel this initiative stands out due to the speed in which the initiatives were mobilised and the volume of interactions between patients and loved ones this has facilitated. Between the volunteer facilitated video calls and the letters to loved ones alone, over 7000 interactions have taken place that may not have otherwise happened. However ultimately, the feedback received is probably what speaks the loudest in terms of the impact this has had and why this initiative stands out.

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## Northampton General Hospital NHS Trust Patient Engagement Model



**Northampton  
General Hospital**  
NHS Trust

### Category

Engaging and Championing the Public & Using insight for Improvement (Integrated)

### Organisation

Northampton General Hospital NHS Trust is a 818 bedded (inc 128 mothers and babies) hospital providing general acute services for a population of 380,000 and hyper-acute stroke, vascular and renal services to people living throughout the whole of Northamptonshire, a population of 692,000. The Trust is an accredited cancer centre and provides cancer services to a wider population of 880,000 who live in Northamptonshire and parts of Buckinghamshire. The Trust also provides outpatient and day surgery services at Danetre Hospital in Daventry. More than 5000 staff are employed by the hospital, including clinical and non-clinical.

### Summary

Whilst the two organisations were working with patients to coproduce the new mission statement and values, it became apparent that services needed to work differently and opportunities for more collaboration were identified. The first being Ear, Nose and Throat services. This highlighted a need for a robust Engagement Model to be devised and implemented to ensure that any further projects considered patients and their experience from the beginning.

This is a new innovative and ambitious way of undertaking coproduction and engagement, looking at experience from a multitude of angles, considering historical data, involving patients as active team members, real-time surveys, patient stories, focus groups and highlighting the importance of closing the loop and following up.

This new model enables leaders to follow a robust structure ensuring all elements are followed. Starting with a clear brief on the project or development. Other than ensuring patients are considered from the beginning, the importance of outcomes plays a huge part in the new Model. It's essential that the outcomes and measurable are not devised in isolation but with patients, another key element.

The whole premise of the Model is to ensure that the projects it touches upon are sustainable. Not only this, but the Model itself is sustainable, which means that it will be reviewed and updated, with patient and staff. Due to the Model being set out the way it is, allows a clear path to follow. This is now being used across multiple projects across both organisations and can be easily used and adapted by other Trusts that wish to use it.

### Impact

The pilot of the Engagement Model has been well received and has proven the need for a structure to guide leads on how to engage patients. The response from patients to engage has been extremely positive. Of those that were invited to take part in the ENT focus group, 8 patients with relevant experience dialled in. This was absolutely invaluable. During the focus group 2 patients were identified to share their stories further and another patient offered to support with the creation of patient information. Patient reps were also invited to join the project teams, 2 PFP's and a current patient undergoing Oncology treatment opted to join the Oncology pathway workstream. Through speaking with patients we were also able to collect 3 digital stories, including a graphical representation of one patient's experience of the current ENT pathway. This representation has been shared widely within the executive leads. Following the Focus Group and patient stories for the ENT pathway, through the patient engagement we were able to map the issues identified directly onto the current pathway. Each of these will be targeted and dealt with as part of the new pathway. Once the new pathway has been implemented, further engagement activities will be taken place to evaluate the changes and to identify whether all the issues discussed have been resolved. Feedback from patients that have been involved and members of staff have been extremely positive. We also feel this has cemented in staff members minds the need for engagement and we fully expect the Engagement Model to become a significant part of any service redesign work moving forward.

### What makes us special

This initiative stands out because it provides a tested Model for patient engagement which is simple, but effective. It can be used within any hospital that is looking at making a change to service delivery. If followed properly, the Model prevents tokenistic engagement from being carried out and pulls services away from just consulting patients.

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**Northampton General Hospital NHS Trust****Improving the Experience of Men living with Prostate Cancer****Northampton  
General Hospital**  
NHS Trust**Category**

CPES Award

**Organisation**

Northampton General Hospital NHS Trust is a 818 bedded (inc 128 mothers and babies) hospital providing general acute services for a population of 380,000 and hyper-acute stroke, vascular and renal services to people living throughout the whole of Northamptonshire, a population of 692,000. The Trust is an accredited cancer centre and provides cancer services to a wider population of 880,000 who live in Northamptonshire and parts of Buckinghamshire. The Trust also provides outpatient and day surgery services at Danetre Hospital in Daventry.

**Summary**

The Trust scored negatively outside the expected range for patients being able to easily contact their Clinical Nurse Specialist (CNS) in prostate cancer in the results of the 2019 National Cancer Patient Experience Survey. The Trust set up a working group led by the Cancer Lead Nurse, made up of healthcare professionals working collaboratively with patients to improve their experience. The aim was to listen to the needs of men living with prostate cancer and work with them to trial new ways of working to ensure patients had access to the information and support they needed through the cancer pathway. The changes included utilising different methods of communication with the CNS team. The development of webinars/videos to enable patients to self-manage aspects of their care and the introduction of a dedicated telephone system to enable patients to get the right support in a timely manner. The data shows there has been significant improvement in access to the nurse specialist nurse/improvement in patient experience. The model will now be rolled out across other tumour sites.

**Impact**

It was important to collect baseline data at the beginning of the project to obtain a better understanding of the unmet needs of men living with prostate cancer and work with them to pilot change ideas and understand the impact on their experience. A Statistical Process Chart (SPC) was used to measure improvement and understand the variation in change. This method was chosen because it is a simple tool that clearly demonstrates trends, whether the change idea is making a difference and if that change is sustainable. The SPC chart illustrates the percentage of calls directly answered by the nurse specialists before the change ideas were implemented. An annotation shows when the interventions commenced and the data demonstrates a statistical improvement from the time of implementation of the change ideas from 48% to 93% of calls answered directly after 3 months of the project launch. The number of views of the dedicated videos/webinars to support self-management strategies was captured electronically to estimate the usage of the material. The number of hits since the start of the initiative rose from 29 to over 1,000 hits in November. However, it was also important to capture feedback from patients/carers about the webinars/videos to understand if they contributed to an improved patient experience. Patients were invited to make any comments anonymously after viewing a video/webinars so the team could gain insight into whether they were beneficial. Below are some of the comments left in the messenger box: *"I like that I can watch video's again and again and share them with my family"; "I find it hard to concentrate on reading things, but watching a quick video is much better"; "I'm in control of choosing what I want to know and can choose to watch it when I'm ready"*

**What makes us special**

The initiative is patient led. Healthcare professionals listened to the patients' voice to understand their needs and work with them to put changes in place. Their views were central to the whole project, all change ideas came from men living with prostate cancer supported by staff rather than the other way round. The men on the project group with lived experience had contact with other patients through local support groups so the team were able to elicit the views of a large number of men to ensure their unmet needs were listened to and that they were involved in the development of the change ideas. This project succeeded because it is patient focussed and it has been an absolute delight to work with cancer patients in this way. It has changed us as cancer healthcare professions and the way we engage with patients as an organisation. We have been able to help men living with prostate cancer to self-manage with support through the pathway, moving away from traditional models of care.

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## Nottingham University Hospitals NHS Trust “Group Physio” and “Dinner & Dance” for Enhanced Recovery after Hip Fracture Surgery

### Category

Personalisation of Care



### Organisation

We're based in the heart of Nottingham and provide services to over 2.5 million residents of Nottingham and its surrounding communities. We also provide specialist services for a further 3-4 million people from across the region. We're one of the largest employers in the region, employing around 16,700 people at QMC, Nottingham City Hospital and Ropewalk House. We have a national and international reputation for many of our specialist services, including stroke, renal, neurosciences, cancer services and trauma. We are at the forefront of many research programmes and new surgical procedures. In partnership with The University of Nottingham we host a Biomedical Research Centre carrying out vital research into hearing, digestive diseases, respiratory, musculoskeletal disease, mental health and imaging. As a teaching trust we have a strong relationship with our colleagues at The University of Nottingham and other universities across the East Midlands.

### Summary

In 2019 we began a pilot study to improve hip fracture outcomes by using existing resources to increase and improve rehabilitation after hip fracture surgery. Prior to this project, patient's recovering from hip fracture surgery had a short period of one to one physiotherapy each day after surgery. We redesigned our rehabilitation pathway to incorporate the following complimentary changes:

#### 1) “Dinner and Dance”

Our ward staff moved patients into a suitable patient bay at lunchtime to have a group meal. Most patients sat in chairs around a large table and non-ambulatory patients stayed in adjacent beds. They then ate together, followed by listening to music and playing games. These patients were then already centralised in one location allowing:

#### 2) “Chair based group physio”

One physiotherapist then ran a 45-minute physio session to the entire group consisting of chair based exercises. Patient's relatives and carers were invited to join in. Sessions were run as a group to maximise quality - by getting patients to work as a team and maximise duration of physiotherapy.

### Impact

#### Results

The qualitative response from patients was overwhelming, with patients preferring the class to dedicated time with a Physiotherapist.



Did you enjoy it?	Yes	No		
	100%	0%		
Would you be interested in partaking again?	Yes	No		
	97%	3%		
How would you rather have your physiotherapy?	One-on-One	Group	Both	
	0%	26%	74%	
What time would you want this class to run?	8am-10am	10am-12pm	12pm-2pm	2pm-4pm
	3%	31%	57%	9%

### What makes us special

This initiative required no funding to achieve its success – it was simply a case of reorganising how we worked to improve our patient's experiences. The whole ward worked together to deliver the success. It has also provided the opportunity to provide extra patient therapy contacts that may not have been possible before by working smarter and redistributing resources.

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## Nottingham University Hospitals NHS Trust

### Beads of Courage



#### Category

Personalisation of Care & Fiona Littledale Award

#### Organisation

NUH provides services to over 2.5 million residents of Nottingham and its surrounding communities. We also provide specialist services for a further 3-4 million people from across the region. We are one of the largest employers in the region, employing over 17,000 people at the Queen's Medical Centre (QMC), Nottingham City Hospital and Ropewalk House. Beads of Courage UK was formerly known as Be Child Cancer Aware (BCCA). It was initially created to increase awareness of all childhood cancers. BCCA produced and distributed symptom awareness cards outlining the most common signs and symptoms of all childhood cancers. The response and awareness that was raised was phenomenal. Beads of Courage are now widely used in children's and young people's oncology settings across the UK. ([www.beadsofcourageuk.org](http://www.beadsofcourageuk.org)).

#### Summary

Oncology Nurse Chloe, heard about Beads of Courage (BoC) from someone who had lost their young son to cancer. In this innovative project young people are given coloured beads to mark a wide variety of therapies, treatments and experiences in recognition of their journey. They thread the beads on strings as a symbol of their courage in a difficult time. Examples of beads include diagnostic biopsies, needle sticks, surgeries, chemotherapy and a range of other experiences. Young people have a journal explaining what each bead represents and spaces for them to write dates and thoughts on the experience they have been through. If the young person dies, their beads and journals become a precious memory for their loved ones. Chloe was honoured with a DAISY Award for this initiative. This award recognises outstanding nursing care and practice. Through her tenacity and leadership Chloe has embedded this initiative into practice on our Teenage Cancer Trust (TCT) ward, empowering young people to feel in control of their treatment and help them make sense of their journey. Healthcare professionals on the ward are engaged in this project, helping to promote and sustain it. Feedback from patients and families has been universally positive. The Teenage Cancer Trust has committed to funding the BoC programme, making it sustainable for the future. The BoC programme offers beads for a number of other medical specialities, such as burns, neonatal intensive care, cardiology and chronic conditions. This makes the BoC a very transferable.

#### Impact

Chloe has kindly shared, with permission, testimonials from two patients and their families to demonstrate how this initiative has helped those who have used it. Lewis, who was mentioned earlier, had a traumatic start to his cancer journey, including misdiagnosis and surgery. However, when he arrived on the TCT ward, the staff went through his journey to date with him and immediately found that he had been through 167 procedures before he even got his first chemotherapy bead. His mum wrote that getting his beads helped to draw a line under his experience to that point and getting his silver acorn bead to show he was as resilient as a mighty oak was a turning point. The beads boosted Lewis' morale and gave him a voice. All young people who access their service are offered BoC, and most do engage with the BoC programme and feel that it helps them through their journey and tells their story in a unique way. It encompasses families too, so parents and siblings feel part of the narrative, bringing the family together in a shared experience. The beads help children and young people to own, record, tell and share their story of their oncology treatment. They are a symbol of their bravery, courage and strength.

#### What makes us special

Through a bereaved mother this fantastic initiative has been introduced into our Trust for our young cancer patients and we have been able to witness first hand, the amazing impact that it has had on our patients and their families. It transforms children and young people from passive participants in their care into the true heroes that they are, it helps them to feel seen, heard and celebrated through their journey. The full Beads of Courage program recognises the impact of serious illness on the whole family and endeavours to include everyone, parents and siblings, as well as clinicians as part of the shared experience. The scope to share this programme across a variety of healthcare specialities is also a testament to how a simple concept can be used and adapted to help reduce anxiety and engage children and young people in their care and treatment.

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## Nottingham University Hospitals NHS Trust DNACPR Quality Improvement Project

### Category

Strengthening the Foundation

### Organisation

Nottingham University Hospitals NHS Trust – see previous entries

### Summary

Our Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) project took a Trust-wide approach with patient experience at its centre. To strengthen our foundation, it employed a staff and patient experience based co-design (EBCD) approach and Quality Improvement (QI) methodologies to achieve its aims:

- Enhance patient and family experience in relation to DNACPR decisions
- Define, implement and sustain change required to meet Care Quality Commission (CQC) recommendations for the Trust in 2019/20 for all DNACPR standards

The approach has been transformational in the understanding and completion of DNACPR forms across the Trust. The QI project team, working in close collaboration with members of the Patient and Public Involvement (PPI) group has enabled progress to be made to levels of compliance not previously achieved in the organisation at a time when we have seen a significant increase in hospital deaths through the Covid pandemic. The involvement of patient partners has changed the language and approach we have taken with patients and families and the QI methodology has resulted in systematic culture changes to progress in all domains over the period of the project.

### Impact

We held the overarching vision; to apply an improvement methodology through a staff and patient experience based co-design approach and designed our PDSA schemes in 2 main areas:

- Quantitative measurement for improvement with digital enablers and visualisation of our data through a bespoke Trust dashboard. This gave collaborative insight and meaningful data, emphasizing the measurement journey through the improvement interventions. This promoted confidence in staff feeling able to implement change initiatives enabling spread by empowering front line teams to lead change initiatives
- Qualitative, co-produced staff and patient resource development became an important enabler to support the collaborative operating model to sustain impact and new way of working. Quantitative improvement is seen in all of our standards, January 20-March 21. 1. demographics; 99% to 100%; 2. date for review; 36% to 85%; 3. valid clinical decision, remained 100%; 4. full 2-stage Mental Capacity Assessment; 68% to 95%; 5. documentation of conversation; 87% to 92%; 6. leaflet provision; 27% to 73%; 7. Senior endorsement; 75% to 90%.

Clinician feedback reports by the DNACPR champions show clinicians are receiving bespoke feedback on their completion of a DNACPR. The positive impact of this is reflected in the latest audit data. Feedback from internal and external stakeholders: *"This QI project has been transformational in the understanding and completion of DNACPR forms across the Trust, resulting in significant improvement in this critically important area of practice."* *"It has been a truly collaborative effort where the principles of QI have been adopted with the right expert facilitation to empower and enable those teams closest to the improvement to make it happen sustainably."*

### What makes us special

Our project demonstrated that even during a pandemic, all staff groups of a busy acute Trust can engage in projects leading to significant improvements and patient participation can be facilitated through the use of MS TEAMS. Although the CQC requirement was to improve standards, the decision to focus on patient experience proved invaluable in raising those standards and is recommended. The steering group engaged with clinical divisions, who shared ideas with each other. This led to a culture change of more open conversations and laid a platform for future collaborations. NUH has adopted the national QSIR methodology; this project has implemented this methodology on a large scale. The clinical and operational leadership and the success of early plan, do, study, act (PDSA) trials which demonstrated impact and benefits to patients and staff were both instrumental in the spread of both the improvement methodology and in replicating the change throughout the organisation. Robust communication of programme outcomes and benefits helped increase the visibility of current work, generated enthusiasm, and helped foster a culture of learning/improvement.

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## Nottingham University Hospitals NHS Trust Experience of Care Shared Learning Workshops



**Nottingham  
University Hospitals**  
NHS Trust

### Category

Measuring, Reporting and Acting & Using Insight for Improvement (NHS Funded)

### Organisation

We're based in the heart of Nottingham and provide services to over 2.5 million residents of Nottingham and its surrounding communities. We provide specialist services for a further 3-4 million people from across the region. We're one of the largest employers in the region, employing around 16,700 people at QMC, Nottingham City Hospital and Ropewalk House. In partnership with The University of Nottingham we host a Biomedical Research Centre carrying out vital research into hearing, digestive diseases, respiratory, musculoskeletal disease, mental health and imaging. As a teaching trust we have a strong relationship with our colleagues at The University of Nottingham and other universities across the East Midlands.

### Summary

We are committed to driving learning and continuous quality improvement in direct response to patient, family and carer feedback. We have developed an experience led quality improvement model that enables us to triangulate all of our feedback to better understand what people are telling us about their experiences of care and to work in partnership with patients and staff to co-produce a quality improvement plan to act on suggestions to make our service better. We have developed Experience of Care Shared Learning Workshops as a key driver for quality improvement with patient experience at the heart of the programme.

These workshops are primarily led by the corporate Complaints and Patient Experience Team but rely on a multi-disciplinary approach to be truly successful. A working group of key teams is usually convened to prepare for each workshop, focussing on the specific use of patient experience data measurements and insight. Workshops are aligned to the CQC National Patient Survey Programme and incorporate the latest national patient survey results into the session for wider discussion. The first session was piloted in December 2020 with our Maternity Services and has led to a number of immediate improvements in experiences of care.

### Impact

The Maternity Services Experience of Care Shared Learning Workshop was held on 21 December:

- 23 attendees
- Positive impact on staff shared learning and reflective practice with 80% of attendees advising they felt the session helped them to think about women's experiences of care.
- 90% of attendees said they strongly agree/ agree that they learned about how to improve experiences of care from the workshop
- Staff demonstrated their commitment to improvement by making pledges in response to the workshop which are now displayed locally for patients, families and carers to see.

The workshop was evaluated very positively through a local survey and from this a feedback infographic was created and shared. This initiative has resulted in Complaints and Patient Experience Team adopting quality improvement methodology in the gathering, analysis, reporting and monitoring of patient experience and feedback. Key members of the team have completed the Quality Service Improvement Redesign (QSIR) capability building programme which is a tried and tested improvement tool that encourages reflective learning and which is offered by our Service Improvement Team.

### What makes us special

This initiative stands out as it is a mechanism for learning and quality improvement in response to all patient, family and carer feedback regardless of the way in which this is shared. The initiative adopts quality improvement methodology in its execution, strengthening reflective learning and using recognised improvement tools which are tried and tested. The initiative brings together patient experience, quality improvement and coproduction to create a safe space for open discussion, reflective practice and shared learning. We are able to identify what will make the most difference to people's experiences of care and explore how we can realistically achieve this together. Success relies on patients and staff working together with the patient, family and carer voice at the heart of our decision-making.

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# PEN National Awards 2021

*Re:thinking the experience*

## Nottingham University Hospitals NHS Trust

### Gender Diverse Inclusion



#### Category

Engaging and Championing the Public & Using insight for Improvement (Equality/Access)

#### Organisation

We're based in the heart of Nottingham and provide services to over 2.5 million residents of Nottingham and its surrounding communities. We provide specialist services for a further 3-4 million people from across the region. We're one of the largest employers in the region, employing around 16,700 people at QMC, Nottingham City Hospital and Ropewalk House.

#### Summary

Our goal at Nottingham University Hospitals is to reach a place where our workplaces reflect the ideal state of our world, where equal treatment and opportunities are provided for all. We are committed to building a workforce whose talents will enable it to be outstanding in health outcomes and patient and staff experience. Nottingham University Hospitals has always taken part in Pride for many years and last year (2019) the People Inclusion team, at Nottinghamshire Pride, asked members of the public and the LGBTQIA+ community a series of questions via a survey with the aim of finding out what we could do to improve the experience of gender diverse people and how we can make our hospital even more inclusive, but also to be more representative of the community that we serve. This project was all about firstly giving our patients and service users a voice, but crucially about ensuring that that voice is listened, translating it into tangible, educated and meaningful changes. From the responses we realised that we needed to make our hospital more gender diverse inclusive so in collaboration with Notts Trans Hub we developed a series of projects and pieces of work to address this issue.

#### Impact

The PINC team put up signage on the designated toilets on Monday the 5th October to inform the public of the intended changes that were due to take place on Monday 2nd November converting three single sex toilets into Gender Neutral Provisions. This also provided patients and the public opportunity to provide feedback and concerns to the PINC team for consideration. No negative feedback was provided by any patients/public following this 4 week notice period. The changes were then enacted on Monday 2nd November and have been on site since. This project has first and foremost created much awareness about gender diversity through the leaflets and educational materials developed and disseminated through HCA Training, HR colleagues and various other forums. Additionally, as a result of this initiative, our pronouns and gender titles will now be a specification when we go out for a provider for our systems. Once we have this up and running we will be able to offer staff and patients the possibility of recording or adding their desired or preferred pronouns and gender titles to their diversity detail on our records. We also received support in our aim to convert some of our toilets to gender neutral ones. Feedback from our public consultation suggested that we couldn't use joint cubicles and so we in order to respect this and treat our staff and members of the public with dignity and respect, we converted only single use cubicles into gender neutral provisions. In regards to the promotional materials our current video on pronouns and gender titles is being used in various trainings and corporate inductions, along with our inclusive language leaflet. Our Radiology and Cardiology departments have now adopted pregnancy checking procedures for trans patients. No formal measures were set as such, as we approached with a 'just do it' attitude, with the core aim of putting the service user at the centre of our decision making. The impact has been measured not only from the developments mentioned above but also from patient and staff feedback and the outcome has been very positive. We have been positively inclusive of both staff and patients.

#### What makes us special

An increase in gender-neutral toilets was one of the aims of Sadiq Khan's draft London Plan back in 2017. It aimed to address the concerns of transgender people who face intimidation and harassment in gender-segregated facilities when they are perceived by others to be in the "wrong" one. This initiative stands out because there isn't anything like it out there at the moment especially within public sector organisations. There isn't much guidance regarding the issues faced by specifically gender diverse people and because the LGBT spectrum is so wide there is the propensity of generalising experiences. Rather than be reactive to this issue we have been proactive in first identifying our gap as an organisation, going out for consultation and feedback (staff and community) and then exploring potential, meaningful solutions in responses to the voices we have listened to.

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## Nottingham University Hospitals NHS Trust Improving Inpatient stays – Patient Movement



### Category

Using Insight for Improvement (NHS Funded)

### Organisation

We're based in the heart of Nottingham and provide services to over 2.5 million residents of Nottingham and its surrounding communities. We provide specialist services for a further 3-4 million people from across the region. We're one of the largest employers in the region, employing around 16,700 people at QMC, Nottingham City Hospital and Ropewalk House.

### Summary

This Patient Movement Quality Improvement (QI) Programme used the model for improvement, plan, do, study, act (PDSA). Focussed on measurement for improvement using staff and patient quantitative and qualitative data insight was used to drive improved patient flow with reduction in non-value added delays through a cohesive and sustainable experience based co-design collaborative. Patient movement within our large tertiary hospital is complex with approximately 7,000 - 8,000 ward to ward and 20,000 - 28,000 radiology inpatient movement jobs per month. The Trust had no visualisation of patient movement work flow, no standards or knowing how we are doing framework and clinical staff was moving patients. An external review of the service suggested unmet demand was 81.8% and up to 75% waste or non-value added time of the service resulting in a marginal confidence factor. Hypothesis – If the Trust had visibility and oversight of the patient movement process with clear KPI and standardised processes then it would be empowered to monitor and address delays in patient flow.

### Impact

The Patient Movement QI project has generated improvement discussions throughout NUH, with impact on patient and staff experience at their centre. Significant improvements are reflected through the Trust-wide audit data. We held the overarching vision; to apply an improvement methodology through a staff and patient experience based co-design approach and designed our PDSA schemes in 2 main areas:

- Quantitative measurement for improvement with digital enablers and visualisation of our data through a bespoke Trust dashboard. This gave collaborative insight and meaningful data and promoted confidence in staff feeling able to implement change initiatives.
- Qualitative, the co-produced (staff and patient) new patient movement operating model and feedback became an important enabler to sustain impact and new way of working. Quantitative improvement is seen in reduced cycle timings Trustwide. Benefits include:
- Reduced scanning timings for radiology modalities with an impact of increasing productivity and reduced time patients wait for a scan thereby reducing delay related harm potential;
- Increased income in radiology as more procedures are performed;
- We have created the environment to release 14.91 whole time equivalent nursing staff time on the wards to care. This contributed to a reduction and maintenance of reduced number of patients in hospital beds who were medically safe to be discharged (from 200+ to <50) reducing potential harm caused by longer lengths of stay. Feedback from stakeholders: Radiology Reflections-*"phone calls/escalations from staff within the department and the rest of the Trust have reduced as there are fewer issues and delays"*; Royal Statistical Society-*"The judging panel were impressed at this use of analytics in a novel setting to improve outcomes in their porter team, bringing about clear benefits for patients and also efficiency savings"*

### What makes us special

Our project demonstrated that even during a pandemic, all staff groups of a busy acute Trust can engage in projects leading to significant improvements and patient participation can be facilitated through the use of MS TEAMS. The true success of this lies in the relationships you forge, the understanding you gain from having total insight of service delivery and how one is interdependent on the other. The clinical and operational leadership and the success of early PDSA trials which demonstrated impact and benefits to patients and staff were instrumental in the spread of both the improvement methodology and in replicating the change throughout the organisation. Robust communication of programme outcomes and benefits presented by clinical staff and patients helped increase the visibility of current work, generated enthusiasm, and helped foster a culture of learning and an environment that nurtures continuous change. This in turn has given non clinical staff involved kudos and increased confidence in the organisation.

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## Nottingham University Hospitals NHS Trust

### Investigating and Responding to Complaints with Compassion



Nottingham  
University Hospitals  
NHS Trust

#### Category

Measuring, Reporting and Acting

#### Organisation

We're based in the heart of Nottingham and provide services to over 2.5 million residents of Nottingham and its surrounding communities. We provide specialist services for a further 3-4 million people from across the region. We're one of the largest employers in the region, employing around 16,700 people at QMC, Nottingham City Hospital and Ropewalk House. In partnership with The University of Nottingham we host a Biomedical Research Centre carrying out vital research into hearing, digestive diseases, respiratory, musculoskeletal disease, mental health and imaging. As a teaching trust we have a strong relationship with our colleagues at The University of Nottingham and other universities across the East Midlands.

#### Summary

The newly appointed Complaints and Patient Experience Lead and Deputy Complaints and Patient Experience Lead began reviewing the complaints local resolution systems and processes in September 2019, with the ambition of setting out a 12 month improvement plan that would change the organisation culture in complaints handling, moving from being process driven to person centred and would also impact patient and family experience, improving their journey at each stage of the complaints procedure. The Complaints with Compassion Quality Improvement initiative demonstrates the power of patient, service user and staff co-production in creating solutions and shaping services to achieve excellence. The approach can be easily replicated.

Aims and Objectives of the Complaints with Compassion Quality Improvement Initiative: a) To listen to the views of patients, families, carers and staff and to better understand their experiences of local complaints processes; b) To map complainants journey and thinking about ways systems and processes could be improved; c) To identify 'quick wins' and long term ambitions for service quality improvement; d) To develop documents, templates, guidance, resources and tools to improve the quality of our documentation and to achieve standardisation in our approaches; e) To create a Complaints with Compassion Quality Improvement Plan – for year 1 delivery. The Complaints with Compassion QIP focussed on the following areas for delivery:

1. Improving overall quality of response letters with a focus on letter writing
2. Improving documentation and creating a complaints investigation report
3. Improving local training offer and developing Complaints with Compassion Workshops

#### Impact

The difference this initiative has made:

- Improved overall quality of complaint letter responses – with fewer letters being returned at Executive level review for further work.
- Decrease in the amount of re-opened complaint investigations.
- Over 250 staff trained in investigating and responding to complaints with compassion.
- Investigators now focus on completing a single investigation report and are supported to draft the response letter, saving clinical time wherever possible.
- Documentation is standardised and more efficient.
- Improved reporting of learning actions identified within investigations.
- Improved experience of patients, families and carers – letters of thanks expressing gratitude for the openness, compassion and transparency of the response to their complaints

#### What makes us special

This initiative stands out because we have worked with patient representatives, complaints staff and our clinical psychology team to develop a letter writing workshop which has changed our approaches and wider culture to focus on complaints with compassion.

Our overall improvement initiatives adopted quality improvement methodology in its execution, strengthening reflective learning and using recognised improvement tools which are tried and tested. We have strengthened and enhanced our complaint local resolution systems, processes and approaches. Strengthening our foundations and standardising documentation and resources for use.

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## Nottingham University Hospitals NHS Trust

**Stay at Home and Stay safe – we will get your medicines to you.....**



**Nottingham  
University Hospitals**  
NHS Trust

### Category

Integration and Continuity of Care

### Organisation

NUH provides services to over 2.5 million residents of Nottingham and its surrounding communities. We also provide specialist services for a further 3-4 million people from across the region. We are one of the largest employers in the region, employing over 17,000 people at the Queen's Medical Centre (QMC), Nottingham City Hospital and Ropewalk House.

### Summary

Before the pandemic, most outpatients obtained medicines by attending an on-site pharmacy. They are busy places, catering for a large number of patients, and often the last stop during a hospital visit. Most patients wait while the prescription is dispensed. When people were instructed to stay at home, socially distance and shield the most vulnerable, arrangements for outpatient medicines needed to change. Pharmacy set an ambitious target of quickly providing an alternative to on-site attendance for obtaining medicines for at least 20% of patients. Capacity for home delivery of medicines was significantly and rapidly increased. Use of homecare schemes was expanded and the on-site pharmacies created the infrastructure, systems, processes and team to deliver daily to over 100 patients. Urgent, planned and complex medicines were all accommodated. Innovative solutions were adopted for novel problems. Technologies were implemented to enable staff isolating at home to check prescriptions remotely. Efficiency across the wide geographical footprint was achieved using a centralised hub. Volunteer drivers freed up staff elsewhere. Telephone consultations stopped side effects, made the medicine easier to manage and addressed worries. Implementation began within days. Over 25,000 hospital trips were avoided in 12 months, exceeding the target and protecting the most vulnerable.

### Impact

The initiative started getting results within just one week. The subsidiary pharmacy began routinely delivering medicines to patients. Fourteen clinical specialties agreed to use homecare service providers. The scale of the change had a tangible effect on the overall way in which services were provided. Within 12 months, more than 25,000 patients were able to avoid a trip to and around our hospitals. In addition, over 400 patients received their medicines regularly via a homecare service provider. Not only has this enabled the recipients to stay at home, it has reduced pressure within the hospital, helping to achieve safe social distancing for those who still need to attend in person. Either patients or clinical teams can request home delivery ensuring equity of access. Home delivery is free of charge at the point of access. By developing services for both next day delivery for hospital-only medicines and scheduled delivery for the most complex treatments, most clinical scenarios were accommodated. Telephone consultations have led to an increase in the number of significant interventions made to improve patient safety and optimise patient outcomes. The conversation takes place away from the hustle and bustle of the hospital environment, making it easier for patients to share their concerns, e.g. how their treatment might interact with the Covid vaccine, effects of their medicine on immunity or worries about things they had read in the leaflet. The option to receive medicines and treatment closer to home has been widely welcomed and appreciated by patients, especially those who are vulnerable. Patients have posted more than 80 five star reviews on the pharmacy's NHS.UK webpage. Patient questionnaires consistently show approval rates above 90%. Volunteers and shielding staff freed up other staff for the frontline response to Covid-19. High levels of satisfaction were reported across all staff groups as they contributed to new and expanded services which helped keep people safe during the crisis. The initiative has had a profound positive impact for outpatients.

### What makes us special

The scale of this initiative was ambitious and fully achieved. The lag between identifying the problem and implementing the solution was extraordinarily short. The dual strategy of maximising homecare uptake and instigating a home delivery service from the hospital outpatient pharmacy brought equity across patient groups irrespective of the type of medicines, when, where or how it was needed. Innovative solutions to remote working, local geography and pressures on the workforce ensured that the initiative benefits a large number of patients. The impact that this has at the individual level is no more apparent than in the words of our patients; *"it's a lifesaver", "invaluable during isolation" "incredibly grateful to the NHS"*

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**Nottingham University Hospitals, NHS Trust****‘Good to be heard’ A collaborative approach to improve patient written information and support following limb reconstruction****Nottingham  
University Hospitals**  
NHS Trust**Category**

Communicating Effectively with Patients and Families

**Organisation**

NUH provides services to over 2.5 million residents of Nottingham and its surrounding communities. We also provide specialist services for a further 3-4 million people from across the region. We are one of the largest employers in the region, employing over 17,000 people at the Queen’s Medical Centre (QMC), Nottingham City Hospital and Ropewalk House.

**Summary**

This entry deserves recognition because it is supported by our patients and recognises the Trust’s vision for the future to deliver an outstanding patient experience. Our initiative started as a pilot commencing in 2019 to redesign our communication methods and written information content for our patients with external fixator frames and soft tissue reconstruction. The key innovative approach was to design these vital elements of care around the patient, by having patient involvement as partners at the centre of this design and review process. This was achieved by following plan-do-study-act (PDSA) cycles, where patient questionnaires and patient Q-and-A sessions were conducted with the involvement of both current and previous patients. The care providing multi-disciplinary team (MDT) members consisting of an Advanced Clinical (Nurse) Practitioner (ACP) Senior Physiotherapists led the project with the support of Consultant Surgeons and input from Occupational Therapy teams and the specialty business manager.

The process yielded; 1) improved written information booklets that included patient-to-patient advice such as clothing adaption to accommodate the sizeable external fixators. 2)MDT review alongside group physiotherapy sessions where patient-to-patient mutual support and advice was recognised for its favourable psychological impact. Evident on subsequent patient satisfaction surveys. These outcomes have been disseminated during Trust events.

The sustainability of this innovation has been apparent from its transferability and adaptation to the Covid-19 pandemic environment. This has seen the MDT group transformed to videoconference and telephone sessions in between consultant review in order to maintain a high level of support and communication with patients, whilst the underpinning quality of the written information has come into its own demonstrated by outstanding patient feedback.

**Impact**

The qualitative responses from patients has been exceptional and has demonstrated the powerful contribution patients can make when improving services that enhance the experience of future patients following a complex and often life changing trauma.

Since the patient feedback comments were implemented, we have received 100% satisfaction with our written information booklets and during the pilot, 80% of patients gave 100% satisfaction to the group session. The remaining 20% had transport difficulties.

During 2020, we received 2 nominations from patients into the Nottingham University Hospitals Honours Awards. Doctors and nurses on ward and clinic areas have further highlighted that the written information given to patients also acts as a teaching resource for junior staff that may be unfamiliar with the aftercare of patients in an external fixator of having soft tissue reconstruction.

**What makes us special**

This project stands out because it enhances the patient experience after a life-changing injury by using existing resources without requiring additional funding.

The project demonstrated in patient feedback that effective leadership using a collaborative approach between MDT and patients ensures that our patient written information remains relevant to their needs.

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## Nutricia

### Helping to make information accessible to all

#### Category

Communicating Effectively with Patients and Families



#### Organisation

Nutricia is the largest specialist medical nutrition feed and service provider in Europe and market leader in the UK. Nutricia Homeward (NH) supports home enterally tube fed (HETF) patients, the service includes a dedicated team of over 160 Nutricia Homeward Nurses who specialise in enteral nutrition, who support safe and speedy hospital discharges and help prevent tube fed related hospital admissions by providing care in patients homes. The service arranges monthly deliveries of prescribed nutritional products/equipment to patients' homes and a telephone helpline 24/7. NH currently looks after over 29,000 home enterally tube fed patients across the UK.

#### Summary

Nutricia Homeward Nurses provide support to tube fed patients in their own homes. They conduct clinical procedures such as changing feeding tubes and train Nutricia Homeward patients or their carers to conduct simple, but vital procedures involved with caring for an enteral feeding tube such as flushing or unblocking a tube or advancing and rotating the tube, without these skills patients wouldn't be able to feed safely at home. Restricted access to conduct face to face training during the COVID-19 pandemic meant that alternative solutions for effective communication needed to be implemented. Telephone support and support through video App calls provided a huge amount of reassurance for Nutricia Homeward patients however some training needed to be more "hands on" therefore a series of short, simple videos in a "YouTube" style were created and posted online along with supporting pictorial guides. Nutricia Homeward Nurses encouraged patients and carers to access these resources when needed and over a 12-month period, the videos were watched over 4,500 times. The advantages of providing support in this new way meant that patients and carers could access the information whenever they needed to, they could pause the video, rewind, and watch as often as required.

#### Impact

The online availability of both the videos and pictorial guides was widely communicated to healthcare professionals and patients by emails, newsletters and during telephone or video App consultations, hard copies of the pictorial guides were also produced. Between April 2020 to April 2021, there were 4,523 views of the videos, the most popular with 1,272 views was "how to advance and rotate a gastrostomy tube." 1,000 copies of each pictorial guide were printed in April 2020 and a reprint of another 1,000 of each was undertaken in October 2020. To ensure information was accessible to as many patients and carers as possible the pictorial guides could be "read" using the accessibility tool on the Nutricia Homeward website, BrowseAloud. This tool enables the user to translate literature into different languages, or simplify the text, read it aloud or increase the text size.

Feedback has been extremely positive, some examples from healthcare professionals include:

*"During the current times we have found the online resources really useful, especially the videos aimed at tube feeding, when staff needed to upskill in areas that are new to them."* CB, Advanced Dietitian – Clinical Lead for Home Enteral Feeding, Midlands Partnership Foundation Trust. *"Patient videos have been produced within short timescales to provide excellent support for those patients on enteral feeding."* JB, Dietetic Clinical Lead, Rotherham Doncaster and South Humber NHS Foundation Trust.

As the pandemic continued during 2020 and access to Care Homes, Special Schools, Hospices and Care Agencies continued to be restricted a standard email template was produced which Nutricia Homeward Nurses used to send specific links to the relevant videos and pictorial guides to healthcare professionals caring for enterally tube fed patients ensuring that access to the relevant information was as easy and simple as possible.

#### What makes us special

This initiative has benefits for patients, carers and healthcare professionals. It has taken a simple concept which is widely used in daily life, googling information, and watching YouTube videos and implemented this as standard practice in a healthcare environment. As a result, patients and carers can now access information in a convenient, acceptable way at a time which suits them. Implementing this was cost effective and simple, and our recommendation would be to consider alternative forms of communication to support and enhance face to face communication and different learning styles.

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## Nutricia

### Working together to implement an environmentally sustainable solution

#### Category

Measuring, Reporting and Acting



#### Organisation

Nutricia is the largest specialist medical nutrition feed and service provider in Europe and market leader in the UK. Nutricia Homeward (NH) supports home enterally tube fed (HETF) patients, the service includes a dedicated team of over 160 Nutricia Homeward Nurses who specialise in enteral nutrition, who support safe and speedy hospital discharges and help prevent tube fed related hospital admissions by providing care in patients homes

#### Summary

Nutricia Homeward patients require a significant amount of equipment to administer tube feeding at home. Many of these items are plastic and single use (a new item used each time) and patients may also have co-existing medical conditions which means they need additional equipment such as oxygen therapy, wheelchairs, etc. This means that equipment storage can be an issue for some families as well as managing the quantity of waste and recycling generated. This project started with feedback from a family who had issues storing the volume of plastic Flocare containers needed to reconstitute powdered feed. This led to a review of national data through patient surveys to identify if this could also be a concern for other families. This was found to be the case and a reusable solution was implemented which has benefits for both patients and the environment. Feedback from patients, healthcare professionals and Nutricia Homeward Nurses has been incredibly positive and the impact in one local area led to a 33.5% reduction in container use in one year. After implementing nationally, uptake in the first 7 months gave a reduction of 19,105 plastic Flocare containers, a decline of more than 11%.

#### Impact

Although still early days, there has already been a significant impact and positive feedback from this initiative. In the North-East, specifically South Tees, where this initiative started, we now have 12 months of data showing Flocare container use reduced by 13,406 units in 2020 compared to 2019, a 33.5% reduction. On a national scale, since this initiative was launched in November 2020, plastic Flocare container use has reduced by 19,105, a decline of more than 11%. It is anticipated that uptake will accelerate month on month and the ambition is to reduce Flocare container use by 20% in 2021, this equates to an annual reduction of half a million containers or 26,000kg of plastic waste. Feedback from patients and healthcare professionals is positive:

*"I just wanted to express how delighted I am on how well the new universal adapter and baby bottle is working for us. It's fantastic, and so great we haven't got all the plastic waste of the containers. These are so easy to use, great to store and go out and about with. Lois only has 140 ml of feed so to be able to use the smaller slimmer baby type bottle is great. The size of bottle we use now is great for storing in the fridge too. Hooray all round!"*

Laura (Lois' Mummy); *"I just wanted to send you a note to say thank you for coming up with the idea of using sterile baby bottles for feeding as opposed to Flocare containers. This small change has made a huge impact on many of my patient's lives...As well as the environmental benefits, using baby bottles instead of containers addresses home storage issues and waste bin storage issues. Some patients require up to 180 per month- that's a lot of space. We can all appreciate that it's hard to organise outings with poorly babies/children needing nutritional support. Parents have reported they find the baby bottle feeding better for portability when feeding on the go."* Claire, Paediatric Dietitian *"I am having regular successes with swapping patients over to the new system, for example, just last week one mum had 94 Flocare containers taken off her monthly order."* Sally Hall, Nutricia Homeward Nurse. Feedback through the rolling program of patient satisfaction surveys continues to be monitored and comments in 2021 on packaging are 50% less than the same period last year.

#### What makes us special

Listening to patients and implementing solutions based on making patients' lives easier is at the heart of this project. What was key though was having a mechanism across the business for sharing this initiative wider and having a patient focused, "can do" attitude to review the data and the feedback and implement nationally. We believe this project is a "win-win", families have the potential to reduce the quantity of equipment they receive, store, and recycle. As a parent in Walsall commented "washing and sterilising reusable bottles is normal and makes me feel like I'm a parent and not a nurse" This project helps to reduce the environmental impact of tube feeding and supports the NHS commitment to health and the environment set out in the NHS Long Term Plan.

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**Nutricia****Working together to initiate change to improve patient's experience****Category**

Partnership Working to Improve the Experience

**Organisation**

See previous entries.

**Summary**

Head and neck cancer patients often require enteral tube feeding during their treatment, this might range from bolus or syringe feeding a Fortisip through a NG tube for a few days, to total reliance on enteral feeding through a feeding pump for several weeks. In East Kent, prior to this initiative, head and neck cancer patients received a delivery of all the equipment they might possibly need from Nutricia, 8 boxes/bags. This often arrived prior to treatment starting and resulted in already anxious patients becoming even more concerned about the effects their treatment could have on their ability to eat and drink normally. A Nutricia Homeward Nurse in East Kent realised that anxiety and negativity towards tube feeding was common in this group of patients, often prompted by this initial delivery. Working with the local multidisciplinary team to implement a new process to better meet patient's needs resulted in more positive patient experience, reduced anxiety & improved environmental impact.

**Impact**

In April 2020, the established process of sending out all the equipment which might be needed prior to treatment changed for all head and neck cancer patients in East Kent. Rather than receiving 8 boxes/bags of enteral tube feeding equipment they started to receive 8 x 60ml syringes and 8 x 5 ml syringes only, a significant reduction in equipment. It was agreed between the Oncology Dietitians and Nutricia that if a decision was made to start tube feeding using an enteral feeding pump, Jo, the local Nutricia Homeward Nurse would be contacted to conduct training and a feeding pump is supplied. This has improved patients experience removing negative questions at the first appointment about enteral tube feeding and the overall PX is more consultative.

*"This positive change to the equipment ordered has helped patients become confident and comfortable with the need to use their feeding tube during treatment. As we review patients several times a week during their radiotherapy we are able to respond quickly to any changes needed in their dietetic care plan and Jo and the Nutricia Homeward team are always very responsive if extra patient support is required as a result."* Lydia Capon, Lead Oncology Dietitian. Nutricia conducts a rolling program of patient satisfaction surveys, in East Kent the percentage of patients scoring the Nutricia Homeward Service as good or very good increased in 2020 and there were no negative comments about excess equipment received. Waste has reduced because of this initiative, items such as plastic giving sets which were delivered as part of the original program cannot be reused after they have entered a patient's property, even if they are unopened. For the 100 patients in E Kent this has prevented approximately 630 plastic giving sets being thrown away. It has an impact on delivery costs as well - only delivering what is needed, when it is needed has improved efficiencies and reduced the environmental impact. Every enteral feeding pump needs to be thoroughly cleaned and serviced before sending to a new Nutricia Homeward patient, even if it hasn't been used therefore only sending equipment which is needed has stopped this process happening for approximately 90 enteral feeding pumps each year. In the peak of the pandemic, enteral feeding pumps were in high demand, ventilated and sedated ICU patients require enteral feeding and this needs to be delivered through a feeding pump, the increase in ICU beds and patients resulted in an increased demand. Pumps were used for an ICU patient rather than having it sat in a box, unused in a patient's home.

**What makes us special**

This project is a good example of how important it is to consider the psychological needs of patients over and above the practicalities of making sure they have equipment "just in case". Prior to implementing these changes patients would receive their cancer diagnosis, meet their multidisciplinary team, including Dietitian, receive a delivery from Nutricia of 8 boxes, begin their treatment and have a feeding tube fitted. When they accepted this first delivery, patients had limited knowledge about the practicalities of enteral tube feeding and the arrival of 8 boxes into their home, including an enteral feeding pump could be overwhelming and often made the next steps of their treatment a reality. By listening to patients concerns and understanding why they felt this way, the local process was amended resulting in a better patient experience and efficiencies and turn something that made patients feel anxious and worried into something positive.

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# PEN National Awards 2021

*Re:thinking the experience*

**Nutricia**

**Catherine Shakespeare**

## Category

Patient Experience Manager / Professional of the Year



## About Nominee

The person I would like to nominate is Catherine Shakespeare, Head of Nursing at Nutricia. Nutricia is the largest specialist medical nutrition feed and service provider in Europe and market leader in the UK. Nutricia Homeward is the service which supports home enterally tube fed (HETF) patients, launched in 1997 the service includes a dedicated team of nurses, specialising in enteral nutrition, who support safe and speedy hospital discharges and help prevent tube fed related hospital admissions by providing care in patients homes. Catherine is my direct line manager and has overall responsibility for the national nursing service at Nutricia which comprises of over 160 Nutricia Homeward Nurses, Enteral Care Assistants, Managers, Administrators and a Training and Quality Team, she is also the registered manager for the Care Quality Commission. Catherine is passionate about patient care and ensuring that everything we do, as a Nutricia Homeward Nursing Service is the right thing for patients.

Catherine has worked at Nutricia for over 15 years and in this time she has held several roles with direct patient contact, she uses this experience to continuously act as an advocate for patients throughout the business ensuring that she, and others never lose sight of the importance of understanding patients' needs and how we can best support them. As Head of Nursing, making sure that the national team are trained to an exceptionally high standard to be able to give the best clinical care to patients is key, as well as embracing and championing service improvements. This enables the service to constantly evolve and adapt, a recent example includes Catherine providing leadership support for the development of the Nutricia Homeward App which allows Nutricia Homeward Nurses to have video App calls with Nutricia Homeward patients. Catherine routinely goes out of her way to make sure patients don't need to be admitted to hospital unnecessarily, often speaking to managing healthcare professionals to put in place bespoke solutions to support individual patients to feed safely at home.

## At Work

Catherine stands out as an exceptional leader, someone who is willing to make changes to ensure the service she leads is fit for purpose and meets patients' requirements. Her style is to develop and coach others to be the best they can, and she has a robust management team supporting her. Acting as a strong role model, she makes decisions based on facts and will use the national nurse team to help support her decision-making process, never being swayed by just one opinion. Frequently asking, and listening to opinions from the wide team, regardless of experience or grade so she can form a comprehensive view and assist in making difficult decisions, always with respect of how this may impact on patient care and their overall experience of the service. Catherine has developed a powerful environment of trust and inclusivity and the feedback from her team is overwhelmingly positive, some examples are:

*"Catherine must be one of the best and most supportive managers I have ever had, no question is too much, she will always respond, support, or direct you in the best direction with any query you have."*

*"Catherine is very passionate on ensuring we continue to deliver a high-quality service, implementing KPI dashboards to really ensure we deliver this high service."*

*"She is very patient, but also persistent. She is always calm in a challenging situation and ensures her audience has clarity in what she is either presenting, stating, or requesting."*

*"She provides her full attention to the situation she is in at any one time. She ensures resolution and is very competent at communicating this. Catherine establishes high level partnerships with both internal and external stakeholders, with patient care at the heart of everything she does."*

## Summary

I adamantly believe Catherine deserves to win the Patient Experience Manager of the Year award as she is an exceptional leader who leads from the front and by example. Leadership is about being adaptable, agile, and making a difference by thinking and acting differently. Catherine can deal with the pressures of today whilst also be part of the vision for tomorrow, not easy when you add a pandemic into the equation as well. Leadership is about working in partnership with colleagues, patients and across organisational boundaries. This may sometimes present challenges, but also creates opportunities to learn from them too. Catherine is always looking for opportunities to learn to help shape the service for not only tomorrow but the longer term future.

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## Oxford Health NHS Foundation Trust

### Creating with Care



**Oxford Health**

**NHS Foundation Trust**

#### Category

Environment of Care

#### Organisation

Oxford Health NHS Foundation Trust provides physical, mental health and social care for people of all ages across Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath and North East Somerset. Oxford Health employs approximately 6,500 staff in a variety of roles. Our services are delivered at community bases, hospitals, clinics, and people's homes. We focus on delivering care as close to home as possible. Oxford Health has six community-based hospitals based across Oxfordshire based at Abingdon, Bicester, City, Didcot, Wallingford, and Witney. The community hospitals provide, rehabilitation and palliative care for people who no longer require the services of an acute hospital but require a greater level of care than currently can be provided in their home environment.

#### Summary

This is an innovative arts-based programme that is being delivered over six hospitals. The project began in one ward four years ago, when there was no all-inclusive arts-based activity offered on our wards and there was no budget available. Angela's role as Arts Co-ordinator/ Creating with Care has brought a wealth of arts-based activities to the hospitals & they have become a much loved and valued part of hospital life. The outcomes are visible, immediately in terms of smiles, all round engagement by patients and staff in the activity but also in the lived environment and art pieces displayed around the hospitals and gardens are all co-produced. The introduction of Creating with Care has transformed our patient's experience and their care environment. The programme has provided a boost to everyone's morale in a particularly challenging year. The continued success and enthusiasm for participation has proved that the arts are essential to well-being and aid recovery.

#### Impact

The programme has included patients working with specialist artists to deliver workshops on dance, mime, film, music, visual arts, crafts, cabaret, photography, exhibitions, museum, and heritage visits. Wellbeing has been enhanced through activities for staff, patients and their families. During the first year of the programme, there were a total of: 790 patient's attendances and 281 staff attendances on its participatory arts programme at Witney Community Hospital including: • 43 group dance sessions with 383 attendances (314 patients, 68 staff and 2 visitors); • 118 patients and 10 visitors took part in 1-2-1 dance sessions with the arts co-ordinator; • 218 patients engaged in concerts, museum visits and afternoon tea parties; • 281 staff attendances giving staff the opportunity to learn mosaic making, acrylics, watercolours, poetry, film, reminiscence, and dance. The arts-coordinator has worked with six young people on work experience and three student nurses over the year; • 71 members of staff engaged with staff dance sessions and the Flash Mob film, which had 424 views online and 6 public showings for 68 patients and staff. Visiting artists worked with 140 patients. During 2018, Creating with Care had a total of 1107 patient's attendances and 321 staff attendances on its participatory arts programme at Witney Community Hospital. The programme has also delivered 8 outreach workshops and 3 fundraising events raising £3000 towards arts activities over the year. Projects have included both group and 1-2-1 sessions at the bedside. Music has played a big part in the programme of activities at Witney. In 2019 we developed an evaluation model for arts sessions, collating evidence including patient experience, mood before and after sessions, does the art have a positive effect on the ward, does it relax patients. The answer to both is yes – by over 70%. The program continued to expand during 2019, 2020 and 2021 across 6 hospitals with similar activities. 2020/21 has still been a very busy time for Creating with Care. We quickly identified a need for our patients to have some creative interventions readily and easily accessible that also complied with current infection control policy. CwC responded delivering virtual concerts and arts lessons, providing individual creative packs and art carts for each ward.

#### What makes us special

What makes this arts programme stand out is the feedback we get from patients and staff about the patient experience and how it is enhanced by the Arts Programme. Patients comments – *Would recommend it!; Enjoyed it immensely – it's better than sitting in your room all day; Kept my mind busy whilst making something beautiful; Thank you, I feel young again.*

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## PEP Health

**What Patients Think: Identifying trends and variation in patient experience across hospitals in England using online patient feedback****Category**

Using insight for Improvement (Innovation)

**Organisation**

PEP Health is a social media listening tool which offers a radical new approach to collecting and analysing the views of patients on the health services they have received. The platform delivers comprehensive real-time reporting of what patients really think about their care. PEP Health aggregates millions of social media and on-line comments about every NHS and independent acute hospital in England. It uses advanced machine learning, with comments themed into care quality domains, to give insights which fully reflect each provider's strengths and weaknesses, including at departmental level. In March 2020, PEP Health was selected to join the award-winning NHS Innovation Accelerator following an international call and a rigorous selection process.

**Summary**

The digital world presents an unparalleled opportunity to listen to patients' views and gain actionable insights in real-time, which will drive better patient outcomes and improve safety. Designed and led by a team of expert healthcare professionals, our technology leverages cutting edge machine learning techniques to gather, interpret and generate insight into patient experience across all services. Ours is an opportunity to promote and support the development of true patient involvement. For Trusts, the benefits include efficiency time savings, reduced complaints, enhanced safety & faster feedback loop for quality improvement initiatives. Our seminal report on Trends and Variation in Patient Experience across England was designed to raise awareness about online patient feedback, to communicate to the public key trends/identify variation in patient experience, educate providers, boards and regulators on the ethical and effective use of machine learning to automate patient comments.

**Impact**

The results of this work have led to greater awareness of the variation in patient experience across all levels of the health system, to increased education and public engagement on the key issues that underpin the variation in patient experience and to a wider uptake in the use of online patient feedback as a source of quality improvement data. **National Variation:** Overall, there is a considerably greater volume of positive feedback compared with negative feedback from patients on the care they received from provider. A decrease in patient satisfaction across most quality domains throughout the autumn of 2019 into early 2020. We observe distinct improvements in reported experiences of acute care as the Covid crisis took hold and signs of plateauing and possible declines emerging in late summer / early autumn 2020. **Regional variation:** We see different patterns across the country with some areas frequently achieving higher patient scores than others. E.g. the S West saw considerable improvements in its ratings for fast access in summer 2019 and sustained high ratings through autumn and winter, whereas London had significantly lower and declining ratings for fast access over the same period. **Provider Variation:** Considerable variation, both over time and among providers, with patients at neighbouring trusts often reporting markedly different care ratings. Maternity provision shows one of the highest levels of variation, some trusts showing consistently high ratings while trusts in the same STP very low ratings.

**What makes us special**

Currently, NHS service providers measure patient experience using surveys such as the Friends and Family Test (F&FT) and the Cancer Patient Experience Survey (CPES). Critically, a survey can fail to deliver robust patient experience in three unique ways; firstly, methodology may vary across the country, making it impossible to compare and benchmark performance regionally and nationally; secondly, it is often not an adequately representative sample of feedback on patient experience as it does not capture all patient groups (e.g. disability groups), or areas of the health system, such as A&E and end-of-life services. Additionally, response rates are often low. Lastly, many of the richest insights are generated from free text comments, however interpretation of these data takes time and identifying themes and trends is difficult. For many surveys, findings are typically only published a year in arrears of the data collection point, therefore limiting timely learnings and actionable insights. Understanding user experience in real-time, across multiple data-sets and at scale is a key to unlocking improvement and fair access in services for all patients. By listening at scale and in real-time to a wide and diverse population of patients, we can act promptly and accurately to address what matters most to patients.

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## PPL & Surrey Downs Health and Care How do you open a hospital in a month?



### Category

Commissioning for Patient Experience

### Organisation

Surrey Downs Health and Care (SDHC) is an innovative partnership between local NHS organisations. Together, they provide adult community health services in Surrey Downs (which include Epsom, Dorking and East Elmbridge). Surrey Downs Health and Care is a partnership between the three GP federations that operate in Surrey Downs: CSH Surrey; Epsom and St Helier University Hospitals NHS Trust; Surrey Downs Health and Care also works closely with Surrey Council County. PPL is a social enterprise that exists to promote better health, wellbeing and economic outcomes across the UK working with individuals, communities and the organisations that support them. PPL does this through applying the best of current and emerging thinking in the fields of management science, analytics, organisational development and consultancy to help people achieve better outcomes in life and to deliver social value.

### Summary

In response to COVID-19, Surrey Downs Health and Care (SDHC), on behalf of Surrey Heartlands ICS (SH), developed a new community hospital called the NHS Seacole Centre in just a few weeks to manage additional demand. A multi-disciplinary team from Epsom and St Helier Hospital (ESTH) planned and operationalised the facility. PPL supported this team to bring the vision for the centre to life through detailing the model of care, number of beds, workforce, governance and financial requirements. PPL detailed how to implement the vision for the centre & it continues to provide high-quality rehabilitation/community care for COVID-19 patients.

### Impact

The NHS Seacole Centre provided phased increases in additional community bed capacity for SH at a time of unprecedented additional pressures. This additional capacity: Improved quality of care for COVID-19 patients, as it was established as a dedicated facility tailored to cover the anticipated capacity gap; Improved outcomes for COVID-19 patients ensuring appropriate care was available for everyone who needed it; Reduced pressure on other SDHC organisations, including local hospitals, hospices and care homes. Current data indicate that the majority of patients (64.8%) at the NHS Seacole Centre are now discharged directly home, with or without a support package. About half of all patients are discharged on or before their Estimated Discharge Date. The running costs for the operation of the NHS Seacole Centre were anticipated to be £13.5m in total for the first 9 months. The costings assumed a phased opening of 56 beds until the end of August 2020, rising to a maximum of 129 beds from September onwards if required. To provide value for money, the Centre was established both with a view to immediate COVID-19 response and to longer-term increased community capacity, to ensure that the centre would be a positive future investment beyond the immediate crisis, which has proved worthwhile.

### What makes us special

From a staff perspective, the design led to a balanced staff to patient ratio, ensuring that care was tailored to each person's needs. The design also released time to care for staff, by supporting staff in their efforts to deliver high-quality, patient-centred care. Co-designing with frontline staff resulted in improved staff confidence and demonstrated value for money in how the centre was designed. The design also offered full clarity to staff on their roles and responsibilities, setting out the employment arrangements and the plan for coverage when required (e.g. due to staff illness). From a patient perspective, the design of the centre also included the development of detailed and innovative patient pathways. The pathways were co-developed with clinicians and patients and considered every possible pathway for a patient receiving COVID-19 treatment. This created a streamlined service for all patients. The additional capacity created not only benefitted those in the facility, but also those receiving non-COVID-19 related care in other areas of SDHC's community. Selection of recent patients' comments: *'They work so hard; My treatment and care was always of the highest professional quality; everyone very welcoming, warm, friendly and caring.'*; *'All staff were kind, considerate and caring; nothing is too much trouble.'*; *'Everything was friendly and caring, the best NHS experience I have ever had.'* There is also plenty of quantitative evidence that the NHS Seacole Centre has improved capacity and provided high-quality care at a time of significant pressure in the SH system.

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## PPL & National Voices

### What we need now: What matters to people for health and care, during COVID-19 and beyond - new National Voices I Statements 2020



#### Category

Engaging and Championing the Public

#### Organisation

National Voices is the leading coalition of health and social care charities in England. National Voices works together to strengthen the voices of patients, service users, carers, their families and the voluntary organisations that work for them. It has 170 members covering a diverse range of health conditions and communities, connecting us with the experiences of millions of people. PPL is a social enterprise that exists to promote better health, wellbeing and economic outcomes across the UK working with individuals, communities and the organisations that support them. PPL enabled one of their consultants to work with National Voices two days a week for six months on a pro bono basis. This project would not have been possible without PPL's steady, calm and brilliantly organised leadership.

#### Summary

Between April and October 2020 National Voices and PPL ran an ambitious project: we set up an online platform, <https://ourcovidvoices.co.uk/>, to hear the voices of those who were living with ongoing health and care needs during the first phase of the pandemic. We then worked with people themselves to distil these into a set of first-person statements that express what people who use health and care services expect these services to look and feel like. We collected and shared with the world how people with long-term conditions, disabilities and other health and care needs were living during the pandemic. We used the insight people gave us to influence decision-makers to do better. We obtained the endorsement and commitment of organisations and individuals across the system, including the Royal College of Physicians and the Beneficial Changes programme within NHS England & Improvement, to use the new I Statements in practice, to improve the design and delivery of care for all.

#### Impact

The key result of this project is identifying a set of (often unmet) needs, and expressing them in natural and reasonable language that people can understand and system leaders, service designers and healthcare professionals alike can respond to during the pandemic. They are:

- Recognise that those working in and those using health and care have been through traumatic experiences. Acknowledge people's tiredness and anxiety in communications.
- Be mindful that the heaviest burden of service cuts, and loss of support has been felt by people whose lives were already made more difficult through poverty, racism and inequality. Focus efforts on those who have the worst outcomes.
- Stay focused on the things that people say matter to them.
- Measure what matters.
- Acknowledge that changing one thing in health and care impacts everything else.
- Ask questions about the interfaces: How do mental and physical health need to be connected? How do health and care need to work together? How can medical and non-medical needs be met?
- Allow the service to work with communities and patients, users or families to find solutions – this will mean solutions might look different in different places.

#### What makes us special

We believe the power of these statements lies in the fact that they are truly reflective of what people with significant health and care needs said they needed and wanted. We also hold that their simplicity, their self-evident realism and the pragmatism therefore demand an equally practical and grounded response from system leaders, and everyone tasked with designing and delivering health and care. In particular, the I Statements: Are simple, so they are likely to resonate with all (from patients to policymakers) and chime with the overarching policy promises for a new Health and Social Care settlement that puts people at the centre; Identify basic needs and desires, and thus apply to a wide variety of groups / organisations / services, big and small, statutory and informal; Are open: people can use them to express themselves, without being prescriptive. The 170 diverse member charities have had experience of working with the previous set of I Statements and are best placed to take these I Statements forward, feeding us back their valuable insights and lessons learnt in months to come.

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## Royal Cornwall Hospitals NHS Trust

### Patient diaries, following patients journeys' through Critical Care

#### Category

Personalisation of Care



Royal Cornwall Hospitals  
NHS Trust

#### Organisation

We are a 15 bedded Critical Care in the heart of Cornwall. With over 100 staff we are a busy Intensive Care furthest out on the South West peninsula. We take a combination of Emergency admissions and post operative patients who require varying levels of organ support. We are a brilliant team who provide an outstanding service to all our residents and holiday makers in Cornwall.

#### Summary

Imagine... waking up in a hospital bed. Nurses in masks. Beeping on the monitors. Lines in your arms. So weak unable to move. You look at the clock and realise you have been asleep for 2 weeks.... You suddenly become scared. You have no idea what's happened. This is what happens to our patient's everyday on an Intensive Care unit. Reading this would make anyone realise the impact an intensive care stay has on a patient's mental health. Our patient diaries have been designed to help to the best of our ability in that recovery process.

Our team have recognised how patient diaries are an invaluable platform for communication to our patients. They have created an outstanding diary which not only allows for a record of events while a patient has been sedated but provides information, support and guidance to patients and their families. Using transformational leadership our team have adopted patient diaries as a normal practise which has led to brilliant outcomes. Seeing our success has meant diaries are being rolled out throughout the trust to ensure that all patients receive the benefits of a diary. By completing these diaries each and everyday we are ensuring the best for our patients in their recovery from Intensive care.

Patient diaries are now a requirement from NICE and the GPIC guidelines for all Intensive care units. Our unit had become compliant with a very simple patient diary but it was soon recognised that due to its poor implementation it was not having the desired effect we wanted on our patient's experiences in Intensive care.

Patient diaries are an invaluable platform for communication to our patients. It is a personal item which documents their journey and can have extremely beneficial effects on the mental recovery process of being admitted to an Intensive care unit. It aids patient's recovery by helping patients 'fill in the gaps' or 'put together the puzzle' of their traumatic experiences. By knowing what has happened to them it can help their brains compute why they may have had certain hallucinations or thoughts throughout their stay.

Considering how important this is to a patient's recovery from Intensive care it is essential we get this right and achieve excellence so a patient diary can be used to its full potential.

#### Impact

The main way we have monitored our success has been from patient feedback. Patients are asked about their diaries in our follow up clinics which is then fed back to myself (Laura), the patient experience lead. I then make changes accordingly or pass on information to the team. We decided to keep this feedback quite open rather than specific to allow patients to give us a truthful insight into how they found their diary.

The response is hugely positive. With patients finding them extremely moving, with comments of love, support and how much energy staff put in the background to ensure they received the right care. Constructive feedback has also been used to ensure that patients are fully involved in the documentation of events in their diary. Asking them what they would like to have documented in their journal of events. Their perception of how they feel compared to how we see them can be extremely different.

#### What makes us special

The thing that really makes this initiative stand out is the commitment of each and every person involved in this change. From the time spent creating the diary to the time spent raising money to get a quality product. The nurses involved in this change were completely committed and motivated by the invaluable effect this project would have on our patients. Because this was always at the heart of their project this shines through in the effect it has on patients today.

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## Royal Cornwall Hospital Trust

### Karen Cock and Will Faux - qFIT in colorectal 2ww as a response to the COVID-19 pandemic



Royal Cornwall Hospitals  
NHS Trust

#### Category

Fiona Littledale Award

#### About Nominee

Karen Cock and Will Faux. I (Karen) became the lead of the colorectal 2ww service in 2014 supported by Will Faux. During the last 6 years we have worked hard to provide and sustain an efficient and effective service despite the increasing demand with rising referrals from 1500 in 2014 to 4000 in 2020. Patient satisfaction within the service has been audited and achieves high levels of satisfaction, with patients routinely assessed within 2-3 days of referral from GP. All results are reviewed and actioned by a team of specialist nurses overseen by me and a weekly virtual clinic is conducted to review any complex cases. Patients are then referred either the colorectal MDT where they are presented by myself, other specialty MDTs or discharged back to GP.

#### At Work

Will Faux and I have worked together on the colorectal 2ww service since 2014. The importance of collecting data from our service has been embedded since the beginning and we use this information to inform and change our practice as required. During the COVID-19 pandemic this has been invaluable. We were quick to change all clinics to telephone at the end of March in order to ensure that the service could continue to function and were integral to planning the triage of patients into the most appropriate investigation stream (radiology or endoscopy). In partnership with the South West cancer alliance we implemented qFIT into the service. This required a new system through the hospital and co-ordinating results with the main lab in Exeter. Protocol required rewriting and communicating out to the team to ensure that everyone knew the process and was supported with training and learning needs.

Originally everyone with qFIT of <20 was discharged back to GP and only those >20 were booked to test. However, after a couple of patients presented as emergencies from the qFIT<20 group we recalled all patients discharged to GP and offered them a CT scan – 10% of these patients were diagnosed with a cancer and this led to a change on practice. Without the ability to review the data and dedication to offering a safe and effective service this would not have been possible.

#### The Professional/s

Following the introduction of the qFIT and initial change within 4 weeks from the original process of discharging <20 the service was updated and protocols re-written to change the qFIT 20 to qFIT 10. Resulting in everyone with a qFIT >10 being booked for a bowel specific test (either colonoscopy or CTE dependent on co-morbidity) and those with a negative score <10 to a plain CT (CT abdomen and pelvis without weight loss and CT thorax, abdomen and pelvis with weight loss).

Will and I presented our findings and recommendations to the South West Cancer Alliance sharing our practice and have also written up the data which has been accepted for publication in both the British Journal of Nursing and Annals of Surgery – further increasing our ability to share our experiences with the wider health community. I strongly feel that the ability to adapt and act on the findings of our data has improved the care and service that the people of Cornwall received during this very trying time.

#### Summary

Will and I are passionate about providing evidence based and effective care, we audit and review our findings regularly to adapt and improve any area which we identify as requiring improvement. We are keen to share our findings and to learn from others. The work we have performed within the 2ww service has led to a new pathway being implemented in Cornwall whereby the referral form has been completed amended and the GP is required to perform the FIT test prior to referral. For the <10 group the GP can now refer to the Non Site Specific Pathway (NSS) which is run by acute GPs and offers patients CT scans to investigate for extra colonic cancers. I believe that the ability of the GP to refer to the correct pathway greatly benefits patients and improves their experiences of the service. Furthermore, it will increase sustainability within colorectal 2ww.

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## Serco Justice & Immigration

### Modernising Medication Management in a Prison Setting

#### Category

Innovative Use of Technology/Social/Digital Media & Partnership Working to Improve the Experience & Using Insight for Improvement (Equality/Access)



#### Organisation

Serco manages custodial services across the justice system on behalf of the Ministry of Justice (MoJ) and Scottish Prison Service (SPS). We operate six adult prisons in the UK and constantly and systematically look to make change for the better, putting the needs of prisoners, colleagues and communities at the heart of service design, while working within established policy frameworks and observing complex regulatory, security and governance requirements. HMP Dovegate is one of the prisons we manage. It's a Category B adult male facility with up to 1,060 male adult prisoners serving a range of sentences. Practice Plus Group (formerly Care UK) is a leading provider of independent healthcare; providing predominantly NHS Services. We employ in excess of 6000 staff nationally to deliver safe and high-quality healthcare services in line with our ethos of 'Access to Excellence'.

#### Summary

Managing prisoners' medications is challenging due to greater degrees of health needs when compared to the general population. To improve prisoners care and meet the needs of our population, we needed a better understanding of medication management challenges and to consider how to resolve them, whilst retaining a high level of care equivalent to a community setting and ensuring staff safety. Following detailed research and design thinking, an innovative pilot project was undertaken to enable independent collection of in possession (IP) medication. A locker system was designed and tested within the TC\* facility at HMP Dovegate. Results have been extremely positive and related to improved patient safety and effective governance, this includes a 16% rise in the number of prisoners who can now have their medication in-possession. All stakeholders reported improvements against proposed project benefits, with themes emerging around: Better access to medications; Improved patient management/ control; Reduced delays (staff/patients); Improved accuracy, time management, partnership working and governance. This project was highly ambitious, considering the security requirements of prisons, which are challenging places to implement technological innovations. National rollout underway.

#### Impact

The design, build and installation of the Medication Dispensing Lockers\* (MDL) solution was evaluated both qualitatively and quantitatively. Benefits are highly edited here. 1. Post- implementation focus groups (prisoners and staff). **Prisoners** - were extremely positive and felt the experience of collecting medications was greatly improved. Key themes were that the MDL\*: Faster; Allows flexibility, enabling prisoners to collect their medication at convenient times; Reduced disruption to other essential prisoner activities, as the need to queue is greatly reduced; Reduces stress and time burden for the prisoners; Reduces anxiety and concerns in relation to medications collection; Increases prisoner's independence and control of medications; Increases uptake and collection of medication. **Custodial staff** - felt that the system was a positive development in the management of medications. Key points were: Reduced queries; Reduced missed medications; Saved staff and prisoner time, allowing custodial staff time to complete other tasks; Improved safety by reducing prisoner frustrations relating to medications management; Reduced staff stress. **Healthcare staff**: A cross selection of multidisciplinary staff (pharmacy and nursing) participated in focus groups. Under the previous system there hadn't been the ability to notify prisoners that medications had arrived, and the infrastructure was limited in storage options. In their view the MDL\* solution improved the whole medications administration process, allowing more effective interactions with residents, reducing abuse. Post- implementation survey of users: - 80% of those who answered the survey thought the MDL\* was easy to use; - 92% were positive about the experience of using the MDL\*

#### What makes us special

Started as an operational challenge, quickly developed into improving the experience of medication management for prisoners and staff, with numerous partner agencies fully committed to supporting significant change. This is particularly important as health needs amongst people in prison, tend to have a greater need for healthcare and the MDL increases the opportunity for prisoners to take control of their medication and also supports clinical staff to delivery all aspects of care delivery rather than just focusing on medications administration. This concept is highly innovative, not been utilised elsewhere and embracing technology to increase efficiency of a process benefitting all stakeholder groups, whilst also returning an important part of quality delivery – time and choice.

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## Serious Hazards of Transfusion

### SHOT- the Independent UK Haemovigilance Scheme

#### Category

Measuring, Reporting and Acting



#### Organisation

Serious Hazards of Transfusion (SHOT) is the United Kingdom independent, professionally-led haemovigilance scheme which has been collecting and analysing anonymised information on adverse events and reactions related to blood transfusion from all healthcare organisations involved in the transfusion of blood components in the United Kingdom since 1996. SHOT is funded by the 4 UK Blood Services and is affiliated to the Royal College of Pathologists. SHOT has a UK wide remit - 7 healthcare specialists each with a bespoke role; haemovigilance data manager, laboratory incident specialist, clinical incident specialist, patient blood management specialist, supported by an administrator, with leadership from a medical director and an operations manager.

#### Summary

SHOT aims to ensure blood transfusion is safe, appropriate and effective. Transfusion is essential to patient care, with >2 million blood components issued across UK annually. Severe reactions and major errors are too few to trend within individual organisations. SHOT is the UK haemovigilance scheme collating events/reactions to identify themes. SHOT is a world-renowned organisation celebrating 25 years at the heart of transfusion safety. With ~100% UK participation, the key contributor to SHOT's success is the collaborative approach to improving safety, working closely with frontline staff, transfusion experts, professional and regulatory bodies. Haemovigilance and patient safety are everyone's responsibility with healthcare professionals collaborating to build safer systems. Other key features include: • Accessibility and availability; • Applicability: Resources developed (aide memoires, checklists <https://www.shotuk.org/resources/current-resources/>) support clinical and laboratory staff providing tools to address patient safety issues

#### Impact

Some of the key impacts that SHOT has made include (more in submission): 1. **A reduction in ABO incompatible transfusions**, a Department of Health never event, and potentially fatal transfusion error - reduced from 15 deaths and 52 major morbidities between 1996 and 2005 to 5 deaths and 31 major morbidities between 2006 and 2019. 2. **Identification of the risk reduction measures for transfusion related acute lung injury (TRALI)** a potentially lethal complication affecting the lungs post transfusion. Appropriate risk reduction measures were put into place across the UK and SHOT has documented a significant fall in both reported cases and mortality from TRALI. 3. **Reporting and analysis of another pulmonary complication, transfusion associated circulatory overload (TACO)**, led to recommendations for single unit transfusion strategies, the creation of a TACO checklist and a weight adjusted red cell dosage calculator in 2017. 4. SHOT data has demonstrated the **efficacy of the interventions to reduce transfusion transmissible infections (TTI)**. 5. SHOT data and recommendation have enabled better transfusion decisions encouraging proper risk assessments in patients, consent, communication issues. It has helped identify transfusion recipients where extra care is needed and identify areas for improvement; 6. One of the key achievements was the **establishment of the United Kingdom Transfusion Laboratory Collaborative (UKTLC)**.

#### What makes us special

The following are the key elements that that make SHOT successful: • Improving patient safety is at the forefront of all activities; • Patient and lay representatives are involved in shaping SHOT strategy and informing improvement actions; • Collaboration with both transfusion community and working closely with regulators (MHRA) ensure messages are aligned and recommendations are meaningful; • All resources, including the annual report are easily accessible and available on the website and app; • Patient, staff, and organisational confidentiality is maintained and a just learning culture is promoted; • Clear recommendations are provided for change with rationale, based on haemovigilance data; • Haemovigilance activities provide a continuous cycle for reporting, learning, and reviewing impact of recommendations; • With over 23 years of SHOT reporting the scheme has demonstrated effectiveness in identifying risks and improving transfusion safety; • SHOT develops a wide a range of materials for education, health literacy, and provides free access to teaching materials for local use (as described in section 8); • SHOT is internationally recognised as a world leader in haemovigilance and was one of the earliest schemes to be established worldwide.

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## Shrewsbury and Telford Hospitals NHS Trust

### Providing support and resources for people affected by cancer

#### Category

Integration and Continuity of Care & Personalisation of Care



**The Shrewsbury and  
Telford Hospital**  
NHS Trust

#### Organisation

The Shrewsbury and Telford Hospitals NHS Trust (SaTH) is the main provider of District General Hospital services for nearly half a million people in Shropshire, Telford & Wrekin and mid Wales. Shropshire has a population of approximately 300,000 and beyond the town centre the County is very rural with pockets of rural deprivation. The population is ageing with higher life expectancy and higher than average long term conditions. Conversely the population of Telford & Wrekin is approximately 172,000 with densely populated areas of both ageing and young people.

#### Summary

With support of Macmillan, SaTH has created a programme of initiatives to enable and empower people affected by cancer throughout their treatment and beyond. Working with patients, we have developed innovative tools to promote safe self-management, supporting recovery and survivorship. These innovations include developing a 'My Passport To Living Well', regular Living Well Sessions (LWSs) and resources through an online platform. Our initiatives have been designed with patients and, where appropriate, encourages patient volunteers to take an active role in the delivery. We pride ourselves on this and recognise this as a marker of quality and innovation. We have gained over 120 people (with consent) who make up our LWBC Advisors Network. They have agreed to be contacted to review, offer feedback and contribute to future developments within cancer.

#### Impact

By providing the Passport to the patient, it has enabled them to gain personalised care through the HNA and also have the control to make direct contact with local and national services that can support them. Feedback of the Passport has been hugely positive with the patients stating that it was "good to have all the information in one place" and be able to "write information during appointments so that I can look back at it later when it is not so overwhelming". Since the Programme started, data has shown a 47% increase in completed HNAs across all specialities. By the end of the 11-month pilot, a total of 321 people had benefited from attending a face-to-face LWS and over 120 now form our growing LWBC Advisory Network. Some feedback from the day: **From people affected by cancer who attended LWSs:** • Lots of useful information; • I don't feel so alone anymore; • Information very helpful to me as a carer; • If only I had this information 5 years ago; • I found the session very helpful. Talking about my situation and learning from others; **From staff who have attended the LWSs:** • It is great to understand what you talk about so I can encourage people to join on to a LWS; • It is fantastic that we are really promoting safe self-management so that people are able to cope better in the future; • There is a good balance between self-management of these concerns and reassurance that support is still available in both primary and secondary care: it was really well handled. A follow up survey was sent to patients 3 months post LWS. The results showed that they were accessing services available to them such as counselling and physical activity programmes as well as safely self-managing symptoms by adapting their lifestyle. 98% of patients had gained confidence by attending the LWSs. Due to Covid-19 restrictions, the team modified the LWSs and delivered these online. There are benefits for patients being able to access this information and support from the comfort of their own home but we recognise that this model of delivery is not for everyone. We will offer a hybrid approach to give people the choice based on their preferences. Within the first month of launching the Living Well videos we received over 400 hits! Referrals to supportive services such as the Macmillan Welfare Rights Service have increased meaning more patients are benefiting. In the past financial year this latter service generated over £3.6 million in terms of financial gains for patients with cancer which is simply fantastic.

#### What makes us special

Our approach to supporting cancer patients has been innovative and collaborative. Designed with cancer patients for cancer patients, we have led the first cross provider, region-wide initiative to ensure maximum exposure. Designed to provide high quality advice and support to patients, 24 hours a day regardless of their mobility, rurality etc. Our work benefits patients, family members, CNS teams and other Allied Healthcare Professionals. Promote wellbeing, ensures consistent high quality information is provided to all within England/parts of Wales.

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## Surrey Heartlands Health and Care Partnership

### If we change the beginning of the story, we change the whole story: Using Citizen and Workforce Insight to create and implement a Strategy for children and families

#### Category

Integration and Continuity of Care & Using Insight for Improvement (Integrated)



#### Organisation

Surrey Heartlands is a partnership of health and care organisations working together – with staff, patients, their carers, families and members of the public – to transform local services and support people to live healthier lives. Together we are known as an ‘Integrated Care System’ – partnerships where health organisations, the local authorities and others take a collective responsibility for improving the health of the local population, managing resources (including money) and making sure services are high quality.

#### Summary

Based on evidence from Unicef, the first 1,000 days of life – the time spanning conception until they are roughly two years old – is a unique period of opportunity where the foundations of health, growth and brain development are determined. This development is influenced by a wide range of factors such as the parents’ physical health and mental wellbeing, child nutrition, early childhood experiences, the child’s environment and their relationship with the family and caregivers. This strategy development project aimed to commit to focusing on the First 1000 Days by creating a strategy that would shape how services would be delivered for the next five years, with the view to give every child in Surrey the best start in life. The purpose of the strategy document is to provide a vision for our First 1000 Days transformation programme that families and professionals can convene around. This required partnership working across all sectors in Surrey to ensure that families are empowered and supported in a timely, informed and accessible manner. This project explored what children and parents need to flourish at home and in their local communities to inform how the system can be optimised to meet these needs.

#### Impact

The Surrey Health and Wellbeing Strategy, published in 2020, identified three interconnected priorities to improve outcomes across the county, one of which was ‘Starting Well.’ This priority entails forming a good understanding of the needs of the children and families in Surrey, which the strategy has significantly contributed to. Especially in light of the Covid-19 crisis and significant subsequent changes to the pregnancy and birthing experience, the day-to-day life of families and the amount of pressure and uncertainty they face, the strategy development helped to accurately frame the specific priorities of Surrey’s families. Having successfully created the Strategy using insight from families and the workforce, the First 1000 Days Programme can be confident that it meets the requirements of Surrey’s families and that it fully acknowledges and addresses health inequalities, vulnerable families and families who have children with additional needs (e.g. SEND). These insights have enabled the First 1000 Days Programme to allocate dedicated resources towards five workstreams that reflect the needs of Surrey’s families and workforce.

#### What makes us special

This programme of research follows principles of best practice by incorporating co-design from the start and throughout by using insight to generate both the original draft and the final versions. In addition, this research looks at a family’s holistic experience of pregnancy and the first 2 years of life, considering all the services they interact with and the non-service support they might need e.g., friendship networks, to have a positive and supported experience. Typically, organisations and services will only seek the views of their service and not how families move through the system of services. This is particularly pertinent to our vulnerable families that are likely to be supported by many services but struggling to navigate through the maze of support. Time and resources were dedicated to develop a robust research using a range of different methodologies. Despite the challenges created by the Covid-19 crisis, this work was still considered a priority, with interviews focus groups for citizens taking place remotely throughout the crisis period. This project successfully enabled mixed groups of health and social care staff, citizens, and stakeholders to work collaboratively to develop a strategy. There was a dedicated effort to involve minority groups and those with protected characteristics. This project ensured citizens and members of workforce that were regarded as ‘experts by experience’ are involved in the system’s decision-making and ensured that co-creation played a central role throughout.

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## Tameside and Glossop Integrated Care NHS FT

### A collaborative approach to developing Portering Standards for Person Centred Care

#### Category

Environment of Care



**Tameside and Glossop  
Integrated Care**  
NHS Foundation Trust

#### Organisation

Tameside and Glossop Integrated Care NHS Foundation Trust is an integrated acute and community Trust based in the borough of Tameside, which is part of Greater Manchester. The Trust is an integrated Trust delivering acute and community services across Tameside and Glossop in Derbyshire. The Trust serves a population of 250,000, across both rural and urban settings. The trust employs about 3,800 staff, has 524 beds across 28 wards and departments, 300 volunteers and has an annual turnover of £215 million.

#### Summary

Tameside and Glossop Integrated care organisation is proud to have signed up to the Dementia Friendly Hospital Charter. One of the commitments is to ensure staff understand and are skilled in dementia care. To achieve this, we needed to understand what training various groups of staff received. We discovered that whilst porters play a large part in the delivery of patient care, the training they received in relation to dementia and person centred care, is not proportional to their contribution. It became apparent that porters were not receiving patient handovers, and insufficient information was provided to enable them to provide their best care holistically to our patients. Understandably this had a negative impact on both patient and porter experience. Patients were not consistently receiving the personal approach they required and deserved during their transfer and porters reported feeling undervalued through lack of involvement in the patient's care.

#### Impact

The effect of delivering enhanced patient dignity and meeting patient's personal needs has led to an increase in staff morale among the Portering team. The creation of clear standards has given porters the confidence to speak out if these standards are not met and to challenge unacceptable behaviours. Already the Portering Team have suggested some additional standards to consider when these are reviewed. Assurance regarding patient safety has increased. Porters now transfer patients they are fully informed about. They have knowledge of patient's resuscitation status, any confusion and understand the implication of DOLS being in place. All Porters now have the knowledge and skills to communicate effectively with patients during transfers.

The team are most proud that the Portering Standards for Person Centred Care have raised the bar for all staff, including ward based clinicians. A truly MDT approach to providing dignified, considerate Person Centred Care for inpatients has been initiated, and will continue to be built upon through working collaboratively with other teams throughout the Trust. Specifically the development of processes for sharing the information about patients, combined with training has empowered porters to consider the 'human factor' in all interactions with patients. Porters now have the information for every patient's individualised needs to be recognised and met. Patients will no longer miss meals due to transfers between departments, which allows us to support their nutritional needs, and improve health related outcomes. The Standards have prompted clinical staff to refocus on Dignity in Care, and to pay careful consideration to the significant aspects of patient transfers that assist with patient experience and aid effective communication. The additions to the Trust internal Porter booking system have granted us the ability to draw on specific data relating to overnight moves for confused patients, and consider the significance of such within the wider agenda, which we were unable to do before.

#### What makes us special

This initiative focused on the work of a team that are often not seen as 'clinical' but this group come in contact with 100's of patients each week and were not offered the same level of education or training about dementia before this project. The key elements were the positive attitude towards learning from the portering team they really wanted to understand and make a difference. The Porters open and honest approach enabled the Admiral nurses to fully understand their role and work with them to improve their person centred. The flexibility and dedication from the Admiral Nurses meant that all members of the portering team had a chance to have their say and give their ideas towards the project which in itself increased staff morale.

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## Tameside and Glossop Integrated Care NHS FT Implementation of Volunteer Led Patient Property Centre



Tameside and Glossop  
Integrated Care  
NHS Foundation Trust

### Category

Personalisation of Care

### Organisation

Tameside and Glossop Integrated Care NHS Foundation Trust is an integrated acute and community Trust based in the borough of Tameside, which is part of Greater Manchester. The Trust is an integrated Trust delivering acute and community services across Tameside and Glossop in Derbyshire. The Trust provides community healthcare services across five neighbourhoods in Tameside and Glossop. These are delivered in community locations and in people's homes, throughout the locality. This includes the Stamford Unit which is a 96 bed community facility to support patients who are determined to be medically fit for discharge.

### Summary

As a result of the global pandemic, visiting at the hospital was stopped and we suddenly found ourselves relying on our fantastic volunteers more than ever. The Patient-Experience and volunteering team designed a service to support patients and their families whilst visiting was stopped with a patient property service where relatives could drop off and collect personal property for their loved ones who were inpatients. This has been vital to ensure patients have a positive experience and stay in contact with loved ones throughout the Pandemic. The service is extremely valued and appreciated by patients and relatives and has supported staff, enabling them to stay on the ward with their patients, reducing movement around the hospital. Particularly helpful over the winter when acuity on wards is highest. Volunteers have supported the service every day since it started – despite the risk to themselves – and don't fully understand the massive impact they have made not just to the continuity of services but also to hundreds of patients over the last year. We cannot think of a better way to say thank you to them than recognition of an award for their hard work and dedication which they give so freely every day.

### Impact

This initiative created many opportunities and provided us with the chance to offer a fantastic service to patients and their families. We received funding from NHS England for the initiative which enabled us to recruit 6 existing volunteers into a paid bank posts supporting our Trusts volunteer to career agenda. 261 x 7.5hr paid bank shifts were completed up until the end of April 2021, to oversee the running of the service. Every item delivered or returned is logged and signed for ensuring that the correct items are delivered to the right patients/departments every day. In addition : • 14 x 4hr volunteering shifts have been offered per week since the start of the service with several new volunteers giving their time; • 11 volunteers in total were trained and on-boarded to help deliver the service; • The NHSE/I funding helped us to offer families increased opening hours to 5pm x 7 days a week; • 13,558 items of property have been delivered and 2,660 items of laundry returned (as of the end of April 21); • Volunteers helped to deliver 45 devices to support patients in clinical areas with virtual visiting; • 59 personal electronic messages were delivered to patient's by volunteers; • Volunteers collated 186 Survey results around supporting communication between patients and families. Resulting in the introduction of a communication referral sheet; • The service has now been extended until July 2021, we have received wonderful feedback from families regarding the service who feel that this has helped them stay close to the loved ones at such a difficult time.

### What makes us special

*"Just wanted to share our appreciation for the fantastic work you are doing, being able to pass things between family and our mum as really helped us to stay close in this lockdown hospital stay"* Quote from a relative using the service. Without our volunteers, patients and their loved ones would have been completely isolated from each other. The volunteers in the drop off service have provided continuous cover from the day it started with the centre being open every single day to support our patients and staff. Belongings are often delivered to patients within the hour of their arrival. The volunteers have also been able to support patients with different cultural needs, i.e. supporting the delivery of home cooked foods for those patients needing additional encouragement with nutrition. The initiative has also had a massive impact on the lives of several volunteers who were interviewed and successful in becoming part of our bank team – two of these volunteers have now expressed an interest in careers for the NHS, one having secured a university placement for Medicine and another hoping to go on to study nursing, with a further three actively looking for employment at our Trust.

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## Tameside and Glossop Integrated Care NHS FT

### Shifting the relationship between the public and service providers by having person centred conversations



Tameside and Glossop  
Integrated Care  
NHS Foundation Trust

#### Category

Staff Engagement/ Improving Staff Experience & Strengthening the Foundation

#### Organisation

Tameside and Glossop Integrated Care NHS Foundation Trust is an integrated acute and community Trust based in the borough of Tameside, which is part of Greater Manchester. The Trust is an integrated Trust delivering acute and community services across Tameside and Glossop in Derbyshire. The Trust serves a population of 250,000, across both rural and urban settings. The trust employs about 3,800 staff, has 524 beds across 28 wards and departments, 300 volunteers and has an annual turnover of £215 million.

#### Summary

Personalisation of care begins with the simple skill of having a different kind of conversation between people that work in health and care services and those people who use health and care services. We wanted to build the skills of our workforce to enable them to become coaches and facilitators of person centred conversations to improve patient experience, increase patient control and provide skills and tools that support self management. We gained leadership support to develop a workforce development offer. We worked with TPC Health – a health coaching provider to recruit and train 10 colleagues from a range of disciplines and sectors to deliver a 2 day course in coaching conversations to people working and volunteering in the area. The course impacted the practise of individuals and teams and influenced delivery of health and care provision. There was a significant demand pre-pandemic and as a result have support to continue and develop.

#### Impact

**Engagement and participation:** 21 two day courses delivered; 430 places registered and filled; 317 individuals completed the full two days; 40% of attendees worked in healthcare services; 22% worked in social care services; 31% worked or volunteered in the VCFSE; 7% worked in private domiciliary care providers. We monitored impact with a very simple evaluation form and follow up conversations. Demand and participation was high and we held a long waiting list for the duration. We decided to offer mixed courses to encourage collaboration and connection between services, and encouraged learners to collaborate with us and the programme for the benefit of their own learning. The course involved skills practise in coaching conversations which some participants expressed nervousness about. **Success of training for trainers programme:** Feedback from course evaluations was positive. The process of training for trainers was robust and effective and contributed significantly to their own as well as others' development. Content: 99% felt it was good or very good; Delivery: 100% felt it was good or very good; Follow up - 6 months post training, two teams were selected for follow up to provide feedback on any continued impact of the training on their practise. The teams were selected as the whole team, including team managers completed the training. The feedback suggests that the training has a beneficial impact when adopted as a team approach. It has been weaved into team processes, line and team management approaches and provides consistency in approach for multi-disciplinary teams. It provides tools for practitioners to use, and more control for clients to engage with services on their terms structured around their goals. We shaped our whole offer around the ability to use the coaching approach, this has really changed the conversations we have with people.

#### What makes us special

Developing workforce training isn't different. What makes this different and special is that it has been created within a broader programme of person and community centred approaches that aims to shift culture change within organisations and create the conditions for people to maximise their health within communities. We are re-shaping the traditional health and care paradigm of patients as passive recipients of services. Success has been based on; • Organisational sponsorship and support; • Whole system offer – we want consistency in the quality of conversations throughout the system; • Collaboration and involvement of our peer trainers to shape the package and content. The integrated nature of our system meant that even though this piece of work is led by our Integrated Care Trust, we were able to reach into other organisations. This collaboration was fundamental to the project's success and furthermore extended well beyond the traditional health and care system, engaging with a range of partners including the voluntary and community sector

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**Tameside and Glossop Integrated Care NHS FT****Volunteering partnership approach to enhance patient experience****Category**

Partnership Working to Improve the Experience

**Tameside and Glossop  
Integrated Care**  
NHS Foundation Trust**Organisation**

Tameside and Glossop Integrated Care NHS Foundation Trust is an integrated acute and community Trust based in the borough of Tameside, which is part of Greater Manchester. The Trust is an integrated Trust delivering acute and community services across Tameside and Glossop in Derbyshire. The Trust provides community healthcare services across five neighbourhoods in Tameside and Glossop. These are delivered in community locations and in people's homes, throughout the locality. This includes the Stamford Unit which is a 96 bed community facility to support patients who are determined to be medically fit for discharge.

**Summary**

At the beginning of the Covid-19 pandemic St John Ambulance approached the Trust, to understand how their volunteers could support key priorities for the organisation including; improving care quality and outcomes for both patients and staff during this unprecedented time. In response, St John Ambulance has developed a volunteering model which placed trained volunteers into Emergency Departments to alleviate the pressure and demands of the system. Tameside and Glossop Integrated Care NHS Trust (ICFT) was the first Trust in the North of England to respond which has been hugely successful. The partnership began in April 2020, and has continued to date. The partnership approach between the Trust and St John has been hugely successful, not only because they have provided significant support to ICFT staff and patients, but also because the relationship has enabled volunteers to gain invaluable clinical experience. This has supported their skills as first aiders and in developing compassion and understanding when dealing with difficult situations. Whilst recognising this partnership has taken place in other Trusts, we believe that recognising this way of working has huge benefits for St John and the NHS & will help inform future models of volunteering and how these can be used to enhance patient experience.

**Impact**

The impact of the joint working has been significant, as it has helped not only provide additional support and help for staff and patients, but the volunteers have brought new skills, enthusiasm and ideas that will help to transform the way the Trust's voluntary services operate. From the first month commencing the 6th April 2020 to 31 April 2021 St John Ambulance have provided support every week. This has included 849 shifts with each shift lasting between 8 – 12 hours. To date nearly 80 volunteers have supported the Trust which has not only provided tremendous support and assistance to staff and patients, but has also changed the career paths of a number of volunteers. One such volunteer has now decided to change their current career plan as result of hospital volunteering and has now been accepted to study mental health nursing in September 2021.

The hours that have been given by St John volunteers and the number of people who have supported the Trust only tell a fraction of the impact of this joint working arrangement which has been significant for both St John ICFT. From an experience point of view for volunteers we found that linking people with a buddy really helped for new volunteers coming on board. This provided them with support from someone who had experience of volunteering in the department. Whilst quantitative measures can help to demonstrate impact (and a survey is shortly going to take place, which will be led by St John, it is the stories that have been shared by staff, volunteers and patients (included in supporting document) that have really demonstrated the difference this has made.

**What makes us special**

1. The organisations quickly established a working relationship at a time of national crisis; 2. Within a short period of time it has transformed the way our voluntary services have thought about working with other organisations and how this can impact future relationships; 3. It is a sustainable model that has been extended for another 12 months due to its success; 4. It is easy for other organisations to learn from a replicate; 5. It has helped reduce winter pressures particularly within Emergency Department and could be used in other clinical settings; 6. It has demonstrated how training and checks for volunteers in one organisation can be used to support a joint working model helping voluntary services become more efficient and responsive; 7. It has provided additional opportunities for volunteers to learn and experience health and social care environments, inspiring many to consider this as a future career choice

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## Technical Health Ltd

### MySunrise



#### Category

Innovative Use of Technology/Social/Digital Media

#### Organisation

Technical Health Ltd was set up to help the NHS adopt the benefits of digital technology through mobile apps and websites. We help NHS organisations save money, drive efficiency and improve patient care and access to information through simple patient and clinical pathway apps and websites. We are a company founded by practicing clinicians and hence bring a unique blend of clinical expertise and technical capability all focused on the very real challenges faced by the NHS and patients today. Royal Cornwall Hospitals NHS Trust provides acute care and specialist health services for the patients of Cornwall and the Isles of Scilly. Our Cancer Services department treats and cares for patients with all types of cancer at one site at the Royal Cornwall Hospital, Truro.

#### Summary

Cancer kills 165,000 people annually which represents 30% of all deaths in the UK. Cancer treatment is becoming more challenging due to increasing complexity of treatments and expectations of patients, an already increasing demand on NHS services, exacerbated by the challenges from COVID. A 2019/20 Macmillan survey of 70,000 patients showed; • 25% did not have side effects discussed fully; • 39% did not have long term consequences discussed; • 10% wanted self-help or support but did not receive it. MySunrise is the first information sharing platform in the UK designed specifically to support patients and their families through their cancer treatment journey at their NHS Cancer Centre. It is free for patients and has been developed by clinicians in the oncology team collaborating with patients, consultants and nurses, radiographers and supporting team groups. MySunrise is completely unique for each NHS centre and helps patients access trusted local information specific to their condition. It allows NHS Cancer Centres to update and publish treatment and service information 24/7. It remains the only cancer app able to push live updates to its patients throughout the COVID pandemic.

#### Impact

MySunrise app improves the overall patient wellbeing and also unlocks provider efficient savings. MySunrise helps direct patients to both local and nationally trusted and reliable sources of information relevant to their stage of treatment and diagnosis. This helps patients and their families to be both better informed and engaged with the treatment of their cancer. Key benefits to patients include: • Reduced anxiety; • Improved access to information; • More in feeling of control; • Better experience. We have recently completed research on patient satisfaction and benefits from using the MySunrise App. The research was conducted over a period of 4 months to 20th April 2021 and was available to everyone who downloaded the MySunrise app including Cancer Patients at North Devon District Hospital, Royal Cornwall Hospital, Royal Devon and Exeter Hospital, Torbay Hospital and University Hospital Plymouth. The research highlighted the following key findings: • High uptake of the App is seen in the over 60s - nearly 60%; • 70% of users are patients and 15% friends and family indicating good reach and appeal of the app to both patients and family members; • Uptake of the app was seen across a broad range of cancer types. • Uptake of the app was seen throughout all stages of the cancer pathway with 1st oncology apt and on SACT/chemotherapy being the 2 key download points; • 75% of patients reported reassurance or confidence from the app; • 92% found the app easy to use; • 94% of users would recommend the MySunrise app. We conducted a review of benefits at Royal Cornwall. For a typical NHS Trust with 1,000 cancer patients in a year, the total potential benefits per year is estimated to be £156,000 made up of: • 3-5 minutes saves per cancer specialist, per appointment; • Reduction in number of overall appointments for cancer patients; • More virtual appointments through the app, reducing face-to-face appointments; • Reduction in number of scans during radiotherapy due to better preparation; • Reduction in paper costs (not printing/storing paper leaflets)

#### What makes us special

The MySunrise App is unique because it is: • the first information sharing platform in the UK designed specifically to support patients and their families through their cancer treatment journey at their NHS Cancer Centre; • free for patients; • developed by the NHS for the NHS, by clinicians, working with patients, oncology consultants and nurses; • completely unique for each NHS centre; • represents collaboration between the NHS cancer centre and the Technical Health team; • the only digital cancer App able to push live updates to its patients throughout the COVID Pandemic; • personalised to the patient pathway

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## Tees, Esk and Wear Valleys NHS Foundation Trust

### Michael Curtis - Dementia friendly Village Project

#### Category

Patient Experience Transformer of Tomorrow



**Tees, Esk and Wear Valleys**  
NHS Foundation Trust

#### About Nominee

Since qualifying as a registered mental health nurse in 2010 I have set out to be a successful clinician and clinical leader with a track record of implementing transformational change. Above all else I feel the most important factors which have enabled my progress is to simply treat others as you would your own and be yourself and despite these qualities possibly sounding too simplistic I believe these can be amongst the hardest to achieve and maintain. I also possess a commitment to developing patient care across mental health services, setting and delivering high standards of care and never being afraid to look to improve services or daring to do things differently.

With the progression of my career I successfully gained a senior clinical post in older person's mental health where I feel I found my true calling in dementia care which has been my passion ever since. This passion for mental health services for older people encouraged me to reflect more than ever whilst developing an awareness of the delicate intricacies of the older population I served, especially within pit the pitmatic collieries I'd grow up in. The individuals in these areas tended to place a high degree of trust in their local GP, still held some stigma towards mental health services due to local historic Asylums and were less likely to attend clinics outside their local community. These observations handed me the opportunity to demonstrate embark upon an exciting and innovative GP pilot which required me to successfully engage local GP leads and their federations via forming effective integrated process of working in primary care center's and surgery's to enable the growth of community dementia hubs which later gained positive recognition in regional media and by the Alzheimer's association. The hubs continue to offer elderly local resident's memory assessment, investigations, diagnosis, treatment, review, carers education and signposting all under one roof within their local GP surgery thus improving uptake of care and building sustained positive relations. In addition to the latter we have also engaged local businesses and schools including the library where I would carry out visits to improve our visibility whilst breaking down mental health stigma.

As the pilot continued I then set about bringing national speakers around dementia to our small village to further raise awareness around the illness. Tommy Whitelaw and Ian Donaghy kindly responded when I reached out and delivered three fantastic events which I believe helped take the pilot to the next level. Subsequent to the latter I then successfully managed to engage the local community Centre to work in unison with our team offering our elderly community the possibility to engage and manage loneliness especially during the covid-19 pandemic via improved digital access and social distanced interactions.

#### The Professional

In order to promote the pilot I have carried out systematic reviews and updates including providing feedback to TEWV trust in unison with the local GP practices. Local newspapers also helped to highlight the pilot all of which was organized and planned within my own time as this fell outside of my core role at the time.

#### Summary

I believe that recognition of this initiative I set out to achieve is testament to all those who have offered their support including the elderly patients who have taken a step into the unknown to embrace change and mental health within their own community. This is about a socioeconomically deprived community coming together and striving to set the bench mark for a gold standard of dementia care whilst becoming a truly dementia friendly village permeated by dementia friends and champions.

Like many others we have continued to press forward despite the pandemic and I truly believe that this recognition would provide this pilot and those involved in it something to rally around, take stock and continue the drive towards the transformation of dementia care.

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## The Clatterbridge Cancer Centre Clatterbridge Cancer Centre – Liverpool

### Category

Environment of Care



### Organisation

The Clatterbridge Cancer Centre NHS Foundation Trust is one of three specialist cancer Trusts in the country, offering care and treatment to 30,000 patients every year from across Cheshire and Merseyside. In 2020, in the midst of the pandemic, the Trust opened its brand new flagship hospital in Liverpool city centre, Clatterbridge Cancer Centre – Liverpool. The centre was the first time the regions blood and solid tumour services were brought under one roof, and it brought care into the heart of the community it served, with the Trust having identified the majority of its patients were coming from the city region. The hospital features 110 separate en-suite inpatient bedrooms, panoramic views of the city of Liverpool from its SACT ward and state-of-the-art facilities.

### Summary

Prior to the opening of Clatterbridge Cancer Centre – Liverpool (CCC-L), our main site was located on the Wirral, on the edge of a greenbelt, in a beautiful landscape setting. Cancer patients and their families are in a very stressful situation and that landscape context creates a calming and reassuring environment. However 80% of the Trusts patients live on the other side of the Mersey and so a new hospital needed to be in the centre of Liverpool to respond to that demographic and to be close to surgical and critical care services at the Royal Hospital and to the research centres within Liverpool's Knowledge Quarter and the Universities within the city. CCC-L has successfully brought the calming and reassuring context of our Wirral site into an urban, city centre site. This has been achieved with the creation of a Winter Garden, which offers year-round landscaped space to patients and staff. Two atrium spaces within the building flood the interior spaces with sunlight, including in the radiotherapy waiting area, which is situated below ground level. Patients receiving SACT treatment on Levels 5 and 6 can enjoy panoramic views of Liverpool thanks to the floor to ceiling windows. Inpatients benefit from the increased privacy of separate en-suite rooms, as well as free in-room entertainment including a number of TV channels, games and meditation apps. Innovations in the design and build of the project also meant the building was delivered on time, on budget and to the highest quality, allowing patients timely to access the building and its services to begin benefiting from its facilities. During the COVID-19 pandemic, the building also increased the region's emergency response bed provision and allowed vulnerable patients to be isolated on inpatient wards.

### Impact

The scheme has already had a positive impact on the streetscape and local community, with further benefits that will be delivered upon the demolition of the existing Royal Liverpool Hospital and the creation of a public landscaped park. The building is of a high quality and improves the streetscape with its sleek, glass façade and external roof terraces at the higher levels. Local people are extremely proud of and positive about the scheme. Liverpool has one of the highest cancer rates in the country, and the new centre will enable the Trust to treat over 30,000 people per year, prolonging and improving their lives. The enhanced research and drugs manufacturing facilities within the building, as well as close physical links to the University and Knowledge Quarter are intended to drive forward research into gene therapies, clinical trials and new drugs and treatment techniques, cementing the Trust's civic contribution as a centre of excellence.

### What makes us special

CCC-L is Liverpool's first dedicated cancer hospital. The building was completed and opened to patients on-time and on budget, despite a global pandemic and the many challenges that presented. Despite the ongoing challenges presented by COVID-19, the hospital has delivered outstanding care to thousands of patients during the past 12 months. Not only that, the opening of a new hospital in the region during the pandemic supported local bed capacity, enabling acutely unwell oncology patients to be cared for at CCC-L, relieving capacity of local acute Trusts dealing with COVID positive patients. The hospital offers patients a unique environment of care, particularly during the pandemic, with en-suite rooms and panoramic views of the city of Liverpool – enhancing the overall well-being of patients during their treatment. With a focus on overall patient wellbeing, enhanced by natural light, consideration of acoustics, the inclusion of live music and artwork in public spaces and a café operated by a local social enterprise, CCC-L is a unique offering for people with cancer.

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## The Clatterbridge Cancer Centre

### Clatterbridge Cancer Centre Liverpool – Inpatient Refreshment Service

#### Category

Partnership Working to Improve the Experience



#### Organisation

The Clatterbridge Cancer Centre is one of three specialist cancer Trusts in the country, offering care and treatment to 30,000 patients every year from across Cheshire and Merseyside. In 2020, in the midst of the pandemic, the Trust opened its brand new flagship hospital in Liverpool city centre, Clatterbridge Cancer Centre – Liverpool. The centre was the first time the regions blood and solid tumour services were brought under one roof, and it brought care into the heart of the community it served, with the Trust having identified the majority of its patients were coming from the city region. The hospital features 110 separate en-suite inpatient bedrooms, panoramic views of the city of Liverpool from its SACT ward and state-of-the-art facilities.

#### Summary

In a complex environment such as a specialist cancer hospital, partnership and collaborative working is an essential component in providing excellent patient care. The COVID-19 pandemic has posed a particular challenge for hospital trusts when it comes to offering patients a first-class experience. With restrictions on third-party suppliers and friends and family entering our Liverpool hospital, inpatients being treated in our wards were at increased risk of loneliness, isolation, boredom and anxiety. With patient experience an utmost priority, the need to support patients in a more holistic way during the pandemic was identified. Working in partnership with our hospital charity, The Clatterbridge Cancer Charity, the Trust's Patient Experience Team began providing inpatient experience packs. Containing items ranging from food and drink items, to toiletries, newspapers, magazines and art materials, the packs provided patients with welcome distractions and activities, uplifting their wellbeing, knowing they were being supported in this way. These items were all provided free-of-charge to patients, with costs covered through a charitable grant obtained by The Clatterbridge Cancer Charity. Following the success of the patient experience packs and positive feedback from patients who received them, the Trust extended the project to a collaboration with our in-house catering partners, a social enterprise named Blackburne House. Having identified the benefit of this kind of holistic support for patients and acknowledging the challenges posed by the pandemic in providing this sort of service, Blackburne House and the Trust established a trolley service for inpatients. This service secured the long term future of this initiative, ensuring we could continue to provide this service to inpatients, regardless of COVID-19 restrictions and funding.

#### Impact

Verbal feedback received during the patient experience ward rounds was that the newspapers, snacks & drinks and toiletries were greatly appreciated, particularly for those who had been admitted in an emergency/unplanned from CDU and without visitors bringing those items in with them for the patients. One gentleman told the team *"it was a little bit of normal daily life, during a topsy turvey time"*. Another patient stated that they *"looked forward to the newspaper round and reading about the outside world"*. There are 110 inpatient rooms at CCC Liverpool, with the majority of rooms receiving a 'pamper' pack of toiletries, which there is a stock held on the wards at all times now for newly admitted and all patients to the wards to access, over 50 arts packs, which continue to be from the Trust's Arts Coordinator today as 'boredom busters' and over 1200 free of charge newspapers during the period of the initiative. The initiative ran from October 2020 to December 2020, until the Blackburn House Café was opened and the trolley service could be safely implemented.

#### What makes us special

This initiative was a true reflection of the Trust's desire to create a positive experience for people being treated as inpatients. The Trust believes in a whole-person approach to care and that supporting a patient's mental wellbeing is an important part of their cancer treatment. This service acknowledged the needs of our patients as people, understanding how difficult an extended stay in hospital would be without the support of loved ones visiting. The initiative was also as a direct result of patient feedback – having spoken to patients, we acted upon the information they gave us quickly and efficiently to improve their experience. Long term, the initiative aims to support a local social enterprise whilst also empowering patients who have the option to choose and pay for their own snack and reading material, giving them a sense of normality during their treatment.

#### Contact Details

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## University College Hospital Macmillan Support and Information Service Chemotherapy education for newly diagnosed patients at UCLH

### Category

CPES Award



University College London Hospitals

NHS Foundation Trust

### Organisation

University College London Hospitals (UCLH), located in central London, is a large tertiary NHS Trust, consisting of six hospitals. Over 3000 patients are diagnosed with cancer each year at UCLH, and about 850 new patients receive chemotherapy. The Macmillan Support and Information Service (MSIS) provides support to patients at every stage of their care and treatment, even before their cancer diagnosis.

### Summary

In 2017 and 2018 the national Cancer Patient Experience Survey (CPES) results for UCLH showed that many of our patients didn't receive adequate information about chemotherapy before starting their treatment. In response to this we developed an innovative initiative to improve the delivery of chemotherapy information with the aim of improving patients' experience and streamlining the way this information was provided. We set up a steering group of key stakeholders who worked to develop a group education session and a series of educational videos to help patients prepare for treatment. Information about how to implement and deliver the initiative was disseminated to the relevant teams, making sure the project was a success. We evaluate the initiative continually through patient surveys, analysing CPES results and monitoring video views. The videos have been particularly successful during the pandemic when all our face-to-face group sessions have been suspended. Patients felt well prepared for their treatment and the clinical staff have been able to focus more on those patients who needed extra support. We will continue with the video education post-pandemic. An unexpected outcome is that we've seen an increase in the requests for information in video format since the pandemic and used the learning from this initial project to produce other patient education videos.

### Impact

Chemotherapy Education group session: Patients completed an evaluation form before and after attending the group session. They were asked to score how they felt on three areas (see results) and they could also add comments. Data was extracted and analysed and changes were made to the content of the session based on the free text comments. After attending the group sessions, on average there was a: • 28% increase in how well informed people were about starting treatment; • 39% decrease in how worried people felt about managing side effects of treatment. • 43% increase in how confident they felt about managing the side effects of treatment. The findings reassured us that the sessions met the objectives we set. Patients were then surveyed once they were undergoing chemotherapy to determine the impact of attending the session. Fifty patients were asked to complete a survey, regardless of whether they had attended the group session or not. Data of those who had attended the group was compared to those who had not. All of the patients who attended the group session said that they would recommend it to someone else who was about to start chemotherapy at UCLH. Those who attended the group session felt better informed (average score was 10% higher in those who attended the session). Evaluation of Chemotherapy Education videos: The number of video views is monitored monthly to ensure the views are consistent with the number of people starting chemotherapy each month. CPES score: Patients scored UCLH 3% higher in 2019 for the question on receiving information before starting chemotherapy.

### What makes us special

Due to the combination of both visual and written content, information that once would take one hour to deliver is now delivered in less than 22 minutes. Patients can watch the videos more than once to help them to digest the information. The videos are both informative and accessible, making it easy for patients to absorb the complex information they need to prepare for their treatment. The involvement of patients in the process has been paramount to make sure that the group sessions and videos are a success. Their feedback helped us to develop the content that was important and relevant to them. Creating a steering group of key stakeholders was also key. The collaboration of staff from two departments (chemotherapy department and the support and information service) meant that the group sessions and videos were accurate and relevant to patients' needs. Identifying the reasons why the group session was under attended early on gave us the necessary evidence that the videos were needed. The covid-19 pandemic accelerated the use of the videos and the clinical teams could rest assured that patients had access to high-quality information before starting their treatment.

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## University College London Hospital MyCare UCLH – Our patient portal

### Category

Communicating Effectively with Patients and Families



University College London Hospitals

NHS Foundation Trust

### Organisation

University College London is a central London NHS trust, which provides Acute care across 6 specialist hospital sites in Central and North London. Across our organisation we provide around 1 million outpatient appointments each year, and admit over 100,000 patients. The care that we provide to our expecting mothers is an integral part of the care that our trust delivers, and we have over 6,000 births a year across our antenatal services. Our Antenatal team care for a large number of women in Camden and surrounding areas, but we also receive a large number of referrals for patients from outside our local area due to the specialist care we provide.

### Summary

Since its introduction in April 2019, we have developed and implemented the use of our patient portal, MyCare UCLH, into the day to day care that we provide for patients using our Maternity services. The portal has become a routine part of the care and 98% of our Maternity patients use the app. This amazing success was achieved with high-levels of engagement from our clinicians (midwives and obstetricians) and also our service-users. We are incredibly lucky to have an active Maternity Voices Partnerships (MVP) patient group; our senior team meet with them on a weekly basis, and all innovation, service improvement changes and guidance updates are co-produced with them. The roll-out of MyCare was no different, with MVP helping to formulate guidance, particularly for a new function we implemented during the pandemic where Home Blood Pressure Monitoring results are integrated into the app, allowing a reduction in face-to-face appointments, and ensuring abnormal results are managed promptly. MyCare has enabled us to deliver enhanced information about the patient care, have an easy method of scheduling appointments and communicating with our clinician teams to ensure they have the clinical support needed throughout their pregnancy.

### Impact

The success of mass-integration of MyCare for 96% of our patients has allowed the Division to pilot innovations in MyCare and in October 2020 we introduced an innovative digital system within Epic and MyCare to allow patients to remotely monitor their blood pressure. This was a UK first for pregnant patients and as our Maternity and Neonates Division is a tertiary Level 3 unit, we see a high volume of high-risk patients who have benefitted from this technology. The system enables the clinician to set personalised 'normal ranges' for each patient therefore facilitating individualised care. The complete integration with MyCare and Epic means clinicians can provide remote care regarding blood pressure, therefore not only has this enhanced the care for those at risk of significant and potentially life threatening pregnancy conditions, but it avoided patients coming into hospital for blood pressure checks throughout the pandemic. The response from our patients has been incredible with 100% of users saying they found it easy and helpful to use (please see testimony from a service-user in the supporting evidence) but also it has been celebrated by our staff because it has made their working lives so much easier.

We are able to mass-message with key information which was particularly important during the COVID-19 pandemic when spread key messages about the visiting policy, the vaccine and the importance of Vitamin D. Clinicians and admin can send messages with appointment updates, but also release patient's results via the app.

### What makes us special

The Maternity division are very grateful for the Epic team to help us roll-out MyCare UCLH to 98% of our patients and for going further to implement a UK first with Home Blood Pressure monitoring for our high-risk pregnant women. The patient and staff stories about the impact that it has had speak for themselves and highlight how technological services can help both patients and staff. Another main contributor that the Maternity Division want to highlight and make this initiative stand out is the engagement and enthusiasm from both clinical and administrative staff for the preparation for go-live, spreading the word to their patients and the work involved to optimise it. Without their support and motivation to get behind the initiative because of the impact it has on patients, the roll out of MyCare and remote monitoring technology would not have succeeded. The scope of this initiative is huge and involved a lot of work and it has paid off.

### Contact Details

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**University Hospitals Bristol and Weston NHS Foundation Trust****Christmas isn't cancelled - Supporting patients and families with virtual Christmas activities and entertainment****Category**

Support for Caregivers, Friends, and Family

**Organisation**

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) brings together a combined workforce of over 13,000 staff. The Trust delivers over 100 different clinical services across 10 different sites serving a core population of more than 500,000 people, which includes specialist services such as children's services based within Bristol Royal Hospital for Children. The Bristol Royal Hospital for Children (BRHC) provides a local service for Bristol children and a referral service for specialist care for families across the South West and nationally.

**Summary**

With the rise of the second Covid-19 wave in September 2020, our Matrons forum were worried that Christmas would need to be cancelled. The Virtual Christmas project took this challenge and developed a programme of Covid safe activities and entertainment to boost morale and provide bespoke opportunities for entertainment. By using a virtual approach, patients at the hospital could watch the same content as families at home and share in the fun together, which helped mitigate the sense of distance for those families who were separated due to the infection control limit on one parent only at the bedside. Patients and siblings could share the experience wherever they were and whenever they chose which provided a connection and sense of community which might otherwise have been lost. It also brought unexpected benefits in widening access to a much larger audience, and growing new skills for our staff and collaborators which we hope will allow this work to be continued into everyday practice.

**Impact**

Following the events we asked for feedback via Facebook and by way of a simple survey on Survey Monkey which explored what viewers felt about the content, how easy it was to access and how they had heard about the project. Feedback was hugely positive and is summarised below:

- Content was able to reach a wider audience – our most popular had over 200 views which, in the majority of cases, is higher than the number that would have been able to participate in a face to face session.
- Content was open to all family members – not just those in the hospital – which meant that siblings at home could watch along at the same time or undertake the same activities and their share their experiences during phone and video calls. This allowed some families to feel more 'together' despite being far away.
- Content could be accessed as and when a patient wanted so no one risked missing out on a session due to being in therapy or having treatment. Favourite sessions could be played over and over again.
- Participants were happy to be able to continue what in some cases had become a tradition of supporting the hospital at Christmas. They could also receive feedback via the comments on the channel and via the Facebook page to hear how families had reacted to their work.
- CFSS staff enjoyed the opportunities to work more collaboratively and new skills and abilities were brought to the fore including film making and editing skills.
- Staff also felt that they were able to contribute, particularly through the Bristol Children's Hospital's Got Talent' sessions which they felt boosted morale and allowed them to join in the fun but in a safe and appropriate way.

**What makes us special**

This project was created in incredibly short period of time, going from a blank sheet to a programme of 16 individual elements in the space of three months, showcasing the benefits of working collaboratively and of everyone pulling together to make something happen which initially seemed impossible. This work was in addition to other standard day to day duties but collaborators found the extra time and energy to make sure that our patients and families didn't feel forgotten at Christmas, but the only thing they would catch as a result was an infectious Christmas grin. Our feedback from the matron who chaired the original Matron's meeting where Christmas was discussed said it all: *"I wanted to drop you a line to say a massive thank you for everything that you did to make Christmas a success. I know that this was a huge team effort, but you went above and beyond in leading and supporting the changes that we had to make this year – it is hugely appreciated."*

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## University Hospitals Bristol and Weston NHS Foundation Trust Virtual Youth Involvement Group – communicating effectively and providing opportunities for young people

### Category

Communicating Effectively with Patients and Families



### Organisation

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) brings together a combined workforce of over 13,000 staff. The Trust delivers over 100 different clinical services across 10 different sites serving a core population of more than 500,000 people, which includes specialist services such as children's services based within Bristol Royal Hospital for Children.

### Summary

The UHBW Youth Involvement Group (YIG) was established in 2010 to encourage young people's voices to be heard more clearly in the hospital community, with the aim to create a two way engagement space for the organisation to consult and for young people to raise issues. In order to keep this group actively involved in our hospital and Trust processes, during the pandemic we have taken our YIG sessions online. We wanted young people to still feel involved in the organisation and feel involved in the changes that were happening as well as provide us with feedback on the impact of these changes. These sessions now run monthly and are a huge success and have proven to be an excellent way to communicate effectively with the young people involved in our hospital. The group has helped develop our Youth Voice programme, which looks at expanding opportunities for young people to be heard directly within our Trust; and has influenced the development of mental health support provision locally and within the Trust. This project is continuing to expand and are working to enable more activities as well as a combination of in-person and virtual sessions going forward.

### Impact

The impact and results we have achieved is primarily based on the feedback we have received from both young people and the wider staff group. Some of young people have become more involved with our hospital processes, and continue to do so, this is one of the biggest impacts we are proud of achieving from this initiative. Key benefits were hearing from young people about their thoughts and experiences at an important time and that we were able to more easily include young people from further afield within our tertiary setting. Virtual sessions have allowed young people who are immuno-compromised to attend, where previously we haven't been able to have more than one cystic fibrosis patient to keep everyone safe. Whilst numbers of attendance are similar (8-12 young people), the mix of ethnicities, ages and localities within the group has significantly increased and attendance to the virtual sessions has been more consistent. The majority of attendees have been or are current patients of our Trust; some long term, across a range of specialities. Young people have been able to maintain their profile and voice through our 'staff spotlight' feature with senior leaders and clinical staff - we ask the YIG which staff they would like to hear from, give them the opportunity to ask the questions they are interested in and we then link the process by identifying staff and collating their answers for our young people to read. Staff have benefitted from being able to hear from young people directly and have been impressed with the insight shown by the questions asked and comments made. This has helped to challenge perceptions of how young people may be able to contribute to the strategic agenda, indirectly leading to the Youth Voice Project (YVP). A member of the group has also been co-opted to the Equality and Diversity forum, participating in activities, which includes expanding the representation of BAME individuals. Another has become an Ambassador to the NHSE Youth Forum and represents the group nationally. Three other members are currently working with support mentors to take on a regular role at our Divisional Board and Leadership as part of the YVP. Feedback received from young people as a result has very positive: *'The work done by Youth Involvement Group has inspired me to keep doing more to make change. This is part of the reason why I applied to be a [GMC] Student Associate!'* *'Thank you for the email and organising the staff spotlight - I found R's responses fascinating and very moving to read.'*

### What makes us special

Young People are the future. We believe this is a fantastic initiative to continue to support our youth hospital community as best we can and continue to provide a two way engagement space for the organisation to consult and for young people to raise issues and ideas with us.

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**University Hospitals Dorset NHS Foundation Trust****Shifting the focus of a hospital based carer support service and gaining new insights into making a difference to carers****Category**

Support for Caregivers, Friends, and Family

**University Hospitals Dorset**  
NHS Foundation Trust**Organisation**

University Hospitals Dorset NHS Foundation Trust comprises of three hospitals; the Royal Bournemouth Hospital, Poole Hospital and Christchurch Hospital, which merged on 1 October 2020 to create the new organisation. We are an acute hospital trust delivering general hospital services with specialist services including the Dorset Cancer Centre, Dorset Heart Centre and the major trauma service for east Dorset. We are based on the south coast of England, serving a population of more than 800,000 people and employing more than 9,000 members of staff.

**Summary**

The Trust has a Carer Support Service, providing information, advice and support; also knowledgeable advice and training for Trust staff. The global pandemic increased carer's isolation and anxiety and restricted visiting led the Trust to quickly recognise the need to change approach to service delivery. The goal of the carer support service remained the same: to welcome, involve and support carer's whilst the person they care for is using hospital services. Carers had become more difficult to reach and therefore plans put in place for the Advisor to proactively outreach to carers. This was achieved by outreaching to GP surgeries and other partners in health, social care and third sector organisations; leading to greater understanding of carers needs from different perspectives and new opportunities to collaborate and innovative to find solutions to problems. This included a new carer information leaflet and funding opportunities to meet carer's needs. The shift from hospital-based support to outreach enabled the Carer Advisor to embrace new learning, creativity and working through partnerships.

**Impact**

We successfully maintained the service throughout the pandemic. We know carers felt supported and value the role of Adviser because we regularly received positive feedback about the service. The Adviser role was well embedded into hospital services pre-pandemic and Therapists and Nurses continued to refer to the service throughout. We use an existing database to capture referrals. This includes the key issues for which the carer is seeking support; status as new, existing or a young carer; and information, on-going visits, signposting and additional discharge support provided. In Poole Hospital the Adviser supported 14 carers per month. Working collaboratively with our partners from health, social and third sector organisations facilitated greater understanding of the experience of being a carer and the impact this has on all aspects of life. These partnerships have supported the Adviser to develop a broader outlook on carer experience and fostered creativity in working towards finding solutions. Examples: The Adviser recognised that carer's information needs were not adequately being met on discharge from hospital and so worked with the discharge team, other healthcare organisations and local carers to co-produce an Our Dorset 'Discharge from hospital and recovery at home leaflet for carers'. Following a therapy referral, the Adviser contacted a local carer charity to explore feasibility of funding a stair-lift for a patient with complex health issues and high risk of falling when using the stairs at home. The Adviser worked with the carer to apply for funding, the bid was successful and the stair lift has been installed. This improved the patient experience, reduced carer anxiety and potentially prevents hospital admissions. A fulltime carer for a child with complex physical disabilities expressed difficulty and anxiety in getting to-and-from regular hospital appointments because she didn't have a suitable care seat; the child had been travelling, unsecured, on mum's lap. The Adviser contacted the charity and a successful bid made towards the cost of a wheelchair taxi to facilitate attendance at clinic, promote safe travelling and reduce carer anxiety.

**What makes us special**

- Recognises the value of working with carers to understand what matters to them;
- The importance of networks and partnership working and preparing the Adviser to respond to future needs of carers, ensuring the initiative adds value and is sustainable;
- Demonstrates innovation under the pressures of COVID-19;
- The value of outreach, to access hard to reach groups;
- Recognises the importance of valuing carer support when the Adviser role could have been deployed to do other tasks as part of COVID-19 workforce reviews;
- These initiatives would not have happened if the Adviser's post had not been retained and the service shifted focus from hospital support to outreach and embraced learning and working through partnerships.

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## **University Hospitals of Leicester Setting up a Neuroendocrine patient service**

### **Category**

Fiona Littledale Award



**University Hospitals of Leicester**

NHS Trust

### **About Nominee**

University Hospitals of Leicester (UHL) NHS Trust is a teaching trust that was formed in April 2000 following the merger of Leicester Royal Infirmary, Glenfield Hospital and the Leicester General Hospital. The Trust has approximately 1,800 inpatient beds and 180 day-case beds. It is one of the largest acute NHS trusts in England. The Trust employs an estimated 12,600 full time equivalent staff and provides specialist and acute services to a population of one million people throughout Leicester, Leicestershire and Rutland. This accounts for 32% of people living in Leicester city, 64% in Leicestershire and 4% living in Rutland. The three areas have a varied demographical profile. The Neuroendocrine Tumour (NET) Multi-Disciplinary Team (MDT) is a multi-professional group serving the University Hospitals Leicester NHS Trust. The appointment of a Neuroendocrine Nurse Specialist to the service was made in November 2018. Neuroendocrine tumours are rare, developing in different areas within the body and can behave differently, depending on the grading of the tumour. Grade 1 tumours tend to grow slowly however grade 3 tumours have cells that divide at a faster rate and will behave similarly to an aggressive cancer meaning that the prognosis is poorer. Some NETs will also make extra hormones, which will cause the patient symptoms that will need careful management and regular review.

### **At Work**

Before my appointment as the Leicester Neuroendocrine Nurse Specialist (NET CNS), there was no cohesive support for neuroendocrine (NET) patients and families locally. Since coming into post, my chief aims have been to provide cohesive support and information for those affected by neuroendocrine tumours. I have set up a nurse-led service for NET patients, to provide them with continuity and holistic needs assessments to ensure ongoing support. I have established a regular patient support group and held a Patient Educational Day to meet ongoing information needs. Keen to lead the nursing service to reflect the high standards of other NET specialist centres, I visited other trusts, to gain insight into their practice. Likewise I have taken the opportunity to attend national and international conferences and was invited to serve on the nurses committee of the European Society of Neuroendocrine tumours (ENETS). I have conducted 2 patient satisfaction surveys to ensure that we are capturing and acting on the outcomes of patient feedback and offering a service that is sustainable. I have worked with hospital departments to ensure that we can offer our NET patients local specialist treatments and on a practical level, a home delivery service for their medication.

### **The Professional/s**

The impact of the Neuroendocrine (NET) nurse specialist (CNS) for the service can be measured by the second NET patient satisfaction survey and the feedback given. For example the patients from the first survey were concerned regarding their monthly injections and getting the prescriptions in a timely fashion from the hospital. The NET service now offers home delivery of the injections which has eased the situation for the patients. Patients appreciate having a healthcare professional available that they can contact and talk their concerns through with. The Leicester Support group has also been well received with regular numbers being approximately 12-16 per meeting. As the support group had been well supported, I then arranged and hosted Leicester first educational day, for patients, carers and anyone affected by neuroendocrine disease. The national charity 'Neuroendocrine Cancer UK' agreed to attend and sponsor the day. The feedback from this day was excellent and attendance was high.

### **Summary**

I feel that this initiative is special as it is built on the advice and experience of patients' needs and that in doing this the patients' engagement has been fundamental in getting this service to where it is today. It is important to understand this patient group's varying needs in a tumour where everything can vary, from symptoms to severity, surveillance to surgery, indolent disease to aggressive and rapid prognosis. Support at every stage remains fundamental to providing gold standard nursing care, whether on a physical or psychological level. Only by understanding and interacting with your patients can you offer this support at the appropriate time.

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## University Hospitals of Leicester NHS Trust

### Continence In Reach Service



*Caring at its best*

#### Category

Using Insight for Improvement (Integrated)

#### Organisation

University Hospitals of Leicester is based over three main hospital sites and currently employs approximately 16,000 staff of varying skills and expertise. The Trust has a strong focus on collecting and responding to feedback from our patients, but also their families and carers, driving an ever improving experience of care.

#### Summary

'Continence is a basic human need' Lord Francis (2000). Bladder and bowel dysfunction can have a huge impact on a person's health and wellbeing and can increase the risk of falls and delirium in the older person. An estimated 14million people experience bladder dysfunction and 6.5 million people experience bowel dysfunction in the UK (Excellence in Continence Care 2018 NHS England). In 2019-20 UHL had 4000 admissions associated with constipation and urinary tract infections. The UHL Adult Continence Service surveyed 370 adult inpatients to explore their continence needs and concerns. This feedback was used to develop the continence services supporting inpatients, improve staff training on continence care and develop pathways to support clinical teams to assess and identify common continence problems. Continence care is fundamental in providing high quality patient care and experience. The Continence Nurse Specialists (CNS) Inreach Service to the Acute Frailty Wards was expanded to five days per week and aims to identify patients early in their admission who are experiencing bladder and bowel dysfunction. Patients receive an individualised specialist level two continence assessment to support diagnosis and a management plan to treat their condition, promote and maintain dignity and improve quality of life.

#### Impact

The In Reach Service has had a positive impact on promoting continence within the Acute Frailty Units and assessing and treating patients early. The profile of continence has been raised in this clinical area which promotes quality care for patients. Staff feedback was gathered which identified 100% Of staff surveyed felt the Service was beneficial to patients. Patient feedback was gathered and identified that 100% of patients surveyed would recommend the service to others. Expanding the service to five days per week has enabled more patients to access the specialist holistic assessments and management plans provided by the CNS. In the whole of 2019-20, a total of 365 patients were seen and treated. From the 1st April to the end of September 2020 the CNS's supported 385 patients via the Inreach service; this growth in the service has had a positive impact on the management of constipation and urinary retention which are the primary conditions that patients present with. Without actively seeking patients with these conditions they would not have been identified early because they are not the primary cause of admission. The Inreach Service adapted further through Covid 19 and patients were identified across the adult inpatient wards as the Acute Frailty Units were repurposed. Covid provided an opportunity to raise the profile of Continence in the Trust and reached many more patients who would have not had full continence assessments.

#### What makes us special

The UHL Continence Service's In Reach Service stands out because it is quite unique. There are very few Continence Teams working in Acute Trusts seeing Inpatients, most tend to be in Primary Care.

Inreach provides early intervention to older patients with bladder and bowel conditions which is sometimes the first time a person has addressed a condition which is often seen as a 'taboo subject', but impacts on their life physically, psychologically, socially and financially. Bladder and bowel conditions also are linked directly to patients requiring admission to 24 hour care, therefore early intervention and consideration for different continence aids can reduce this happening.

Key elements to its success are the way the service is promoted, by being visible and proactively treating patient's symptoms. The CNS's engage with the multi professional team to identify any patients that require their specialist input. The CNS's have become highly skilled in identifying patients that may require interventions through the electronic patient record.

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## University Hospitals of Leicester NHS Trust

### Engaging with family members and carers during COVID-19 pandemic



#### Category

Measuring, Reporting and Acting

#### Organisation

University Hospitals of Leicester is based over three main hospital sites and currently employs approximately 16,000 staff of varying skills and expertise. The Trust has a strong focus on collecting and responding to feedback from our patients, but also their families and carers, driving an ever improving experience of care.

#### Summary

COVID-19 has proved to be a challenge, especially in the provision of health care. Like many other acute Trusts Leicester had to restrict visiting to our hospitals to maintain patient, visitor and staff safety. This is difficult for patients, but also for their family/carers, who would normally be able to offer support while they were in hospital. To understand the impact this was having on family/carers and how well the staff were communicating with them during this very difficult time, we developed a feedback form that they could complete and suggest how their experience could be improved. The restrictions made collecting feedback from this group a challenge. We looked at inventive ways this could be offered. • Feedback forms with postage paid envelopes were secured and a prize draw was launched; • QR scans on business cards linking to the Trust website; • Electronic devices used in children's and maternity areas. Feedback collected is themed, shared throughout the organisation and has directly affected changes that have and continue help to shape the experience of family members/carers.

#### Impact

To date there have been 863 pieces of feedback received from family members/carers. Feedback is themed and the results have directly affected practice within the organisation: **Childrens services** Parents told us that while in hospital they missed their other children and the other parent was not included. Visiting restrictions were adjusted so the parents can changeover every 48 hours. In the relatively short amount of time that this change has been in place there has been an improvement in the FFT score and when asked if they felt that the visiting restrictions were the right thing to do, the numbers who have said yes has improved from 74% to 91%. Childrens feedback also indicated that the children miss the contact with their other parent and siblings. In response a post card is being developed to allow the children to write to their siblings while they are in the hospital setting, this would be a pre-printed post card or one which they can colour in prior to sending. To make this exciting for the children, we have launched a competition to get the children to develop a design to go onto pre-printed post cards. **Maternity Services** As a result of feedback received within maternity services, birthing partners can now attend appointments, to address the impact of them missing vital maternity scans and experience. There have also been adjustments made on the postnatal wards, to accommodate birthing partners having the opportunity to support the ladies after the birth. There have been significant improvements in the number who support the new visiting restrictions, with the percentage feeling they felt that the restrictions are the right thing to do increasing from 63% to 70%. **Inpatient areas** Feedback received highlighted the impact the restrictions were having on patients and their families, maintaining safety, but responding to this feedback, visiting was reviewed and for patients who have had a prolonged stay in hospital, arrangements can now be made for a family member to visit them. **Sharing of information** For relatives and carers the restrictions have made obtaining information about their loved ones condition or treatment more of a challenge. The feedback received indicated that improvement was needed, this was shared and SPC analysis shows that there has been a significant improvement throughout the Trust. To ensure that the questions remain relevant they are reviewed on a regular basis.

#### What makes us special

This project stands out, because NHS England stopped the submission of feedback from acute hospital Trusts due to COVID-19, they later advised that if it was safe, Trusts could collect feedback from patients, but not report nationally. Leicester's Hospitals have taken this to another level; we have decided that feedback would be collected from patients, but also their families. Alternative inventive ways to facilitate the collection of this feedback has been undertaken and the feedback collected has directly affected changes that will help to shape the experience of family members and carers during this unprecedented time. Leicester's Hospitals understand that family members and carers will find the restrictions that have been put in place difficult, but our feedback has shown that an average of 78% have responded that this is the right thing to do.

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*Caring at its best*



## University Hospitals of Leicester NHS Trust Hepatitis C Micro-Elimination in HMP Stocken

### Category

Partnership Working to Improve the Experience



### Organisation

**The Leicester Royal Infirmary** is responsible for providing specialised Hepatitis C treatment to patients with a team of three nurses who are responsible for treating across Leicester, Leicestershire and Rutland working in partnership with substance misuse teams, prison services and pharmaceutical support. **HMP Stocken** is a category C men's prison in Rutland with a maximum population of 1,000 serving a minimum sentence of 4 years. **The Hepatitis C Trust** is national UK charity operating since 2001. It is a patient-led and patient-run organisation with most of the board, staff and volunteers having lived experience of Hepatitis C. **Gilead Sciences** is a pharmaceutical company who have developed effective Hepatitis C direct acting antiviral medication. They are also responsible for supporting the elimination planning of Hep C by providing initiatives to help achieve the elimination targets, incl project support in the prison system.

### Summary

The Leicester Hepatitis C Network is one of 22 networks across the country, working in collaboration with a variety of organisations and partners to eliminate Hepatitis C as a major public health risk by 2025. As part of this collaboration, our team has worked closely with HM Prison services in our region for a number of years. Our network had approached NHS England to support a high intensity testing project at HMP Stocken, to review the population that could be at potential risk of being infected with Hepatitis C. This was planned as the first testing project in our network and it was hoped could be expanded to the other prisons in our area as well as to other prisons across the country. Partnerships were formed to provide support for this project with the prison healthcare team, Gilead Sciences, Hepatitis C Trust and Leicester hospitals team coming together to discuss the potential this project could have. With national average testing rates sitting at 46% with a target of 75%, the aim to exceed this target was ambitious and to drastically overachieve this remarkable.

### Impact

When this project began to test the population in HMP Stocken, there were a total of 783 prisoners who had not been tested within 3 months. It was hoped for at least 80% of the population to be tested during the testing week, in order to support prisons end goal of achieving the micro-elimination criteria of 95% set out by NHS England. Following the week of testing across this entire population, the prison healthcare team and Hepatitis C Trust team were able to test 744 patients, resulting in a total of 95% of the population being tested. Following a review of the remaining 39 patients who declined testing, we were able to follow up their previous test results and identify that a significant number of them had been tested during their time at HMP Stocken and had shown to be negative. With this additional information we could confidently state that a total of 768 members of the population had been tested, with only 2 patients being identified as being Hepatitis C positive and they quickly commenced treatment. This result showed 98% tested and provided HMP Stocken with the prestigious micro-eliminated status. The impact of this project has supported continued testing of new receptions at the prison and allowed for automated reports to be developed.

### What makes us special

The effectiveness of this project has seen a remarkable 98% of population of HMP Stocken tested for Hepatitis C in just a single week and provides opportunity to showcase the potential for this project to be replicated in other establishments. HMP Stocken is one of only a handful of prisons in the country to be awarded with micro-elimination of Hepatitis C in its static population. With NHS England aiming to eliminate Hepatitis C as a major public health issue by 2025, we have made a significant step towards this target. The initiative also stands out for the significant rate in testing that took place during the week. To be able to test over 700 patients within a week is a high standard. As well as achieving this remarkable target, the project has been able to put in place plans to ensure that this status is maintained, by encouraging testing at the first and second reception of new in-mates, by providing additional education and awareness of Hepatitis C amongst both the prison population and staff. Finally, we were able to ensure identified patients could be started on treatment quickly once the testing had been completed. Having sufficient capacity with the nursing team at the hospital and having built strong relationships with the prison healthcare team over a number of years allowed for this partnership to work.

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## University Hospitals of Leicester NHS Trust

### Implementing an Admiral Nurse Service in an Acute Hospital setting to improve experience for people living with dementia and their family and carers



#### Category

Personalisation of Care

#### Organisation

University Hospitals of Leicester is based over three main hospital sites and currently employs approximately 16,000 staff of varying skills and expertise. The Trust has a strong focus on collecting and responding to feedback from our patients, but also their families and carers, driving an ever improving experience of care.

#### Summary

There are 13,372 people living with dementia across Leicester, Leicestershire and Rutland (LLR), with 1 in 14 of the local population over 65 diagnosed with dementia. It is estimated that there are 105,000 carers across the county. Since 2010 University Hospitals of Leicester NHS Trust (UHL) has seen a 175% increase in the number of discharges from hospital for people living with a diagnosis of dementia (PLWD) UHL is working to improve care and services for PLWD and their families/carers through the Trust Dementia Strategy. To increase the care and experience of people and families living with dementia when admitted to the Trust an Acute Admiral Nursing Service was developed. Admiral Nurses are Dementia Specialist Nurses supported by Dementia UK. The Admiral Nursing Service was established to provide specialised clinical support to patients and families living with dementia, to advocate for PLWD in clinical settings, to role model person centred and relationship centred care and improve the overall experience of PLWD and families/carers in the Trust and develop a model of personalised intervention to measure the benefits of this new and innovative service for patients.

#### Impact

The data supporting the delivery of the service has developed and changed over time, with clear measures for the personalised interventions identified by the AN's as beneficial to PLWD and their families. The Admiral Nurses developed an Intervention Measurement Tool. These interventions, relevant to the acute setting, measure the impact of the service and the improvements to the experience of PLWD and their families when admitted to the Trust. The interventions have been analysed and adapted to address the changing needs of the families during Covid-19. For example the AN's provided additional end of life care and bereavement support during this period and the interventions reflected this. As the service has developed clinical teams are now seeking the Admiral Nurses specialist knowledge to better advise and manage care for PLWD and support families/carers. Referrals for Admiral Nurse input for PLWD have increased by 47% in 2020-21 when compared to 2019-20. On average 31 new cases are referred per month. The data collected allows the service to monitor demographics including types of dementia, Clinical Frailty Scale, caseload intensity, this allows future planning and development of the service. Through sending surveys on discharge not only has the service been able to collect feedback from families but also the PLWD to help evaluate the service. We have a better understanding of the benefits of the AAN service.

#### What makes us special

The Admiral Nurse role within UHL has highlighted the Care of People Living with dementia as a specialism. The increasing numbers of people with dementia admitted to Leicester's Hospitals demonstrates the need for this Specialist Service. UHL has no other clinical facing specialist nursing team dedicated to supporting PLWD and families. Good dementia care recognises the unique way in which dementia affects each individual and the AN's really advocate this personalised model within the MDT, supporting families and carers to be partners in care and treatment, as they know the person with dementia best and are the experts by experience. That an Admiral Nursing service has been successfully implemented in a large teaching trust to benefit PLWD, families and support staff demonstrates the influence the role has had on improving person centred and relationship centred dementia care. It is hoped this can raise awareness of the benefits and impact an Admiral Nurse Service can have in an Acute Setting. It is recognised by Dementia UK that this can be hard to evaluate. Families have expressed their appreciation for the service, with cards, making donations to support other families caring for someone with dementia in Hospital for example, to purchase reclining chairs for families to rest at bedsides and care bags of useful items for families have been made up and donated. The feedback from families, friends and carers from April 2020- March 2021- highlights 100% rated the service as good or very good. Members of the multi-disciplinary team have expressed the benefits the service has provided to them, PLWD and families.

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*Caring at its best*





## University Hospitals of Leicester NHS Trust

### Improving Falls Safety for Patients - Enhanced Falls Reduction



University Hospitals of Leicester  
NHS Trust

#### Category

Strengthening the Foundation

#### Organisation

University Hospitals of Leicester (UHL) is based over three main hospital sites and currently employs approximately 16,000 staff of varying skills and expertise. The Trust has a strong focus on collecting and responding to feedback from our patients, but also their families and carers, driving an ever improving experience of care.

#### Summary

Falls are the most frequently reported safety incidents in NHS hospitals, although most falls are not preventable, neither should they be perceived as inevitable. Assessing patient risks and personalising interventions can have a positive preventative impact and reduce the risk of sustaining harm following a fall. UHL has a strong culture of reporting falls, in 2018-19 an average of 230 falls were reported each month. The Trust had robust monthly falls validation meetings led by Heads Of Nursing reviewing falls with clinical teams. However the same numbers of patients continued to fall each month. In January 2019 following an extensive review of all the falls data and themes gathered during validation meetings we started to develop a new approach to falls prevention in the Trust. Using PDSA cycles, we engaged with patients, families and staff. A new 'UHL Falls Safety Initiative' was developed which included :

- New Enhanced Falls Reduction Measures – STANDUP
- A new falls screening tool to identify patients requiring Standard or Enhanced Falls Reduction Measures
- A five step approach to improve falls safety

This initiative has had a positive impact - in 2019-20 the average number of falls had reduced to 217 per month.

#### Impact

The introduction of the Enhanced Falls Reduction Measures (STANDUP) and the multifactorial risk assessment tool is successfully identifying individualised and appropriate interventions to maintain patients' safety to mitigate their risk of falling in hospital. Falls per 1,000 occupied bed days are a nationally recognised way of reporting falls. Plotting the data within an SPC chart highlights a statistically significant change in UHL's falls rate since the introduction of the Enhanced Falls Reduction Measures. We have observed seven points below the average, this statistically significant change has led to a recalculation of the average and a lower new target threshold for the falls per 1,000 occupied bed days for the Trust, giving confidence that this new initiative has delivered a significant improvement in the falls rate. STANDUP made staff rethink and refresh their approach to falls, it started the conversation. Staff are being creative in how they communicate the falls risks of patients to maintain their safety using symbols at the bedside, on a Patient status board, at handover and at ward safety huddles. Patients with a history of falls are being recognised as likely to fall again and individualised supportive measures are being put in place earlier. The new screening tool and falls reduction measures have developed into an easy to follow 5 step approach to falls safety that complement each other: 1. Screening for falls risks; 2. Identifying falls risks; 3. Managing Falls risk; 4. Patient centred care planning; 5. Communication.

#### What makes us special

At the outset we wanted to understand why people were falling and where there were gaps in our approach to falls. We wanted to create an easy to use tool that would improve care and make patients safer. The approach to falls in UHL is very different to what it was at the start of the project in January 2019, and this initiative has laid the foundations for this. A statistically significant change in the average falls rate per 1000 OBD was an unexpected but welcome outcome, demonstrating the value of this work in supporting patient safety. The Falls safety Initiative has galvanised and reignited the conversation about falls in the Trust. It has created a proactive tool, staff are no longer happy to only manage a patients risk of falling; they are being creative in individualising falls prevention for patients. There is a greater understanding that the approach to falls needs to change from the blanket approach to an individualised patient focused plan of care to maintain safety. The Care Review and Learning process that puts the patients experience of the incident at the centre of the review would not have been possible without the success of the multifactorial risk assessment, the Enhanced Falls Reduction Measures and the 5 steps falls safety approach.

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*Caring at its best*





## University Hospitals of Leicester- CHUGGS Clinical Management Group Pathway to Excellence - The use of the GULP Risk Assessment Tool in reducing inpatient harms – Karen Green



University Hospitals of Leicester

NHS Trust

*Caring at its best*

### Category

Patient Experience Manager / Professional of the Year

### About Nominee

Karen Green is a Band 6 Deputy Sister working on Ward 42 in the Leicester Royal Infirmary, part of the University Hospitals of Leicester. Ward 42 is a 28 bedded Gastroenterology ward. Karen has been on the Gastroenterology since 11th October 2004, firstly as a band 5 nurse, and since the 9th of January 2017, as a Band 6 Deputy Ward Sister. In addition to the wider Multidisciplinary team on the Ward, the Nursing Team members on the ward are as follows: Band Number of Staff per Head Count, Band 7 Ward Sister 1, Band 6 Deputy Nurse-in-Charge 3, Band 5 Qualified Nurses 12, Band 4 Nursing Associate 1, Band 3 Health Care Assistants 3, Band 2 Health Care Assistants 17, Band 2 Housekeepers 3, Band 2 Ward Clerks 2. A primary aim of the University Hospitals of Leicester is to provide 'Caring At Its Best' for all the patients and family carers within the trust. To this end, the University Hospitals of Leicester has embarked on a journey on a 'Pathway to Excellence'. The areas that needed to be focused on in this pathway included pressure ulcer prevention and the provision of a "Harm Free Environment" for patients. A group of individuals from different clinical areas within the Trust, was encouraged and supported to come out with initiatives as part of a Pressure Ulcer Collaboration project. There were 7 clinical areas involved in the pressure ulcer collaboration initiatives. Karen was nominated and she agreed to participate in the Pressure Ulcer Collaboration Group. Dehydration, which compromises the integrity of the skin, is a major cause of pressure ulcers and Karen used the evidence and the information below as the basis for identifying patients at risk of dehydration on admission and taking appropriate steps to address problems.

### At Work

Karen is the Pressure Ulcer Lead for Ward 42. She has remained a strong link between the team on the ward, the patients, and the tissue viability team. Her commitment and readiness to support the team, in providing "Harm Free" care to patients in relation to pressure ulcer prevention has been consistent and enthusiastic. Karen reviews all patients admitted to the ward with pressure ulcers, or who have developed pressure ulcers on the ward. She ensures the identified areas for improvement if any have been shared with the team, and specific, measurable, achievable, realistic and time-bound (SMART) objectives have been introduced. The general aim of her work was to be proactive in the prevention of dehydration in patients on the ward. She adapted an assessment tool from the Birmingham Community Healthcare NHS Trust and introduced this to Ward 42. Karen requested and encouraged the team on the ward to use different colour magnets to identify patients who were involved in the initiative and their level of risk of dehydration. Those magnets were used on the main patients' board which is situated opposite the Nurses' station.

### The Professional

Karen presented her achievement with the GULP initiative at our Professional Nursing Forum and 3 clinical areas have expressed an interest in working with Karen to implement the initiative in their clinical areas. Karen has subsequently been appointed a Chief Nurse Fellow, to work alongside our chief nurse officer to improve patient care, based on her dehydration project within the University Hospitals of Leicester. Karen used PDSA (Plan Do Study Act) cycle and implemented the GULP assessment tool for 6 patients. The template attached was presented by Karen and it indicates a summary of the outcome from the implementation of the GULP assessment tool.

### Summary

Karen is an individual who always goes above and beyond in supporting the team and seeking their well-being on the ward. With support from the ward sister, she ensures that the promotion of a harm free environment remains part of the culture in the clinical area. She is always looking for different ways of communicating and promoting good practice among the team members, as well as supporting the senior leadership team in bringing the 'board to the ward'. In addition to all her other duties, she is involved in and indeed takes a very leading role in the provision of a monthly newsletter for staff in the clinical areas. She ensures areas of good practice are shared using the newsletter, as well as sharing areas in care that require improvement.

Preventing dehydration in patients is a first critical step towards providing a harm free environment for effective and quality care for patients and thanks to Karen, we are well on our way.

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# PEN National Awards 2021

*Re:thinking the experience*

University of Salford

Kelly Burton



University of  
**Salford**  
MANCHESTER

## Category

Patient Experience Advocate of Tomorrow

## About Nominee

Kelly was allocated to my September 2019 cohort Personal Tutor group in July 2020 when she made the decision to transfer from the Mental Health field of nursing studies to the Adult field of practice. As a personal tutor, I have felt privileged to support Kelly on her nursing journey so far and compelled to speak about her attributes, contributions and the impact that she has had on patients, students and staff alike. Kelly's passion to pursue a career in nursing is palpable and appears to have been fueled by her own amalgam of life experiences to date. I have felt honored to be in the role of Personal Tutor for an assiduous student like Kelly, a role in which I offer pastoral support. My role has meant that I have had the opportunity to listen to Kelly's prior experiences of working with children and their families in deprived schools, her previous experiences of being a patient herself and how studying nursing has opened her eyes to what it means to uphold the NMC Code of Conduct, the charity work that she has been involved in such as organising bingo events for the elderly and, above all, Kelly's experiences of being a fantastic mother alongside studying for her career in nursing. Kelly works tirelessly as a student nurse, excelling in her performance in both theory and practice, and is not afraid to take any opportunity to be involved with extra-curricular nursing related activities. Nonetheless, I nominated Kelly for the Advocate of Tomorrow award as I believe she will lead our future nurses in the provision of safe, compassionate, evidence-based care. Furthermore, as a teacher, I learn so much from Kelly every time I interact with her.

## At Work

Kelly has excelled noticeably in her role. Kelly has been involved in the launch of the RE-Swan research project which aims to evaluate end of life and bereavement care in the UK, before and during the Covid19 pandemic. Kelly has worked to assess the effectiveness of the SWAN model of care by undertaking the 'Cygnets' role, providing end-of-life and bereavement care which has become challenging since the necessary cessation of visiting and infection prevention measures. The term 'Cygnets' (young swan) identifies those who, although not their usual area of expertise, deliver aspects of the Swan model of care. Kelly has shared with me her experiences of supplementing and supporting patients in the last hours and days of life, while also supporting their families and staff with a vision to prevent people from dying alone. I have listened to how Kelly would facilitate communication between patients and their families via technology and how she had enabled them to make memories with mementos. I was comforted to hear of how patients and families built a relationship with Kelly and put their trust and faith in her as a professional to be the hand that guided them through their darkest times.

## The Professional

Kelly has outstanding attendance in both practice and in University and takes pride in representing herself as a professional. Kelly's uniform is always immaculate which makes her a role model for other students and healthcare professionals. It is as much a pleasure to read Kelly's Practice Assessment Record & Evaluation (PARE) as it is to just see her looking like the wonderful and professional Student Nurse that she is. It is students like Kelly that instill faith in the public regarding the competence and commitment of the future nursing workforce. Kelly volunteered to take on the role of Student Representative for the September 2019 cohort of nursing students - a role which requires her to represent the views of students in order to encourage changes that will improve the academic aspects of the Future Nurse Curriculum in partnership with Programme Leadership staff. Kelly has an ability to advocate for both students, patients and staff alike and highlights her enthusiasm to care for people, being their voice when they need it the most.

## Summary

I am proud of Kelly, a Student Nurse who has shown determination and resilience whilst studying on a nursing degree during one of the most difficult times in history. I am particularly appreciative of the bravery Kelly has shown in practice as a Student Nurse when she has been able to follow the correct processes for raising concerns regarding patient welfare and safety. This is something that requires great courage from any healthcare professional and I am truly amazed that this ability to challenge others in a professional and respectful manner lays within the heart of a second year Student Nurse who is passionate about positive change. I commend Kelly for putting her heart, mind, and soul into the nursing profession. We are privileged to teach such a conscientious and inspiring individual here at the University of Salford.

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## Vita Health Group

### Developing an innovative digital chatbot to elevate the patient experience within primary care psychological therapy

#### Category

Innovative Use of Technology/Social/Digital Media & Partnership Working to Improve the Experience & Using Insight for Improvement (Innovation)



#### Organisation

Vita Health Group (VHG) is a growing and dynamic private healthcare provider with over 30-years' success delivering holistic, patient-centred physical and mental health solutions. We now provide these to employers, insurers, the NHS, and private patients. We are a national provider and have grown significantly over the last 30-years. We currently have 824 employees. Despite the impact of COVID-19 on organisations globally, we have increased our workforce by 42% over the last 12-months. We provide mental and physical healthcare services to a patient population of approximately 5.5m NHS patients with services for a further 1.9m being mobilised.

#### Summary

VHG has worked in partnership with Limbic to develop an innovative chatbot, 'VitaMinds Referral Assistant,' to enhance the experience of patients accessing our Increasing Access to Psychological Therapies (IAPT) mental healthcare services. **1.Innovation:** VitaMinds Referral Assistant ambitiously uses artificial intelligence (AI) to respond to patients/is the first of its kind in mental healthcare. **2.Leadership:** In June 2020, we communicated our vision to Limbic: develop a chatbot to enhance the experience of people seeking primary care mental health support. The partnership was formed, and the pilot conceptualised/produced/tested/launched within 6-weeks. **3.Outcomes:** Earlier risk identification, enhancing patient safety; Access to treatment 10-days quicker; More efficient clinical assessment process through effective data collation; Positive patient experience: 100% rated experience good/very good & 96% would recommend to family/friends. **4.Sustainability:** Our initiative has is scalable to other IAPT services and will make a sustainable difference by providing instant access to triage/treatment. **5.Transferability:** Replicated in three IAPT services/launching in three over next 5-months. Working in collaboration with GP Practices to launch the technology on their websites.

#### Impact

During the six-week pilot, 112 eligible patients self-referred via VitaMinds Referral Assistant, which represented 32% of all online referrals received, highlighting popular online referral route. Of these, 67% completed the full clinical assessment via VitaMinds Referral Assistant, taking an average 12.3-minutes, highlighting the efficiency of the innovative technology. Upon review of the pathway placements recommended by VitaMinds Referral Assistant, VHG's Senior Clinician agreed with 97% (excluding week one of 6-week pilot where a few technical issues were experienced), highlighting accuracy of clinical algorithms designed by VHG. It recommended: • 22% attend live webinar/access CBT modules. These patients were provided access to treatment 10-days quicker than if they hadn't utilised the technology; • 78% have a full clinical assessment with VHG therapist. This appointment would be more efficient/effective/productive due to the full information already collected during the VitaMinds Referral Assistant clinical assessment, streamlining the patient journey. We also collected patient experience data from users from a broad range of age categories/sexualities/ethnicities via: • Free text field within VitaMinds Referral Assistant. 40% used this feedback mechanism, with 91% reporting the technology had provided all the help they needed to access care, citing improved access/not having to use the phone/simplicity/speed as key factors; • Telephone survey conducted by VHG Admin Team on 27 patients; 100% reported would use the technology again/100% rated experience as good/very good/96% would recommend.

#### What makes us special

It's an excellent demonstration of two organisations working in partnership, drawing on each-other's strengths (clinical/technological expertise) to develop innovative technology to enhance the experience of patients needing mental health support/treatment; It's the first of its kind in mental healthcare; It was introduced during the COVID-19 pandemic, when enhancing access to primary care mental healthcare is more important than ever; The innovative AI technology captures referrals in a conversational and engaging way. It has been developed to ensure it's responsive to the language used by individual patients. VitaMinds Referral Assistant will identify if a patient picks answers to questions with straightforward or effusive language and will continue with the patients preferred language style, maximising patient engagement in the process.

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## Welsh Ambulance Services NHS Trust

### Continuous Engagement & Communication Through a Pandemic

#### Category

Engaging and Championing the Public

#### Organisation

The Welsh Ambulance Services NHS Trust is the national ambulance service to 3 million residents across Wales. The Trust employs more than 3,000 people with a mix of skills, ranging from advanced clinicians, through to a variety of clinical and non-clinical and support staff. We operate from over 100 different bases across Wales, including traditional ambulance stations, shared facilities with other services, clinical contact centres, maintenance, repair and cleaning facilities, administrative and training centres. We are the host for NHS 111 Wales service, an amalgamation of NHS Direct, front end call handling + clinical triage elements of the GP out-of-hours services.

#### Summary

Prior to covid-19 pandemic the Patient Experience & Community Involvement team within the WAS had a well-established, very strong continuous engagement model. Overnight our working practices changed but people's need for help, advice and information didn't. We needed to ensure continuity of engagement, access to relevant information and having a point of contact within the organisation for communities. We didn't want people to feel 'abandoned' when the announcement came to stay home, self-isolate and only use the NHS for emergencies. We heard that people with genuine emergencies were not contacting 999 when they should. This was due to worries about covid; not wanting to put pressure on the NHS and not wanting to go into hospital. For many others they were confused by the messages; they couldn't access information and struggled with the sense of isolation and loneliness of lockdown. From previous engagement we anticipated that learning disability; dementia and sensory loss groups in particular would be experiencing the impact of the pandemic harder than most. We wanted to ensure we address this and share our learning with other teams across the NHS. The pandemic helped nurture a creative and innovative environment to engage online, we acted quickly to deliver information and resources. From the outset we recognised that not everyone was able to access or interpret Government, local public health information; people told us they felt overlooked and invisible, heightening their sense of worry. Acting as the public/patient voice we ensured this was shared across the Trust, Public Health and Welsh Government. Through continuous engagement and surveys we have asked people the impact our response has had with engagement reports being shared with our Quality Committee. This last year has enabled us to reimagine the role and function of PX. As we move out of the pandemic we have developed a vision for sustaining a far reaching online channel supported by face-to-face sessions, re-enforced through continuous engagement.

#### Impact

An important question we have kept asking ourselves is 'So What'? With all this engagement carried, so what effect has it had? So what has been the outcome for people? The challenge with patient experience is that it is often difficult to measure the impact. What we have demonstrated is that 'Engaging & Championing the Public' is not a one off activity but works by being part of an integrated system, in our case, part of a continuous engagement model. We engaged, listened, involved people in developing and disseminating information and captured feedback on how this had been received by communities. The 'public' is not one homogenous group but is made up from many characteristics and needs, a one size approach to communication and information does not work and you have to consider the reach and accessibility of information and your organisation. As part of our Trustwide evaluation of how we responded to the pandemic, we ran a Covid-19 Patient Experience survey. This allowed us to better understand what people thought about the services we delivered, how we continued to engage and the information we produced during the first stages of the pandemic. To gather feedback from as many people as possible, we also produced an accessible version of the survey in BSL and with audio voiceover.

#### What makes us special

The impact of the pandemic, the immediacy in which people were affected and the sudden change in our practices have never been experienced before and have shaped and strengthened the way we plan engagement in the future. In the past our approach was very much on the needs, experiences and expectations of a particular group. In looking at the larger picture and how we, as a service, impact on people from an equality perspective means that we no longer engage with groups as a particular characteristic. Instead we look at whether our services, information and systems reflect the needs of all.

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## West Suffolk NHS Foundation Trust

**The Clinical Helpline - Using digital healthcare records to communicate effectively with relatives / carers to enhance patient experience and safety in hospital****Category**

Staff Engagement/ Improving Staff Experience &amp; Support for Caregivers, Friends and Family

**West Suffolk**

NHS Foundation Trust

**Organisation**

West Suffolk NHS Foundation Trust provides hospital and some community health care services to the population of West Suffolk and is an associate teaching hospital of the University of Cambridge. We serve a predominantly rural geographical area of roughly 600 square miles with a population of around 280,000 people. We provide 430 acute hospital beds and employ just over 3000 staff members. The Trust has a turnover of £200 million.

**Summary**

The clinical telephone helpline is a communication channel to family and caregivers about their loved ones who are in hospital. This enhances family members educational and emotional wellbeing needs to embrace the phenomenal effect that families can have on experience of care both during visitor restrictions to hospital due to Covid-19 and to complement standard visiting. The clinical helpline provides comprehensive patient clinical and wellbeing information to relatives and caregivers using live digital healthcare records. This enhances communication between patients, relatives, communities and staff. The clinical helpline team runs remotely away from wards, enabling ward-based clinicians across all departments to prioritise direct patient care. Person-centred care is facilitated by bespoke patient specific information obtained by helpline clinicians from relatives.

**Impact**

The clinical helpline ran for 4 months initially during the first hospital visitor national restriction. The service recommenced during the second Covid-19 wave and continues to operate seven days a week. 40,859 calls have been made to date (May 21), redirected away from patient wards, with a total call time of 2810 hours. Qualitative / quantitative data supplied. **Communication Outcomes:** Caller feedback evidences the helpline as an effective communication system. Relatives provided with specific clinical information e.g., vital signs, laboratory results, dietary intake, and a broad overview of daily ward round and care plans, allied health assessments and discharge pathways. Emotional needs are identified through a range of digital information, such as pain scores and nursing narrative. Relatives confirm feeling reassured, with many identifying the helpline as a “life line”. **Prioritise patient care:** Feedback acknowledges a reduction in telephone calls to the ward enables more time for direct patient care. Clinicians identify bespoke patient-centred information gained from relatives is embraced to enhance care quality and patient safety. The helpline team have a unique oversight “helicopter view”. Interrogation of a range of digital patient information alongside listening to insight into the patient journey and experience provided by relatives results in helpline clinicians regularly communicating to the wider MDT to contribute to timely, joined up care pathways. Examples include relatives highlighting radiology and pathology tests the patient was due to attend in the community. These are then performed as part of the care on the wards, avoiding duplication, unnecessary hospital visits / appointments, reduction in DNA's and decreased work load for primary care. **Re-deployment of staff:** Feedback from helpline team members unanimously identifies an increase in psychological wellbeing. Shielding staff especially report a sense of value and purpose, enabling their skills to be utilised and for them to regain the sense of ‘making a difference’ in a challenging time, ensuring personal/family safety working.

**What makes us special**

**Unintended outcomes:** Listening to relative's key concerns by a dedicated team results in escalation of issues to enhance care and safety, from simple patient preferences such as “Bob will only drink strong blackcurrant”, to collateral patient history and community care pathways. Medical record documentation-the helpline instigated a stringent template for documentation of calls-includes adherence to information governance, patient consent passwords for information sharing, information provided to the caller/plans of escalation. Feedback from senior consultants identifies these records of documentation have highlighted current inadequacies in medical notes and record keeping. Now identified, it helps frame education of medical and nursing staff regarding the quality of notes in the medical record and for notes to be contemporaneous, clear and logical and to be able to stand alone as self-contained documents. Helpline members benefit; greater understanding of the whole patient journey /compassion for the value of relative's/care givers to patient experience, enhancement in clinical knowledge, digital patient information systems, greater trust networking and reduction of silo working.

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## Information about our Partners



Picker is a leading international research charity in the field of person centred care. We have a rich history of supporting those working across health and social care systems, measuring patient and staff experience to drive quality improvement. Picker believes that everyone has the right, and should expect, to experience person centred care and that it should be ingrained into the fabric of health and social care services. As a charity, we strive to influence, inspire and empower care providers, practitioners, and policymakers to implement person centred approaches and to improve people's experiences of care.

To learn more about our work, visit [www.picker.org](http://www.picker.org) or follow us on Twitter @pickereurope



NHS England and NHS Improvement believes that patient experience is everybody's business. Good patient experience is associated with improved clinical outcomes and contributes to patients having control over their own health. We also know that good staff experience is fundamental for ensuring good patient experience. In partnership with a wide range of NHS organisations and voluntary and charitable organisations, NHS England and NHS Improvement seeks to increase the experience of all patients, particularly the most vulnerable, and to reduce health inequalities. We have a strong focus on driving participation and co-production with patients and carers, and on using insight from service users and staff to identify what is working well and what needs to be improved. NHS England and NHS Improvement is committed to sharing examples of practice to inspire consistent good patient experience across the NHS. You can find out more about our work at: [www.england.nhs.uk](http://www.england.nhs.uk)

### **What are the experiences that patients/families/carers 'Always' want to happen?**

### **What can we learn from improvement science to assist us?**

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

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

Genuine partnerships between patients, service users, care partners, and clinicians are the foundation for co-designing and implementing reliable care processes that transform care experiences and this is at the heart of the Always Events® approach, with the goal being the creation of an "Always Experience." See the toolkit at [www.england.nhs.uk/ourwork/pe/always-events/](http://www.england.nhs.uk/ourwork/pe/always-events/)

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

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





# PEN National Awards 2021

*Re:thinking the experience*



The School of Nursing and Allied Health at Liverpool John Moores University are delighted to be sponsoring two new award categories: **Patient Experience Advocate of Tomorrow** and **Patient Experience Transformer of Tomorrow**.

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

Contact: Nick Medforth: [N.Medforth@ljmu.ac.uk](mailto:N.Medforth@ljmu.ac.uk)



At BizSmart we've helped hundreds of businesses work out and take the steps they need to take to grow their business in a successful and sustainable way. The focus of our support is on you, the business owner, and we will help you achieve the aspirations you have for your business. If you are ready to take the next step and build real value in your business, then perhaps it's time to do something different? BizSmart is a group of experienced professionals, working with business owners to help them take their businesses to the next level.....join us now.

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How do some healthcare providers get a big impact from understanding their patient experiences and others don't? What is the link between great patient experiences, better health outcomes, engaged staff and good organisational performance, and how do you forge it?

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Civica Engagement Solutions (formerly known as MES) helps organisations build engaged communities through efficient, joined-up communication, accessible systems and effective use of data. Civica Engagement Solutions are specialists in the health sector and provide a variety of patient experience, membership and community solutions to help NHS bodies engage with their members, patients, careers and staff. As experts in the field, we also inform and guide strategy and lead discussion. Founded in 2006 Civica Engagement Solutions is now the leading provider of patient and public engagement tools for the health sector. We pride ourselves in providing excellent service in whatever we put our mind to, are made up of passionate, interested and engaged experts, and offer our clients security, strength and depth. Civica Engagement Solutions is part of Civica UK, the leading provider of software and managed services for the public sector.

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



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# PEN National Awards 2021

*Re:thinking the experience*



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

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

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



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

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

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



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## PEN National Awards 2021

*Re:thinking the experience*



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

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



The National Wound Care Strategy Programme has been commissioned by NHS England to improve care for people at risk of or living with pressure ulcers, lower limb wounds (foot and leg ulcers) and surgical wounds. The patient voice is central to our work and we greatly value the input from our Patient and Public Voice Stakeholder Forum <https://www.nationalwoundcarestrategy.net/get-involved/>.

We are delighted to be partnered with the Patient Experience Network who are helping us improve our patient and carer engagement so we can ensure that our recommendations to improve wound care across England are informed by the views of patients and carers.

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





# PEN National Awards 2021

*Re:thinking the experience*

## Our Judging Panel

Allie Cusick	Helen Lee	Louise Blunt
Anand Kumar	Helen Davies	Maureen Dale
Anon B	Helen Brady	Michael Young
Anna Tee	Henry Blunt	Michaela Tait
Anne Laurie	Hilary Baseley	Michelle Jones
Annie Gilbert	Holly Swinckels	Nichola Duane
Balwinder Nanray	Jacqueline McKenna	Nick Medforth
Carol Duane	Janet Coninx	Nicky Beecher
Carol Munt	Jean Tucker	Nikki Thomas
Caroline Faulkner	Jenny Negus	Peter Williamson
Chantelle Murphy	Jenny King	Raphaela Kane
Chris Graham	John Loughlin-Ridley	Richard Littledale
Clare Enston	John Dale	Richard Ashworth
Daniel Ratchford	Julia Holding	Ruth Evans
Dany Bell	Karen Bowley	Ruth Hudson
Darren Hudson	Kath Evans	Sally Picken
David Keddie	Kathryn Gilmore	Sam Bray
David McNally	Keely Clawson	Sarah Davis
David Supple	Kevin Brent	Selina Trueman
Elaine Marshall	Kim Rezel	Shankar Chappiti
Fran Gonella	Kimberley Bennett	Sian Hooban
Georgina Craig	Kuldeep Singh	Terry Williams
Giorgia Zolino	Lee Bennett	Tony Kelly
Glenn Alexander	Lesley Goodburn	Tracy Haycock
Gurpreet Kahlon	Lisa Young	Val Donaldson
Hassan Mohammad	Lisa Anderton	

### Judges' Comments:

*"It was an absolute pleasure and privilege to read about all the amazing work that has been done by teams across the NHS and its partners."*

*"I am very impressed with the standard of entries particularly during such a challenging period. Hats off to everyone for the great work going on around the country and to PENNA for providing a platform for teams to showcase their initiatives."*

*".....phenomenal entries this year! Really exciting to read – thank you for the opportunity!!"*

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

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

### Contact Details for all things PEN:

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# PEN National Awards 2021

*Re:thinking the experience*

**Your Notes**





# PEN National Awards 2021

*Re:thinking the experience*

**Your Notes**